

An information newsletter about Mental Health and Addiction Services in Waterloo, Wellington and Dufferin

# The Updater

## Welcome

Once again, we hope you enjoy reading this issue of the Updater Newsletter.

This issue focuses on **Addiction Service: What we Have and Where.**

Content is targeted to the service provider group but focuses on information which can be made available to consumers and families. People who receive the Updater are encouraged to forward it to relevant individuals and staff within their organizations.

If you have any comments regarding this newsletter or suggestions for future topics to be considered by the Program Advisory Committee (PAC) please send them to [kbyars@cmhcgwd.on.ca](mailto:kbyars@cmhcgwd.on.ca)



Source: Susan McLaren  
St. Mary's Counselling Service

## Crisis Line Numbers

**Wellington,  
Dufferin**  
519-821-0140  
or toll free  
1-877-822-0140

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**Waterloo Region**  
519-744-1813  
or toll free  
1-866-366-4566

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## Process Addictions

*Process Addictions* are dependencies on behaviours that become addictive because of the physiological and psychological pay-offs. Engaging in behaviours such as gambling, shopping, internet, pornography, sexual activity, shoplifting and video games can cause serious problems for a portion of the population.

Gambling is one process addiction that has been in the media focus for the past several years in Ontario.

Most people understand that alcohol and drugs can become addictive. Process addictions, such as gambling, however, are often misunderstood. People think that it should be easy

to simply quit gambling because nothing is being ingested, as in the case of substance use. Many people are not aware that there are more similarities than differences between substance abuse and gambling addictions. Research indicates that brain chemistry actually alters in a person who has a gambling dependency

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### Criteria for Identifying Healing

- breaking through denial
  - accepting disease and dealing with guilt/shame
  - relinquishing control
  - developing non-chemical coping skills
  - bonding with mutual help fellowship
  - accepting family involvement
  - establishing healthy life priorities
- 



when that person is gambling. This altered brain state produces positive feelings while reducing the person's ability to control impulses to stop the behaviour. Just like substance use, not everyone who gambles will develop a dependency. An estimated three to five percent of those who gamble will develop a gambling problem.

The motivation and the progress into the addictive cycle are similar for substance abuse and gambling behaviors. Just like substances, gambling and other process addictions are often used for the mood-altering effects. The problem gambler is seeking a high or an escape from problems. The person does not stop gambling, even though they may experience increasingly negative consequences resulting from the behaviour. While some who abuse substances may black-out during their use, those who gamble can have brown-outs where there is no memory of what occurred while gambling. The problem gambler develops a tolerance to gambling and requires more and more time and money in order to get the initial high that the gambling provided. Problem

gamblers also report experiencing withdrawal symptoms, such as unstable moods, agitation, and difficulty sleeping when they initially abstain from or reduce their gambling.

The recovery process from all addictions is based on a similar approach. The first steps are to identify the underlying motivation for the behaviour and the triggers that lead to urges to partake in the behaviour. This allows a person to devise an action plan to handle high-risk situations, with an understanding of the need for flexibility to alter the plan based on its effectiveness. Relapses are common in all addictions and are a valuable learning tool in fine-tuning the recovery plan.

Developing supports, finding alternative activities, learning relaxation techniques, and managing urges are important steps in recovery. Self-help groups are available for most process addictions. Whether a person is recovering from a dependency on drugs, pornography, or gambling...what's most important is to understand that with support, recovery from any addiction is possible.

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Males are more likely than females to engage in 9 out of 10 gambling activities. Males are also more likely to report heavy gambling than females (9% vs 3%)

Source: The Mental Health and Well-Being of Ontario Students, Detailed OSDUS Findings. Centre for Addiction and Mental Health (CAMH), 2003

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Gambling is more readily available than ever before in Canadian History. There are 87,000 slot machines, 33,000 lottery ticket centres, 60 permanent casinos, 250 racetracks and teletheatres, and 25,000 licenses to run various bingo, temporary casinos, raffles, pull tickets and other activities

Source: Gambling in Canada 2005: Statistics and Context. Canada West Foundation (CWF), June 2005

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## Within Limits

Submitted By: Jennifer Beers, Michelle Nogueira,  
Homewood Health Centre

It's here! The Responsible Gambling Council's "Within Limits" Campaign has been launched once again and March is officially "Problem Gambling Prevention Month" around the province. Here at Homewood Community Addiction Services, we are anticipating a busy month in getting the word out to our community about how to prevent problem gambling and where you can access support if gambling is negatively affecting you or someone else.

Addictions counsellors Michelle Nogueira and Jennifer Beers have been concentrating on the gambling industry and its patrons for the past 4 years and have seen a marked increase in our numbers and in general interest since starting out in their positions in 2003.

The past year has unveiled some interesting shifts in gambling trends. In Dufferin and Wellington Counties specifically, we have experienced a significant rise in numbers with clients falling into the age groups of 19- 24 and 45-54 years of age. We also saw a considerable difference in the male to female population (65% to 35 %

respectively). While most of our clients continue to report that their major issues stem from casino gambling, there have also been more reports of gambling at home, alone, on the Internet. The "poker craze" continues to ruminate with our youth, which puts them at risk for developing problems as they reach adulthood.

With vast increases in opportunities to gamble, it is anticipated that our numbers and the demand for our services will continue to grow as well. In response to our growing numbers, we have developed our program to include a 2 - Phase educational program, Relapse Prevention Group and a Problem Gambling Recovery Support Group. A Problem Gambling Helpline (519-824-1010 ext. COPE - 2673) was also created to assist our clients and patients in coping with urges and cravings to gamble.

In addition to clinical work with individuals and their family members, our knowledge in the field is regularly consulted in the media and with community partners. We strive to practice the "Continuum of

Care" model and are actively involved on the Compulsive Gambling Treatment Team in the HADS division of Homewood.

Throughout this month, please keep your eyes and ears open for the various initiatives demonstrated by the Responsible Gambling Council and Homewood Community Addiction Services as we partner together to bring this campaign to life. Some of these initiatives include:

- Newspaper Insert – The Guelph Mercury
- Weekly Homewide Emails
- Quickword Submissions
- Paystub Attachment Wacky Word Search Contest
- Stone Road Mall Display – March 21<sup>st</sup> – 10:00am – 4:30pm
- Homewood Cafeteria Display – March 20<sup>th</sup> and 22<sup>nd</sup> – 11:30 – 1:30pm – Submit your Word Search!
- Lunch and Learn – March 29<sup>th</sup> - 11:30am

We'd like to thank you for all your support over the years in developing this program and welcome your questions and feedback around the issue of problem gambling.

Jennifer Beers ext. 2317  
and Michelle Nogueira  
ext. 2308



## Waterloo Regional Withdrawal Management Centre

Submitted By: Lesley Deyoung  
Grand River Hospital

Waterloo Regional Withdrawal Management Centre, a service of Grand River Hospital's Mental Health Program, has provided over 30 years of non-medical treatment and support for individuals recovering from alcohol and/or drug dependency.

The Centre, a co-ed facility operating 24 hours a day, 7 days a week, is considered a Level II, Residential Service which is defined as having medical consultation and sufficient staff resources available to consider management of the following:

- Acute intoxication and withdrawal needs
- Medications for medical problems
- Medications for diagnosed psychiatric problems
- Pain medications only for acute injuries or recent surgery
- Clients on methadone
- Clients being tapered from benzodiazepines or narcotics
- Clients with concurrent disorders

### Admission Process

Individuals age 16 years and over, self-refer either by phoning ahead or arriving at the Withdrawal Management Centre in person. Individuals and

agencies are encouraged to call ahead to ensure there is an available bed and to eliminate waiting for an assessment. In all cases, referrals involve direct interaction with the individual in need of withdrawal. The interview by phone or upon arrival ensures the following mandated criteria are met:

### Admission Criteria

- Requires 24 hour monitoring of withdrawal symptoms AND
- Is medically and psychiatrically stable AND
- Exhibits non-violent emotions/behaviours (is suitable for a structured peer environment ) AND
- Has made a choice to voluntarily withdraw in a community setting AND
- Is willing to manage without addictive medications but, if required, a physician is willing to collaborate with Withdrawal Management Association of Ontario's protocols. AND
- Can access 24 hour medical support and consultation

### Non-Admission Criteria

- Is unconscious or cannot be aroused
- Is having difficulty breathing

- Is experiencing chest pain
- Is experiencing seizures
- Is experiencing hallucinations, severe tremors or severe agitation
- Is threatening harm to self or others
- Is suspected of taking an overdose, appears to have suffered a recent head injury or other serious injury that has not been treated
- Has signed out of hospital against medical advice

While withdrawal symptoms are safely monitored by staff, it is often the entry point for clients wishing to begin the rehabilitation process related to chemical dependency. The Centre strives to reduce relapse and improve the quality of life for both individuals in need of withdrawal and their families by providing a safe, caring, non-threatening and empathetic environment. It continues to provide an affordable alternative to ER visits, hospitalizations and incarceration.



## Nicotine Dependency—Quick Facts

Submitted By: Kim Laurie, BA, ICADC  
Clinical Supervisor/Addictions  
Counsellor Addiction Division -  
Homewood Health Centre

Nicotine is the active ingredient found in tobacco and has long since been acknowledged as an addictive substance. Nicotine “can be a deadly poison that causes vomiting, shaking, convulsions and death. A few drops of nicotine can kill you.”. While there has been frequent and aggressive campaigns about the toxic effects of smoking, it remains the number one addiction among the general population.

The once accepted notion that it is up to each individual as to whether they harm themselves through smoking has clearly been negated through studies illustrating the effects of second hand smoke. Second hand smoke (SHS) “contains over 4,000 chemicals” some of which

are more highly concentrated in SHS than the smoke inhaled directly by smokers. One third of Canadian non-smokers are exposed to secondhand smoke on most days. There is much evidence that points to the concurrent effect of tobacco and substance addictions. Approximately 60-90% of those with alcohol dependence are also nicotine dependent. Many in fact smoke to cope with cravings for alcohol and it can easily become a substitute addiction.

Current research indicates the need to seriously address nicotine addiction. This however, will be a long process due to the longstanding social views on nicotine dependence. As healthcare profession-

als, we need to get involved and become increasingly more knowledgeable about the risks of this addiction. Smoking is the number one cause of premature death and disability in Canada. 35,000-48,000 Canadians die from smoking every year. 100 of these deaths are infants.

There are many ways to get involved in the promotion and support of nicotine free lifestyles. Ranging from nicotine replacement therapy through to the establishment of smoke-free environments. For example The Homewood Health Center has committed to establishing a smoke free environment for staff, volunteers, visitors and patients.

For more information on the effects of nicotine, smoking and second hand smoke, you can access your local area Lung Association, Cancer Society, Health Canada and/or the Center for Addiction and Mental Health. There are a multitude of resources, tools and information available for those wishing to explore nicotine addiction – whether from a personal, professional or social perspective.

All information was utilized from TEACH – Tobacco Cessation Project with CAMH in Toronto.

### Addiction Stats

- 60-90% of those with alcohol dependence smoke
- 25 cigs/day X 40 years is 365,000 cigarettes
- In 2005, 33% or one third of Ontario students in grades 7 thru 12 said they had tried a cigarette
- 14% or one in seven students said they had smoked during the last year - 140,000 students
- Studies show that each cigarette shortens your life by about 10 minutes

Source: CAMH website (Statistics Canada: CCHS 2003)

## Dear Bandit:

Source: Jenny Marino  
Program Coordinator  
Homewood Community Addiction Services



My son has just started to host poker games in our home. He has his buddies over from high school on a Friday or Saturday night. They stay for a few hours, have some munchies, and then they go home. It all seems innocent enough, but when my son mentioned that this is what he wanted to do I “freaked out.” Maybe it’s all the

media stuff I’ve been hearing and reading regarding youth and gambling. I’m always hearing about this Texas Hold’em thing. I don’t even know what that is. Every where I turn there is some new study or research about how our youth are so at risk. Is my son at risk? That’s what I want to know.

Maybe I’m just blowing things out of proportion but what signs and symptoms should I be looking for and how do I approach this issue with my son so that he may be more open to me.

Freaked Out

Dear Freaked Out,

The reality is that youth are at risk of developing problems with gambling; however, this doesn’t mean that your son will develop problems. A recent study from the Responsible Gambling Council revealed that more than 1/3 of Ontario teens aged 15-17 (34.9 %) are gambling and 40% of the youth said that poker is their game of choice. Research also indicates that 6.9% of Ontario young adult’s aged (18-34) have moderate to severe gambling problems.

Some of the signs to watch out for are:

- Asking for/borrowing money from family or friends

- Gambling "stuff" (poker books, betting sheets)
- Unexplained debts or extra cash/possessions
- Unexplained time away from home, work, or school
- Behavior change (seems distracted, moody, sad, worried, etc.)
- Withdrawal from friends and family
- Less involvement with usual activities
- Unusual amount of time spent watching sports or poker on TV, and/or reading newspapers or magazines having to do with sports
- Intense interest in gambling conversations
- Playing gambling-type games on the Internet
- Money or valuables are missing
- Using gambling "lingo" in his/her conversation (e.g., flop, call, bookie, point spread, etc.)
- Selling personal belongings
- Bragging about winning
- Grades are dropping
- Lying, cheating, or stealing in school

I hope this information is helpful. Maybe it might be good to sit down with your son and talk about your concerns and worries. Both of you could check out the websites called:

[www.Youthbet.net](http://www.Youthbet.net)

[www.Friends4friends.ca](http://www.Friends4friends.ca)

These websites will give both of you some helpful information on ways to keep gambling safe. The more honest, calm and open you can be with your son the more he may be willing to be open with you if he starts to see signs that playing poker is a problem. Being informed is the best prevention. **Remember the proverb “an ounce of prevention is worth a pound of cure.”**

Bandit

# New Emergency Mental Health Service Approved

Source: Media Release:  
Guelph General Hospital,  
Community Mental Health Clinic and  
Homewood Health Centre

On February 22, 2007, Health and Long-Term Care Minister George Smitherman was at Guelph General Hospital (GGH) to announce the approval and funding of the new Guelph Wellington Emergency Mental Health Service (EMHS).

In order to ensure a system-wide approach to designing a seamless EMHS, the service model was developed by a committee consisting of representatives from the three organizations most closely involved in the local delivery of acute mental health services—Homewood Health Centre, GGH and the Community Mental Health Clinic (CMHC) as well as representatives from the Ministry of Health and Long-Term Care (MOHLTC). The committee's chair is Carolyn Skimson, retired CEO of Groves Memorial Community Hospital in Fergus.

"This is a historic direction in that three organizations are committed to an integrated-service for our community," Skimson said. "Our collective strengths and synergy will ensure a service that exceeds what we are able to offer individually."

The EMHS includes a dedicated emergency mental health patient-care area created within GGH's Emergency Department (ED), with Homewood responsible to deliver and manage the service in conjunction with

GGH physicians and staff. The services will be closely linked to community crisis services to enhance use of community supports both before and in follow-up to an emergency. As a result, hospital-based services would be utilized only when an acute level of emergency care is needed.

The EMHS is an important component of the continuum of crisis services and will ensure individuals who require ED-based care will receive state-of-the-art help from a team of highly trained, mental health professionals. Patients from Emergency Departments in Centre and North Wellington may be referred to the EMHS for consultation and care.

The service ensures both the physical and mental needs of the patients are met. Committee member, Dr. Wilson Lit, Homewood's Chief of Staff and Chief Clinical Officer said, "by putting the resources in place at GGH, we will be able to quickly respond to someone experiencing an emergent mental health crisis. The collaboration between Homewood, GGH and CMHC will also improve care for people with both mental health and physical needs in Emergency."

Some of the services to be provided at GGH are: an in-depth mental health assessment, stabilization, immediate emergency treatment as

needed, psychiatric consultation, discharge planning and referral to the inpatient and community mental health programs and services as needed.

The EMHS will help the Hospital manage a growing concern about its ability to care for patients with mental health problems presenting at ED. GGH's Eileen Bain, Vice President of Patient Services and Chief Nursing Executive, explained some of the current challenges.

"We're seeing more and more mental health patients but lack the proper resources to provide timely, quality care. Without an EMHS, there is increased time and challenge in getting the services which patients need, police time in local hospital ER's is going up and safety for our patients and staff is compromised."

The new EMHS is more than creating the proper physical environment with speciality trained staff within the hospital. As a true system, it is designed to create a seamless flow of services available to mental health patients in crisis.

"Our research tells us that when the EMHS is in place, more than half of the mental health patients coming to the Emergency Department will be treated and discharged to the community," said Vern Lediett, Executive Director of

ington and Dufferin. "The proposal ensures there are proper resources across the system so bottlenecks do not occur and patients will receive the proper care when and where they need it."

A number of mental health service enhancements were recently introduced to GGH's ED including:

- The provision of services by a Homewood psychiatrist to the GGH ED one hour per day
- A Homewood Mental Health Nurse is in the GGH ED 24/7 and works with the GGH ED team in caring for patients with mental health problems
- An EMHS Coordinator has been contracted by Homewood
- EMHS supportive material, including the necessary policies and procedures, has been drafted
- A Homewood psychiatrist and the EMHS Coordinator have been added to GGH's Mental Health Quality of Care Committee and GGH's ED Quality of Care Committee.

Recruitment of an EMHS Medical Coordinator has begun. This may be a lengthy process given the current shortage of psychiatrists in general. Renovations required within the GGH ED for the full EMHS are expected to take approximately 10 months.

## Waterloo-Wellington-Dufferin Regional Crisis Committee

Submitted By: Elly Harder,  
Regional Crisis System Coordinator  
Waterloo-Wellington-Dufferin

In general the work in the priority areas selected by the Waterloo-Wellington-Dufferin Regional Crisis Committee is moving forward and the service resolution program is increasingly busy.

We have a Public Relations working group which has produced a system-wide brochure and has a website under construction – [crisislinks.ca](http://crisislinks.ca). If you want

brochures or have suggestions for the website please contact Karen Byars at [kbyars@cmhcgwd.on.ca](mailto:kbyars@cmhcgwd.on.ca).

In addition, the working group has edited the RICP to combine the Waterloo and Wellington-Dufferin versions. Packages with the new materials are also available through Karen.

An updated newsletter about the System Enhancement Evaluation Initiative (SEEI) of the Ministry of Health was circulated last month outlining the details for phase 1 and 2 studies. If you did not receive it and want a copy, please contact Karen Byars. Here is the update from our local study:

**SEEI Phase 2 Study**  
“Waterloo Wellington Crisis System Evaluation: Understanding the Impact of Enhanced Programs and Coordination”

This study, being led by Eleanor Harder (CMHC) and Joan Nandlal (CAMH), commenced

with a review of the grey and published literatures relating to the evaluation of crisis systems. The researchers then worked closely with the Waterloo Wellington Dufferin Regional Crisis Committee to develop a system-wide program logic model and an evaluation framework based on the model. At present, the researchers are starting an evaluability assessment to determine the utility of the data available at different agencies and what existing data will be needed for the evaluation. This evaluability assessment will include key informant interviews with agency representatives.

Researchers Erica Procter and Andrea Brown will be contacting agencies to organize such key informant interviews. If you have any feedback or suggestions for this process, please contact Karen Byars at [kbyars@cmhcgwd.on.ca](mailto:kbyars@cmhcgwd.on.ca).

### Definition of Addiction

(substance DEPENDENCE) is a disease characterized by continuous or periodic impaired control over drinking or drug use, preoccupation with drugs or alcohol, use of drugs or alcohol despite consequences related to their use, and distortions in thinking, most notably denial.

*The American Society of  
Addiction Medicine*

## Resources on Addiction

### **Ontario Problem Gambling Help line**

1-888-230-3505

[www.opgh.on.ca](http://www.opgh.on.ca)

### **Withdrawal Management Centre (Detox)**

519-749-4300 x2623

### **Gambling Craving Help Line**

519-824-1010 x2673 (COPE)

### **Craving Help Line—for alcohol and drugs**

519-824-1010 x2423

### **Alcoholics Anonymous**

Guelph: 519-836-1522 or 1-800-891-4862

Kitchener/Waterloo: 519-742-6183

Cambridge: 519-658-8222

New Hamburg: 519-742-6183

[www.kwaa.ca/meetings](http://www.kwaa.ca/meetings)—list of group meeting dates available

### **Narcotics Anonymous**

Kitchener/Waterloo/Cambridge: 519-651-1121 or 1-866-311-1611

[www.gtascna.on.ca/meetings](http://www.gtascna.on.ca/meetings) — list of group meeting dates available

### **Al-Anon / Alateen**

[www.al-anon.alateen.on.ca/meetings](http://www.al-anon.alateen.on.ca/meetings)—list of group meeting dates available

Toronto: 416-410-3809

### **Drug and Alcohol information line**

1-800-463-6273

### **Life Ring**

Guelph Chapter 519-836-2411

[www.unhooked.com](http://www.unhooked.com)

### **DART:**

(drug & alcohol registry of treatment services)

1-800-565-8603

[www.dart.on.ca](http://www.dart.on.ca)

### **CAMH**

(Centre for Addiction and Mental Health)

[www.camh.net](http://www.camh.net)

### **Adult Children of Alcoholics**

[www.adultchildren.org](http://www.adultchildren.org)

### **Smokers Helpline**

1-877-513-5333

[www.cancer.ca](http://www.cancer.ca)

### **Women for Sobriety**

519-893-9807

### **Cocaine Anonymous**

[www.ca-on.org](http://www.ca-on.org)

### **Drinkwise Canada**

519-824-3417

**Contact Info:**

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 distribution contact)  
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 Email: kbyars@cmhcgwd.on.ca  
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*Article submissions can be forwarded to Karen Byars at kbyars@cmhcgwd.on.ca. A call for article submission outlining the theme as determined by the PAC Facilitation group will be sent 2-3 weeks prior to the email distribution target date. Suitable material such as articles of interest, new issues, important notices, changes in service, current research initiatives, coming events/conferences, etc, will be identified and submitted to the editor(s) for inclusion. The editor(s) will edit for spelling, grammar and format but will not be ultimately responsible for content errors and will not significantly alter submissions unless otherwise notified.*

**Check out:  
[www.crisislinks.ca](http://www.crisislinks.ca)**

**Do you or someone you know  
 have an addiction?**

Source: Jenny Marino  
 Program Coordinator  
 Homewood Community Addiction Services

Risk Factors	Signs and Symptoms	Signs and Symptoms in Family
<ul style="list-style-type: none"> <li>* sleep deprivation, excessive fatigue</li> <li>* meal skipping</li> <li>* social isolation</li> <li>* insufficient exercise</li> <li>* insufficient leisure pursuits</li> <li>* lack of spiritual development</li> <li>* valuing intellectual achievement over balanced emotional growth</li> </ul>	<ul style="list-style-type: none"> <li>* looks tired</li> <li>* eyes don't look right - blood-shot</li> <li>* personal care, hygiene deteriorates</li> <li>* smells of alcohol</li> <li>* tremulous or sweaty</li> <li>* agitated or irritated</li> <li>* frequent bathroom breaks</li> <li>* weight loss</li> </ul>	<ul style="list-style-type: none"> <li>* withdrawal from family activities</li> <li>* spouse becomes caretaker</li> <li>* increased dysfunctional anger spouse tried to control use of alcohol/ drugs</li> <li>*there may be child abuse</li> <li>*children start to assume inappropriate adult roles *children develop antisocial behaviours</li> <li>*sexual problems emerge, affairs occur *spouse disengages, abuses drugs or alcohol, enters recovery *separation, divorce</li> </ul>