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Saskatchewan

Message from the Coordinator

Welcome to September—and the "new season!"

While January 1st is the official start of our calendar year, September has always meant more to me as a time of "fresh starts". In fact, the concept of New Year's Resolutions can be much more appropriate for September than for January. Many people are beginning new endeavors—going back to school or otherwise embarking on new opportunities or interests. For many, this time of year may mark a return to some of the more routine aspects of our lives as well.

For the Moose Jaw South Central Region Drug Strategy, its back to planning the

work of committees, -working on new ideas and strategies to further pursue the Coalition's priorities. Further, this fall we are generating a new overall Drug Strategy plan and working document to carry us through the next several years.

On an individual level, September is a good time to take inventory of our personal habits and lifestyles. As the saying goes, "We're not born winners; we're not born losers; we're born choosers". A healthier – and happier lifestyle is a good goal for all of us.

On a community level, we might think about the ways we treat and work with others around us.

Wishing you all a great fall in your new—and old –activities and challenges.....

Yours truly,

Greg Veillard
Drug Strategy Coordinator



Youth Programming/Activities 2010

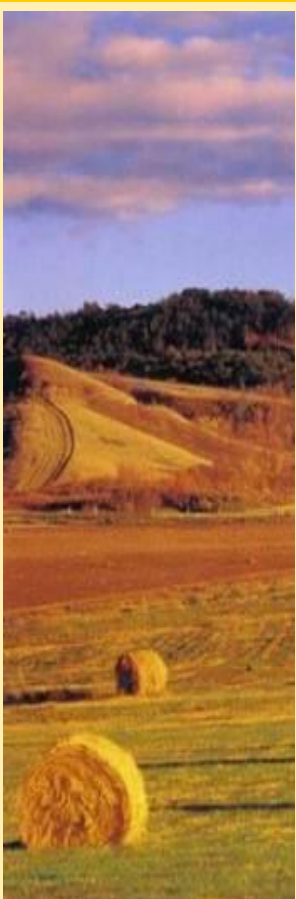
The Building Assets in Youth Program is in its second year. Youth councils are developed and supported in both the City of Moose Jaw and in rural communities in the region. Youth activities are organized and promoted. For those participating, leadership skills are developed.

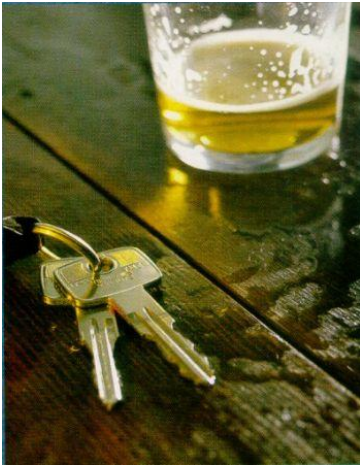
In a number of ways,

- The Drug strategy supports drug and alcohol free activities for youth and for families. Some of these occur in the winter as "Family Fun Days." The Friday Night Teen Swim has attracted large numbers. This has been possible through a partnership with the City of Moose Jaw.
- A program called Families Working Together works with family groupings to enhance communication and healthy relationships in the family unit.
- School programming in drug and alcohol awareness and prevention is supported in a number of ways. In addition to the curriculum, schools receive opportunities for "speakers" in a variety of areas, including FASD (Fetal Alcohol Spectrum Disorder) awareness.
- The Drug Strategy partners with SIAST as well. Recent campaigns have focused on binge

drinking as a targeted concern. In the fall, SIAST student representatives will be able to participate in the Serve It Right Saskatchewan (SIRS) training regarding alcohol.

- The Healing Continuum Working Group of the Drug Strategy initiated a youth survey last year to give youth a voice into what they feel is important in the areas of alcohol and other drugs. Types of preferred activities for youth have also been documented from youth input.
- Treatment options for youth experiencing addiction or abuse issues have also been explored.
- One targeted program has been operating for some months now. "Open Connections" operates in the Victory Church building on Main Street, and has been very effective in engaging youth that were largely not being reached in traditional ways regarding alcohol and drug abuse and addictions.





Drunk Driving Rising in Canada

It kills more than 1,200 people a year. It injures more than 200 people a day.

And it costs Canada more than \$2 billion a year just to clean up its crashes.

Yet, 30 years after Mothers Against Drunk Driving started trying to make people think twice about impaired driving, thousands of Canadians still get behind the wheel when they're drunk.

In the past three years, the number of recorded drunk driving incidents jumped 16.4 per cent, to 88,630 incidents, according to Statistics Canada's 2009 crime statistics. It was the third year in a row the numbers went up, after a 13.2 per cent drop in the previous eight years.

There were 863 Canadians killed in 2007 by a drunk driver, and that doesn't include drug-impaired drivers or off-road vehicles. That is up from 815 in 2004, the lowest recorded

number.

The good news: It's down significantly from 1,296 in 1995. The bad news: It's the same number killed by drunk driving in 2000, meaning in seven years, zero progress has been made in reducing the number of people killed by drunk drivers.

This despite a decade's worth of new provincial and federal laws that target drunk drivers, including tougher sentences, license suspensions, vehicle impoundment and forfeiture, and in four provinces, a zero blood-alcohol requirement for drivers during the first five years of being licensed.

The first research on the effects of drinking before driving came more than 80 years ago, but it wasn't until 1980 when MADD was formed in the United States, that the issue really started to pop up on the political and societal radar. Anti-drunk driving groups began to appear in Canada throughout the 1980s, mainly led by the victims of drunk driving who wanted the public to notice drinking and driving was a problem. MADD Canada was formed in 1990.

Decades later, people know they shouldn't drink and drive, but thousands of Canadians are still doing it anyway. However, Sgt. Rob Riffel, the Winnipeg Police Services impaired driving countermeasures coordinator, said he believes the number of people caught driving drunk is going up because police are better at catching them. He said Winnipeg no longer waits for drunk drivers to come to them and instead sets up checkpoints outside bars and places they know people are drinking.

Riffel said the perils of drunk driving haven't got through as much to older drivers. Young drivers, thanks to graduated licensing programs and drivers' education that hits the issue hard, are getting the message. "It's getting hammered into them that drinking and driving is a crime," said Riffel. "It's not a badge of honour."

Reprinted from the Winnipeg Free Press, Written by Mia Rabson, 2010/07/31.

FACTS ON Alcohol

Effects of Short-Term Use

While using alcohol, a person may:

- Feel more relaxed
- Do things they would not normally do
- Make poor decisions
- Have trouble walking or moving
- Have slurred speech
- Have blurred vision
- Have lowered blood pressure
- Have lowered breathing and pulse
- Be aggressive or violent
- Not be able to remember events
- Become unconscious (pass-out)

Effects of Long-Term Use

After heavy use over a long period of time, a person may:

- Experience sexual problems like impotency and infertility
- Experience brain damage and memory loss
- Have liver damage, heart and circulatory problems and many types of cancer
- Have skin problems
- Have stomach ulcers
- Have a vitamin deficiency
- Have mood and emotional changes

Recent 2010 Events

May – A "Youth Services Directory" was completed and distributed

May – Positive Ticketing with both the MJ Police Service and local RCMP got underway for another year

May 28 – RIC Early Years Forum at 15 Wing

June 5 – Positive Ticketing BBQ/Garage Sale at Mac's/Subway North.

June 11 – Healing Continuum Event sharing of information for helping organizations.

June 22 – Information Night on Prescription Drug Abuse

August 28 – 15 Wing Open House Event.

August 31/Sept 1 – SIAST Trade Fair

"What would I say to parents?"

"You have to keep being there for them."

Suzie Hinson divorced her alcoholic husband when her son, Barry Robitaille, was just a baby. She re-married when Barry was six. Hinson recently retired from the Canadian diplomatic corps after 12 postings. With the exception of a year at a private boarding school near Montebello and occasional excursions back to Canada, Barry was with his mother and stepfather during her earlier missions. She spoke to Chris Cobb about her son's descent into drug addiction.

I felt very guilty and believed I had failed as a parent. Was it because I got divorced when he was just a baby? Was it because I remarried? Because we moved countries every two or three years? I tried talking to him to find out, but he was always hiding behind a wall or a mask and I couldn't get through. Like most drug addicts, he was lying, stealing, manipulating ... and it really hurt me to be treated like that by a child I loved.

We were back in Canada when Barry was in rehab the first time. He appeared to be doing better, but as my husband said, "He is just telling them what they want to hear. When he's done his time, he will start again."

And he was right. That's exactly what happened.

It was very upsetting, very stressful and very difficult. It almost caused my husband and I to divorce. I was always worried when the phone rang and it was a collect call. If it was collect, I always knew it had something to do with Barry.

I was the most disappointed when I found out he was using needles because as a child -- 12 or 13 years old, even -- he was so afraid of needles. Then the next thing I know he is shooting up. How do you go from one extreme to another?

That's how strong and controlling drugs can be.

I thought he was using heroin, not crack. I had no idea what you could inject and what you couldn't. I learned all that later. It's horrible.

What would I say to parents in the same situation? You have to keep encouraging them and being there for them. There is very little else you can do. Trying to get them to stop taking drugs is impossible. We tried to get him out of the situation, but the problem is, you can physically pull an addict out of a situation, but they will only find another.

It's a little like giving up smoking; it has to come from you. You have to be ready to quit. If you're not, it doesn't matter what people say. You can try to bribe them, make them promise ... anything, but it doesn't work.

They have to get to a point where they get a big scare and almost die or, as in Barry's case you get so sick you can't stand it anymore.

You have sleepless nights, of course, but at night I had to empty my mind and sleep because I had a job to do and I had David, my husband, and our daughter. I had to be there for them.

You have to put yourself in a certain frame of mind and say to yourself, "even if I stay up worrying all bloody night it isn't going to change anything."

I realized that I could get a call at any time telling me Barry was dead and I braced myself for the news. He was now about 27, but I still loved him and worried about him, of course ... a parent is always a parent, no matter how old the kids are.

We are very proud of him now. We have always been supportive of him and we will continue to be. You have to take people for what they are and applaud when they get over a hurdle. For the time being the worst is over.

It had to end one way or the other -- badly or well. But I never gave up hope. The Barry we have now is the little boy I remember. I thank God we were all given a second chance.

Reprinted from the Ottawa Citizen, June 21, 2010

About Alcohol

What is Alcohol?

Ethyl alcohol (ethanol) is produced when fruits, vegetables and grains ferment, or it can be man-made. This is the type of alcohol found in alcoholic drinks; it is a depressant (sedative), which slows brain activity. Methyl alcohol (methanol) is another type of alcohol found in some household and industrial products such as hair spray and anti-freeze. *Methyl alcohol is poisonous to drink.*

A standard drink is considered to be one 355 ml bottle of beer or 150 ml glass of wine or 40 ml of spirits (whiskey, vodka, rum, scotch etc.). A standard drink contains the same amount of alcohol in all three forms.

The more alcohol a person consumes the more intoxicated ("drunk") he or she becomes. It takes approximately one to two hours for an adult liver to break down the alcohol in one standard drink. If a person drinks more than this, the alcohol builds up in the body; two standard drinks can then take up to four hours to be

eliminated.

Alcohol is no ordinary consumer product. On a global level, it is a major contributor to disease, disability, and premature mortality. It also has an adverse impact on many aspects of one's social life.

Drinking a lot of alcohol quickly ("**chugging**") or having five or more drinks during one occasion ("**binging**") can be very dangerous and can cause alcohol poisoning. Also, "chugging" and "binging" can result in people placing themselves in risky situations like driving while impaired, having unprotected sex or taking unsafe actions, which could cause injury.

Drinking during pregnancy can cause permanent damage to the developing baby. There is no safe amount of alcohol during pregnancy. Alcohol and other drugs taken by a nursing mother can pass from her bloodstream through the breast milk to the nursing baby.

Alcohol and Dependency

Drinkers can become psychologically dependant (they feel they need it) as well as physically dependant (the body needs it). A tolerance will build up the more a person drinks. There will be a need for more and more alcohol for one to reach the same effect. Withdrawal symptoms range in severity:

- Less severe symptoms include "hangovers". Hangovers consist of headaches, shakiness, sensitivity to light and sound, nausea and vomiting.
- More severe withdrawal symptoms can occur after long periods of regular, heavy use. They include aches, pains, increased blood pressure, rapid pulse and breathing, nausea, vomiting, panic, hearing and seeing things that are not there, depression and even death.

Reprinted from the Saskatchewan Ministry of Health

Special Thanks Going Out To:

Thank you to Mac's and Subway (North) for holding the Positive Ticketing barbeque and garage sale on June 5. All proceeds went to the Positive Ticketing program. Thanks to Police Chief Dale Larsen, Inspector Tim Arnott, and Corporal Dave Purdy for their participation, and to other police service members who dropped by.



A Summer Student's Perspective with the Moose Jaw Drug Strategy

Watch For

Upcoming Activities

-**Every Friday night:**
Free Teen Swim Night at the Kinsmen

-**September 9,** Fetal Alcohol Spectrum Disorder Day. (Luncheon at T.Eaton Centre)

-**September 23,** "Youth Rights" Toonie Lunch

-**October 14,** Serve It Right Saskatchewan (Server Training) in Moose Jaw

-**November 14-20,** Addictions Awareness Week

-**November 18,** Dr. Martin Brokenleg presentation in Moose Jaw



If you would like more information or would like to participate on one of the Drug Strategy committees, please contact our Drug Strategy Coordinator, Greg Veillard at:

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Phone: (306) 630-8255
(306) 692-2151

Website: <http://www.mjcsregionalintersectoralcommittee.org/drugstrategy.htm>



As a summer student working with the Moose Jaw South Central Region Drug Strategy, I had the rewarding opportunity to work on projects utilizing my field of study in Marketing.

Whether it was designing posters for events, pitching creative ideas during meetings, or creating a marketing campaign for SIAST, this summer job has given me the opportunity to gain real world experience beyond a textbook and case studies.

Over the summer I learned how the Drug Strategy helped the community and people in need. Through prevention, harm reduction, healing continuum, and community justice, the Drug

Strategy tackles the tough issue of substance abuse and addictions; I was given the opportunity to see the faces behind a committee that is an integral part of the city.

The Drug Strategy committee opened my eyes to structured and safe alternatives to substance abuse.

Without this experience with the Drug Strategy committee, I wouldn't have known the full extent to which positive action is being taken in Moose Jaw. I've seen bits and pieces, yes, but it's really rewarding to see the whole picture.

Now, when I think about potential drug strategies and campaigns, I have a whole bunch of great ideas!

Working with the committee and sitting in on the meetings has allowed me to gain valuable experience I can draw from for my future career.

A big thank you to Christine Boyczuk and Greg Veillard for giving me a chance to work with RIC and the Moose Jaw Drug Strategy for what has been my most rewarding job yet!

Kevin Chow, August 2010

About Our Organization...

Launched in 2005, Moose Jaw-South Central Drug Strategy is the integrated services response to addressing the harmful use of substances. Moose Jaw-South Central Drug Strategy has been working on action plans over the past year to meet short and long term goals.

The Strategy takes a balanced approach by seeking to reduce both the harmful effects of and reducing the use of alcohol and drugs. It contributes to a healthier, safer region through prevention, healing, justice and harm reduction initiatives. The harmful use of legal substances, such as alcohol and pharmaceutical drugs, and illegal substances, such as marijuana, cocaine, heroin and

ecstasy, have serious negative consequences for all citizens.

The Moose Jaw-South Central Drug Strategy builds on four key pillars: Prevention, Healing Continuum, Justice, and Harm Reduction.

- **Prevention** – Their vision is to reduce the impact of drugs and alcohol use and abuse on communities, agencies and individuals by the use of public education to shift the societal perception/acceptance of drug and alcohol use and abuse, and bring awareness of the risks and consequences of drug and alcohol use and abuse and are making healthier choices;
- **Healing Continuum** – Their vision is to improve drug and services for individuals seeking alcohol treatment and recovery;

- **Community Justice** – Their vision is to reduce the impact of drug and alcohol use and abuse on communities, agencies and individuals due to collective community based approaches; and,

- **Harm Reduction** – measures to limit possible secondary effects of substance use, such as the spread of HIV/AIDS and Hepatitis C. Their vision is to reduce the impact of drug and alcohol use and abuse on communities, agencies and individuals.

