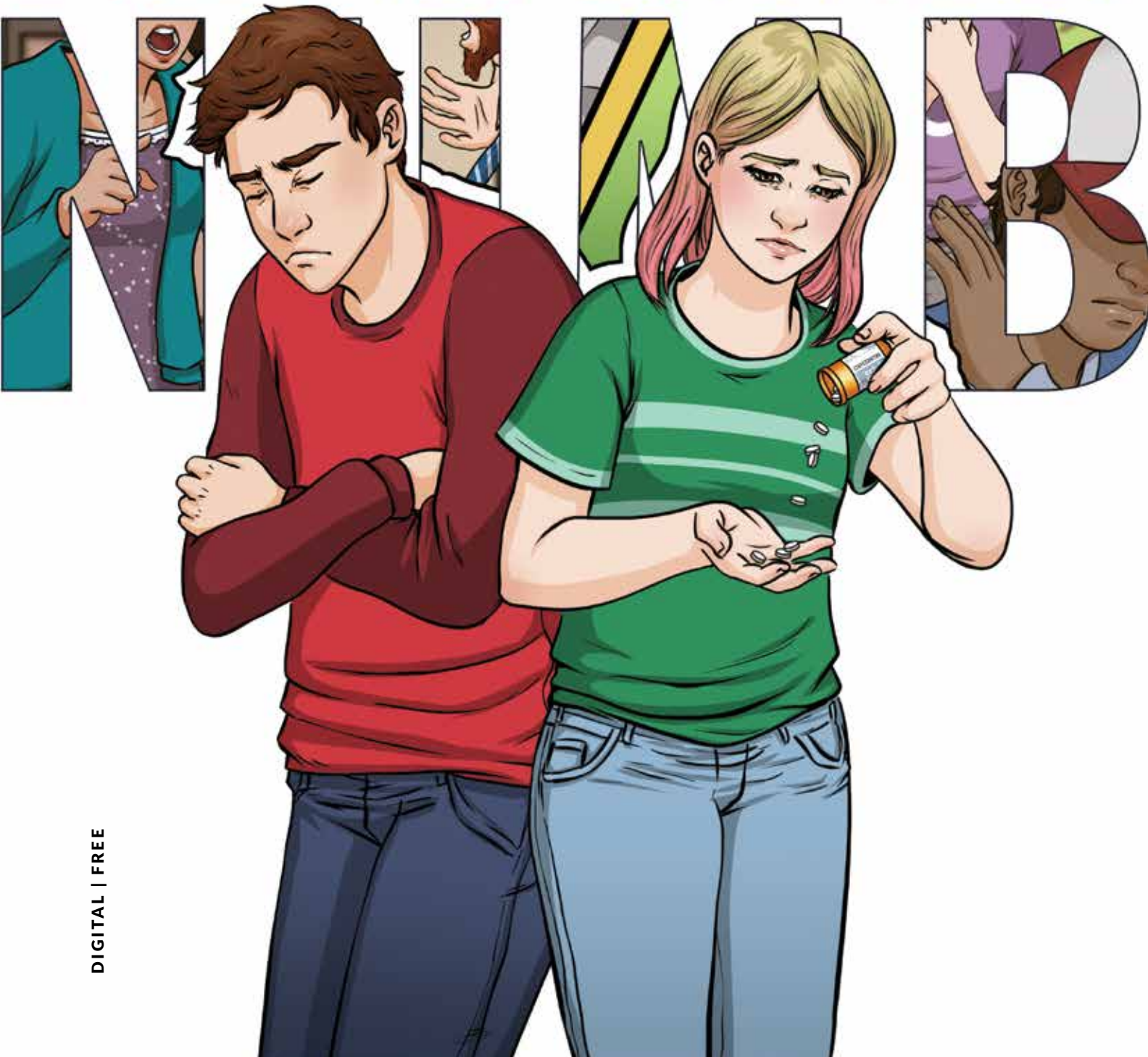


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- Training in Human Resource Development
- Program Evaluation
- Family Support Services
- Preventative Services
- Child and Youth Services





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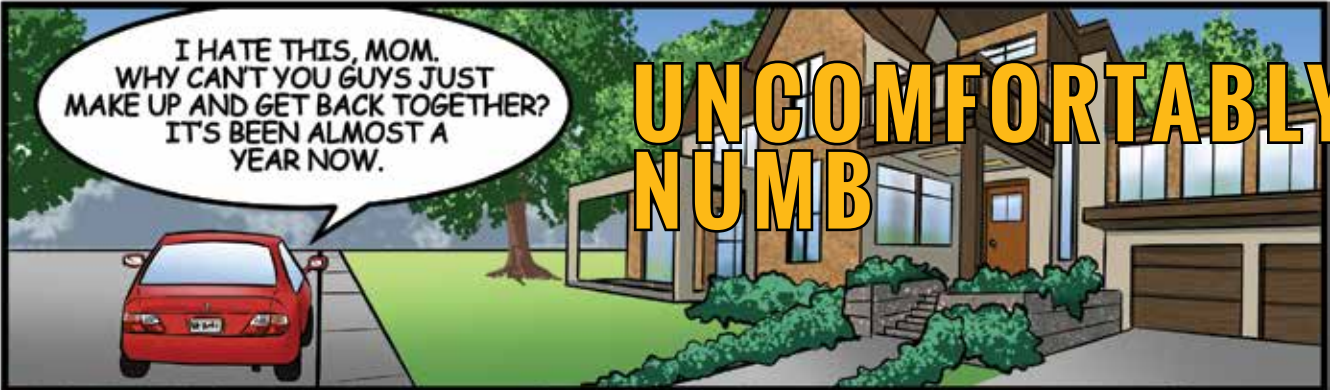


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Growing Up the Daughter
of an Oxy Addict

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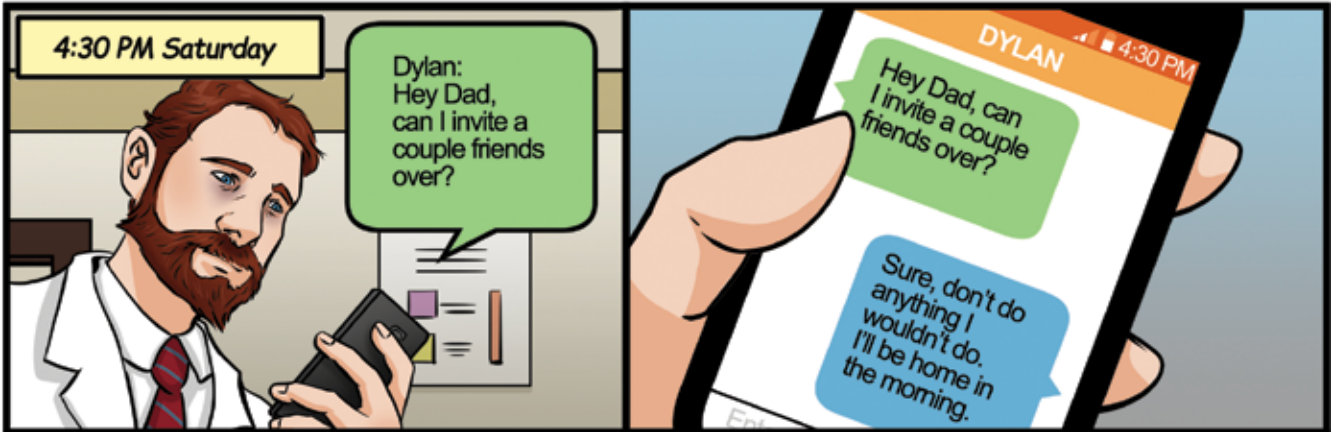
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DYLAN: hey you guys wanna come over to my dad's place and raid his liquor cabinet? He's working til tomorrow and I've got the 80" TV all to myself! :

KRISTI: Yes, please. Christian just dumped me and I'm just sitting here obsessing about my life being over. :(

JT: 80"? You've got to be kidding me?!?!

DANI: OMG yes. I was worried I was gonna be stuck here all weekend! You sure he won't mind?

DYLAN: He said it's alright...and I'm 18 now, I'm sure he won't mind if we have a few drinks.



7:30 PM

THIS PLACE IS SICK! YOU GET TO STAY HERE ALL SUMMER?

YEAH AND HE'S NEVER HERE. HE'S ALWAYS AT THE HOSPITAL. THE GUY WAS JUST IN A CAR ACCIDENT AND DIDN'T EVEN TAKE TIME OFF.



HE'S A DOCTOR, RIGHT? DOES HE HAVE ANY GOODIES LYING AROUND? DON'T DOCTORS ALWAYS KEEP EXTRAS AROUND JUST IN CASE? I'D LOVE TO NUMB MY BROKEN HEART.

WOULDN'T KNOW. I'M NOT DOWN WITH THAT STUFF. I HEARD IT'S LIKE DOING HEROIN OR SOMETHING. NO THANKS.



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NO. I HAVEN'T HAD TIME.



WELL, I SURE HOPE YOU'RE GOING TO MAKE SOME NOW. WILL YOU LET ME HELP YOU?

I'M NOT SURE I HAVE MUCH CHOICE.

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**IT'S
IMPORTANT
TO RECOGNIZE
AN OVERDOSE
AND KNOW
WHAT TO
DO WHEN IT
HAPPENS.**



PRACTICAL APPLICATION

OVERDOSE SURVIVAL GUIDE

IT'S IMPORTANT TO RECOGNIZE AN OVERDOSE AND KNOW WHAT TO DO WHEN IT HAPPENS. HERE'S A GUIDELINE TO HELP YOU TAKE THE RIGHT ACTIONS AND HOW TO TREAT IT BEFORE IT'S TOO LATE.

OVERDOSE IS MOST COMMON WHEN:

- Your tolerance is lower: you took a break, were in detox/treatment or jail, or you are new to using.
- You have been sick, tired, run down, dehydrated or have liver issues.
- You mix drugs: prescribed or not, legal or illegal.
- The drugs are stronger than you are used to: changes in supply, dealer, or town.

TO PREVENT OVERDOSE:

- Know your health status and your tolerance
- Be aware: using drugs while on prescribed medications can increase overdose risk
- Don't use alone. Leave the door unlocked. Tell someone to check on you
- Do testers to check strength. Use less. Pace yourself
- Talk to an experienced person or a trusted healthcare provider about reducing risk
- Know CPR and get trained on giving naloxone
- Choose a safer route of taking drugs

THE RECOVERY POSITION

Keep the Airway Clear. Hand Supports the head. Bend the knee to stop the body from rolling onto their stomach.

Stay with the person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking.



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OPIOIDS/DEPRESSANT OVERDOSE

(e.g., opioids: morphine, Dilaudid, heroin/depressants: alcohol, GHB, benzodiazepines)

FEELS AND LOOKS LIKE:

- Person cannot stay awake
- Can't talk or walk
- Slow or no pulse
- Slow or no breathing, gurgling
- Skin looks pale or blue, feels cold
- Pupils are pinned or eyes rolled back
- Vomiting
- Body is limp
- No response to noise or knuckles being rubbed hard on the breastbone

IN CASE OF AN OPIOID OVERDOSE:

Stay with the person. Use their name. Tell them to breathe. Call 911 and tell them the person is not breathing. When paramedics arrive, tell them as much as you can about drugs and dose

Use naloxone if available. *Naloxone only works on opioid overdoses*

After administering naloxone, a person might feel withdrawal. Do not let them take more drugs. The sick feeling will go away when naloxone wears off (30 – 75 minutes). Be aware: the overdose can return.

Can you wake them up? If not, call 911

- Make sure there's nothing in their mouth that stops them from breathing.



- Breathe for them. (Plug nose, tilt head back, and give 1 breath every 5 secs).
- Are you trained to give naloxone? Inject 1cc of naloxone into a muscle.
- Is the person breathing on their own? If they're not awake in 5 min, another 1cc dose is needed. Tell the person not to use any more drugs right now and wait at least 2 hours.

THIS IS PROVEN TO WORK. OTHER REMEDIES CAN ACTUALLY BE HARMFUL.

STIMULANT OVERDOSE

(e.g., cocaine, methamphetamine, ecstasy)

FEELS AND LOOKS LIKE:

- Fast pulse or no pulse
- Short of breath or experiencing chest pains
- Body is hot/sweaty, or hot/dry
- Confusion, hallucinating, unconscious
- Clenched jaw
- Shaky
- Seizures
- Vomiting
- Cannot talk or walk



THERE ARE NO MEDICATIONS TO SAFELY REVERSE A STIMULANT OVERDOSE.

ASSESSMENT

ARE THEY EXPERIENCING A OR B?

A: MENTAL DISTRESS/ OVERAMP

Associated with: sleep deprivation, crashing, anxiety, paranoia. If a person is conscious, and you are sure this is not medical in nature, they may just need support and rest. Call Poison Control to help assess.

WHAT TO DO:

- Keep calm. Stay with the person. Use their name
- Give water or fluid with electrolytes. • Do not overhydrate
- Place cool, wet cloths under armpits, back of neck, and head
- Open a window for fresh air
- Get them comfortable. Move away from activity
- If aggressive/ paranoid suggest they close their eyes, give person space
- Encourage person not to take any other substances
- Doctor may treat agitation and paranoia with a benzodiazepine

If you're not comfortable with the situation, call 911.

B: PHYSICAL DISTRESS/ACUTE STIMULANT TOXICITY

Medical attention is required immediately if a person has:

- Jerking or rigid limbs
- Rapidly escalating body temperature and pulse
- In and out of consciousness
- Severe headache, sweating, agitation
- Chest pains

WHAT TO DO:

- Call 911
- Stay with person
- Keep the person: conscious, hydrated, calm
- If heart has stopped do 'hands-only' CPR
- Tell medical professionals as much as possible so they can give the right treatment to prevent organ damage and death.

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NO DRUG USE**



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THE ABORTION RECOVERY CENTRE (ARC) EXISTS TO COMPANION WOMEN WHO HAVE HAD AN ABORTION AND ARE NEEDING TO TALK ABOUT THEIR ABORTION LOSS.

ARC recognizes that women who terminate their pregnancies may also experience grief just as any pregnancy loss may bring grief. ARC began offering their services in 2009 and all our services are free and confidential. We are not professional therapists or counsellors, but all our client advocates are women who have experienced an abortion and have gone through their own healing. Each client advocate has been trained to facilitate Abortion Recovery grief groups and/or one on one sessions. It is our mission to create a safe space for women who want to reconcile their abortion loss. Sometimes women have an inability to process the emotions attached to their abortion and this can lead to becoming stuck in their grief. Abortion is a complicated grief because of the circumstances surrounded by the pregnancy and the choice made. Choosing abortion for some women can lead to a moral injury. A moral injury refers to an injury to an individual's moral conscience resulting from an act of moral transgression which produces profound emotional shame. The concept of moral injury emphasizes the psychological, cultural, and spiritual aspects of trauma. A moral injury is a normal human response to an abnormal event (Wikipedia definition). Many times, it's about our clients violating their own moral code, about trying to reconcile their actions to their beliefs. This incongruity can have devastating effects.

Choosing to obtain an abortion is not an easy decision. It can come with some gut-wrenching emotional chaos and once the abortion is complete there is no turning back from the decision. Clients who have had an abortion are more likely to experience disenfranchised grief. This is a grief that is not openly acknowledged, publicly mourned, and or socially supported (Ken Doka 1989). Our clients tell themselves I made this choice and I will just have to live with it. Sometimes women will reach out to talk about their abortion and well-meaning people will say, "you made the best choice for your situation so just move on," effectively shutting down any attempt to receive support in their loss. ARC gives women the opportunity to experience their painful loss in a safe and non-judgmental environment which allows them to unearth or untangle their emotions. Embracing the pain and allowing themselves to feel their feelings helps to integrate grief. Most of our clients come in several years after their abortion resulting in them carrying their grief. Carried grief is defined as when we deny, inhibit, defend against emotions, our pain lasts longer (Dr. Alan D. Wolfelt, *Living in the Shadow of the Ghost of Grief* 2007). Some quotes from our clients are: "I died on the table that day," "my life has never been the same since," and "my life shattered on that day."

The group program that we offer at the Abortion Recovery Centre runs for 10 weeks and is offered in the evening. Our groups run a few times a year depending on the demand from individuals and we have a maximum of six women in a group. Our one on one sessions are offered during the day year-round. To book an intake appointment call 780.454.5911 or to check us out on line go to www.abortionrecovery.ca



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7 THINGS YOU NEED TO KNOW ABOUT SUBSTANCE ABUSE AND MENTAL ILLNESS

MENTAL ILLNESS AND SUBSTANCE ABUSE APPEAR TOGETHER SO OFTEN THAT MANY WONDER WHETHER ONE LEADS TO THE OTHER.

Mental illness and substance abuse appear together so often that many wonder whether one leads to the other.

In truth, this is a question we can't answer. There's a lot we don't know about how genetics and brain chemistry impact our chances of this dual diagnosis.

Here are 7 things you need to understand about substance abuse and mental illness.

1. DUAL DIAGNOSIS IS MORE COMMON THAN YOU MAY THINK

If you're struggling with mental illness and a substance abuse problem, you are not alone. One-third of all people living with mental illnesses also struggle with drug addiction. On the flip-side, about a third of all alcoholics and half of all drug users report having a mental illness.

According to the National Alliance on Mental Illness, men are more likely to develop a dual diagnosis than women.

2. DEPRESSED PEOPLE SELF-MEDICATE WITH ALCOHOL AND DRUGS

Self-medicating is a term that's used to describe the act of abusing drugs or alcohol to mask the symptoms of a mental health issue. According to the Anxiety and Depression Association of America (ADAA), about 20 percent of people who suffer from a mood or anxiety disorder also struggle with substance abuse.

Psychology Today reports that anxiety disorders and depression are often the result of an over-activity in the brain. Alcohol and other substances that depress the central nervous system may calm nerves and dispel some symptoms.

3. OPIOIDS CAN MIMIC THE EFFECTS OF ANTI-DEPRESSANTS

Many street drugs work on the same neurotransmitters that regulate mood to inhibit or activate the dopamine





OPIOIDS CAN MIMIC THE EFFECTS OF ANTI- DEPRESSANTS.



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system. This is why people sometimes substitute street drugs like heroin for their medications. This behaviour often leads to addiction.

4. Poor people are at greater risk
The correlations between poverty, mental illness and substance abuse are strong. No one is sure exactly why this is so, but experts suspect that the stress, despair and poor health habits play a large role.

5. YOU MAY INHERIT ADDICTION OR MENTAL ILLNESS

The National Institute on Drug Abuse (NIH) estimates that genes may account for 40 to 60 percent of a person's vulnerability to addiction.

Genes may also predispose people to develop mental illness. In fact, research has linked five major mental illnesses to the same genetic variations. The NIH also notes that genetics may

make a person more likely to receive a dual diagnosis.

6. EARLY INTERVENTION IS IMPORTANT

Although substance abuse can happen at any time, drug use often begins during adolescence. This is also when the first signs of mental illness most often appear.

The brain is still changing during adolescence, and this may leave teens vulnerable to substance abuse and mental illness.

During the teenage years, the frontal cortex is still developing. This is the part of the brain that enables us to assess situations and make sound decisions. Drug abuse and mental illnesses that develop during adolescence can have lasting effects. Address symptoms of mental illness or substance abuse at their first signs to help avoid future problems.





7. CHANGE IS DIFFICULT AND TAKES TIME

With a dual diagnosis, it's crucial to treat both substance abuse and mental illness at the same time. Because of this, patients should choose a rehab program that specialises in treating a dual diagnosis.

This is a process that takes time, so it's important to have patience with yourself and the process.

If someone you love is showing the signs of mental illness and drug abuse, talk to a rehabilitation specialist as soon as possible. This is a common problem, but it's important that to address it before symptoms worsen.

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PERSONAL STORY

GROWING UP THE DAUGHTER OF AN OXY ADDICT

IN SEPTEMBER 2001, MY LIFE CHANGED DRASTICALLY. I WAS NINE YEARS OLD.

My Dad was placed on workers' compensation due to a back injury. At the time it seemed cool; my Dad was always home and there to hang out with, but I was too young to realize the pain that he was suffering from an inoperable herniated disk. We had just started seeing a new family doctor; he was eager to help my Dad through his pain by prescribing him OxyContin. The narcotic painkiller at the time was branded as being a "safer alternative" to use for pain treatment. They said patients were less likely to become addicted to it than Percocet or Vicodin because it was time-released. The medication was a godsend – my Dad was no longer suffering. We seemed like a typical family except, unlike all of my friends, my Dad was at home all of the time. He continued to collect WCB until he ultimately retired and was receiving a pension.

When I was in grade four things started to become more apparent that matters in my household weren't as regular as my friends' homes were. It was becoming evident that my Dad had become addicted to the painkiller that he had praised as a miracle drug. He was continually running out before he required a refill. To get around this my Dad had me join him at our Doctor's office – he always seemed to squeak into a cancellation with our family Doctor. There he would tell him that I had a sports tournament out of town and that he wouldn't be able to pick up his refill on the date, so he required an early release. I can't imagine how many other tricks he pulled on our doctor, but it always seemed to work; he'd happily walk out with an early release. During that summer my Dad suffered his first heart attack – they chalked it up to genetics, and soon enough he was back at home.

My Dad was continuing to abuse OxyContin and as I was growing up I was starting to realize how wrong this drug was being sold. In 2007, Purdue Pharma, the company that marketed OxyContin in the early 2000's as a safe drug, was found guilty of all of those lies and ordered to pay \$600 million for them. While the ruling was good to hear personally, my Dad had no intentions of quitting the drug. I would see him take his medications and hear a crunching sound, almost as if it was a PEZ candy being bitten down onto. It took me a while to put two and two together, but I finally realized that the sound was my Dad biting the pill apart before ingesting it to defeat the purpose of it being time released. I was worried that he would overdose and kill himself. I remember asking him not to do it, but he continued anyway.



We wound up switching pharmacies because my Dad clashed with the General Manager of the old one; she didn't want to refill his prescriptions.

While I was in junior high, I was becoming more and more frustrated with the situation at home. My Dad was never abusive; by all accounts, he was a great father, but he wasn't the same person when he was coming down from the pills. I tried to talk to a few friends about how I was feeling, but no one understood. Everyone seemed to come from picture-perfect white picket fence homes. I started suffering severe migraines more than likely due to me being stressed out over everything. Our same Doctor sent me to talk to a therapist; I only went once. I was 14 at the time and felt I didn't need to open up to a stranger; it was probably one of the silliest decisions I made. I really should've vented to someone about how I was feeling instead of bottling it all up. I was also prescribed a low dosage of Amitriptyline: a tricyclic antidepressant to combat the migraines I was dealing with. The medication helped. My Dad then suffered his second heart attack while I was in grade nine. It was amazing that he was handed another chance at life, but he failed to make any lifestyle changes.

He had always been a diabetic in denial. That, coupled with the use of OxyContin, led to his kidneys going into full renal failure while I

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was in grade 11. Immediately after the diagnosis he had a fistula inserted into his arm and had to attend dialysis every second day. It seemed like only a month or so later he was back in the emergency room. This time he had suffered a stroke. He had to be admitted to the hospital because they were afraid he would aspirate if they let him go home. When he was finally released, he once again didn't make any lifestyle changes and continued to use OxyContin. Later that winter he said he was losing the feeling in his foot. Because of circulation issues, they had to amputate his big toe on his right foot. While in high school, I had met a friend who was there for me. As much as she didn't understand my situation, she always let me sound off when I needed to about anything.

In 2010, Canada took a stance on the drug nicknamed 'Hillbilly Heroin'. They stopped allowing it and

substituted it with OxyNEO. At the time OxyNEO seemed like a fantastic solution to the opioid crisis; unlike OxyContin, you couldn't abuse it by smoking, injecting, crushing or snorting it. My Dad made the switch without any problems surprisingly, probably because when he ran out he knew that he could more than likely get more. This solution, however, seemed to make things worse for users on the streets; they turned to Fentanyl creating yet another crisis that is killing people at a rapid rate. It frustrates me that doctors and legislators couldn't have predicted this could have been a possible outcome when deciding to switch to OxyNEO.

I had been a competitive golfer growing up. Thankfully my Dad being home all the time meant that I had a ride to tournaments across the province and to the course to practice

whenever I wanted. Growing up I decided that I wanted to go to school in the United States and when the opportunity came, I left for Kansas in 2011 on a golf scholarship. Shortly after that my Mom also left my Dad. It was clear that he didn't want help and things were deteriorating fast. I felt bad for my Mom—she looked like the bad guy due to all of his health history, but not everyone was aware that my Dad was severely abusing OxyContin and OxyNEO.

The summer between my two years in college I had a falling out with him. We didn't talk for months. I got a phone call from home one day telling me that my Dad had suffered yet another heart attack and would be going for quadruple bypass surgery once he was stable. I hopped on the first plane home to see him not knowing how it would all play out this time around. Thankfully he was able to make a full recovery from surgery; however, he continued to take OxyNEO while suffering from gangrene in that same foot he had a toe amputated from years earlier. He had the idea that if he had survived everything he had faced so far while taking the narcotics he could continue to do so.

A year later before fathers day in 2014, he was taken into surgery to have his gangrene-infected foot amputated. They told him that they would need to amputate until they found good tissue. To everyone's horror that was just below his knee. He would spend





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the rest of his life in the hospital, still taking OxyNEO. Later that year, shortly before Thanksgiving he flatlined. Luckily because he was outside of a hospital someone found him and resuscitated him. A few weeks after that the same thing happened inside a hospital room. Unfortunately, because of all the work they had done weeks before to bring him back, there was nothing they could do for him this time.

It was unbelievable. I was 22 and at that point figured that he could survive anything – he just kept making it through everything. While I was upset I was incredibly thankful because he could've died from the first heart attack when I was in grade three or the second one when I was in grade nine; not everyone gets a second chance, let alone a third or fourth one. The one thing that remained the same throughout the years was that my Dad had always used OxyNEO and OxyContin. I was annoyed by this. When I visited the same doctor from 2001, who remains my family doctor to this day, I asked him how he could keep prescribing my Dad these pills. It was evident that he was an addict, no one's kid plays in that many sports tournaments. He told me that if he had cut my Dad off, he would've turned to the streets. The only thing he could keep doing was to keep giving him his medication. He felt it was the best decision for my family. At this point, I was starting to understand.

Since that appointment, I have encountered numerous people who have been cut off by their doctor cold turkey and then turn to the streets. Because OxyContin is no longer available and OxyNEO isn't the same, most people on the streets seem to turn to Oxycodone first. Seeking the same high or pain management they turn to the deadly Fentanyl. It has taken so many people's loved ones and lives. After hearing this same story over and over again I realize that my doctor did the right thing by enabling my Dad. He wasn't going to give it up, and if our doctor made him, he was only going to go elsewhere for it. Remember when I said that my Dad never lifted a finger or became abusive with me? That could've been a different story if he had turned to getting his drugs illegally.

Months later I got around to dealing with my Dad's possessions in my garage. While digging through bag after

bag, I found a large unmarked pill bottle full of medication. My curiosity peaked. I googled the round green pill marked 80 on one side and CDN on the other. In my hands, I had thousands of dollars in street value. I had what has seemed to make people turn to Fentanyl; I had a bottle full of OxyNEO. When I turned them into the pharmacy, I had a discussion with them about how medical providers need to be more mindful than ever about what they're prescribing their patients. We're all aware of the history over the last 20 years with opioids and narcotics. My Dad made choices that lead to his health issues, and twenty years ago we didn't know the dangers of OxyContin. But we need to spark a larger conversation of how a doctor should handle a patient once they've become addicted and need help, instead of cutting them off and making them turn elsewhere.

WRITTEN BY BY PAIGE BEDNORZ



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WHY PEOPLE TURN TO SUBSTANCE ABUSE DURING TIMES OF UNCERTAINTY AND SORROW

STRESS, ANGER, AND SORROW ARE EXTREMELY DIFFICULT EMOTIONS FOR ANYONE TO MANAGE. IF YOU THINK YOU'VE MASTERED THEM, YOU'RE AMONG AN EXTREMELY MINUTE MINORITY.

But still, some people struggle more than others. It could be that they've experienced extreme trauma in their lives and are having trouble processing. Or it could be that they never learned healthy coping mechanisms. But these are the people who are most likely to turn to substance abuse when things get emotionally hard to handle.

Why substance abuse? There are a few reasons why people turn to drugs to fill the void.

SUBSTANCES OF ABUSE INCREASE DOPAMINE

Dopamine is a brain chemical that has many responsibilities, but it's best-known for its role in pleasure. When something feels good, whether it's drugs or an ice cream sundae, dopamine is at work in your brain. This is also why some people abuse food instead of drugs or alcohol.

But the difference between drugs and an ice cream sundae is that the drugs provide an intense rush of dopamine. And when you're having a rough day, that may be a welcome thing. Regardless of what has happened or what will happen, drugs can make you feel good in the moment. They can make you forget your worries and focus on pleasure instead. Of course, all this comes at a major long-term cost, but it does work in the moment.

SUBSTANCES CAN INTERFERE WITH YOUR MEMORY

If you're worried about something, you may want to "erase your mind" for a moment. Many substances of abuse can do this for you when you take high enough doses. In

this medication-fueled society, it may seem like a pill is the best way to forget your worries, but that's a dangerous and slippery slope.

OUTSIDE INFLUENCES PLAY A ROLE

How likely do you think you'd be to take drugs if you've never seen anyone do it before? Probably not so likely. But we grow up watching people do drugs and abuse alcohol on television almost daily. Addiction is so ingrained in our society that we are all prone to it. But the closer you are to addiction, the more likely you are to fall victim. People who have parents with addictions are more likely to become addicted.

POOR COPING MECHANISMS

You may have heard someone with a hard life say that they had no other options. They were bred to become addicts. But believing this narrative leaves no room for free will. If bad




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BY THE TIME WE ARE IN OUR 30'S, MOST OF US HAVE HAD AT LEAST ONE MAJOR LIFE-ALTERING ISSUE.

experiences alone made addicts, there would be many more people suffering from addiction. In fact, by the time we're in our 30s, most of us have had at least one major life-altering issue. It's the way we handle these issues that define us. On the other hand, people who manage stress and anger effectively are much less likely to turn to substance abuse to solve their problems.

The good news is that it's never too late to learn better coping skills. Meditation, yoga, and exercise are all great places to begin your stress-management journey.

If you question your ability to handle stress, uncertainty, and sorrow, it may be time to make a change. Consider talking to a counsellor to work through your issues. Or try one of the stress-management techniques mentioned above.

It's scary when you feel like substance abuse is your only escape. But if you've identified a problem, it's not too late to get help. It's also not too early to get help. Even if you're not yet addicted, you can talk with an addiction counsellor about the unhealthy patterns that concern you.

ARTICLE WRITTEN BY TREVOR MCDONALD

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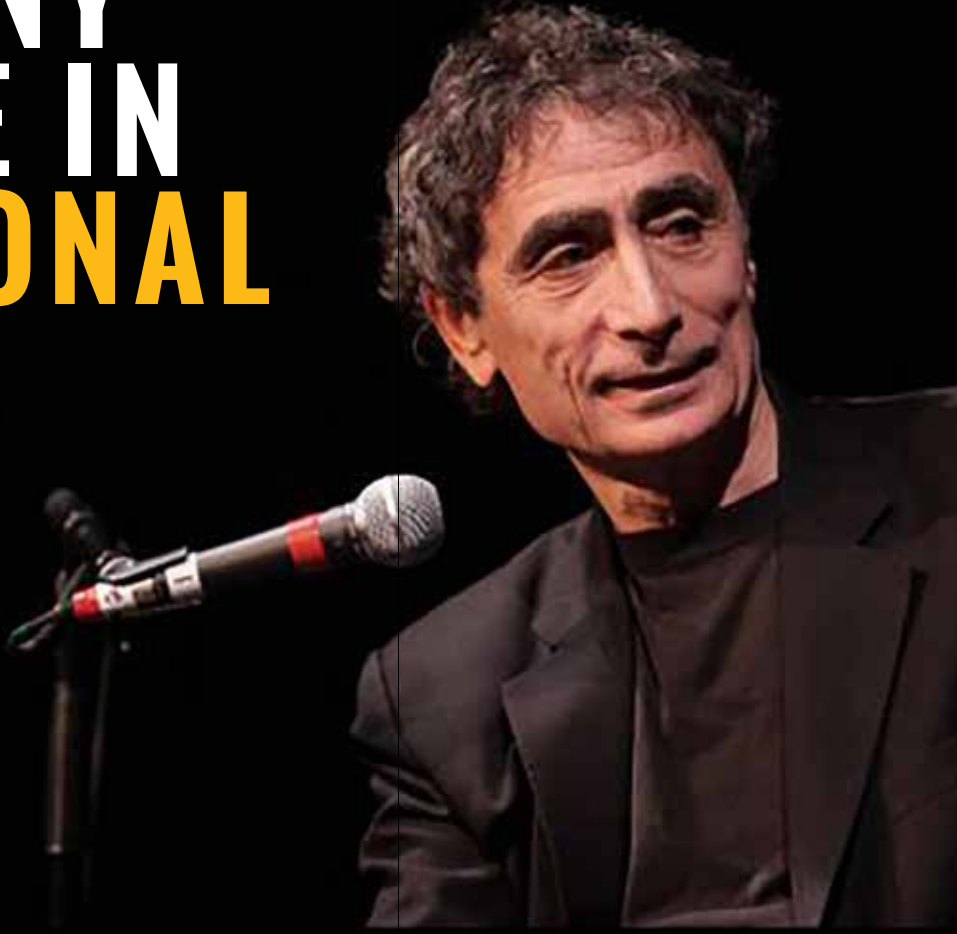
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THE QUESTION IS, WHY ARE SO MANY PEOPLE IN EMOTIONAL PAIN?



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DR. GABOR MATÉ: FIXING FENTANYL ADDICTION THROUGH TRAUMA TREATMENT

DR. GABOR MATÉ'S MOST RECENT BEST-SELLING BOOK DRAWS ON CUTTING-EDGE SCIENCE AND REAL-LIFE STORIES TO SHOW THAT ADDICTIONS ORIGINATE IN TRAUMA AND EMOTIONAL LOSS. GABOR CALLS FOR A COMPASSIONATE APPROACH TOWARD ADDICTION, WHETHER IN OURSELVES OR IN OTHERS.

SOS Safety Magazine interviewed Dr. Mate to get his take on how society should be approaching Canada's fentanyl crisis, and what we can do to fix the issues surrounding the epidemic.

WHY DO YOU THINK PEOPLE START USING OPIOIDS AND WHY DO THEY BECOME SO HEAVILY DEPENDENT ON THEM?

Opioids are the strongest pain relievers we have. They soothe not only physical pain, but emotional pain. The question is, why are so many people in emotional pain—and that is because of trauma or other emotional loss in childhood, in a culture that has forgotten how to care for children.

WHAT ARE SOME TRAUMATIC EVENTS YOU BELIEVE LEAD TO ADDICTION?

It's not a question of what I believe, it's what the large scale studies show: such traumatic events include sexual, physical, or emotional abuse; the loss of a parent through death, mental illness, the parent being jailed; violence in the family; a parent being addicted; a child being neglected; a divorce. Parents being too stressed to emotionally be present for the child.

HOW DO YOU THINK THE OPIOID EPIDEMIC SHOULD BE ADDRESSED BY THE PUBLIC/ GOVERNMENT/HEALTH CARE SYSTEM?

1) We should employ proven methods of harm reduction, such as supervised injection sites; the availability of substitute opiates such as methadone and suboxone; the provision of opiates, under medical supervision and in safe conditions to confirmed addicts who do not succeed with methadone or suboxone.

2) Dropping the criminalization of



drug possession for personal use.

3) Treat addicts with the compassion and care any human who has suffered and is suffering desire.

DO YOU THINK THERE IS ENOUGH SUPPORT AVAILABLE TO ADDICTS IN TERMS OF HEALTH CARE AND MENTAL HEALTH CARE?

Most physicians do not understand—they are not taught about—trauma or its impacts on mental health and addictions. Hence, at best, doctors see these as problems to be controlled, not recognizing that it's the underlying trauma that must also be addressed.

How do we begin to change the social view of addiction? By telling the truth about it.

DO YOU HAVE ANY ADVICE FOR CURRENT ADDICTS?

That depends what their goals are. You cannot dictate to anyone else how they should live their lives. For those wanting to heal from addiction, I would say do anything you can to get compassionate help. Even as you deal with your addiction,

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deal with the trauma, pain and shame that is driving your addiction. You are not sick or abnormal, you are just a human who has suffered a lot and have not found a way to address your suffering—that is why you are using.

DO YOU HAVE ANY ADVICE FOR FAMILY MEMBERS OR FRIENDS OF ADDICTS?

1) Either accept the addicted family member as they are, without enabling them, or tell them their addiction makes it impossible for you to be in their lives. But whatever you do, do not nag or pester them to change. And whether or not you stay with them, be loving towards them.

2) Even better, recognize that the addiction is not the problem of an isolated individual, but the manifestation of a multi-generational family history. So if one person is addicted, that can be impetus for the whole family to heal together.

DR. GABOR MATÉ, M.D., is a bestselling author and a former medical columnist for the Globe and Mail. Dr. Maté weaves together scientific research, case histories, and his own insights and experience to present a broad perspective that enlightens and empowers people to promote their own healing and that of those around them. He has had a family practice, worked as a palliative care physician and worked with the addicted men and women in the Downtown Eastside of Vancouver. To learn, visit his site: www.drgabormate.com

WRITTEN BY MEAGHAN WILLIS



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OPIOID CRISIS

3 REASONS WHY FENTANYL IS THREATENING CANADA

GOING FOR AN EVENING WALK WITH MY FATHER AND DOG, WE SPOTTED A MAN WHO BEGAN SEIZING.

In and out of consciousness, he was able to tell me that he had ingested fentanyl. Luckily, my brief experience with nursing helped me to act quickly and to stay calm. I was on the phone with the ambulance as he became white and stopped breathing. I was relieved when a passerby had Narcan, an opioid blocker.

He was lucky to survive his overdose; however, many Canadians are not.

All drugs pose a massive risk to Canadians. In 2017, there were more deaths due to drug overdose than there was to vehicular accidents. But are you aware of one of the most dangerous and lethal drugs on the market?

Introducing: the drug threatening both drug users and non-drug users in Canada Apache, China girl, China town, China white, murder 8, jackpot, poison, TNT, tango and cash. Otherwise known as fentanyl. Fentanyl, an opioid, is a prescription pill used for pain management. The drug is both powerful and incredibly toxic. The first fentanyl overdose in Canada was noted in the early 2000s, and since has been on an alarming increase. Similarly to other opioids, is a respiratory depressant. Due to the effects on the respiratory system, an overdose victim shows signs of fatigue, shallow breathing, and a pale, clammy face.

Of a long list, here are three main reasons why fentanyl is a colossal threat to Canadians.

TOXICITY OF THE DRUG

Fentanyl is 50-100x stronger than morphine, and 30-40x stronger than heroin. Drug traffickers often lace cocaine, morphine and heroin with fentanyl to produce a stronger (and more inexpensive) high for buyers. It can be used in powder, liquid or pill form.

The effects of fentanyl, when used with other substances such as heroin, cocaine, alcohol, Xanax, etc., is unpredictable. The euphoric and analgesia effects occur excep-



tionally quick because of how potent fentanyl is.

Fentanyl is so toxic that stolen vehicles, when found, are quarantined and swabbed before being handed over to the owner. When somebody comes into contact with an overdose victim, they are advised not to perform proper CPR as any contact with the drug can pose a fatal risk to the responder.

Due to the toxicity of the drug, it is highly addictive. Drug users, uneducated in the drug, often increase their dosages themselves. The smallest increase in dosage can quickly have devastating, unpredictable effects.

UNREGULATED ON THE STREETS

Fentanyl is impossible to regulate on the streets.

Some street fentanyl is a prescription, restricted drug. However, dealers and traffickers often illegitimately make fentanyl in uncontrolled labs. Illicit fentanyl is so potent that dealers will often dilute it with powdered sugar, baby powder or antihistamines. Unfortunately, somebody buying fentanyl has no means to know what percentage of drug they are getting in their purchase and/or how much to take.

A tiny amount can be the difference between a therapeutic dose and a fatal

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overdose. Heroin, cocaine and morphine are often laced with fentanyl to produce a stronger high. The effects of this are lethal. Buyers are often unaware that their purchase was laced.

DEATH TOLL RISING

In 2017, more than 4,000 people died in Canada from fentanyl overdose. Since then, the death toll has been rising steadily. As more traffickers are transporting fentanyl into Canada, the effects of the drug are becoming more devastating to our country.

Despite the efforts of the system with safe-injection sites, fentanyl has still been the culprit of the majority of opioid-related fatalities.

CANADA IS IN AN OPIOID CRISIS.

Our streets are bombarded with drugs that pose fatal risks to teenagers and adults alike. To combat these hazards, it's vital we understand what these drugs are. Narcan kits are available at pharmacies, and it's advised that businesses, schools, and even individuals have one readily available in the event they come across an overdose victim.

If you come across somebody that may be suffering from an overdose, call 911 immediately. If you know somebody that may be using illicit drugs or may be suffering from an addiction, call the Addiction and Mental Health 24-Hour Hotline at 1-866-332-2322.

WRITTEN BY CELINA DAWDY

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PRACTICAL APPLICATION

5 WAYS TO HELP SOMEONE WHO IS SUICIDAL AND ADDICTED

KEEP THE FOLLOWING METHODS IN MIND WHEN YOU TAKE ACTION TO HELP SOMEONE WHO IS SUICIDAL AND ADDICTED.

Addiction and suicide are no laughing matters. The situation of a person who is abusing substances and showing signs of suicidal behavior must be handled immediately and appropriately. As the loved one of a suicidal addict, you have the ability to improve the situation.

PAY ATTENTION TO SUICIDE WARNING SIGNS.

Most of the time, people will not outright say they are suicidal. The suicide warning signs are found in a person's thoughts, behavior, and actions. However, the way they treat themselves and talk about their shortcomings speaks volume. They will criticize their self-worth in every way possible, whether that be seriously or through self-deprecating humor. The future is always said to be hopeless, or that their aspirations ultimately mean nothing in the end. This negative self-talk is destructive to a person's self-esteem and well-being.

In regards to behavior, you will notice something off about the way they act. Have they started to hint that your future will not include them? What about suddenly being offered their personal belongings, or watching them sell sentimental objects? Look out for an alarmingly calm demeanor, their tendency to withdraw from



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social situations they once enjoyed, and the act of isolating themselves from friends and family. The act of isolation and separation from meaningful objects and people encourages the development of more suicidal thoughts.

Lastly, there can also be evidence of self-harm on their body. If you recognize these warning signs, don't hesitate to ask them outright if they feel safe with themselves or suicidal.

TELL THEM THEY CAN TRUST AND OPEN UP TO YOU.

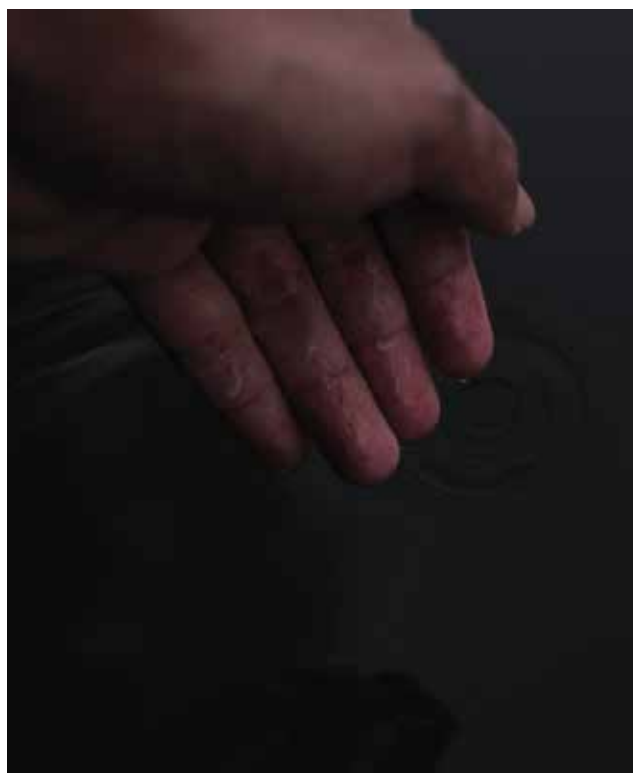
Telling a person that you will listen to whatever is on their mind can encourage them to open up to you. When one is suicidal, they feel trapped in their own thoughts. It becomes harder to pull them back to reality or make them understand that there is always something to look forward to in the future. The person expressing all or most of their thoughts can get their feelings out on the table and even lead you to make better choices in how to help them. You cannot exactly give a suicidal person advice, but you can say that you are a trusted individual they can rely on, you care about their life and future, and you are willing to help them. Their life is worth more than they believe, and they need to be consistently reminded of that fact.

TAKE INITIATIVE TO HELP THEM CONTACT PROFESSIONAL HELP - OR CONTACT THE PROFESSIONALS YOURSELF, IF NEEDED.

Encourage them to contact professional help and seek psychiatric treatment. This means the person can undergo therapy, psychiatric appointments, rehabilitation programs, attend group sessions, and contact 24-hour hotlines. Unsurprisingly, a suicidal addict can outright refuse help for multiple reasons - whether that be because of guilt, denial, or embarrassment. However, through your best judgment call, you can tell when they truly need a professional intervention through their suicide warning signs. The most important thing to consider here is knowing they feel safe and will not hurt themselves. If they are incapable of contacting professional help themselves, you should take the initiative to call for them.

INFORM THE PERSON'S LOVED ONES.

Awareness is vital for the people who love a suicidal addict. In some cases, some will never even know their loved one is suicidal or addicted in the first place. Therefore, contact



friends, family, and significant figures in the person's life and inform them of them all about the situation at hand, things you have noticed, and actions you think should be taken. The community of a support system is powerful, and together they can help bring someone out of a dark place.

ACCOMPANY THE PERSON TO THEIR GROUP THERAPY SESSIONS OR SIMPLE OUTINGS.

Make them feel that they are never alone in this world. When recovering from addiction, the process of rehabilitation is excruciating and difficult for anyone who undergoes it. As the loved one of an addict, you can help make the process easier by accompanying them to group therapy sessions, participating in their hobbies with them, or keep them company while doing mundane tasks such as grocery shopping. With this action, you are establishing yourself to be a source of strength when the suicidal addict needs you.

While it's vital to handle the dangerous scenarios, such as their suicidal behavior and psychiatric treatment through professional help, sometimes what they need is to be treated like a normal, functioning human being in society, because they are one. To make an outing even better, encourage a group outing with more loved ones in addition to yourself.

ARTICLE PROVIDED BY TREVOR MCDONALD

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HIDDEN SIGNS OF SUBSTANCE ABUSE EVERYONE MUST KNOW

THERE ARE TIMES WHEN THE SIGNS OF ADDICTION ARE SO OBVIOUS, THEY COULD ALMOST SMACK YOU IN THE FACE. AND THEN, THERE ARE OTHER TIMES WHEN YOU'RE LEFT WITHOUT MUCH MORE THAN A SNEAKING SUSPICION.

But here's the thing...

If your loved one is abusing drugs, time is of the essence. The longer they remain addicted, the more difficult it will be for them to regain control.

If you suspect someone has a substance abuse problem, look for the following signs.

MOOD CHANGES

If someone in your life seems especially moody out of nowhere, they may have a problem with drug abuse. Everyone looks for the physical signs of addiction like bloodshot eyes, extreme weight loss/gain, twitching, etc. but one of the most telling signs comes from our emotional state.

Mood swings are a common sign of substance abuse, and they may seem to come out of nowhere. Someone may get excessively angry, sad or depressed and then swing back into another emotion quickly.

Any sudden mood changes are a cause for concern, especially if the person is beyond their teenage years where mood

swings are part of the growth process.

SOCIAL ISOLATION

When someone has a substance abuse problem, they must go through great lengths to hide their addiction. Even if you know they're using, they aren't exactly going to tell you whenever they do. "Sorry, I can't come to your party. I'm going to be getting high all night."

But you'll notice that there's a natural distance between you and this person that seems to emerge out of nowhere. They spend much more time alone than ever before.

EXCESSIVE LYING

You may notice that someone who was previously very honest is suddenly guilty of lying. You're not sure if you can even trust a word that comes out of this person's mouth. This happens when people are abusing drugs because defending their behaviour becomes a matter of life and death. Nothing is more important than protecting their drug abuse, so they'll lie to get drugs, and/or protect their drug abuse.

ALWAYS BROKE

Regardless of this person's social standing, when they become an addict, they're likely to find themselves in a position where they're always broke. This is because an addict will



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use as often as they can, and that often means depleting their savings to do so. After a while, every penny earned will go towards their drug of choice. This may be obvious or subtle, depending on how close you are with this person. But you'll start to notice that they ask you for money more often than before. Their request may even come with a sob story about some unbelievable injustice that happened to them.

If you suspect someone is abusing drugs, do not give them money. This is enabling and will only help them get deeper into their addiction.

STEALING

Once they have depleted their own funds and are no longer having success "borrowing" from friends and family, someone who is addicted to drugs will almost always begin stealing.

This one can be surprising, especially when someone was of impeccable character before. But drugs change people's brains, and they can cause otherwise well-adjusted people to do unthinkable things.

DUI CONVICTION

It's possible for anyone without a substance abuse problem to make a mistake and be convicted of a DUI. But it's much less likely than with a drug abuser. These people spend a good portion of their time under the influence and possibly driving while drugged. Although most people only think of a DUI coming from drinking and driving, high driving is just as dangerous and on the rise.

If you notice these or any other symptoms of addiction in a loved one, start a conversation with them. They're likely to get angry or defensive, but your goal is to let them know you're there for whenever they're ready to get help.

ARTICLE WRITTEN BY TREVOR MCDONALD



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THE OPIOID EPIDEMIC EXPLAINED

EVERYONE THINKS THEY'RE SOMEHOW ABOVE ADDICTION - UNTIL IT HAPPENS TO THEM.

The truth is that each and every one of us is susceptible to this disease of the brain. Whether you're recklessly experimenting with drugs or taking opioid painkillers to get through the day, you're susceptible.

It's up to all of us to get informed and fight the stigmatization of addiction.

When someone we love becomes addicted, we tend to look for someone to blame. It would be easy to believe that the pharmaceutical companies manufactured addiction. But addiction isn't a manufactured thing. It's something that's naturally hardwired into our existence. As human beings, we're coded to seek pleasure. It's those things that provide a little too much pleasure that are dangerous.

But this isn't to say that the pharmaceutical companies are blameless. Many people in the medical field were irresponsible with pleasure-boosting drugs, and we became a nation in crisis.

ONE MISGUIDED LETTER FUELED THE OPIOID CRISIS

Researchers at Boston Medical center conducted a controlled study that

showed only four addicted patients out of 11,822 who were given narcotics. The New England Journal of Medicine published an article with the study's results in 1980. You can probably imagine what happened from here – but read on because the story does have some interesting twists.

Dr. Hershel Jick was the author of the study, which was meant to test the safety of narcotics in a controlled environment for a short time. When interviewed by NPR years later, Jick said the letter was inconsequential at the time. The results may have been somewhat surprising but not groundbreaking. The study results did not report that narcotics were safe for long-term use outside of a hospital environment, but still, people used it to help market opioid painkillers for a wide variety of uses, supervised and unsupervised.

Eventually, doctors were prescribing opioid painkillers liberally. But the first push came from good intentions.

FROM TERMINAL ILLNESS TO WIDESPREAD USE

Imagine you were a doctor in the 80s or 90s and were forced to watch



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terminally ill cancer patients suffer. At the time, opioids were so strictly regulated that they weren't an option. And then came this letter from Dr. Jick.

Cancer specialists pushed to be able to allow their patients access to these powerfully potent pain relievers. And here's where things took a turn for the worse.

The government got on board, and drug companies quickly became thirsty for the increase in business. Soon after, Purdue Pharma introduced OxyContin.

OXYCONTIN'S ROLE IN THE OPIOID CRISIS

Around the time OxyContin was introduced, doctors were beginning to prescribe opioids more liberally to non-cancer patients. So when Purdue launched an aggressive campaign to promote its new drug, it was a success. In 2001 alone, Purdue spent \$200 million to market and promote OxyContin.

OPIOIDS AND HEROIN

Opioids painkillers are a lab-created form of opium. As such, they provide essentially the same risks and benefits.

Heroin is a naturally-derived opiate, so it provides a similar high to the person who is addicted to opioids. The benefit of heroin to an addict is that it's a street drug that's readily available. In fact, nearly 36 percent of 12th graders in 2017 believe that heroin is easy to get, according to a National Institute on Drug Abuse (NIDA) survey.

Many people become addicted to opioid painkillers and then turn to heroin when doctors refuse to refill their prescriptions. So the next time you see an addict on the street, understand that his path to addiction may have been paved with good intentions. It's possible that he began using opioids as a way to get through the day without pain. Regardless of his reasons, addiction is a disease that can take over anyone's life in an instant.

In this current opioid epidemic, we all must remain compassionate and informed about the dangers of addiction.

ARTICLE WRITTEN BY TREVOR MCDONALD



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THE UNDENIABLE SIGNS OF A HIGH-FUNCTIONING ADDICT

PICTURE AN ADDICT. I'M SURE IT'S A MIDDLE-AGED MAN IN A WHITE, STAINED, SLEEVELESS SHIRT WITH A 26-OUNCE IN ONE HAND AND REMOTE CONTROL IN THE OTHER. IS HE OVERCOME WITH UNEXPLAINABLE RAGE AND, AFTER A VIOLENT OUTBURST, PUNCHED A HOLE IN THE WALL?

Or perhaps you're imagining an unemployed couple with track marks and eye bags as they beg for their next hit. Maybe they'll have scabs on their face from methamphetamine use.

Are they acting erratically and 'tweaking'?

Media has pigeonholed the addict. We use our preconceived vision and stereotypes to justify when somebody takes their drug or alcohol use too far.

The last time you saw an addict – homeless and on the street – what did you think? Did you sit back and wonder where their lives were before this moment? Did he have children? Where did she work before the world came crashing down?

Addicts have a starting point.

Addiction isn't one-size-fits-all.

Addiction is the result of a chronic brain disease, and it does not discriminate based on your race, career choice, gender or salary. What seems to be harmless partying or occasional drug use can quickly evolve into something much more dangerous.

High-functioning addicts can be anywhere – and they defy the traditional stereotype of addiction.

According to Choices Recovery, a high functioning addict is "a person who



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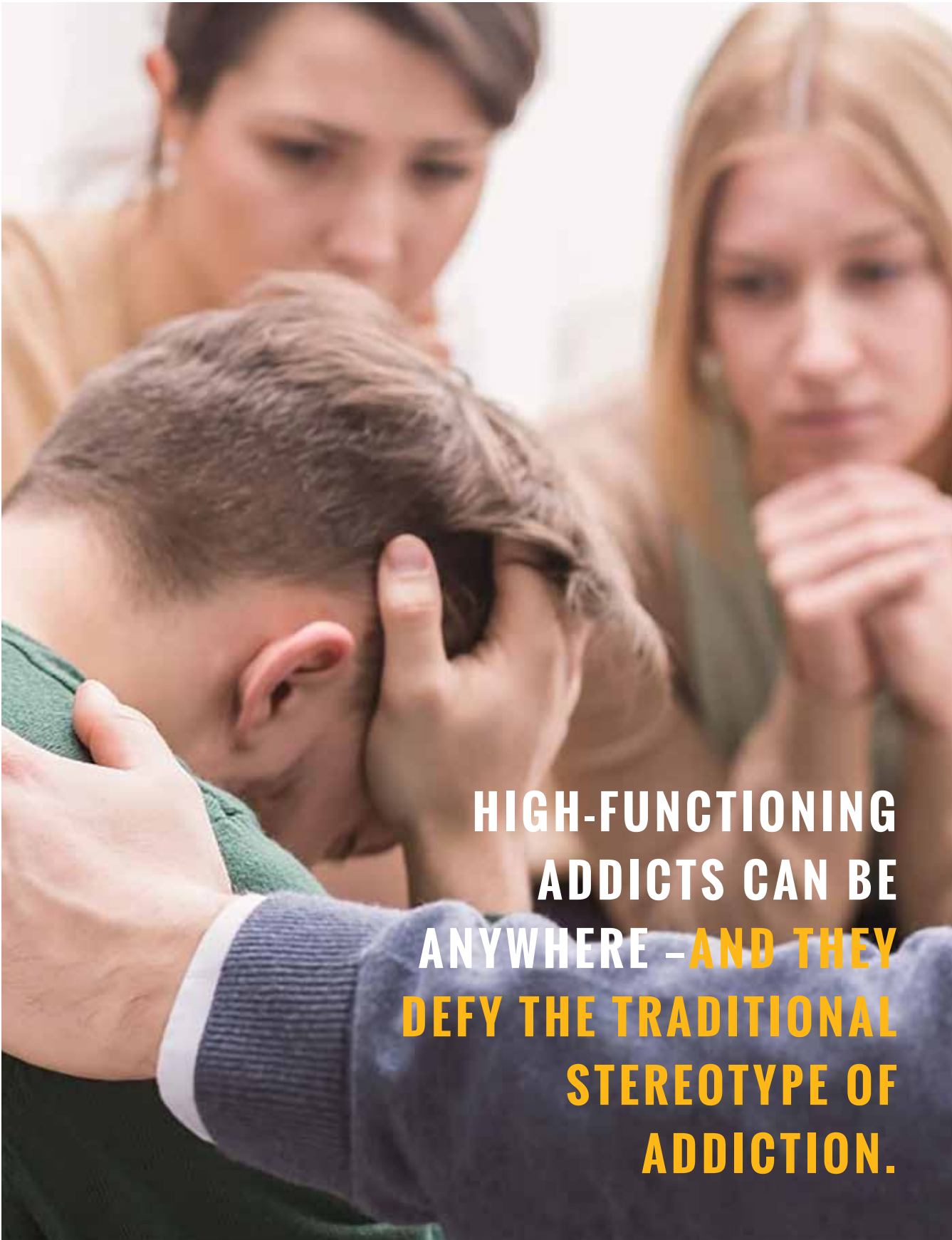
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**HIGH-FUNCTIONING
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can hide the severity of their addiction to the people close to them, often at tragic costs. A functioning addict can fulfil obligations while being addicted to drugs or alcohol. They can go to work, pay their bills and still handle living expenses, provide necessary care to their families, and stay away from criminal activities.”

Your doctor, your lawyer, your parents, or even YOU could be a high-functioning addict and not know it.

For example, cocaine is referred to as the “rich man’s drug” because it’s a difficult addiction to maintain on a low salary.

Your job title, living situation or the car you drive doesn’t define you as an addict. Your illusion of success doesn’t make you immune to addiction. Addiction is simply: “compulsive substance use” according to the American Psychiatric Association.

The first red flag is using good behaviour to justify the substance. “It’s been a long day, I can’t wait to have a beer when I get home,” or “I’m going to be here all night, I should do a line to help keep me awake.”

A functioning addict is typically able to maintain an appropriate level of productivity. However, as their addiction grows, they may lose the ability to balance their addiction with everyday life.

FIVE COMMON CHARACTERISTICS OF FUNCTIONING ADDICTS ARE:

- Has a family history of addiction or mental illness
- Well-educated
- Uphold a stable, well-paying job
- Has a supportive and loving family life
- May suffer from major depression

A functioning addict may be of middle or high socioeconomic status. They may be able to responsibly attend extra-curricular activities, such as watching their child’s baseball games. Over time, an addict’s tolerance to a substance will increase, and

they will need a more substantial amount to feel the effects.

FIVE SIGNS OF A HIGH-FUNCTIONING ADDICT ARE:

- Making excuses for their behaviour or becoming defensive about their substance use
- Drinking or doing drugs more frequently than usual
- Change in their social circle – If their friends suffer from addiction, they are at a higher risk
- Ill or sickly in the mornings
- Loss of interest in hobbies

Throughout all of the characteristics of each addict, one thing remains true: They are always looking for their next high. This mindset is extremely risky.

As the addiction grows and their ability to live a productive life weakens, they may begin to function less efficiently. Many addicts may suggest that they haven't hit "rock-bottom", so they don't need help. Regardless of the circumstances, addiction is extremely detrimental to the mind, body, and soul.

Addiction is an extremely slippery, and dangerous, slope. However, the good news is: There's room for recovery. Regardless of your situation, many resources can help an addict overcome their disease.

If you suspect somebody that you love is suffering from addiction, many treatment options can direct them to the road



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of recovery. Consider inpatient addiction treatment, detox programs, outpatient therapy, 12-step programs, aftercare programs, group therapy, family therapy or addiction counselling.

Early intervention can be extremely beneficial. By getting help early, an addict can avoid the complications of health problems, financial hurdles, and criminal activities.

WRITTEN BY CELINA DAWDY

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3 ESSENTIAL THINGS TO KEEP IN MIND ABOUT ADDICTION

IF THERE WAS ONE THING THAT WOULD HELP PEOPLE WHO STRUGGLE WITH ADDICTION, WHAT DO YOU THINK THAT ONE THING WOULD BE?

Change the way a large portion of society views addiction.

Such as in the following three examples:

I DON'T UNDERSTAND WHY THEY DON'T JUST QUIT

Addiction isn't just a matter of quitting. If that was the case society would have no need for rehabs and detox facilities. The brain can take between two to five years to recover from addiction because many times addiction is due to issues such as:

- Unresolved psychological issues such as abuse (Which can be physical, sexual, emotional or psychological or a combination of these)
- An undiagnosed or misdiagnosed mental health condition.

In other words, addiction is the result of an underlying problem and not the main cause of the problem. And, until those underlying issues are treated and understood, recovery isn't going to happen.

My advice before you jump to the conclusion that a person is just making excuses to get drunk or high: Try

having a little empathy and see their issues through their eyes, instead of through your own assumptions and stereotypes.

"... it requires at least 2 years, and up to 5 years, of treatment for the brain to function at its optimum. During this healing or re-wiring process, the person's actions, reactions, and decision-making abilities remain distorted but continue to improve as time goes on.

After 5 years of sobriety, active recovery, and addiction treatment, the brain is usually as good as it will ever be, and if the recovered addicts continue to use the proper tools, they will be able to maintain sobriety for life." John Volken Academy

ADDICTS ARE A WASTE OF SPACE AND BAD PEOPLE

I had a friend who was an intelligent, caring individual and an incredible athlete. She was also a recovering addict, and that's all right because that didn't take away from the fact she was an amazing accomplished human being

She set aside her own grief to support others, and she was also an accomplished martial artist. Who not



only had a big impact on my life but many others, as well.

She's why I started to write and started doing things for mental health awareness.

Here's a part of her obituary. I've changed names and portions of the article out of respect for her and her family's privacy.

"An avid lover of reading, music, writing, friends, laughing, her family, and helping others, Jane brightened the paths of many during her time spent in Alberta, Nova Scotia, South Korea, and British Columbia.

Her husband, passed away in a tragic accident and a huge part of her died that day with him."

She was bar none one of the strongest selfless human beings I've ever had the pleasure of knowing. The only thing she cared about was making sure everyone else was ok. Even on the worst day of her life, she cared more about others than her own needs.

Remember the next time you judge someone for facing their metaphorical demons. You're adding to someone's problems and not being helpful. Which is a character flaw!

Because one of the biggest reasons people don't seek help is because of how society views addiction. Which causes them to feel emotions such as shame and embarrassment and that can prevent a person from getting the support they need.

FALLING OFF THE METAPHORICAL WAGON IS FAILURE.

"In order to use relapse as a tool instead of beating yourself up for it, you should understand a few things in order to take a more realistic approach to understanding the complexities of what relapse means. First, relapse happens to everyone, in some way, shape or form. It doesn't mean that you're weak, it's more about it happens because you don't have the tools to cope with specific things" - Your Mental Health and You

Relapse happens due to something you lack in your own treatment and other psychological factors. Not necessarily because of not trying. My best advice is to use relapse as a lesson so you learn better the next time and keep these three things in mind.

- Control what you can!
- Cope with what you can't!
- Most importantly, concentrate on what counts

Addiction isn't fun and if you have a person in your life who has an addiction issue here are a few things to keep in mind – because a little understanding and empathy can go a long way for a person. Especially in a world that sees addiction in such a negative light.

- Be understanding.
- Don't mock a person in recovery. Instead, be respectful and try to see it through their eyes – not through your personal biases.
- Be patient.
- If they need support, either support them or, if you don't have the tools to support them, help them get the resources they need.
- Be mindful of what you say, post, like and follow. Tell them it's ok to struggle because there's already enough stigma in the world.
- Learn about what recovery is and what you assume it is.
- Remember psychological issues are different for everyone and very complicated.

ABOUT THE AUTHOR

Sandy Pace is a mental health advocate from Calgary, Alberta and also the author of *Your Mental Health and You* (Austin Macauley USA in NYC).



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FIGHTING STIGMA? SEE THE PERSON, NOT THE DISEASE

WHEN WE SEE OR HEAR THAT SOMEONE IS ADDICTED OR HAS A DISEASE, BINGO! WE LABEL THE PERSON: LOONY, NUTS, CRAZY, ADDICT, JUNKIE, BUM, LUSH, CRACK HEAD - IT'S A LONG LIST.

As soon as we label someone, we are identifying them as the other – someone not like us. And from the beginning of time, we have feared (and often killed) the other. When someone is labelled in this negative way, they are dehumanized. They are stigmatized. They are outcasts.

Labels hurt. Their purpose is to create a distance between the speaker (or writer) and the afflicted individual. Labels make the person invisible—and that hurts. When we hear the label, or use the label, we are only aware of the disease or affliction, not the vulnerable person in front of us. This isn't an intentional response – it's one way people all over the world act to protect themselves from the "other."

There are some things we can do to fight stigma. First is to intentionally use language that does not label. Instead of "she's an addict," say "Sally's an addicted person." This feels weird,

but after many repetitions, it becomes more natural.

The difference between these two ways of speaking is huge. In the first version, the person is replaced by the label, so the disease is all you see. In the second version, you're seeing a person, and giving a description of the problem. This works because nouns outrank adjectives. The noun – addict – stands by itself. It's a thing. In the better form, "addicted" is an adjective, and is less important than the noun "person." What kind of person is Sally? An addicted person.

We live in a culture that loves "shorthand" speech and writing. This is one case in which taking the shortest route really hurts because it is dehumanizing.

For two years I have been creating museum-quality portraits of addicted persons. A number of the portrait





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volunteers had mental health issues as well as substance abuse problems. Their portraits are accompanied by one-page life stories. When shown in a gallery, the effect is amazing. Viewers look at the pictures first and start wondering about the story – which, conveniently, is right next to the portrait. Typically, viewers turn to the story and read the whole thing, and then move on to another portrait. They leave knowing that addicted persons can be just like us because they are “us.” The affliction has been separated from the person.

This happens because the portraits are not horror shots. They capture the character of the individual, and that opens the door to curiosity – what’s Amanda’s story?

And right there, we have given the person back their dignity and opened the possibility of compassion in the viewer/reader. At this point, several thousand people have seen at least some of this collection. And 95% of them or more have come away opened to the individuals they have just met. No more stigma. Just painful, horrible problems that we now want to help, not dismiss.

In a nutshell: to fight stigma, see the face, not the affliction. And learn to speak without labels. It takes practice but it can be done.

The entire collection of portraits and stories is in the “Faces of Addiction” companion book, available here: <http://facesofaddiction.net/our-book>

WRITTEN BY ERIC K. HATCH, PH.D.



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