

Spring&Summer 2008

NEWS & VIEWS

Responding to Addiction Issues

In this issue

Social Marketing

Breaking Down the Barriers

Fetal Alcohol Spectrum Disorder:

A Community Responsibility

Stop Smoking Program

Why These Quitters Are Winners

Workplace Policy Development:

Creating a Culture of Health

Intervention as Prevention

More CHOICES for Youth
This Summer

NEWS & VIEWS Spring Edition

Spring is finally here—a season of renewal, growth, and exciting potential. And that's just what we'll be talking about in this issue of News and Views.

Fresh ideas and new approaches to prevention, intervention and treatment continue to evolve across all areas of Addiction Services. These include collaborative ventures that will add addiction and mental health service to the more traditional health-care team; an increase in our consultative service

to ensure the safety and well-being of employees, their employers, and the people they serve; and, new initiatives to reach out to and support stigmatized groups.

It's all part of our ongoing commitment to identify needs, remove barriers, and serve our clients in a way

that respects them as individuals.

As always, we'd like to hear your feedback about this newsletter—as well as any ideas you may have for upcoming articles. Please feel free to contact us at



addictionservicesnews@gov.ns.ca. You can also find this newsletter online at www.gov.ns.ca/hpp/addictionprevention—be sure to tell your colleagues about it—we'd like their input, too! •

Social Marketing

Breaking Down the Barriers

All step-mothers are evil. That's the stereotype we get from fairy tales. But fairy tales aren't the only way we're exposed to stereotypes: television, advertising, movies, music, and books reinforce certain images over and over again, and have a very strong influence on how we feel about them.

In the same way, the media also sends us messages that downplay the risks associated with legal activities, such as alcohol use and gambling. This constant repetition can make us think these activities are safer than they actually are.

Stereotyping can discourage people who need help from seeking it because they fear that they will be judged, or because the stereotype is so extreme, they can't relate to it. Others hesitate to come forward due to increased feelings of shame and isolation. The media makes it appear that everyone else can partake in activities, such as drinking and gambling, without harm. Some people wind up asking themselves: *What's wrong with me that I alone can't handle it?*

These impacts are of particular concern to Addiction Services.

So how can we break through barriers created by stereotyping? By using the same media that built them up in the first place. That's what social marketing is all about.

In January of this year, the **Department of Health Promotion and Protection** started running a television and print campaign that stood in stark contrast to the stereotypical images of happy people having fun at casinos or playing lottery. The ads clearly depicted the risks of gambling and the devastating effect it can have on people's lives. Scenarios included someone writing a letter of apology to his family for losing everything, or to a landlord to say that, once again, the rent couldn't be paid.

"We're trying to normalize the problem," says Robert Graham, Manager, Problem Gambling Services. "Research tells us that many people don't seek treatment because they think they're the only ones going through this. That's why we called the campaign *You Are Not Alone*. We're showing that this happens to a lot of people. And we're telling them that help is available."

The ads directed viewers to the Problem Gambling Help Line to get assessed for treatment. Results of the campaign show that calls to the Help Line doubled in January over December.



Heidi MacLeod, Prevention and Community Education Officer (Gambling) at **Addiction Services, Cumberland, Colchester East Hants, and Pictou County Health Authorities** knows how stereotyping can prevent specific populations from seeking help. She recently worked on a social marketing project targeted to seniors. Ads like "Freedom 55" have long created an image of retirement as a time filled with nothing but pleasure. But going from a structured working life to retirement can be challenging. Loneliness, boredom, and a natural desire for social interaction can lead to activities marketed as safe but that actually are high-risk, such as gambling.

So the five community health boards in Colchester East Hants collaborated on a brochure called *Wager on Wellness: Alternatives to Gambling for a Healthy Retirement*. It educates seniors about the importance of leisure wellness, and the risks of gambling, and also includes an insert highlighting healthy local leisure activities. When tested, the brochure rated 8/10 with members of the target market.

Addiction Services is also aware of the importance of reaching people at high risk for harmful use of alcohol, substances, or gambling due to the stigma they endure on a daily basis. David MacAskill, Manager of Administration, Prevention, and Education, Addiction Services, **Cape Breton District and Guysborough Antigonish Strait Health Authorities** is using social marketing to reach the GLBT (gay, lesbian, bisexual, and transgendered) population. Many people in this group fear they will encounter homophobia or be outed if they access services. So David and his team developed a GLBT-specific radio ad and ran it during Sydney's Pride Week. "We participated in the parade, as well as the AIDS walk," says David. "And we have posters, such as 'Outlive Homophobia,' throughout all of our offices, and run GLBT newspaper ads at various times during the year." David says the efforts are working and the GLBT population is learning it can confidently come to Addiction Services for treatment.

Billions of dollars are spent every year in all forms of media to promote unhealthy activities or negative stereotypes. Addiction Services is proving that even with fraction of those budgets, those same methods can be used effectively to send a better message.

If you'd like to know more about the efforts of Addiction Services to reach people who are traditionally underserved, go to www.addictionsservices.ns.ca.



Fetal Alcohol Spectrum Disorder: A Community Responsibility

Nova Scotia's first Fetal Alcohol Spectrum Disorder (FASD) forum took place on March 26, 2008. Participants, who included stakeholders from a range of government, district, and community departments and agencies, say it was an exciting first step in developing a strategy for a more coordinated approach to prevent and reduce the harms associated with drinking while pregnant.

Fetal Alcohol Spectrum Disorder is an umbrella term used to describe a full range of physiological and neurological disabilities that may occur as a result of prenatal alcohol exposure.

One of the purposes of the forum was to share experiences and resources available in Nova Scotia related to the prevention of FASD. For example, Family Resource Centres have provided innovative public and professional education programs that could be expanded provincially.

Forum participants also stressed the importance of a more coordinated approach to providing a range of programs and services to support affected individuals and families. FASD requires a lifetime of support. The estimated total direct costs to support those impacted by FASD to age 21 years is 65 million dollars in Nova Scotia.

As Kathy Inkpen, Coordinator, Family Health, **Department of Health Promotion and Protection** noted, that requires finding a respectful way to identify both children and

adults with FASD. "A diagnosis of autism is socially acceptable but a diagnosis of FASD is devastating for a family due to the stigma of drinking alcohol while pregnant," says Kathy.

"The First Nations culture is leaps and bounds ahead in terms of addressing and preventing FASD," says Kim MacLean, Community Outreach Worker (Alcohol), **Addiction Prevention & Treatment Services, Capital Health**. "We could learn a lot from them and their respect for families."

FASD is not a "woman's issue" or an "aboriginal issue." It is a community issue and government has a responsibility to respond though the development of healthy public policy.

While the topic may seem overwhelming, forum participants all feel energized about the future. Kim MacLean puts it in perspective by pointing out that the Alcohol Strategy, of which FASD is a pillar priority, is only a year old. "A year is not a long time when you consider the culture of alcohol use in Nova Scotia. But we're optimistic about what we can do. FASD is 100% preventable."

For further details of how the Department of Health Promotion and Protection is leading the way towards a coordinated approach to FASD in Nova Scotia, please contact: Carolyn Davison, Director for Addiction Services, Department of Health Promotion and Protection at davisocj@gov.ns.ca.

Stop Smoking Program Why These Quitters Are Winners

Structurally, **Cumberland District Health Authority's** *Coping With Quitting* program and **Annapolis Valley District Health Authority's** *Nicotine Addiction Treatment* program have very little in common. But one thing they do share is much higher than average quit rates.

So what's their secret to success? The answer is that in both cases, the people behind the programs never quit on their clients.

Kris Garby, Community Health Worker (Nicotine Addiction Treatment) runs groups in five communities throughout the valley. According to her last numbers, 24 per cent of the people that had come in the previous year reported they had quit smoking, and 37 per cent had cut back on their use.

She describes it as an open-style group that is big on support and light on structure. "Every session starts with an explanation of the program. Then we go around the room and everyone has a chance to share their concerns and their progress," explains Kris. "They give each other feedback. It's all client driven, based on what they need and want to talk about."



There's no wait time to start, no pre-registration required, no fee to attend, and no real end date. "People can come as long as they want," says Kris. "One client has been coming for two years. People say they like having the support of a group that knows what they're going through and offers no criticism."

Funding is available for quit aids for clients in the program. The program covers eight weeks' worth of the patch and gum, and twelve weeks' of Zyban and Champix.

Amanda Martin, Community Outreach Worker (Tobacco) runs Cumberland's *Coping With Quitting* program, which runs in eight-week cycles with specific topics for each of the weekly sessions. Clients are asked to keep diaries that detail how much they smoked, when, and why. There is also a weekly drop-in group for any client who feels she/he needs a little extra support. As with Kris' program, quit aids are available free of charge for the duration of the program, which is also free to attend.

▶ next page



◀ from previous page

At the three- and six-month mark after the program, Amanda follows-up with every client. This reaching out has proven to be very effective. "I had a client who had taken the program and was coming to the weekly drop-in group. He had quit smoking. But then he went through a rough patch and returned to it. When I called him for a follow up, it was the motivation he needed to try again. He's quit again and is over a month in." The program will be adding a new follow-up call at the one-year mark, adds Amanda.

Recent results for Amanda's program show quit rates of 51.2 per cent at the end of a program cycle, and 38.7 per cent at the six-month follow-up mark.

Amanda is quick to add another reason for the program's success: the motivation and hard work of the clients themselves, coupled with that of the staff. "Our clients work hard," she says. "And staff support their efforts."

If you'd like more information about the stop smoking programs in your area, go to www.addictionservices.ns.ca



Workplace Policy Development: Creating a Culture of Health

What an employee does on his own time is his own business, right? But what if the effects of that employee's behaviour carry over to work time, such as having a couple of drinks at lunch then getting behind the wheel of a company vehicle?

Today's employers are more aware of how alcohol, substance use, and gambling affect their bottom line by driving up the costs of absenteeism, injury/sick benefits, and insurance claims while decreasing productivity and jeopardizing the safety of the workplace for all. Corporate liability is another motivating factor behind the growing number of calls by employers to **Addiction Services** for help in developing and implementing workplace alcohol, substance, and gambling policies.

Prevention and Community Education Officers Suzanne Baily and James Shedden are two of the professionals taking those calls, many of which are from local subsidiaries of American companies that require a policy be implemented, or are companies involved in cross-border trucking to the States. "I don't write a business's policy," says Suzanne. "I lead them to the latest information they need to start the process themselves." One of her favourite sources is Barbara Butler's website, www.butlerconsultants.com.

She further supports the process by educating supervisors and employees on the impacts of alcohol, substance

use, and gambling in the work place. She also highlights important policy content including procedural responses. "I stress that policy should not be punitive," says Suzanne. "It's about creating a mechanism for employers to respond to employees' needs by letting them know help is available and encouraging them to accept it."

James echoes that sentiment. "People recognize the importance of a healthy workplace. During policy development, we talk a lot about preventing accidents and intervening before the issue becomes so serious that the person requires intensive treatment. We ask: what are the things an employer can put in place so they don't lose the employee they've invested in and value?"

Both stress the need for education and communication to make policy implementation effective. "We're trying to get away from *management by barking*," says James. "You need to develop an embracing culture so people can come forward if they have issues, rather than fear they'll be fired."

He adds that employers should not forget families when developing healthy policy. "A spouse's use can create stress that is then brought into the workplace. The employer has a responsibility to help that employee by referring him/her to appropriate supportive services, such

as individual and family counselling at Addiction Services."

Suzanne builds on this position. Employers need to be aware that "the signs and symptoms of someone harmfully involved with drugs, alcohol, or gambling, such as increased absenteeism, mood changes, etc, are similar to those of someone going through a divorce, a financial problem, or a stressful family issue. They are signs of someone who needs help. Don't make assumptions. Make help available."

For more information about how your local Addiction Services office can provide support in workplace policy development, go to www.addictionservices.ns.ca.

Intervention as Prevention

Shaughney Aston sums the situation up quite simply: “We need to get better at providing comprehensive, integrated care,” says the Clinical Therapist at the **Eastern Kings Community Health Centre**. “We have to look at the whole person instead of sending in ‘body parts’ to each area of specialty.”

She’s talking about the province’s increased focus on early intervention and prevention, and how Nova Scotia is working to make a cultural shift in healthcare, from one that has professionals operating in “silos” to one that will include a range of professionals evaluating and caring for a patient at once.

As a member of the **Eastern Kings Memorial (EKM)** Inter-professional team, Aston feels the new approach is already working. The team in her Health Centre’s building represents a spectrum of health care providers who all share information to build a total picture of each patient. “My job is to keep addiction issues on the table,” says Aston. “When we are reviewing cases, I bring the addiction angle to the conversation. In the past, that might not have been considered—now it’s part of the equation.”

The EKM Inter-professional team is just one example of how Addiction Services is supporting other health care providers with intervention activities.

In **Capital District Health Authority**, the soon-to-be-piloted Trauma and Alcohol program, led by Dr. John Tallon, Medical Director, **Nova Scotia Trauma Program**; Kim MacLean and Amanda Hudson, **Addiction Prevention & Treatment Services**; and Marilyn MacDonald, Manager, **Acute Care Social Work**, is another, and it’s already generating excitement over its possible results, which could see the incidence of trauma recidivism reduced by as much as 50 per cent.

Current research shows that approximately half of all patients admitted to trauma centres have positive blood alcohol levels. Furthermore, the risk of reinjury among them is twice that of patients with no alcohol use. The province’s Alcohol Strategy identifies providing individuals who are experiencing harm but who otherwise might not access Addiction Services with information and strategies to reduce their drinking as a priority for action.

This program would see all trauma patients receive an alcohol screening and, if they test positive for alcohol use, receive a brief intervention (ASBI) from a social worker during the hospitalization.



“It’s about taking advantage of a teachable moment,” says Kim MacLean, Community Outreach Worker (Alcohol) at Addiction Prevention & Treatment Services (APTS), Capital Health. “When someone is involved in trauma related to alcohol use, it gives them the opportunity to see the impact of alcohol on their injury.”

Paul Helwig, Clinical Program Manager at APTS, Capital Health, emphasizes that the intervention will be done in a way that will not stigmatize people. “We recognize that this could be an isolated incident. Perhaps this was a celebration and the person, who doesn’t usually use alcohol, did. Our message is: ‘just because you’re in the trauma unit doesn’t mean you’re an alcoholic. But it does mean that alcohol may have increased your risk in this incident.’”

It’s about education, says Kim. “Through this, we’ll be able to connect them with their nearest Addiction Services office if they want support to help change their alcohol use.” If the patient doesn’t want formal services, they will still benefit from the conversation and information provided by the intervention staff.

Trauma Services, located at Capital Health, is the trauma centre for all of Atlantic Canada. With about 500 trauma cases coming in a year, one challenge the program faces is making sure nobody gets missed. “Here at Capital Health, somebody coming in through trauma could end up in orthopedics, neurosurgery, anywhere,” explains Kim. “We’ve identified that we need a coordinator to make sure every ASBI gets done, no matter where the patient is sent.” Funding for that vital position will be provided by the **Department of Health Promotion and Protection**.

Addiction Services values working collaboratively with other services to ensure clients receive comprehensive care. To contact your local office, go to www.addictionservices.ns.ca.

If you’d like more information on the Trauma and Alcohol pilot, please contact: Paul Helwig at paul.helwig@cdha.nshealth.ca.

More CHOICES for youth this summer



This summer, the **IWK's CHOICES Program** for youth experiencing harm from alcohol, substances, or gambling will extend its day and residential sub-programs through the month of July. CHOICES outpatient sub-program has always run year-round, but the day and residential components were traditionally closed during the summer.

"In the past, it was unclear if young people would be willing to come to the residential program during the summer," says Jack Godsoe, Program Manager. The summer also provided CHOICES staff time to enrich the programming for the other ten months.

Jack continues to say, "there has been interest from the public about having the residential program available year-round, impart due to an increase in the serious drug use among youth. We think summer is too long to have this program closed."



As any parent knows, no teenager wants to spend the 'sunny months' sitting indoors. CHOICES knows that, too. So instead of a traditional treatment program focused on academics and talk therapy, participants will enjoy increased opportunities for rehabilitation through recreation.

Recreation has always been a big part of CHOICES, say Recreation Therapists Alex Chandler and Zac Crouse. "It's complementary to the work of our psychiatrists, teachers, clinical therapists, case workers, and nurses," says Alex. "Together, we provide holistic intervention." The new summer schedule will allow more time for a wide range of activities.

Initially, participants may experience these activities as fun or entertaining. But the benefits run far deeper.

"We all can benefit from physical- or sports-related activities," says Alex. "They reduce stress and anxiety and teach positive coping strategies—that's especially important for young people."



Creative activities, such as the music program, help youth build a positive identity and find a healthy venue of expression. "I've seen incredible changes in esteem and confidence in kids through music," says Zac. "Kids will come in intimidated, not able to look you in the eye, not speaking to you. Then within a couple of weeks they're writing songs about their issues and recovery and singing them in front of the staff and their peers. It's huge."

"We do a lot of symbolic work," adds Alex. "Rock climbing is a great example. You have to take a step-by-step approach to get to the top. That experience is a metaphor for other life challenges: *You want to improve your relationship with your father. How is that similar to climbing the wall?*"

Aftercare is a critical component of the CHOICES program. This includes assisting clients to identify and connect with recreation activities in their home community. "When substance use is



removed from the youth's life, a part of their identity, friends, and how they spend their time is gone, too," says Alex. "If that fact isn't addressed, the youth will relapse. By having healthy recreation activities in their lives, they'll build a new, more positive social network and know how to use their time better."

If you'd like to learn more about CHOICES summer program, including how to make a referral, go to the IWK's website at www.iwk.nshealth.ca.



NEWS&VIEWS

Do you have any topic suggestions for future News and Views?

We would love to hear from you. Contact us at addictionservicesnews@gov.ns.ca.

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