



CONCURRENT DISORDERS

CAPACITY BUILDING TEAM

September Newsletter

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Overdose in Canada: An Epidemic Within a Pandemic

An article published by Public Health Ontario highlights the nature of the complexity health and social issue of opioid overdoses within the COVID-19 pandemic. The pandemic brought light to existing structural barriers and inequities in health. Public health measures resulted in changes to access to services for people who use drugs. Opioid-related deaths also greatly occurred within the homeless population, reinforcing the importance of safe and affordable housing as a social determinant of health. Additionally, an increasingly toxic drug supply has had an impact on the number of deaths across Canada.

[Click here](#) for the full article

Report on Changing Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic

The COVID-19 pandemic emerged during the ongoing epidemic of opioid-related deaths in Canada, with almost 4000 deaths in 2019. The pandemic response in Ontario has consisted of various restrictions which have resulted in reduced services for health and social services. In November 2020, a preliminary report was released describing patterns in the circumstances around opioid-related deaths in Ontario during the beginning of the COVID-19 pandemic. This report found a 38% increase between March 16th and June 30th, 2020. This report developed by the Ontario Drug Policy Research Network (ODPRN), the Office of the Chief Coroner for Ontario/Ontario Forensic Pathology Service (OCC/OFPS) and Public Health Ontario (PHO), provides an update of data provided in a preliminary report, including patterns of opioid-related deaths up to the end of 2020.

Monthly number of opioid-related deaths prior to, and during, COVID-19 pandemic

- Following State of Emergency declaration in Ontario on March 17, 2020, there was significant acceleration in number of opioid-related deaths in Ontario
- In 2020, there were 2,426 opioid-related deaths, a 60% rise from 2019 with the largest increases among those aged 25 to 44 and 45 to 64

Distribution of opioid-related deaths by age

- No changes to distribution of deaths by age group during the pandemic
- 90.2% of all opioid-related deaths during pandemic were among age groups 25-44 and 45-64

Distribution of opioid-related deaths by sex

- Proportion of men among opioid-related deaths increased from 71% pre-pandemic to 76% during the pandemic
- Small shift towards higher proportion of deaths among women aged 25-44 years

Manner of death among confirmed opioid-related deaths

- Most are accidental in nature, and this has increased significantly during pandemic – 92.6% vs. 95.7% pre-pandemic vs. pandemic

Employment status of people experiencing an opioid-related death and industry of work

- Half of deaths among those unemployed at time of death
- Significant reduction in proportion of people employed at time of death – 16.5% to 13.1%
- No changes in industry of work during pandemic
- About one-third of deaths among employed individuals worked in construction industry

Living arrangement among people experiencing an opioid-related death

- Most people lived in private dwelling at time of death, slight decline during pandemic
- During pandemic, increase in deaths among homeless individuals

Location of incident among opioid-related deaths prior to, and during the pandemic

- Small shift in location of deaths during pandemic
- More deaths outdoors and within supportive and alternative housing

[Click here](#) for the full report

“Courage isn’t about having the strength to go on – it is going on when you don’t have the strength”

–
Napoleon Bonaparte



Cannabis Column:

Cannabis and mental health: Prevalence of use and modes of cannabis administration by mental health status

Cannabis is often used to manage or improve mental health; however, it can also have an adverse impact on some mental health conditions. This study examined the prevalence of cannabis use and modes of cannabis use among consumers who experienced anxiety, depression, bipolar disorder (BPD), post-traumatic stress disorder (PTSD), and psychosis in the past 12-months. Participants were asked about their frequency of cannabis use and cannabis product types used. Cannabis products included dried herb, cannabis oils or liquids, edibles, drinks, concentrates, hash, tinctures, topical ointments, or other.

The study found that compared to participants who did not report a mental health condition, those reporting one or more conditions were more likely to use cannabis daily, weekly/monthly and less than monthly. Cannabis product preferences were found to be similar across the specific mental health conditions, with dried herb being the most commonly used across all populations. High-potency products such as solid concentrates, THC vape oils, and hash, were found to be more likely used by consumers reporting mental health conditions.

The authors of this study note the trend of growing popularity of high-potency cannabis products and the greater use of cannabis extracts and concentrates in Canada and the United States. As the authors site research noting the factors possibly accounting for the greater use of high-potency products among consumers with mental health conditions, they highlight the need for a better understanding of these patterns.

[Click Here](#) to view the full article

Clinical Corner: How to help someone thinking about suicide

September 10th is World Suicide Prevention Day, a day to remember those we have lost to suicide and to raise awareness about how suicide can be prevented.

This article by the Canadian Mental Health Association goes through various steps to helping someone who is thinking about suicide.

Identify a person thinking about suicide

- Notice any changes in behaviour
- Practice active listening, it can help to hear comments that may indicate that someone is struggling
- Common warning signs include: statements that indicate hopelessness or being a burden, suicide threats or talking about wanting to die, suicide plans or attempts, increased substance use

Have the conversation

- Open, non-judgmental conversation and gentle questioning
- Check-in regularly to normalize conversations about well-being
- Ask questions and listen to what is said
- If there is worry, ask directly: "Are you thinking about suicide?"

Focus on reasons for living

- During conversation, focus on uncovering that part of them that still wants to live
- Based on conversation and relationship, you may suggest what their reasons for living might be

Connect them to help

- Once person has let you know they are thinking about suicide, even if they are not at imminent risk
- Crisis lines
- Encourage them to contact a mental health care provider if they have one
- Suggest they contact a loved one
- Encourage them to tell trusted and supportive loved ones

Plan for safety from suicide

- Can support and guide a person when experiencing thoughts of suicide
- Identify: their personal warning signs, coping strategies, people who are sources of support, how to remove means of suicide, reasons for living

Follow up with your support

- Check-in with person who was in crisis, ask how they are doing

Canada Suicide Prevention Service 1-833-456-4566, in Quebec: 1-866-277-3553.

First Nations and Inuit: Hope for Wellness Help Line at 1-855-242-3310, hopeforwellness.ca.

Youth can text CONNECT to Kids Help Phone at 686868 or call 1-800-668-6868.

[Click here](#) to view the full article

2021 World Suicide Prevention Day

Friday, September 10th is World Suicide Prevention Day, when people in more than 50 countries will connect by officially recognizing the day as they help promote a greater understanding of suicide. Each year in Canada about 4000 people die by suicide, with males dying by suicide three times more often than females, and females attempting suicide four times more often than males. In recognition of World Suicide Prevention Day, the Canadian Association for Suicide Prevention will be hosting an online virtual event Friday, September 10th at 2:00pm. The theme for this year is "Creating Hope Through Action", which aims to empower people with the confidence to engage with the subject of suicide. The event will feature three panelists to share their unique stories and experiences of hope and resilience.

The Canadian Association for Suicide Prevention has worked towards its mission of envisioning a Canada without suicide by advocating, communicating, and educating for suicide prevention, intervention, postvention and life promotion in Canada since 1985.

[Click here](#) to register for the event

Update of Canada's Low-Risk Alcohol Drinking Guidelines: Summary of Findings from Public Consultation

In spring 2021, the Canadian Centre on Substance Use and Addiction (CCSA) held an online public consultation to hear which alcohol, health and well-being issues matter most and what is most useful to individuals. Another goal of this consultation was to get an understanding of the types of knowledge mobilization efforts that would increase awareness and the use of the updated Low-Risk Alcohol Drinking Guidelines (LRDGs).

Almost all who contributed (4,809 submissions) currently consume alcohol with most drinking on a weekly bases and no more than two per day. Of these contributors, 60% were not aware of Canada's LRDGs, and two out of three said they use the guidelines to check if their current consumption is "too much". There is a need for continued public education to increase awareness of the Canadian LRDGs, focusing on an understanding of the risks and benefits of drinking alcohol so that individuals can make informed choices about consumption.

The contributors suggested that the updated LRDGs should focus on the impact of drinking alcohol on mental health, as well as the impact on physical health, and individual's lives.

The CCSA will hold focus groups before developing any knowledge mobilization recommendations to increase awareness and use of the updated guidelines.

[Click here](#) for the full report

Your CD Capacity Building Contacts

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Opioid Replacement Therapy consultations available through Addiction Medicine Service Team	Contact Paging

***Updated evening/night coverage for ED/PES: Monday to Thursday 8:00pm-6:00am, Saturday and Sunday 12:00pm-12:00am.**

SJHH Intranet: <http://mystjoes/sites/Depts-A-L/concurrent>

External Website: <https://www.cdcapacitybuilding.com>

Virtual Drop-In Group Information

We are happy to have all of our drop-in groups now running virtually through ZOOM!
Below are the times and a brief description of the group offered by the Community Psychiatry team at W5th
All ZOOM links found at cdcapacitybuilding.com

Mondays 1:30-2:30pm – Moving Forward Skillfully * No Referral Required *

- A weekly drop-in class with 6 different modules
- Start any week
- Learn skills from DBT including emotion regulation, distress tolerance, and mindfulness

Tuesdays 1:30-3:00pm – SMART Recovery * No Referral Required *

- A drop-in self-help group for recovery from any type of addictive behaviour
- Groups are led by a clinician and volunteer with lived experience
- Limit of 10 participants per group

Wednesdays 1:30-2:30pm – Steps to Recovery * No Referral Required *

- A drop-in self-help group with 6 modules to increase motivation to decrease substance use

Last Wednesday of Every Month 6:30-8:30pm – Friends and Family Night

- A group for loved ones of those with substance use, mental health or concurrent disorders
- Contains 4 modules on supporting loved ones, creating boundaries, and self-care

Thursday 1:30-3pm – ACT

- A weekly drop-in class with 4 different modules.
- Start any week
- Available to all clients in the Community Psychiatry Clinic with any mental health diagnoses
- Topics from ACT therapy include: mindfulness, clarifying values, committed action, fusion vs. diffusion, control vs. willingness, acceptance as an alternative, and action planning

Monday 10-11:30am – PAWS

- Pick up a package and join any week!
- 6 different topics to help support and strengthen recovery: 1) Education around post-acute withdrawal syndrome 2) Physical health exercise and nutrition 3) Mindfulness 4) Sleep hygiene 5) Budgeting and financial security 6) Self-care, balance and resiliency
- These 6 sessions provide us an opportunity to pause, reflect and build on our own foundations of recovery

Wednesdays 11am-12pm and 1-2pm, Thursdays 11am-12pm – Drop-In DBT

- A weekly drop-in group that runs in 8-week cycles
- This "drop-in" is designed to provide a brief sampling of DBT skills - not a formal DBT group
- Start any week
- Focuses on the skills of: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.
- Log in several minutes before start time



**All loved ones, friends
and family members
welcome!**

**Week 1: Values, Recovery
and Acceptance**

**Week 2: Effective
Communication and
Support**

**Week 3: Boundaries,
Limits, and De-Escalation**

**Week 4: Doing For,
Motivation, and Self-Care**

CONCURRENT DISORDERS FAMILY NIGHT LAST WEDNESDAY OF EVERY MONTH: 6:30- 8:30PM

The Concurrent Disorders Family Night series is a 4-session group (Does Not have to be attended in order) that focuses on supporting families and loved ones of individuals with co-occurring substance use and mental health disorders. Family Night is largely based upon the therapeutic interventions of CRAFT (Community Reinforcement and Family Training) and ACT (Acceptance and Commitment Therapy).

**No Referral Required* Do not need to attend in order!*

St. Joseph's
Healthcare  Hamilton

**MORE INFORMATION AND
ZOOM LINK AT**

<https://www.cdcapacitybuilding.com/online-group-link>



Post-Traumatic Stress Disorder in Concurrent Disorders

Presented by:

Daniel Botham, Mental Health Worker

Daniel Botham is a Mental Health Worker with Concurrent Disorders Outpatient Services at St. Joseph's West 5th Campus and we are excited to have him speak this month!

Please join us September 29th for a discussion on PTSD in concurrent disorders.

[Attend the session virtually through ZOOM:](#)

Wednesday September 19th 2021 from 12:00 – 1:00pm

<https://stjosham.zoom.us/j/68205794362?pwd=dllPM0NxaXRIR2NRaDQ4WWHiY0IDZz09>

Please **[CLICK HERE](#)** to register online

If you have any questions, please contact Victoria Kay at kayv@stjosham.on.ca