Rotary Club of Meadow Ridge

The Four Way Flasher

ROTARY CLUB MEADOW-RIDGE BRITISH COLUMBIA CANADA

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Website: MeadowRidgeRotary.ca

Meetings: Tuesday 12 Noon, Virtual Meeting

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SEPTEMBER IS BASIC EDUCATION AND LITERACY MONTH

Happy Birthday	Happy Anniversary
Sep 17: Adrienne Dale	

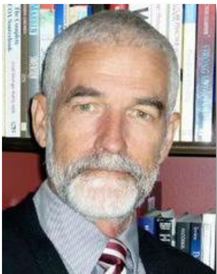
UPCOMING SPEAKERS:

Sep 14: John Mikulik The South Pole	Sep 21: Dale Shea Rotary World Help Network	Sep 28: Shashanka Vangari Who's Who

OUR CLUB LAST WEEK'S MEETING:

President **Patrick Dobbyn** presided.

Speaker: **Dr. Raymond Baker**



About our speaker:

Dr. Baker MD (who is now retired from clinical practice) practiced for 10 years as a family doctor, and then for 35 years specialized in occupational addiction medicine and recovery.

He has assessed and provided treatment recommendations for several thousand individuals with addictive disorders, many suffering from concurrent medical psychiatric and pain conditions. He consults with organizations in policy development and management of issues related to workplace mental health and addictions. He has testified in many labour arbitrations, human rights tribunals and in provincial and Supreme court proceedings as an expert in Addiction Medicine.

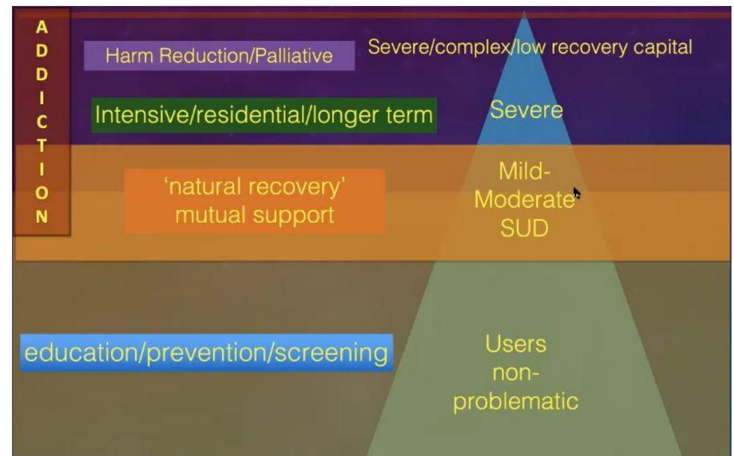
At the UBC Medical School he developed and taught the nationally acclaimed Addiction Medicine curriculum for 5 years.

Dr. Baker served as principal author for the British Columbia standards of practice in Addiction Medicine, adopted as policy by the College of Physicians and Surgeons of B.C.

He wrote a chapter on Alcoholism in Conn's Current Therapy, a medical textbook. As occupational addiction medicine consultant to the Railway Association of Canada he developed the medical rules for safety of Canadian railway workers with substance use disorders. He serves on the Editorial Board of the Journal of Addictive Diseases. He has served as principal investigator on a major research project for the World Health Organization and in several clinical trials investigating experimental treatments for smoking cessation, cocaine dependence, obesity and chronic back pain. He assisted in the formation of BC's Lawyers Assistance Program and served as its Medical Consultant for over 10 years.

Program Topic: Improving Addiction Outcomes, and Recovery Oriented Care

The following slide is a simple look at the epidemiology of addiction ["epidemiology" may be defined as *the study of the distribution and determinants of health-related states or events in specified populations*]



The bottom of the triangle represents about 20% of the population who are non-users of addictive drugs. The area of the triangle above that represents about 60% of the population who use addictive drugs and not have serious problems with them - are non-problematic as a result of education, prevention and screening.

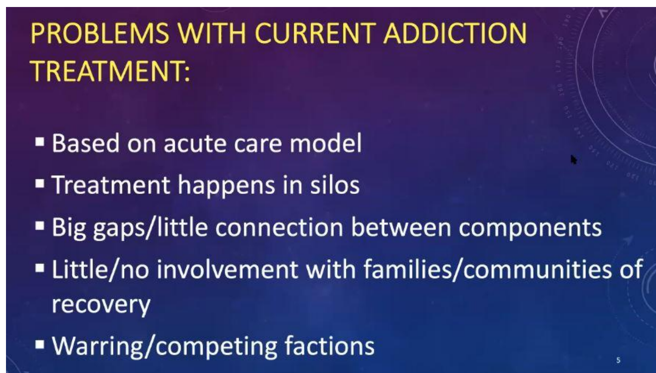
The top of the triangle - the remaining 20% of the population - may be classified as having a Substance Use Disorder (or SUD). What is not widely known is that most persons in the mild-to-moderate SUD category, when they become aware of their problem, can and do stop using the addictive substances because they have enough social, physical and interpersonal resources to recover. This is also true for those on the lower end of the "severe" category although they are likely to require long term treatment.

What most people think of as "drug addicts" are those that are on the very top part of the triangle (shown on the above-noted slide) – those persons we see on the news and who are attracting so much of our attention - who are on the more severe end of the addiction spectrum. These persons represent less than 1% of the population - just a percentage of 1%. They have very low "recovery capital", have severe addictions and complex mental illness and or other complex problems (they are what Dr. Baker referred to in medical terms as having "comorbidity" [meaning the "simultaneous presence of two or more diseases or medical conditions in a patient]. For them, the appropriate initial approach is to have harm reduction, palliative care, and to keep them stable. Even some of those persons in this extreme category can recover if they have enough "recovery capital", but harm reduction, palliative care, and keeping them stable is not enough without recovery capital.

What is Recovery capital?

Recovery capital is important because we can measure it and it predicts the prognosis of recovery from addiction. **As Rotarians, we must be aware that if we are funding someone to treat a person with an addiction, then that someone better be causing an increase in that person's recovery capital compared to when they went in to the treatment.** The key issue for Recovery Capital is "connection" - connection to people, connection to family, connection to a community of people in recovery rather than a community of people who are using substances.

Problems with current addiction treatment:

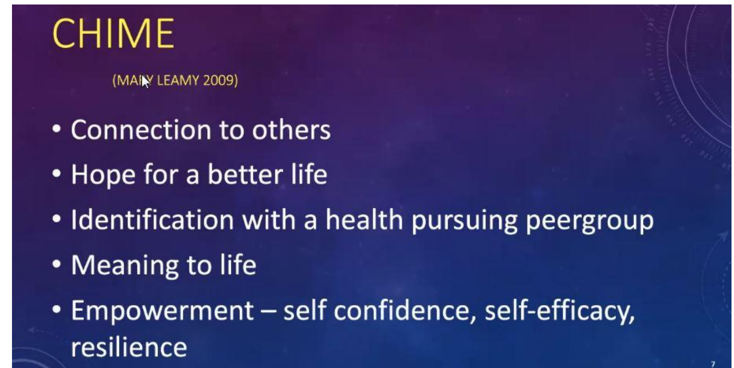


We send a person who is addicted to a recovery program (methadone for example) but then don't follow up. Addiction is a chronic condition and requires follow-up, but following treatment the addict is not normally given the tools to deal with the chronic condition. Various stages of the required treatment are not coordinated – "treatment happens in silos" and there is "little connection between the components" that are required to overcome addiction. There needs to be family and community involvement. He also noted that the various treatment factions compete with one another.

Doctor Baker said that when he came down to the lower mainland in the mid-1980s, Maple Ridge/Pitt Meadows had one of the best recovery programs in British Columbia in the form of the Maple Ridge Treatment Centre [which our Rotary Club has supported in the past].

Doctor Baker also made the interesting observation that studies have shown that persons who have recovered from the sickness of addiction are healthier, do more volunteer work, are more productive and more pro-social than their non-addicted peers.

C.H.I.M.E. is an acronym for what five things that needs to be in place for recovery from addiction: **C**onnection, **H**ope, **I**dentification, **M**eaning, and **E**mpowerment



In summary, Doctor Baker said that we need to

1) enhance what is already working,
2) support, educate and reward existing mental health and addiction providers,
3) partner with "communities of recovery",
4) include all cultural ethnic and diverse stakeholders (70% of people who have addictions are employed),
5) involve employers,
6) include enforcement, and
7) identify, develop and research model programs, and
8) support and develop grassroots recovery advocacy.

Service Clubs like Rotary can help by sponsoring activities for youth who are in recovery so that they can see there is life after substance abuse. We need a "Community of Recovery" - communities who support recovery programs for addicts.

Dr. Baker concluded by saying that, to be successful, we need cooperation among the various parties and groups, as in the "Allegory of heaven, hell and the long spoons".

In hell they had only long spoons but the residents starved because the spoons were so long they couldn't use them to reach their mouths.

In heaven the residents also had only long spoons, but they used them to feed each other, and as a result were happy and healthy.

During question period, President Patrick stated that a large number of people seem to have the same answer as to how to solve the problem, and he asked whether there was a short answer as to why the solution is not funnelling out into practice.

Doctor Barker answered that we have to base our decisions on the science and not on ideology, but for many years BC has doubled down on the ideological approach to substance abuse, and are very much opposed to enforcement; their agenda is stand alone. Harm reduction takes the lead, but while harm reduction is important, it can't stand alone. It has to be the entry point for the recovery. The political people who set the policy are being advised by people who are invested heavily in the status quo, and this is really costly, not just in money but in lives.

Announcements:

Walter advised that he has applied for gaming funding on behalf of the club for the coming year. Also, there was enough money collected from donations from club members to purchase two Shelter boxes (at a cost of $1200 each) with about $300 left over.

This coming week is the club's camping at Fort Langley, and Adrienne thanked Matt for taking care of booking the campsites.

Happy and sad, mystery greeter, together with fines, brought in $182.

Ineke, as fine master, raked in the dough from those who could not recognize pictures of famous Rotarians, who included (among others) Walt Disney, Neil Armstrong, Winston Churchill, Thomas Edison, Gerald Ford, Colonel Sanders, Earl Warren, Sam Walton and Bill Gates.

Says **Matt, "our collector of voluntary tax"**, "this is the largest amount collected for fines on one day (as far as I am aware!), thanks to Ineke's innovative and enjoyable fines project".

Quote for the day:

Submitted by Laurie Anderson