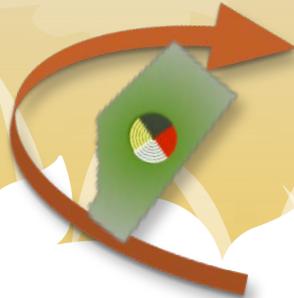


ALBERTA NNADAP

# Treatment News

Sue Howard, Clinical Addictions Consultant



Welcome to this month's edition of the newsletter!

Forward this newsletter to your team members or anyone else you would like to share it with.

If you have information you would like to share for future newsletters, email by the 3<sup>rd</sup> Monday of the month to to: [sue@suehowardconsulting.ca](mailto:sue@suehowardconsulting.ca)

## Upcoming Conferences, Training & Events

### AHS Indigenous Health Program Telehealth Learning Series

February 22 2017 12:00 – 1:00 pm  
Presenter: Dr. Darien Thira

The Aboriginal community is often understood to be in a mental health crisis; this is not the case. This pre-recorded session followed by live Q&A with Dr. Thira will redefine issues such as suicide, violence and 'addiction' as a community crisis with a social cause and cultural 'cure', one rooted in Traditional values.

#### Registration:

1. Click: <https://vcscheduler.ca/ahs/>
2. Click on 'Calendar of Upcoming Videoconferences.' In the 'Search' box type in 'Indigenous' and click 'Search.'
3. Select the Feb.22 session and click the blue link to register as a participant.
4. Complete the registration form, requesting a convenient Telehealth site.

### 7<sup>th</sup> International Conference on Fetal Alcohol Spectrum Disorder (FASD)

March 1-4 2017  
Westin Bayshore, Vancouver BC

This advanced level conference continues to bring together experts from multiple disciplines to share international research. From the pure science, to prevention, diagnosis and intervention across the lifespan, the conference will address the implications of this research and promote scientific/community collaboration.

The conference provides an opportunity to enhance understanding of the relationships between knowledge and research and critical actions related to FASD.

#### Registration & Information:

<http://interprofessional.ubc.ca/FASD2017/default.asp>

## Prescription and Other Drug Misuse Still a Problem

With growing concern about the opioid crisis in Canada, in relation to potentially deadly drugs including fentanyl and other opioids, we must not lose sight of the continuing dangers of alcohol and street drug abuse, and misuse and abuse of prescription medication.

The Spirit of Healing prescription drug misuse online training courses are still available. If you have not completed the course, sign on today and finish it to receive your certificate that includes 15 hours of continuing education credits.

Sign in or register at:

[www.training.abfnspiritofhealing.com](http://www.training.abfnspiritofhealing.com)

The courses also include extensive resource material and videos for drug education purposes.

## Upcoming First Nations Telehealth Portal Sessions

### FNTN and Streetworks Present: Harm Reduction and Street Drugs

**February 2 2017 10:00 – 1:30 AM**

**Speaker: Marliss Taylor, RN, BScN, Program Manager, Street Works (Edmonton)**

This session will explain Harm Reduction from both a policy and practice perspective. It will examine international perspectives, discuss the topic of "addictions", and look at specific substance use as an example on how to put theory into practice.

The participants will:

- Gain an understanding of Harm Reduction theory and practice
- Discuss substance use from a Harm Reduction perspective
- Recognize when Harm Reduction Interventions are the most useful

The session speaker is Marliss Taylor, RN, Program Manager of Street Works Edmonton, which is based on philosophies including harm reduction, health promotion, and primary Health Care. Building strengths, outreach, relationship-based work, decreasing barriers and advocacy are paramount in meeting the goals of the program.

**Registration Link:**

<http://www.firstnationsth.ca/Home/RegisterVC.aspx?eid=10472>

## First Nations Telehealth Portal



### FNTN and Thunderbird Partnership Foundation Present: Honoring Our Strengths - Relying on Indigenous Culture to Promote Wellness

**February 9, 2017 10:00 - 11:30 AM**

**Speaker: Carol Hopkins, Executive Director, Thunderbird Partnership Foundation**

The Indigenous Wellness Framework relies on Indigenous culture and knowledge to describe Hope, Belonging, Meaning and Purpose as critical indicators of wellness of a whole and health person.

These indicators have been identified from sacred indigenous knowledge and from community based knowledge rather than from academic knowledge. Because this knowledge comes from community then it makes sense that Hope, Belonging, Meaning and Purpose are concepts that also indicate wellness for families and indigenous communities as well as individuals. This keynote address will provide an overview of the Indigenous Wellness Framework and the meaning of measurable indigenous mental wellness indicators.

It is hoped that this description will offer support for Indigenous knowledge within community programs and services, supported by Elders and Indigenous Cultural Practitioners.

At the end of this keynote, participants will have:

1. Increased knowledge of an indigenous framework with indicators of wellness
2. Increased knowledge of how the Framework can be used to help guide the design and delivery of mental wellness programming that meets Indigenous community needs and priorities.
3. Knowledge on how to access the indigenous wellness assessment instrument.

**Registration Link:**

<http://www.firstnationsth.ca/Home/RegisterVC.aspx?eid=10477>

## Engaging in Overdose Prevention Conversations

It is important to support people in taking measures to prevent overdose, particularly in the current context of fentanyl and other opioid related harm and fatalities. The following are some examples developed by Fraser Health that can be effectively explored in hosting overdose prevention conversations.

1. Start the conversation by *asking for permission* to explore plans to stay safe. *Imposing or forcing* the conversation risks alienating the person or trigger feeling threatened or shamed.
  - a. E.g. "Before you head-out, is it *ok if I speak with you* a bit about your plans to stay safe?"
2. Ask the person to help you understand *their level of concern* about the risk of overdose (personally, partner, family, friends...).
  - a. "What are *your thoughts or feelings* about the chance of overdose for you/family/friends...?"
  - b. "Have you ever experienced a personal overdose?"
  - c. "What concerns might you have about someone that you know overdosing?"
3. *Listen without judgement*. The objective is to provide an opportunity for the person to *safely explore* their experience and any concerns.
4. Continue to explore this area towards the point of reaching a *shared understanding* of what risk, if any, the person may be holding about themselves or others.
5. If indeed there is some level of concern, *invite the person to describe* what steps they have taken, in the past, to help keep themselves, or others, safe.
  - a. "What are some of things that *you do* to keep yourself, or others, safe?"
6. Gently invite the person to describe, based on their lived experience, what steps they could take to protect their safety (or others around them).
  - a. "Based on what *you know*, what are some of things that you might do or pay attention to, when you leave here, to help stay safe (or help others around you stay safe)?"
7. Invite the person to describe *what else* may be of benefit.
  - a. "What else would be helpful?"
8. Ask the person if they are open to *additional ideas or resources*?
  - a. "I wonder if you'd be open to hearing about take home naloxone and how to use it?"
  - b. "I wonder if I could show you one of these response kits."
9. *Summarize* any discussed plans and resources
  - a. "How about we go over the ideas and resources that we talked about so far?"
10. Invite a *concluding conversation*
  - a. "*What else* would you welcome, or need, that would help you (or others) stay safe?"
  - b. "Please *feel free to reach-out* to \_\_\_\_\_ if you ever need any support...here is the number"
  - c. "How was this discussion *for you*?"
  - d. "I'm really glad *you and I* had a chance to talk about this...I'm thankful..."

In general, pay *mindful attention* to avoiding language that can come across as directive, parental, shaming, disqualifying or denigrating. Examples to avoid include:

- "You *should*..." - "You *need* to..." - "If *you don't* listen..."
- "The problem *with addicts* is that..." - "I don't have time for this, so *I need* you to..."

Source: [www.fraserhealth.ca](http://www.fraserhealth.ca)

## Brain Damage from Overdose

Opioid overdoses cause respiratory failure (a reduction or stop in breathing), which can lead to cardiac arrest. Some Canadian doctors are saying that fentanyl overdose survivors have up to a 90% chance of suffering from resulting brain damage.

The potential for damage is linked to the length of time an overdose victim remains unconscious, during which time oxygen can be cut off from vital parts of the brain, leading to irreparable damage. The length of time for damage to occur in the brain is four minutes without oxygen during which time the brain is starved of oxygen. Resulting damage can range from mild, short-term symptoms such as dizziness or problems with concentration, to severe, long-term issues including problems with vision, speech and memory. Extreme brain injuries caused by overdose can include complete loss of brain function.

It is now widely understood that it is imperative to administer Naloxone as an antidote to opioid overdose. However, it is extremely important to also administer rescue breathing to prevent brain damage during an overdose, particularly as it can take time for an ambulance to arrive, particularly for people living in remote communities.

### Rescue Breathing

These are the steps for **rescue breathing**:

1. Place the person on their back.
2. Tilt their chin up to open the airway.
3. Check to see if there is anything in their mouth blocking their airway. If so, remove it.
4. Plug their nose with one hand, and give 2 even, regular-sized breaths. Blow enough air into their lungs to make their chest rise. If you don't see their chest rise out of the corner of your eye, tilt the head back more and make sure you're plugging their nose.
5. Breathe again. Give one breath every 5 seconds.

Follow these steps and give the person a few breaths and then put them in the Recovery Position and then give them Naloxone. If you don't have a naloxone kit, continue rescue breathing until help (i.e. the ambulance) arrives.

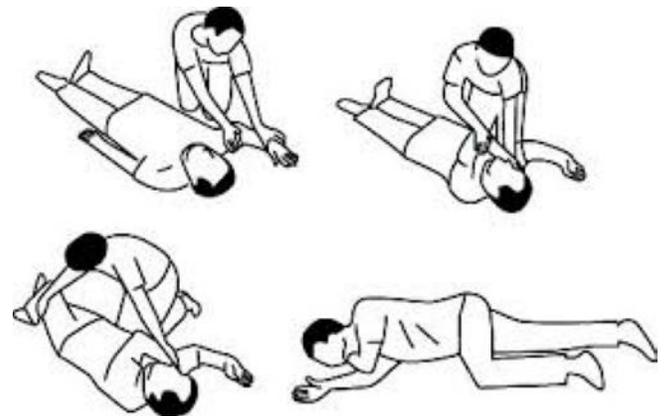
**Sources:** <https://www.thefix.com/fentanyl-causing-brain-damage-overdose-survivors-doctors-and-paramedics-report>  
<http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/responding-to-opioid-overdose/perform-rescue-breathing/>

## The Recovery Position

If you are administering Naloxone to someone during overdose, perform rescue breathing and then put them into the recovery position when administering the Naloxone.

These are steps for putting someone who is on their back in to the **recovery position**:

1. Place their arm nearest you at a right angle to their body, with their palm facing upwards.
2. Take their other arm and place it across their chest so the back of their hand is against their cheek nearest you, and hold it there
3. With your other hand, lift their far knee and pull it up until their foot is flat on the floor. Now you're ready to roll them onto their side. Carefully pull on their bent knee and roll them towards you. Once you've done this, the top arm should be supporting the head and the bent leg should be on the floor to stop them from rolling over too far.



Check that their airway is open, so they can breathe and any blood or vomit from their mouth can drain away. To do this, tilt their head back, gently tilt their chin forward and make sure that their airway will stay open and clear.

If you think they could have a spinal injury, you must try to keep their neck as still as possible. Instead of tilting their neck, use the jaw thrust technique: Place your hands on either side of their face and with your fingertips gently lift the jaw to open the airway, avoiding any movement of their neck.

**Source:**

<http://www.sja.org.uk/sja/first-aid-advice/first-aid-techniques/the-recovery-position.aspx>

## *We Matter* Multi-Media Campaign for Indigenous Youth in Crisis

We Matter is a national multi-media campaign designed to gather positive messages from people across the country in Canada. The We Matter Campaign was conceived in the summer of 2016 by Deninu K'ue First Nations brother and sister Kelvin and Tunchai Redvers. Growing up in the Northwest Territories, they saw potential to connect Aboriginal youth, and provide help and guidance in an interactive, multi-media format.

We Matter is a campaign for Indigenous youth in crisis. It has a simple idea: short video messages (1-3 minutes long) are submitted by people nationwide, communicating with Indigenous youth that no matter how hopeless life feels, there is always a way forward.

This hope is deeply needed, as suicide rates are so high for Indigenous populations. By sharing lived experiences of going through hard times and positive poetic messages, it is possible to share strength and resiliency to our young people.

The mandate of the We Matter campaign is:

*To communicate to Indigenous youth that their lives matter, and to provide resources to encourage and support those in crisis while fostering unity and resiliency. We provide a forum for people across the country to share video messages of hope and positivity with youth who are going through a hard time. By sharing our stories, our words of encouragement, and our authentic messages of hope and resilience, we help to make a community stronger. We remind youth that I matter. You matter. We matter.*

**View Videos & Website:** <https://wemattercampaign.org>

*"When you're a teenager, everything seems magnified. Loneliness is magnified. Breakups are magnified. Pain is magnified. But when you get older it should stabilize."*

*Don Burnstick, 2016*



Artwork by Attawapiskat youth

## Gambling Addiction Activates Same Brain Pathways as Drug and Alcohol Cravings



A 2017 study by international scientists and researchers from Imperial College London indicates that gambling addiction triggers the same brain areas as drug and alcohol cravings. The findings also suggest that people with gambling addiction may have weakened connections between the parts of the brain that control impulses.

Volunteers in the study were a mix of people with a gambling addiction, and people without. The most common forms of gambling amongst the volunteers were electronic roulette and sports gambling.

Participants went into a magnetic resonance imaging scanner which monitors brain activity, and were shown various images of gambling scenes such as a roulette wheel. They rated their level of craving when they saw the images.

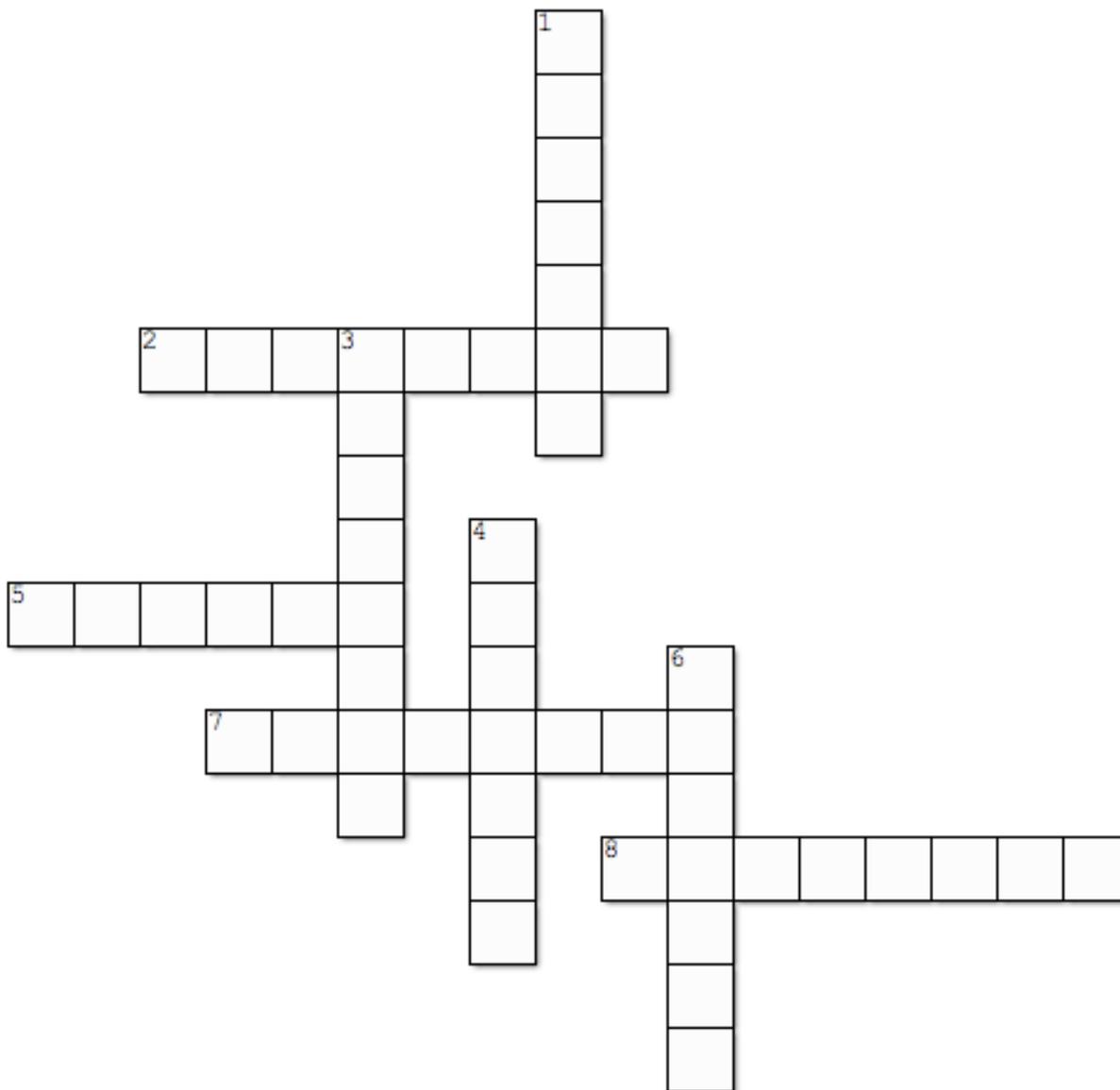
The results found in problem gamblers that the insula and nucleus accumbens in the brain were highly activated when they saw an image that triggered a craving. It was also found that weaker connections between the nucleus accumbens and an area called the frontal lobe in problem gamblers were associated with greater craving. The frontal lobe is involved in decision-making, and controlling impulses, and weak connections have also been identified in drug addiction. The frontal lobe can help control impulsivity; therefore a weak link may contribute to people being unable to stop gambling, and ignoring the negative consequences of their actions. The connections may also be affected by mood -- and be further weakened by stress, which may be why gambling addicts relapse during difficult periods in their life.

People with a gambling addiction may benefit from treatments that address cravings and relapse. This may include talk therapies, such as cognitive behavioural therapy, or medications that combat cravings.

**Source:**

<https://www.sciencedaily.com/releases/2017/01/170103101751.htm>

## And Now for Some Fun!



**Across**

- 2. It is now widely understood that it is imperative to administer \_\_\_\_\_ as an antidote to opioid overdose.
- 5. \_\_\_\_\_ overdoses cause respiratory failure (a reduction or stop in breathing), which can lead to cardiac arrest.
- 7. We Matter is a national multi-media campaign designed to gather \_\_\_\_\_ messages from people across the country in Canada.
- 8. \_\_\_\_\_ addiction activates same brain pathways as drug and alcohol cravings.

**Down**

- 1. Hope, Belonging, \_\_\_\_\_ and Purpose are critical indicators of wellness of a whole and healthy person.
- 3. It is important to support people in taking measures to prevent \_\_\_\_\_, particularly in the current context of fentanyl.
- 4. The Indigenous Wellness Framework relies on Indigenous \_\_\_\_\_ and knowledge..
- 6. People with a gambling addiction may benefit from treatments that address cravings and \_\_\_\_\_.

Answers: **ACROSS:** 2) Naloxone; 5) Opioid; 7) Positive; 8) Gambling; **DOWN:** 1) Meaning; 3) Overdose; 4) Culture; 6) Relapse