



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

Public Policy Directions for Legislators

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<p>We need an addiction treatment model that addresses education on stigma / discrimination and a complete continuum of care.</p>	<ul style="list-style-type: none"> • Increased access to education in schools, for family members, for family doctors and clinicians • Support for the BCCSU • Education and sensitivity training for front line workers and first responders • Formation of record systems that are easily accessed for emergency rooms, doctors and counsellors. Ensuring a system where all Health authorities can easily track patients and their records, including St. Paul's and Providence.
<p>Addiction treatment, including concurrent disorders, should be provided within the public health care system for youth, young adults, and adults.</p>	<ul style="list-style-type: none"> • There are severe shortages of medical detox, long-term residential treatment, post treatment facilities and supportive recovery houses, especially for youth 12-16 and 17-24. These facilities and houses should be organized by age category and include staff trained to diagnose and treat concurrent disorders. • 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. • 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. We support the accreditation process started by the Ministry of Health in December 2012. The accreditation standards should be monitored with adequate resources. • Youth and adult supportive recovery residences need to be fully re-regulated with: licensing requirements for food, cleanliness and capacity (Commission on Accreditation of Rehabilitation Facilities CARF); education and training for staff (Canadian Centre on Substance Abuse, Basic Technical Competencies). Recovery houses should be required to have a full time staff or house manager on site 24 hours a day. • 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. • Legalization of prescription heroin from health authority safe injection sites, is needed to greatly lessen illegal and unsafe drugs, lower overdose rates, and to prevent the growing numbers of opioid addicted youth from turning to theft, crime, dealing and sex trade to pay for illegal heroin and fentanyl. • Holistic health program plan post assessment and treatment should treat the individual based on substance use, age, gender, working, student, mental health issues etc

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.

“The health care systems in place to treat substance abuse and mental illness are typically disconnected, hence inefficient. Physicians tend to treat patients with mental illnesses, whereas a mix of providers with varying backgrounds delivers drug abuse treatment.” (National Institute on Drug Abuse Oct 2007)

Financial and public support for mental health-addictions treatment has demonstrable economic and poverty-reduction impacts.

Purposes

- Early diagnosis of mental disorders is important, since the symptoms of these diseases (e.g., depression, the restlessness of hyperactivity) often trigger self-medication.
- Too few resources are given to the diagnosis and treatment of concurrent disorders.
- 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.
- Post-treatment counselling and rehabilitation are needed for a minimum of a year in most cases, but the available follow-up resources are insufficient.
- 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.
- Families should be included in treatment plans, recognizing confidentiality where it is in the best interest of the patient, but ensuring the inclusion of diagnosis and care decisions with the family wherever possible, recognizing confidentiality where it is in the best interest of the patient.
- Families should receive support and education to help them deal with their family member’s addiction or mental illness.
- 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.
- Lack of treatment and support for individuals and families dealing with addictions and mental illness can lead to poverty, social isolation and inequality for both the addiction and their family.
- Investing in this sector could create socially productive and good green, living-wage jobs.
- Investing more support and resources to programs such as ACT, would lower the threshold on admission into the program, and lower ACT leads work load. Improving public support of programs such as ACT would further help to support families have their concurrent disorder youth with addiction stay at home during pre and post treatment care.

From Grief to Action

- To promote recognition of drug use as a health issue.
- To raise public awareness of the needs and concerns of drug users and their families, and work towards overcoming stereotypes and marginalization.
- To provide and promote support for families and friends of drug users.
- To promote effective educational programs designed to prevent drug abuse.
- To promote and work towards the establishment of a comprehensive continuum of care for drug users which meets their needs for harm reduction, detoxification, treatment, and recovery, in order that they may achieve and maintain healthy, productive lives.

History

From Grief to Action began in the late 1990s as a group of people on the west side of Vancouver who were struggling with the tragedy of having a family member or friend suffering from addiction to illicit drugs. We met at St. Mary's Church in Kerrisdale to support each other in our feelings of shame, perceived guilt, helplessness and grief. After about a year, during which we invited speakers to help us assess our situation, we realized that it wasn't just the disease that was the problem but a complex web of public attitudes, treatment shortfalls, overworked professionals and a lack of understanding at all levels of the seriousness of the problem in our society. Eventually we felt that we should test our middle-class clout and reach out to the community — and to the media and politicians — to raise awareness of this increasingly pervasive problem. We decided to move “from grief to action.”

An official society was formed in 2000, just as Philip Owen, Mayor of Vancouver, was bringing in the Four Pillars Approach to address the explosion of drug use and overdoses in the Downtown Eastside. From Grief to Action brought a new face to addiction, throwing light on a problem which knows no socio-economic boundaries and can happen in any family.

The early years were very busy, as we held several public meetings and made presentations to countless groups and organizations, including schools, neighborhood houses,

Government officials, parliamentary committees, and others.

A documentary called From Grief to Action followed the lives of four families from the group: it aired on CBC's The Passionate Eye originally in November 2002 and then several times thereafter, with family members answering questions at special screenings.

Through ten years of advocacy and collaboration, FGTA helped bring about the opening of Portage at The Crossing, the first publicly funded long-term treatment centre for youth in BC. Meanwhile, FGTA developed The Coping Kit, a guidebook for families struggling with addiction. This comprehensive and well received publication is now in its third edition and is available on the FGTA website along with current news and events, support group information, and details on other resources.

Members of the Board represent FGTA on the B.C. Alliance on Mental Health and Addictions, the Community Action Initiative (CAI), YADA (Youth Alcohol and Drugs Agencies), Vancouver Coastal Health's Family Advisory Committee, Provincial Treatment Task Force, Canadian Mental Health Association (CMHA) BC Division, International Overdose Awareness Day, Judy's Future Addiction Strategic Planning group, and BC Centre Substance Use (BCCSU) and are often invited to speak at conferences, at home and abroad. A support group called “Parents Forever” provides regular and organized support for family members. Hardly a day goes past when our website is not contacted by some family looking for advice and support.