USER GUIDE FOR WORKING WITH
THE DOCUMENTARY

Prescription for Addiction
SHORT VERSION



When it starts to impact a person's life, when it starts to impact their relationship, when it starts to impact their capacity to go to school or go to work, when it becomes all-consuming, when their thoughts are preoccupied with where they're going to get the drug and how they're going to get the drug . . . These are all signs and symptoms of a very serious problem developing, and the earlier we can intervene the better.

Nancy Black, Manager of Addiction Programs,
St. Joseph's Care Group, Thunder Bay

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Prescription for Addiction

SHORT VERSION

Prepared by 

For the Centre for Addiction and Mental Health (CAMH)
and The Ontario Federation of Community
Mental Health and Addiction Programs

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The documentary *Prescription for Addiction* and its companion User Guide are the culmination of a cooperative effort made by several individuals and agencies in Ontario. Their common goal was the need to address and draw attention to the growing number of Canadians who are suffering from dependence or addiction to prescription opioid drugs.

The original 85-minute film was commissioned by the Ontario Federation of Community Mental Health and Addiction Programs (OFCMHAP) in partnership with St. Joseph's Care Group in Thunder Bay. The coordinators of this "opiates awareness initiative" were Nancy Black, St. Joseph's Care Group; Martha Connoy and David Kelly, as well as the Addiction Council, for the Ontario Federation of Community Mental Health and Addiction Programs. The production of the film was made possible through generous funding from Health Canada. Sky Works Charitable Foundation (Toronto) produced the film with the talents of Laura Sky, director/producer, and David Adkin, researcher, writer and editor.

This revised, 39-minute version of *Prescription for Addiction* and revised User Guide have been commissioned by the Centre for Addiction and Mental Health (CAMH), in collaboration with the Ontario Federation of Community Mental Health and Addiction Programs. We would like to thank Dr. Michael Lester (CAMH), Laurie Miller, and Christopher Smith (Urban Studies Program Division of Social Science, York University) for their participation and input on the advisory committee for the revised film. Funding for the short version of the documentary was provided by the Ontario Ministry of Health and Long Term Care.

This User Guide was developed and produced by Sky Works Charitable Foundation with research and writing by David Adkin. Contributions and suggestions were made by Pierre Beaupré and Kevin Dawson of St. Joseph's Care Group, Thunder Bay. We also gratefully acknowledge Wayne Skinner and Dr. Bruna Brands at CAMH for their review and contributions to the sections on "Facilitating a Discussion" and "Frequently Asked Questions About Opioid Dependence and Addiction" and Eva Janecek for her review of the pharmaceutical information.

All of us involved with this project would like to express our deepest thanks to the individuals who agreed to share their stories with us in the film, and to many others who contributed to the background research. Without their caring and courage, *Prescription for Addiction* would not have been possible.

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Prescription for Addiction
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1 INTRODUCTION

This User Guide will help you to plan, organize, and facilitate a screening of *Prescription for Addiction (Short Version)* - a documentary about prescription opioid drug addiction and dependence.

Addiction to opioid pain medications is a growing health and social crisis that is affecting communities across Canada and North America. Whether the problem begins with efforts to treat pain, or through the diversion of prescription opioids for recreational use, the consequences can be devastating for individuals, families and communities.

The film tells the real-life stories of individuals who have experienced first-hand the consequences of opioid addiction or dependence. Through candid interviews and situational filming with these participants and with professionals in the field of addiction, the film portrays the struggles, despair, and the hope felt by the players in this very real and deadly crisis.

The film is broad in its coverage of different populations. This is the nature of this under-recognized but surprisingly diverse problem. The crisis crosses all boundaries with no regard for age, income, or culture. Thus the audiences that will find this film valuable are varied, including older adults, youth, First Nations, health professionals, and anyone else who uses health care.

This guide contains tools to help you organize and promote a screening of *Prescription for Addiction (Short Version)*, and to facilitate discussion after the film. We have provided materials to help you with publicity, background information about the film, technical needs, frequently asked questions about opioid addiction, suggestions for facilitating a discussion after the film, and resources for people who want to know more or who are looking for help. That said, the screening in your community is your event and you will want to organize it in a way that works best for your community and the people you hope to draw.

You may be showing *Prescription for Addiction* to audiences that include a broad range of people: people struggling with addiction and recovery, their families and friends, health professionals, or people who know little about prescription opioids and their potential risks and benefits. Whoever they are, audiences appreciate the chance to talk about what they've seen, so be sure to allow time for this in your planning. Watching the film in advance will help you prepare for the questions and the discussion, which follow the screening. The film can be viewed as a whole and/or in chapters.

The film will no doubt touch and perhaps even transform many who view it. We hope that it will contribute to the prevention of opioid addiction, and help promote awareness, understanding, and support for those struggling with this serious issue.

A feature-length version of this documentary (85 minutes) is also available, and is distributed by Vtape, www.vtape.org. The differences between the Short Version and the original version of the film are discussed on page 49.

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2 AN OVERVIEW OF THE DOCUMENTARY

Prescription for Addiction examines the scope of the opioid addiction problem through the stories of individuals, families, and communities who have been directly affected.

Participants in the film include:

- **Lisa**, a car accident survivor who despite asking her doctors not to give her anything "addictive" for pain treatment found herself in a prolonged and debilitating struggle against dependency to OxyContin
- **Charles**, an older adult who shares his experiences and insights concerning the use of opioid pain drugs in treating older people
- **Chris**, a youth who tells us about his former "oxy" addiction and the prevalence of recreational opiate use amongst teens and adults in his community
- **Don** and **Rick**, street-wise harm reduction workers who take us on a back-street tour of the opioid injection drug scene in Thunder Bay
- **Laurie and Ken Miller**, parents whose son, Ben, committed suicide because he saw no way out of his OxyContin addiction
- **Veronica**, **Frank**, and **Patrick** – leaders of a First Nations community grappling with the problem of opioid addiction amongst its members
- **Scott**, a former opioid user who is on methadone maintenance treatment in a determined effort to turn his life around.

In addition to these stories the film includes insights from health professionals – Dr. Geoff Davis (pain specialist), Dr. Frank Evans (addiction specialist), Nancy Black (Manager of Addiction Programs, St. Joseph's Care Group Thunder Bay), Dr. Lisa Bromley (family physician), Dr. Peter Selby (addiction specialist), Rob Boyd (director of a community health program), and Jean-François Martinbault (methadone case manager) - who discuss the benefits and risks of using opioids for pain treatment, the increasing demand for addiction services, the responsibility of prescribing doctors, and the appropriate uses of methadone, addiction counselling, and other treatment options for helping people who are struggling with opioid dependence or addiction.

Prescription for Addiction (Short Version) opens the door for people to talk about difficult issues: drug addiction and dependence; treatment and recovery; information and resources needed to help addicted persons, their

families and communities; and the responsibilities of doctors and health professionals, patients, drug companies, and public policy makers in addressing the opioid addiction problem.

The film may evoke powerful responses. We strongly urge the organizers of a screening to view the film in advance. Watching the documentary will help you know how to publicize it in your community, and to identify specific groups or audiences to target for attendance. You will also be able to give people the information they need to decide about attending the screening.

With this short version of the documentary, we have included a selection of "Special Features". This section offers additional interview material that addresses particular topics in more depth.

A scene-by-scene breakdown of the documentary and Special Feature items is included below.

BREAKDOWN OF THE FILM BY CHAPTER

Prescription for Addiction (Short Version) can be used in its entirety, or in sections depending on your audience and the circumstances of your screening. The documentary is structured into chapters with each chapter focusing on a different story or set of issues, making it possible for facilitators to select and screen segments that are most relevant to their purpose.

Below is a breakdown of the film by chapter, with a brief synopsis of each section and its running time.

You can access the chapters on DVD by using the "Scene Selection" menu on the DVD (the scenes on the DVD correspond to the chapter names below).

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SCENE SELECTION MENU

Chapter/Scene Name & Synopsis	**Approx. Duration**
Introduction and Main Title This brief opening sets up some of the key questions that will be explored in the film.	**1 min.**
Tickling the Dragon's Tail Dr. Geoff Davis, a pain specialist, and Dr. Frank Evans, an addiction specialist, discuss the growing use of opioids to treat pain, and the risks of dependence and addiction.	**2.5 mins.**
Lisa's Story Lisa, a car accident survivor who did not want to be given addictive painkillers, tells of her struggle with opioid dependence.	**2.5 mins.**
Charles' Story Charles, a seniors advocate, talks about his addiction to painkillers after a car accident, and precautions needed when using opiates for treating older adults.	**2.5 mins.**
Hillbilly Heroin Nancy Black, the manager of an addiction services agency in Thunder Bay, tells us of the epidemic of opioid abuse which has surfaced in northern Ontario.	**1 min.**
Chris' Story Chris, a 21-year-old former "oxy" user tells us about the destructive consequences of his addiction and the prevalence of opioid drug use amongst youth and adults in his community.	**3.5 mins.**
The Injection Drug Scene Don and Rick, street-wise harm reduction workers, take us on a back-street tour of the opiate drug injection scene.	**3 mins.**
Ben's Story Parents, Laurie and Ken, tell the story of their son, Ben, who committed suicide because he saw no way out of his OxyContin addiction.	**4 mins.**
A Community Mobilizes Leaders in the First Nation community of Long Lake #58 tell us about the opiate addiction problem affecting their community. We attend a community sharing circle where members of the reserve share stories in an effort to find healing and solutions.	**5 mins.**

Addiction Two doctors, Lisa Bromley and Peter Selby, talk about the need for society to view addiction as an illness that is both treatable, and deserving of treatment.	**1 min.**
Scott's Story Scott, a former opioid user, is determined to turn his life around with the help of methadone maintenance treatment.	**2.5 mins.**
Treatments Lisa Bromley, a family physician who also prescribes methadone, talks about how methadone maintenance treatment works. Dr. Peter Selby, an addiction specialist, discusses appropriate and inappropriate uses of methadone, and other treatment options for people with opioid addiction.	**5 mins.**
Counselling and Case Management Methadone case manager, Jean-François Martinbault, and Dr. Bromley explain the importance of addiction counselling and other community supports in helping people with opioid addiction towards recovery.	**3 mins.**
Conclusion and End Credits Concluding narration, telephone numbers of addiction help resources in Ontario, and end credits.	**2.5 mins.**
Total Running Time:	**39 mins.**

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SPECIAL FEATURES MENU

Diagnosing and Treating Opioid Addiction In this series of six short interview segments, Dr. Peter Selby, Clinical Director of the Addictions Program at the Centre for Addiction and Mental Health, talks to physicians about their role as prescribers of opioid medications, and what to do if there are signs that patients are developing an opioid dependence. In this first clip, he addresses the need for physicians to become active players in the solution to the opioid addiction problem.	**1 min.**
The Shift to Prescription Opioid Addiction Dr. Peter Selby talks about how opioid addiction has shifted from street drugs like heroin to prescription pain drugs.	**1.5 mins.**
Universal Precautions when Prescribing Dr. Peter Selby talks about universal precautions physicians should use when prescribing opioids for pain treatment.	**3.5 mins.**
Looking for the Red Flags Dr. Peter Selby identifies some of the warning signs that indicate a patient might be becoming addicted to opioid pain medication.	**2.5 mins.**
Responding to the Problem Dr. Peter Selby discusses how to respond once it is suspected that a patient is becoming addicted to opioids.	**2 mins.**
Treatment Options Dr. Peter Selby discusses the range of treatments that should be considered once a patient is diagnosed with opioid addiction.	**3 mins.**
Approximate Total Time of Above Segments:	**13.5 mins.**

The Importance of Addiction Counselling and Other Services and Supports Dr. Lisa Bromley, family physician, and Jean-François Martinbault, Methadone Case Manager, discuss how addiction is a complex illness, and the importance of providing addiction counselling and other community supports for people who are recovering from opioid addiction.	**3 mins.**

Methadone Dr. Lisa Bromley and Dr. Peter Selby explain how the drug methadone works to stabilize patients who have an opioid addiction.	**3.5 mins.**

Buprenorphine Dr. Lisa Bromley and Dr. Peter Selby talk about the pros and cons of buprenorphine as an alternative medical treatment to methadone.	**2.5 mins.**

Integrating Methadone into Community Health Services In this series of four short interview segments, Rob Boyd, Director of the OASIS Program at Sandy Hill Community Health Centre in Ottawa, talks about integrating methadone maintenance treatment into a community health centre setting. In this first excerpt, he discusses community concerns about addiction, and how methadone can offer a solution to some of these concerns.	**1.5 mins.**
Piloting Methadone in a Community Setting Rob Boyd talks about the decision to add methadone maintenance treatment to the services offered at Sandy Hill Health Centre.	**1 min.**
Starting Small Rob Boyd discusses the option of starting with a small methadone service, rather than large methadone clinics.	**1 min.**
A Holistic Approach to Addiction Treatment Rob Boyd discusses the need for methadone to be integrated holistically into other community health and addiction services, in order to effectively help people who are recovering from opioid addiction.	**1.5 mins.**
Total Time of Above Segments:	**5 mins.**

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3 PLANNING AND ORGANIZING FOR A SCREENING

PLANNING THE SCREENING

Assume you have watched the documentary and now want to arrange a screening in your community. This section of the guide offers some things to consider as you proceed.

First of all, be realistic about the time, energy, and resources of your planning team. A good screening for 40 people may be more rewarding than a stressful event for 400.

WHO WILL YOU SHOW IT TO?

Prescription for Addiction (both the feature-length film and shorter version) were designed to be used by and with addiction and mental health service providers, consumers and their families, community and institutional educational programs, doctors and other health care providers, professional associations, hospitals, law enforcement agencies, public policy makers, and others who need to be made aware of the issues. It is also suitable for members of the general public who, as consumers of health care, need to be alerted to the risks and benefits of opioid drugs. All of these are appropriate audiences. It's a matter of thinking about who you want to show it to.

DOING WHAT'S DOABLE

What you achieve with your screening is entirely up to you, a reflection of the needs, opportunities, and resources that exist in your community. Whether the audience is twenty people or two hundred isn't what matters; the best plans don't overreach, but take advantage of the skills and capabilities of the planning group to do what is doable. The people who are working with you, as well as their number, will determine not only how large an event you can organize but who in your community you can attract. The great advantage of working with other individuals and organizations is that you can share skills. For example, if publicity and advertising is not your strength, maybe it is something another individual or group enjoys and is good at doing. If you're not already involved with an organization (or institution or department) in

planning this screening, consider approaching others to solicit their help, perhaps as co-hosts.

Try to reach out to communities who are sometimes overlooked in organizing events like this – aboriginal communities, immigrant communities, low income groups, youth, and older adults. There are segments of this film, which hold particular interest for some of these audiences. By working with members from those groups, you will have a much greater chance of reaching their communities. Consider this as you prepare to publicize the event.

WHERE WILL YOU HOLD IT?

Think about your venue well in advance, as some places require a long lead time for booking, especially in large urban centres. Availability of a room is often the key factor in determining when the event takes place.

Choose your venue according to the size of group you want to attend. If you promote the event widely and cannot determine in advance how large a crowd you will draw, be sure you have secured space big enough to handle a crowd. Public libraries, community centres, community colleges, universities, friendship centres, churches and other places of worship usually have spaces suitable for screenings such as this. (If there is a cost for room rental, sometimes a fee will be waived or discounted for community groups.) If you intend to show it to a small group, use a smaller more intimate environment, such as someone's living room, a party room in an apartment building, a small meeting room in a public building, or a church basement.

PLAN FOR EASY ACCESS

Venues with good access to public transportation and ample parking are always your best bet. Whatever environment you choose, find space that is accessible to people in wheelchairs or using other assistive devices. A location where someone with a wheelchair has to use a freight elevator or a rear entrance is not recommended. Make people using wheelchairs feel welcome by ease of entrance and participation through the entire period of the screening. If you can additionally offer amplification of the film for people with hearing difficulties, or sign language interpretation for the hearing impaired, you will have made your event open to a whole other community of people. (To advertise the access provisions you have made for your event, see the symbols we have provided in Section 6, page 48.)

ORGANIZING THE SCREENING

If you have worked through the points above and a time and place have been set for your event, your focus should then be on promoting the event and getting other practical items in place. The section we have prepared on publicity and promotion contains just about everything you need to know, even if you have never worked with the media or done promotion for an event like this before. This section follows on page 17.

SOME PRACTICAL CONSIDERATIONS

- Be sure you have the technical equipment you need to show a DVD in the setting you have chosen. If the facility has a technical department, speak with the person there to ensure this is available, or arrange to have the equipment brought in from outside. We recommend projection screens rather than television monitors for any group larger than 15.

  It is crucial to check out the projection quality in advance; that is, to put the DVD in the machine you will be using and make sure that both projection and sound are acceptable. Do this with your technician. And don't forget about the sound. It's too late to solve these problems once the screening has started!

- Give specific instructions to ensure the room is set up in a way that is suitable for viewing and ideally, for discussion afterwards. If you have any guest speakers attending the screening for the discussion afterwards, you may also want to have a table or comfortable chairs set up at the front of the room for them to sit at. If it is a large room, you will need microphones for this as well as for the audience members to be heard by everyone.

- This film may elicit emotions in some people. Tears can be expected. Have a few boxes of Kleenex readily available at the screening (e.g. at the resource table-see below for more).

- Because the film deals with some intense emotional issues you may encounter individuals who will need to leave the screening or take a brief break. If you would like to prepare for this you could have someone skilled at support be available while the film is screening if someone needs to talk.

AN INFORMATION/RESOURCE TABLE

People attending a screening of a documentary such as this often want to take information away with them when the screening is over. A resource table set up in a prominent position is worth all the energy you can give it. The resource table often becomes the site of good conversation, and the informal exchange of ideas and information.

Have at least one person staff this table before, during and after the screening. If that person can be someone who is knowledgeable about opioid addiction, all the better. What you might include at the resource table:

- Items found in this User Guide (e.g. frequently asked questions) that can be duplicated.

- Handouts, flyers, brochures, etc. from your local addiction and mental health agencies, support groups, etc. Be sure this includes items with phone numbers and e-mail addresses on them. This may involve preparing in advance your own one-page list of key local resources.

- Copies of the documentary and information flyers and MethadoneSavesLives.ca brochures. These can be obtained from the distributor:

Sales and Distribution
Centre for Addiction and Mental Health

Telephone Toll-Free: 1-800-661-1111
In Toronto: 416-595-6059

E-mail: publications@camh.net

Website: www.camh.net

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4 PROMOTING YOUR EVENT

If you have never undertaken publicity or promotion for an event such as this, it can seem like a daunting task. This section of the User Guide for *Prescription for Addiction* takes you through the steps that can make the task easier.

WHO DO YOU WANT TO REACH WITH THIS DOCUMENTARY?

This is the question to begin with. Depending on your organization's goals, you can host a public/community screening for a mixed group of people, or for a specific group. The documentary can also be used as part of a professional development event if you are associated with an addiction services agency, hospital, school, or other teaching institution.

The information provided below focuses on public/community screenings, which require more extensive publicity work than professional development screenings.

HOW CAN YOU REACH YOUR AUDIENCE?

Depending on your resources, there are a number of ways to reach your target audience:

- **Publicity:** You can publicize your event through the media: newspapers, magazines, radio, television, and the internet. While it is easy to confuse publicity with advertising, the two are quite different. Advertising means that you pay someone for time or space to get your message out. With publicity, your story appears in the editorial section at no cost because it's news. Some people describe publicity as free advertising. Technically it is free, but it's also labour-intensive. It takes time and effort to find the right journalist in the right area and convince him or her that your story is newsworthy. Overall though, publicity is a useful, cost effective option for non-profit organizations and is worth the effort.

- **Advertising:** Depending on your financial circumstances, advertising can be a practical way to reach your audience and an effective

complement to your publicity campaign. Unfortunately, this approach requires money, both to produce and run the ad, and is often out of the question for non-profit organizations.

Still, advertising can be cost effective in some situations, for example if you can place a small ad in a publication with low ad rates – knowing that you will reach your target audience through that publication. This is especially useful if the audience is otherwise hard to reach.

Another option is to find a local company to sponsor your ad. Radio ads are relatively cheap and therefore an attractive option. Public Service Announcements (PSAs) on commercial radio and television stations are another inexpensive way to advertise your event. On page 25 you will find a template to help you write your own PSA.

- **Promotion:** This can include flyers (a general information flyer about *Prescription for Addiction: Short Version* is included with this User Guide) – and posters, which can be produced by your organization if you have the resources. Flyers and posters can be distributed to agencies, clinics, hospitals, schools, and other places where you hope to attract an audience. The hard part is getting them distributed, a process that requires research, time, and the support of other organizations. Solicit the help of friends and family members as well.

SKILLS AND RESOURCES NEEDED FOR THE JOB

- Familiarity with local media
- Good community/business/health field contacts
- E-mail access (for at least one person in your group)
- Experience (again, at least one person) in using the internet
- Telephone access
- Familiarity with issues concerning opioid addiction and dependence
- Good communications skills
- Ability to meet deadlines and the needs of busy media

GUIDELINES FOR PUBLICIZING A SCREENING

1. Assemble all of your publicity materials: press releases, screening DVDs, flyers, PSAs, photos, etc. Ensure that you've included all the pertinent details in your press release: the date, time, place, the name of your group and any co-hosts of your event, as well as your name and phone number as a media contact. **Double check** that all of your information is correct and that you've included any other helpful information such as which building entrance to use (in case there's more than one).

It is also helpful to add whether the venue you have chosen is accessible to people in wheelchairs and if so you can include a wheelchair icon on your publicity materials (found in Additional Support Materials in this guide, page 48).

2. Make a list of all the media you need to contact. (If you have established media contacts, this is the time to make use of them.)

3. Working with the media is an acquired skill. Because of the nature of the business, people who work in this field tend to be fast-paced, brusque, and busy. Don't let this put you off. Take deep breaths, stick with your main message, and be prepared to follow up. It will pay off.

4. The following are some types of media you might consider contacting:

   Local radio shows – Local CBC Radio morning shows are often receptive to health and social issues. The best contact at these shows is usually the producer/host or the community events columnist. You might also have success with commercial radio stations in larger urban centres, which have the resources to do local programming. Try the news assignment editor or news producer. Be persistent; these people get LOTS of calls.

   Local TV shows – Contact the producer or assignment editor of the breakfast or supper-hour news show. If you have a large local station such as CTV or Global, try targeting their Health Reporter. You can also check out their PSA or Community Bulletin departments. An excellent bet is Community Cable, i.e. Shaw or Rogers – they're always interested in local events. Large urban centres usually have daytime interview shows – try contacting the producer of the show. Be ready to leave messages – they're busy people. If your local community channel doesn't do local programming, find out if they run PSAs or Community News bulletins.

   Daily and community newspapers – If you're dealing with a big urban newspaper, target editors and/or columnists in the "What's On" Listing, Life, Health, Family, or City/Community News sections. For smaller newspapers, approach the news editor or Life Editor. With the bigger dailies especially, the more lead time you can give, the better your chances.

   Hospital and health professional newsletters, addiction support group networks, or other groups that would be interested and supportive of your screening are all invaluable sources for

disseminating information. If approaching these groups be sure to give them lots of time for mailings and long lead publication deadlines. Support groups also like to get flyers that can be posted on bulletin boards.

5. Although we realize this may not always be possible, it is ideal to start your phone campaign at least four to six weeks before your event. Here are some tips on timelines:

    - Begin with hospital/clinic/agency newsletters, which are often published monthly and therefore require the longest lead times.

    - Next, call your newspaper's Community Events listings section. Tip: some bigger city dailies need two or three weeks notice to ensure a mention. Be persistent: these editors get lots of calls.

    - Weekly publications also need at least two weeks notice. If you're targeting a specific columnist, do not assume he or she can write about your screening in their very next column - they often work ahead.

    - PSA departments at radio and television stations vary in terms of timelines, but give them at least two weeks notice.

    - If your local community cable station produces local programming (and you have a local person to talk about your event) call the producer at least two weeks before your event.

    - Deadlines for daily newspapers vary, depending on the person you're trying to reach. Give columnists lots of time. As mentioned before, they sometimes work in advance. Editors in sections such as Life, Family, and Community News need less warning. Give yourself a couple of weeks for back and forth calls – they're not always available when you want them.

    - Radio and television producers on daily shows need a week or two. News assignment editors need less than a week, and in fact it usually doesn't pay to contact them any sooner than this since they work on a day-by-day, breaking news basis.

6. Once you've reached your contact, tell him/her briefly about your screening. Cover the five W's: who, what, when, where,

and why. If you have access to extra screening copies of the film (inquire with the distributor, p. 16) offer to provide one. Don't expect to get these back; they are a promotional expense.

7. Follow up, as soon as possible. Send your media contact whatever you promised them along with a little note from you. (The personal touch is really important.) Tip: many media like to get the materials by fax or e-mail, which can save you time and money. Offer these options, or you'll be doing a lot of driving around.

8. Be prepared for additional requests such as:

   - **Photos** – The producers of *Prescription for Addiction*, Sky Works (see page 54, or the distributor, CAMH on page 16), may be able to provide you with digital colour photos, which can be sent via e-mail.

   - **Interviews** – You can offer someone from your organization (perhaps yourself), or contact the agencies that commissioned the film (see pages 51 - 53) to inquire whether they can make someone available to talk to the media in your area. It's always preferable to have someone who is comfortable with the media and knows what to expect in the way of questions. If you choose to do the interview yourself, make sure you're well prepared and comfortable with the task.

     Ideally, you want these interviews to happen in the week leading up to your screening. The day of your event is too late and anything more than a week before is too early for daily radio or TV shows. Telephone interviews with people involved in the making of the film can also be arranged, and work well for everybody.

   - **Screening DVDs** – In a perfect world, media people would view the documentary before they reported on it. This doesn't always happen because of time constraints. Still, you can offer to send a screening DVD, especially if it involves a big story. However, it means a courier charge or some errand work for you.

   - **"Help! I forgot . . . We've lost the . . ."** – Remember that no matter how well prepared or organized you are, things can still go amiss. Wrong numbers, lost information, and missed interviews happen all the time in publicity campaigns. Stay cool. Don't panic. You can save the day if you are flexible and patient.

9. Lastly, it will be a big help to the producers of the film if you could keep them informed of the results of your publicity campaign. If you have newspaper and magazine clippings relating to the event, please feel free to forward them to:

Sky Works Charitable Foundation
401 Richmond Street West, Suite 240
Toronto, ON M5V 3A8
Tel: (416) 536-6581
Fax: (416) 536-7728
E-mail: info@skyworksfoundation.org
Website: www.skyworksfoundation.org

PUBLICITY MATERIALS & TEMPLATES

In the following pages you will find materials that will be useful in your advertising and promotional efforts.

- Template for a Media Release
- Template for a PSA
- Template for an Advertisement

See, also, the flyer for *Prescription for Addiction (Short Version)*, which is included with this User Guide.

For immediate release **Media contact: (<u>Your name and phone#</u>)**

MEDIA RELEASE

Documentary on Opiate Addiction Comes to (Your City / Town)

> "Everyone knew that I did not want to be given anything that was addictive. They said, 'You won't become addicted. *You* won't have a problem with it.'"
>
> Lisa, car accident survivor who became opioid dependent

> "Opiates work. The only problem is we know we're always tickling the dragon's tail in that we run the risk of addiction."
>
> Dr. Frank Evans, Addiction Specialist

> "The problem is large. People are dying. People are breaking into pharmacies . . . It's an epidemic."
>
> Chris, a former "oxy" user

<u>Your town / city, (month, day, year)</u>: (**<u>Name of your organization</u>**) will be presenting a special free screening of *Prescription for Addiction*, a documentary about addiction to prescription opiates. Opiates are a family of pain drugs that include morphine, Percocet, and OxyContin. The screening will take place at (**<u>time and date</u>**) at (**<u>venue, and venue address</u>**).

The 39-minute film focuses on what has been called "an epidemic" of opioid dependence and addiction that is affecting individuals, families, and communities across Canada. "No one is immune to this issue," says Nancy Black, Manager of Addiction Services at St. Joseph's Care Group in Thunder Bay, one of the agencies involved in commissioning the original film. "Opioid addiction cuts across all social, economic, age and cultural barriers. We've seen kids as young as 12 and 14 addicted to these drugs, as well as older adults, regular moms and dads, lawyers, doctors, mill workers - even health care professionals. Whether it begins with legitimate efforts to treat pain or through illegal, recreational drug use, the results can be devastating."

The film examines the issue from multiple perspectives: those who have become addicted to opiates, parents whose addicted children have committed suicide, front line health workers working with injection drug users, and doctors and other addiction service providers who are struggling to help the growing number of people coming through their doors.

This 39-minute version of *Prescription for Addiction* was commissioned by the Centre for Addiction and Mental Health in collaboration with the Ontario Federation of Community Mental Health and Addiction Programs, an umbrella organization whose member agencies have seen a large increase in the numbers of opioid-dependent people

coming to them for help. The documentary was researched and produced by Sky Works Charitable Foundation, and directed by award-winning filmmaker, David Adkin. A longer 85-minute version of the documentary is available through Vtape (www.vtape.org).

A comprehensive User Guide is available with the film. Those interested in obtaining the documentary can contact: Sales and Distribution, Centre for Addiction and Mental Health (CAMH): Toll-free: 1 800 661-1111; Toronto: 416 595-6059; E-mail: publications@camh.net; Website: www.camh.net.

This free screening of Prescription for Addiction will take place at (**time, and date**) at the (**venue and venue address**). To reserve your seat, call _____. (if you have set up a dedicated RSVP phone number)

- 30 -

Media contact: (**your name, phone number, and e-mail address**)

:30 (thirty second) Public Service Announcement for radio or television

(Your organization) and (other sponsoring organizations) is/are pleased to present a special public screening of the film, ***Prescription for Addiction***.

This compelling documentary tells the stories of individuals and communities that are struggling with addiction to prescription opioid pain medications.

The film will be screened (date and time) at (venue and address). Admission is free.

To reserve your seat, call _____ (if your organization has set up a dedicated phone line for reservations.)

Template for small advertisement:

(Your organization) and (other sponsoring organizations)

present(s) a free public screening of the film

Prescription for Addiction

a compelling documentary about addiction to prescription opioid drugs

(date and time)
(venue and venue address)

Template for large advertisement:

(Your organization) and (other sponsoring organizations)

present(s) a free public screening of the film

Prescription for Addiction

a compelling documentary about addiction to prescription opioid pain drugs

(date and time)
(venue and venue address)

"The problem is large. People are dying. It's an epidemic." – Chris, former opiate user

Join us for a thought-provoking screening and discussion about a crisis that is affecting individuals and communities across Canada.

Prescription for Addiction
SHORT VERSION

5 FACILITATING A DISCUSSION

Well in advance of your event, it helps to think about how to facilitate a discussion following the screening of *Prescription for Addiction*. Are you, or someone you plan to involve, comfortable facilitating discussions, especially on the topic of opioid addiction? Is the facilitator someone with strong beliefs or with a public identity and views on the issue that will make it difficult to have open dialogue that invites differences in perception and opinion? The facilitator role focuses on drawing out and respecting the expression of divergent views and concerns. Consider who would be best to do this and be sure that this person has viewed the film in advance.

In our experience it is best to offer the opportunity for people to speak after they have seen the film, rather than simply closing with no discussion. How you organize and plan for such an opportunity is your choice. *Prescription for Addiction* was made with the hope that it would be helpful for people dealing with opioid addiction or working with people who have an opioid addiction, but it may also be helpful for those dealing with other forms of addiction as well. In a discussion following the screening, you may find you are presented with a range of questions and comments.

In this section we offer some general tips on facilitating a discussion after the film, and provide sample questions, quotes from the film, and other material that might be helpful to you in using this film with different audiences.

GENERAL TIPS FOR FACILITATING

- People may need a few moments to collect themselves right after the film ends. No need to rush right into discussion, simply tell people you're going to take a few minutes for people to settle and collect their thoughts and emotions. Silence is fine!

- Begin by introducing yourself, indicating why you or your organization have decided to show this documentary and what it means to you. If the group is small enough (10 – 20 people) and it is appropriate, it can be helpful to go around the room and have people give their name and any affiliation they feel comfortable with. Tell the group that you intend this to be an informal discussion (if that is what you plan) and

that you may also be able to help in answering questions if they have any.

- If people are not forthcoming initially, you may want to lead with some general questions, such as those suggested under "Some Questions to Start With" below.

- There are no "correct" answers to most of what will be discussed (except, sometimes, where certain medical information is concerned); there is no test to pass. You simply need to help others express feelings that the documentary may bring out. There may be questions you did not expect. Don't feel you have failed if you don't have answers or could not satisfy everyone. Sometimes the best policy is simply to let members of the audience work out an issue and come to their own understanding.

- If there are practical questions you can't answer (either medical in nature or perhaps about someone in the documentary, e.g. people sometimes want to know how so-and-so is doing since the film was made), it's fine to say you don't know. If the audience is such that you can provide answers later on (for example if they are all members of an organization) you can offer to check out the answer afterwards and get back to them. It also helps to encourage people to talk to addiction service providers and other regional support and information services to have their questions answered.

- Remember that your role should be one of facilitating, rather than giving advice. Often after viewing a documentary such as this, people simply need to say what they are feeling, and to be heard.

SOME QUESTIONS TO START WITH

The following questions might be helpful in getting people talking after the film:

1) What is your initial reaction to the film?

2) Which scenes or stories tend to stay with you?

3) Were there people in the film you could relate to, or whose situation you could identify with?

4) Did any part of the film surprise you?

5) What sorts of situations shown in the film do you see happening in your/our own community?

The conversation could go in many directions. While it's impossible to anticipate every reaction, we've prepared a list of "FAQs" or Frequently Asked Questions, with some answers that you might find helpful. This FAQ sheet is included under "Additional Support Materials" (page 42).

QUOTES FROM THE FILM

Quotations from the film may help refresh people's memory about specific scenes, and illicit reactions and comments.

The selected quotes below are listed in the order in which they appear in the film, although you certainly don't have to use them in that order. You will probably want to pick and choose the quotes you think will be of most interest to your audience. We've included the name of the person in the film who makes each statement, and the chapter in which it appears.

Forty, fifty years ago, we thought that opiates were so addictive that they really were a drug that was unsafe to use.

Dr. Geoff Davis, *Tickling the Dragon's Tail*

People with chronic pain . . . would say "I've got my life back. My life is much more functional".

Dr. Geoff Davis, *Tickling the Dragon's Tail*

The newer agents we're using are far more euphoric, far more addictive than the older agents we used to use like codeine – and even morphine.

Dr. Frank Evans, *Tickling the Dragon's Tail*

All of us will develop tolerance or physical dependence to these types of agents. It's rare you can give somebody a narcotic for three months straight, stop it instantly, and they have no withdrawal whatsoever.

Dr. Frank Evans, *Tickling the Dragon's Tail*

Everyone knew that I did not want to be on anything that was addictive . . . They told me that if you're taking it for pain there's no way you'll become addicted to it. They said, "you won't have a problem with it."

Lisa, *Lisa's Story*

A lot of older people have very little knowledge about medications… and the other thing is, they put doctors on a pedestal - and they are not God.

Charles Goeldner, *Charles' Story*

We have seen a dramatic increase in opioid dependency and opioid addiction within our community and within our region.

Nancy Black, *Hillbilly Heroin*

[It's] ***such an addictive substance… I could turn off any other drug at the drop of a hat, but I couldn't do this.***

Chris, *Chris's Story*

It's an epidemic.

Chris, *Chris's Story*

There is no typical injection drug user. Especially with opioids, it's right across the whole spectrum.

Don Young, *The Injection Drug Scene*

People have literally lost everything they own, everything they've ever had as far as supports.

Don Young, *The Injection Drug Scene*

Addiction needs to be looked at with less morality and more reality.

Don Young, *The Injection Drug Scene*

There was no medical detox available for him… He said, "If I don't get help by the middle of next week, I'm not going to make it."

Laurie Miller, *Ben's Story*

It's like you've lost that person. They're not the same anymore.

Veronica Waboose, *A Community Mobilizes*

… addiction is a very marginalized illness. Society doesn't understand it very well. Doctors don't understand it very well. To bring it out into the open as an illness that is as treatable and is as deserving of treatment as anything else like heart disease or diabetes, would be wonderful.

Dr. Lisa Bromley, *Addiction*

The solution to opioid dependence problems in a community is not just the responsibility of physicians, or the addiction agencies, or the hospital, or community agencies. It is everybody's responsibility to come together to help people who

have this problem, not just because it's the right thing to do for that individual, but because it's the right thing to do for the community.

Dr. Peter Selby, *Addiction*

Methadone saved my life.

Scott, *Treatment Options*

If you have somebody who is a short term user of opioids, say less than a year, it's not as clear that that person should go on to methadone, because potentially one could be stepping up their level of dependence.

Dr. Peter Selby, *Treatment Options*

It's important not to look at methadone as the only solution to opioid dependence… It's important that people have a wide range of choices in terms of how they manage their illness, and that people have access to different choices at different stages of their treatment.

Dr. Lisa Bromley, *Treatment Options*

Addiction counselling is really important.

Dr. Lisa Bromley, *Treatment Options*

Methadone does a great job of addressing the physical aspects of opioid dependence… but in terms of the psychological, social and spiritual aspects, in order for someone to get better from their addiction you need to address those as well.

Dr. Lisa Bromley, *Special Features: The Importance of Addiction Counselling and Other Support Services*

COMING TO TERMS WITH OPIOIDS: SOME DEFINITIONS

One cause of the problems around opioids has to do with the fact that medical professionals and members of the general public are speaking different languages when it comes to words like "addiction" and "dependence". The following definitions may help clarify the discussion.

opiate (n., adj.) ● naturally occurring substances - including morphine and codeine - found in opium (an extract from the seed pods of the opium poppy, *Papaver somniferum L.)*. The term also refers to semi-synthetic opiate derivatives such as heroin and oxycodone. The term opiates is often incorrectly used to refer to *all* drugs with opium/morphine-like qualities, which are more properly classified under the broader term ***opioids.***

opioid (n., adj.) ● any agent that binds to opioid receptors found in the brain and central nervous system. The four classes of opioids include: those naturally produced in the body (e.g. endorphins); opiates derived from opium (e.g. morphine, codeine); semi-synthetic opioids such as heroin and oxycodone; and fully synthetic opioids such as methadone that have structures unrelated to the natural opiates.

Some Common Prescription Opioids and Their Ingredients

Tylenol 3	acetaminophen with codeine
Percocet	oxycodone with acetaminophen
Percodan	oxycodone with ASA (acetylsalicylic acid)
Oxycocet	a generic version of Percocet
Dilaudid	hydromorphone
OxyContin	oxycodone in a time-released formula
MS Contin	morphine sulphate, time-released

Common Street Terms for Opiates

OxyContin	oxy(s), o.c., hillbilly heroin, poor man's heroin, kicker, killer
Percocet, Percodan	percs
Heroin	"H", horse, junk, smack

Tolerance ● a condition in which larger doses of a drug are required to produce the same effect as in earlier use, or the same amount has less effect. Tolerance is common and develops quickly with opioids.

Physical dependence ● an adaptive physiological state that occurs with regular drug use and results in a withdrawal syndrome when drug use is stopped or interrupted. Physical dependence is common with use of opioids over a period of time. A person who develops physical dependence may or may not be "addicted."

Addiction ● Traditionally addiction has been used to refer to drug dependence. We have now realized that there are degrees of severity, and as such recognize a full spectrum of harmful use, from single episodes of heavy use and intoxication to long periods of reliance on drugs. Addiction has come to be popularly used to refer to this whole domain of substance use that produces harms for the user or for others.

Substance abuse ● a maladaptive pattern of use causing harmful health effects. The harm may be physical, mental, interpersonal, social or legal. A single symptom is enough to define substance abuse.

Substance dependence ● refers to a syndrome resulting from the repetitive use of a psychoactive substance. It indicates that an individual is persisting with substance use behaviour despite significant problems related to the behaviour. It involves a cluster of cognitive behavioural and physiological symptoms that will include three or more of the following:

1) tolerance
2) a withdrawal syndrome with physiological and psychological symptoms
3) difficulties in controlling use of the drug
4) unsuccessful efforts to cut down
5) neglect of issues of daily living
6) great deal of time taken to acquire the drug
7) continued drug use despite harmful consequences.

Methadone Maintenance Treatment ● a medical treatment which uses the drug methadone to stabilize the lives of people who are severely opioid dependent or addicted. Methadone is a long acting opioid drug, which fills up the same receptors in the brain as other opioid drugs and endorphins, thereby eliminating cravings.

Suboxone ● a combination of the drugs buprenorphine and naloxone for treating adults with opioid dependence. It combines buprenorphine, to manage physical symptoms of withdrawal cravings, with naloxone, which deters abuse by causing unpleasant symptoms if the product is injected.

COMMON THERAPEUTIC EFFECTS OF OPIOIDS

- suppression of pain
- suppression of cough reflex

Adverse Effects:
- drowsiness
- dizziness
- reduced mental alertness
- constipation
- nausea, vomiting
- mild anxiety or euphoria

At higher doses:
- increased sedation or euphoria
- impaired concentration
- reduced respiration and blood pressure
- contraction of pupils
- in some cases, rapid and irregular heart rate

Overdose symptoms:
- cold, bluish skin
- delirium
- slowed breathing
- coma
- death

Withdrawal symptoms:
- generalized muscle aches & pain
- chills & shivering
- nausea and vomiting
- diarrhea
- nausea
- sweating
- insomnia
- anxiety
- restlessness
- tremors

Other Health Risks of Opioid Use

- Hepatitis, HIV, and other blood-borne diseases can be caused by contaminated needles, syringes and other drug paraphernalia used by those injecting opioids.

- Opioid-dependent women can experience a range of complications during pregnancy and birth, and newborns can be born dependent.

> ***We as the public, and physicians and other health care providers and receivers of the benefits need to be better at asking the drug companies . . . a lot tougher questions about what kind of research is being done. The amount of research that's been done on opiates and addiction has been difficult, and it doesn't sell more pills. But they have to look more specifically at certain drugs and doing research that has to be then made publicly available. What's the research out there that's not been published? . . . And it's pretty tough to tell a person to do research on something that's going to end up losing them multiple millions of dollars. But regulatory agencies - Health Canada, the FDA – have to be there demanding that of the companies to say "We need to see that research, even if it's damaging." That's part of their public responsibility that's there.***
>
> Dr. Geoff Davis, pain specialist and Chief of Physicians
> St. Joseph's Hospital, Thunder Bay

OPIOIDS: A TRUE OR FALSE QUIZ

This exercise might be used before or after the screening to see how much your audience knows about opioids, and to raise discussion about the risks and benefits of opioid use. The answers follow on page 36.

TRUE OR FALSE?

- Cocaine is an opioid.
- Heroin is an opioid.
- Opioids relieve pain, but can be addictive.
- Opioids speed up breathing.
- Youth are more susceptible than older adults to addiction to opioids.
- Opioids are only beneficial to people who are terminally ill.
- I cannot become addicted to opioids if my doctor prescribes them.
- Methadone is always the preferred treatment for people who are dependent/addicted to opioids.
- You can die from drinking alcohol and taking opioids.
- People who have become addicted to opioids have no will power.
- Pregnant women who are dependent on heroin or another opioid should be given a medically supervised withdrawal as quickly as possible.
- Drug companies have no responsibility when it comes to the problem of opioid addiction.
- Buprenorphine is an alternative treatment to methadone.

> ***Kids don't understand how bad it is. They think,"Oh, I can do one. I can do two. I can do ten." But week in and week out as the tolerance builds up, and you don't get that normal feeling anymore that you're high off life and life is good - that's when you start crashing.***
>
> Chris, 21-year-old former "oxy" user

ANSWERS TO OPIOID QUIZ

- *Cocaine is an opioid.*
  FALSE Cocaine comes from a different plant than opium, and is a stimulant rather than a depressant. However, it is also highly addictive, and – although this is rare - can cause sudden death from heart attack and stroke.

- *Heroin is an opioid.*
  TRUE Derived from morphine, it is one of the most addictive opioids and is therefore not commonly used for medical purposes.

- *Opioids relieve pain, but can be addictive*.
  TRUE

- *Opioids speed up breathing*.
  FALSE Opiate/opioid drugs are depressants, and one of their effects is to suppress the respiratory system. People who overdose often fall asleep and stop breathing.

- *Youth are more susceptible than older adults to opioid addiction.*
  FALSE No age or social group is more or less susceptible than others to opioid addiction. The problem affects people from all walks of life.

- *Opioids are only beneficial to people who are terminally ill.*
  FALSE They can be important pain medications for people with non-life-threatening chronic pain conditions, and for people who need acute pain relief from surgeries and injuries.

- *I cannot become addicted to opioids if my doctor prescribes them*.
  FALSE It is possible to become addicted to opioids, especially if the doctor fails to properly inform the patient about the risks and side effects, and to monitor their use of the drug to watch for any signs of trouble. Even when properly supervised by their doctor, some patients may run into problems with opiate/opioid medications. Those who have a history of substance use problems are at increased risk.

- *Methadone is always the preferred treatment for people who are dependent/addicted to opioids*.
  FALSE Although the evidence base for methadone makes it an essential resource in helping people who are opioid dependent avoid relapse and escape an addictive lifestyle - especially when supported by enhanced psychosocial treatments - clients have options that should always be considered when seeking care. These include medically supervised opioid withdrawal, mutual aid support, and addictions treatment (outpatient, day or residential). Addiction specialists should inform people about all of the options before a decision is made about how to treat opioid dependence.

- *You can die from drinking alcohol and taking opioids.*
  TRUE The combined effects of opioids and alcohol – which is also a depressant – can be lethal (see note on breathing, above). There have been many cases of people dying after drinking and taking opioids.

- *People who have become addicted to opiates have no will power*.
  FALSE Addiction is not about a lack of willpower; it is a complex biological, psychological, and social process that needs to be addressed on all three levels. Many people who suffer from addiction make repeated attempts to stop their use, showing remarkable amounts of determination and resolve - only to relapse because they presume this is something they should be able to handle on their own. Addiction is a disability, and people who suffer from addiction are entitled to services and supports in the same way anyone with another chronic, relapsing health condition would be.

- *Pregnant women who are dependent on heroin or other opioids should be given a medically supervised withdrawal as quickly as possible.*
  FALSE The best practice response for opioid dependent women who become pregnant is methadone maintenance, at least for the duration of the pregnancy. Withdrawal increases risk of miscarriage. Methadone, a longer-acting oral medication, allows the woman to leave an addictive lifestyle, stabilize her health and protects the foetus from the ups and downs of intermittent and unpredictable drug use that produce both periods of intoxication and withdrawal that put it at particular distress.

- *Drug companies have no responsibility when it comes to the problem of opioid addiction.*
  FALSE Drug companies make millions of dollars producing and selling opioids, and have an obligation to properly inform doctors and the public of the risks and adverse side effects of these drugs. Some drug companies are working actively with the medical community and with law enforcement agencies to help curb the problems of addiction that are happening with these substances.

- *Buprenorphine is an alternative treatment to methadone.*
  TRUE Health Canada has approved a combination of buprenorphine and naloxone for the treatment of adults with opioid drug dependence. It combines buprenorphine, to manage physical symptoms of withdrawal cravings, with naloxone, which deters abuse by causing withdrawal symptoms if the product is injected. It is taken once a day, as a tablet placed under the tongue to dissolve.

You've got to get all the health services involved to try and fix the problem. I think you've got to have dentists, you've got to have physicians, you've got to have pharmacists, you've got to have the frontline healthcare workers - all together, trying to solve this problem. It's not going to be solved any other way.

Maxine Tenander, Pharmacist, Thunder Bay

QUESTIONS FOR IN-DEPTH DISCUSSION

The questions below will get audiences thinking about how the opioid addiction issue is playing out in their community, and what might be done about it. Some of these questions could be brainstormed in a workshop situation, or given to people to take home with them after the event for further research and reflection.

- What are the effects of opioid dependence/addiction on your community?
- Who in your community uses prescription opioids?
- What are the ways in which people can obtain prescription opioids in your community?
- What are the signs of opioid dependence and addiction?
- What safeguards should prescribing doctors practice to ensure healthy use of opioids by their patients, and to minimize the risk of their patients becoming addicted?
- What should doctors do (and not do) when addiction problems surface in their patients?
- What roles/responsibilities should the following adopt in addressing the misuse of prescription opioid drugs:
    - drug companies
    - pharmacies
    - hospitals
    - medical associations
    - medical schools
    - government departments and regulatory agencies
    - addiction and mental health service providers
    - opioid users/patients
    - families and friends of opioid users/patients

Education is a big component around addiction: teaching children about the dangers of it. That when you're at a party and somebody crushes a pill, talk to them about how just snorting one pill can kill you. They need to know how strong and powerful these opiates are.

Tannice Fletcher-Stackhouse, nurse, Lakeview Methadone Clinic, Thunder Bay

I honestly believe that removing the stigma around addiction is key. Once people start realizing it's a health issue, not a moral issue, then we can start treating them as people, not as criminals.

Rick Thompson, Street Outreach Worker,
Superior Points Harm Reduction Program,
Thunder Bay

- What stigmas are attached to opioid dependence and addiction?
- What stigmas are attached to the use of opioids for pain treatment?
- How can you and I help break these stigmas?

We'd get people from Thunder Bay, Toronto, and elsewhere coming in and saying "Okay, we're going to try this, we should do this." And we found out that we ended up back in the same position again. So what we've come to realize is that we have to do it ourselves . . . We have to come up with our own solutions. It's our issue, it's our problem. If the resources were available to us, we have to do it ourselves.

Frank Onabigan, Band Council Member
Long Lake #58 First Nation

- What resources exist in your community to help people who are opioid dependent or addicted?
- What resources are needed in your community?
- What are ways that people, groups and institutions could work together to address the problem of opioid addiction in your community?

If you are looking for more information or resources on opioid dependence and methadone, go to www.MethadoneSavesLives.ca.

Prescription for Addiction
SHORT VERSION

6 ADDITIONAL SUPPORT MATERIALS

In this section you will find:

- a list of Frequently Asked Questions (FAQs) about opioid dependence and addiction, and some answers
- a screening checklist: technical and practical needs for your event
- reproducible symbols for event accessibility (wheelchair, sign-language interpretation)
- comparisons between the short version of *Prescription for Addiction* and the original 85-minute version of the documentary
- information about the agencies that commissioned this project:
  - Centre for Addiction and Mental Health (CAMH)
  - Ontario Federation of Community Mental Health and Addiction Programs
  - St. Joseph's Care Group, Thunder Bay
- information about the producers of the film: Sky Works Charitable Foundation
- credits for *Prescription for Addiction (Short Version)*, and this User Guide
- a list of addiction and mental health services in Ontario

Prescription for Addiction
SHORT VERSION

FAQS (Frequently Asked Questions)
ABOUT OPIOID DEPENDENCE AND ADDICTION

What are "opiates", or "opioids"?

Opiates are a family of drugs which includes morphine, codeine, and heroin – substances derived from the Asian opium poppy, P*apaver somniferum*. Opiate molecules block pain signals by attaching themselves to the pain receptors in the spinal cord and brain. However, they can also create euphoria by stimulating the pleasure centre of the brain - thus their potential for addiction. Opiates have been used cautiously in medicine for more than a century as pain relievers and cough suppressants. The broader term "opioids" also includes agents like endorphin which are naturally produced in our bodies, and synthetic opiate-like drugs such as methadone which are entirely created in the laboratory.
(Also see definitions on pages 31 - 32.)

If I take opioid painkillers under a doctor's supervision, will I become addicted?

It is important to be clear about what doctors and patients mean by "addicted". Nearly everyone who takes opioids for a period of time will become "physically dependent" on them - meaning that they will experience withdrawal symptoms if they suddenly stop taking the drug. The medical profession does not consider this dependency to be "addiction", although becoming physically "hooked" on a drug may be what many people are worried about when they say "I don't want to take anything addictive" (see definitions of tolerance, physical dependence, and addiction on page 32). Many physicians who prescribe opioids for pain treatment say that very few patients who take these drugs as prescribed by their doctor will become "addicted". Any psychoactive drug has the risk of becoming addictive, and opioids, because they can relieve pain and can cause euphoria, can be particularly attractive to people who are struggling with pain and distress. There is a role for the patient to self-monitor the way any prescribed medication is affecting them. The doctor should carefully screen patients for past substance use problems and/or histories of addiction, and play an active role in monitoring clients for whom they are prescribing drugs that produce strong psychoactive effects, as opioids do.

What questions should I ask my doctor if he or she prescribes an opioid for my pain?

If the doctor is prescribing medication without explaining why other options are not appropriate, ask why opioids are being prescribed at this time. Are there pain relief options that can be tried alone or in combination with opioid medication? What type of opioid are you planning to give me, and how powerful is it compared to other opioids? How long will I be on it? Will I need to be weaned off it? What are the withdrawal symptoms? How will you monitor me to make sure the drug is working and not producing troublesome side effects, including becoming addicted? What will you do to help me if I become addicted?

How quickly do people become dependent or addicted to opioids once they start taking them?

Physical dependence (not being able to stop suddenly without experiencing withdrawal sickness) can develop quickly – within days or a few weeks, depending on the type of opioid and doses being taken. Taking medication as prescribed provides more benefits than risks for most patients. When the medication is prescribed or used inappropriately, the risk of addiction can increase. Another factor in the risk of becoming addicted is the route of administration. Oral medication, in pill or liquid form, carries less risk of addiction than drugs that are injected, smoked or inhaled. The bottom line is that while people who become addicted can find themselves in trouble surprisingly quickly, the great majority of people who use opioids will not become addicted. This is why active self-monitoring and medical follow-through is important from the time these drugs are prescribed.

Are some people more likely to become addicted to opioids than others?

Research indicates that biology and genetics are factors in the risk of addiction, but physiological factors alone, even when they suggest a vulnerability to addiction, are not sufficient to explain most addictive behaviours. Environmental and psycho-social influences are also key in addiction. Given that opioids themselves have high addictive liability, it is important for everyone taking the medication for pain relief to take a cautious approach.

Can you die from taking opioids?

Yes. Especially in cases where the user has not built up any tolerance to them. Opioids are depressants which suppress the respiratory system. There have been many cases of people dying from overdoses,

where they simply fall asleep and stop breathing. Some of these situations have occurred when people pass along pills to friends who have never tried opiates before, or where people crush and sniff powerful time-release opiates like OxyContin to get an immediate high. Combining opiates with alcohol is especially dangerous, since alcohol is also a depressant.

Will taking opioids cause long term damage to my brain or body?

Opioids do not appear to cause any long term physical damage to brain or body tissue, which is one of the benefits of using them for pain treatment. The powerfully rewarding effects of opioids are risk factors for addiction. The route of administration is the source of many harms that users experience, particularly when injecting or smoking opioid drugs (blood-borne diseases from dirty needles, abscesses and infections from poor injection technique, burns to the fingers, face and throat).

Is opioid addiction treatable?

Yes. There are a number of treatment options for people who are addicted to opioids. Concerned individuals should contact their nearest addiction service provider for consultation and information. The earlier help is sought, the better.

How do I know if I'm becoming addicted?

Craving the drug, compulsive use of the drug, feeling that you can't live without it, thinking about it constantly, worrying about where you're going to get the drug and how you're going to get it, continuing to use the drug despite signs that your drug use is having a destructive effect on your life, your relationships, your finances, your ability to function, your ability to work, your ability to go to school, denial that you might have a problem . . . These are all signs of addiction and that you should seek help.

If I suspect I might be addicted or am becoming addicted, who should I call for help?

Call the nearest addiction service provider in your area. Talk to a friend, family member, spouse or partner, your doctor – or someone else whom you trust. Do not be afraid or ashamed to speak up. The sooner you can get help and support, the better.

I think I know a friend or family member who might be addicted to opioids. What should I do?

You can try to talk to that person in a supportive way, and tell them that you are concerned and want to help them. If they reject your intervention and your suggestions for them to seek help, you might want to call an addiction service provider in your area to ask for advice and options.

I've become addicted to opioids. Should I go on methadone?

Methadone maintenance treatment requires substantial commitment and comes with limitations and conditions (urine screening and having to attend on a daily basis – at least at first – to be medicated). Methadone is also more difficult to wean off of than other opioids, and people who go on methadone are often on it for a long time – sometimes for life. It is appropriate only for some people who are opioid dependent. It is an evidence-based treatment that is used widely to treat opioid dependence, and when accompanied by psycho-social services and supports produces the best outcome rates we currently have available for people who are severely opioid dependent. You should discuss your addiction history and drug use with a qualified doctor or addiction counsellor who should take the time to explain to you the benefits and risks of all of your treatment options, including addiction counselling, treatment programs, Suboxone and methadone maintenance, if you are eligible.

What other treatment options are available besides methadone?

Addiction counselling, treatment programs, and support groups such as Narcotics Anonymous are options to consider. Even if you decide that methadone maintenance treatment is right for you, best practice guidelines encourage combining this treatment with counselling. Some people benefit enormously from the support, encouragement and guidance they get from counselling. There is also Methadone Anonymous which is based on the same 12-step program and meeting format such as Narcotics Anonymous and Alcoholics Anonymous. As an alternative to methadone, there is also another medication called Suboxone, which can be used to manage physical symptoms of withdrawal cravings, and deter abuse by causing unpleasant symptoms if the product is misused. If you also have mental health issues, addiction treatment providers can help with co-occurring problems.

How can I be supportive to someone who is struggling with addiction to opioids or other substances?

Try to be understanding and non-judgmental. Realize that addiction is a health problem that can be difficult and take a long time to overcome. Encourage the person to seek professional help, to find out what their options are including peer support, and to work at change, and to be willing to try other options if things aren't working. Be sure to take care of yourself and build your own network of support. Don't try to take on the problem all by yourself. Some treatment programs also offer services for family and others who are concerned about someone in treatment, including some that have peer supports. If the person is involved in addictions treatment, find out the approach they take to abstinence, relapse prevention, and the role that social support from concerned people can play in ensuring that the person reaches and maintains the goals they have set for themselves.

How can I become involved in addressing the problem of opioid addiction in my community?

Talk to friends, family members and co-workers about the issue and how it might be affecting people in your community. Perhaps set up your own screening of *Prescription for Addiction* (or particular chapters of the film) for people you feel should see it. Write a letter or e-mail to your MP or MPP to lobby for adequate health resources to help people with opioid addiction in your region. Get involved with community groups and organizations that deal with issues affecting youth, older adults, aboriginal people or other communities that are affected by this issue. The internet is a good place to connect with people who are already doing some of this work. Contact an addiction service provider in your area and ask what you can do to help. Many agencies and health care institutions need volunteers to assist them with the work they do in the community.

* * *

Opioids are just one type of addiction that is taking a toll on our communities. Over 10 percent of drinkers have problems related to their drinking that are affecting their health, their families, their work, and their community. Five percent of people who gamble have moderate to severe problems that affect not only their financial well-being but also their physical and mental health, their family relationships, their work, and their community. By becoming more aware of the problem-side of many behaviours that bring pleasure and entertainment to most people, we can have a more active community dialogue about these issues and how we can resolve them.

Prescription for Addiction
SHORT VERSION

SCREENING CHECK LIST

☐ 2 DVD SCREENING COPIES of *Prescription for Addiction: Short Version* (one for back up)

☐ PROJECTION & SOUND CHECK prior to screening

☐ RECEIPT BOOK and CASH FLOAT (if selling copies of the DVD)

☐ INFORMATION FLYERS for *Prescription for Addiction*

☐ BUSINESS CARDS for you or your organization

☐ Other information and materials for RESOURCE TABLE

☐ MAILING LIST SIGN UP SHEETS, if relevant

☐ PAPERCLIPS, PENS, POST-ITS & HIGHLITERS

☐ USER GUIDE

☐ PRESS RELEASE (for media attending the screening)

ACCESSIBILITY SYMBOLS

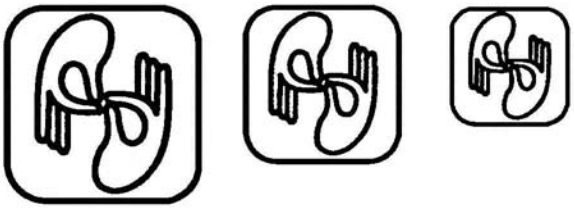
You can cut and paste these icons as required to describe access provisions for your event.

Symbolizes access for persons with a mobility disability.

Any type of assistive device or amplification system, captioning service, or TTY, for people with varying levels of hearing loss, is provided.

Smoking is not allowed.

A Sign Language interpreter will be provided.



Symbolizes access for blind or visually-impaired persons.

Prescription for Addiction
SHORT VERSION

COMPARISON WITH THE FEATURE-LENGTH VERSION OF THE DOCUMENTARY

This 39-minute version of *Prescription for Addiction* was condensed and revised from the original 85-minute version of the film, produced in 2005.

The stories and interviews in this short version have been abbreviated from the original film. The original documentary also contains scenes and stories that are not included in the short version. These scenes include:

- a visit to a seniors centre in which several older women share their thoughts about the benefits and risks of opiate pain drugs in treating older adults;
- an interview with a pharmacist in Thunder Bay whose drugstore was broken into and robbed at gun-point by thieves looking for opiates;
- comments from Dr. Geoff Davis, pain specialist, about the responsibilities of drug companies in disclosing the risks of addictive medications, as well as the role of government regulators in protecting the public;
- the story of Chad, whose OxyContin addiction (like Ben's) ended in suicide, and whose mother has started a web site to support families whose love-ones have died from opioid addiction;
- additional stories from residents of Long Lake #58 First Nation regarding the problem of opiate addiction in their community;
- concluding comments from several participants in the film, addressing what they feel needs to be done to address the growing problem of prescription opioid addiction.

The latter part of the documentary (Scott's Story), which addresses issues around methadone, addiction counselling and other treatment options for opioid dependency, has been modified significantly from the original film. *Prescription for Addiction (Short Version)* contains new, updated material which was not in the original film. This new material (including interviews with Dr. Peter Selby, Dr. Lisa Bromley, and the scenes filmed at Sandy Hill Community Health Centre in Ottawa) is intended to expand the discussion of treatment options for opioid addiction, and to stress the need for methadone maintenance treatment to be integrated holistically into other community-based addiction services and supports.

The Special Features material included on the DVD with the short version was not included with the original documentary.

We urge users of *Prescription for Addiction* to view both versions of the film, to decide which is best suited to their audience. The original documentary, although longer, is structured in chapters to allow users the option of screening selected scenes rather than the entire film.

The feature-length version of *Prescription for Addiction* is available from the distributor:

Vtape
401 Richmond Street West, Suite 452
Toronto, Ontario M5V 3A8
Tel 416-351-1317
Fax 416-351-1509
info@vtape.org
www.vtape.org

Prescription for Addiction
SHORT VERSION

COMMISSIONING AGENCIES
FOR THE DOCUMENTARY AND USER GUIDE

CENTRE FOR ADDICTION & MENTAL HEALTH (CAMH)

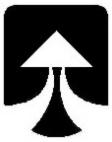
The Centre for Addiction and Mental Health (CAMH) is Canada's leading addiction and mental health teaching hospital. CAMH succeeds in transforming the lives of people affected by addiction and mental illness, by applying the latest in scientific advances, through integrated and compassionate clinical practice, health promotion, education and research.

CAMH has central facilities located in Toronto, Ontario and 26 community locations throughout the province of Ontario. CAMH is fully affiliated with the University of Toronto and is a Pan American Health Organization and World Health Organization Collaborating Centre. CAMH was formed in 1998 as a result of the merger of the Clarke Institute of Psychiatry, the Addiction Research Foundation, the Donwood Institute, and Queen Street Mental Health Centre.

Centre for Addiction and Mental Health
Main Switchboard: (416) 535-8501 Website: www.camh.net

General Mental Health Assessment
250 College Street, Toronto (416) 535-8501 ext. 6878
1001 Queen Street West, Toronto (416) 535-8501 ext. 2129 or 1911
Addiction Assessment
33 Russell Street, Toronto (416) 535-8501 ext. 6128

Emergency - 250 College Street, Toronto
(416) 535-8501 ext. 6885 (24 hours)
McLaughlin Addiction and Mental Health Information Centre
Automated Response Line 24 hours/day
Staffed 9 a.m. to 9 p.m., 7 days a week, except statutory holidays
(416) 595-6111 or Ontario toll-free 1 (800) 463-6273
Media Relations inquiries
(416) 595-6015 or public_affairs@camh.net



ONTARIO FEDERATION OF
COMMUNITY MENTAL HEALTH
AND ADDICTION PROGRAMS

ONTARIO FEDERATION OF COMMUNITY MENTAL HEALTH AND ADDICTION PROGRAMS

The Ontario Federation of Community Mental Health and Addiction Programs brings together community mental health and addiction services in the province of Ontario to help its members provide effective, high-quality services through information sharing, education, advocacy and unified effort. The Federation envisions a community mental health and addiction system which is accessible, flexible, comprehensive and responsive to the needs of individuals, families and communities, shaped by many partnerships, respectful of human dignity and rights, and accountable to those it serves.

The Federation membership is made up of organizations which provide community mental health services and non-service alternatives, as well as addiction and substance abuse services. To achieve its goals, the Federation represents the views of its members in relation to service development, planning and coordination, funding and administrative matters, as well as development of provincial policy and legislation. The Federation also provides education events, resource materials and networking opportunities.

The Federation is committed to a constructive partnership with the Government, Ministry of Health, consumer/survivor groups, family organizations, and traditional institutional service providers.

Ontario Federation of Community Mental Health and Addiction Programs (OFCMHAP)
250 Consumers Road, Suite 806
Toronto, Ontario M2J 4V6
Tel: (416) 490-8900
Fax: (416) 490-8902
E-mail: info@ofcmhap.on.ca
Website: www.ofcmhap.on.ca

ST. JOSEPH'S CARE GROUP

ST. JOSEPH'S CARE GROUP, THUNDER BAY

St. Joseph's Care Group is a Catholic Organization committed to provide compassionate and holistic care and services to the people of Northwestern Ontario.

Addiction Services primarily offers comprehensive programming for youth and adults from Thunder Bay and Northwest Ontario. Our residential programs do accept referrals from anywhere in Ontario and have also admitted people from other parts of Canada.

The Sister Margaret Smith Centre houses both Youth and Adult Services which offer a range of substance abuse and gambling treatment options as well as training and educational components. The Balmoral Withdrawal Management Centre provides non-medical detoxification from alcohol and other drugs for males and females over 16 years. All the program components of Addiction Services are voluntary and respectful of the participant's dignity and confidentiality.

St. Joseph's Care Group
35 N. Algoma Street, P.O. Box 3251
Thunder Bay, Ontario P7B 5G7
Tel: (807) 343-2436
Fax: (807) 343-9447
Website: www.sjcg.net

Prescription for Addiction
SHORT VERSION

DOCUMENTARY PRODUCER

skWORKS
CHARITABLE FOUNDATION

SKY WORKS CHARITABLE FOUNDATION

Sky Works is a non-profit educational documentary production organization. Sky Works produces documentary films that deal with contemporary social issues and are designed to encourage audiences to see the value of their own experience and to take action on their own behalf. The documentaries raise questions, stimulate discussion, and encourage audience participation in social and community process.

Producer/director, **Laura Sky**, established Sky Works in 1980 after eight years at the National Film Board. Her work is widely known and acknowledged both here at home and throughout the world as evidenced by the many awards and citations her films have received. She has taught film at Queen's, York, and Ryerson Polytechnic Universities and has lectured extensively throughout Canada, and in Germany and Sweden. Laura has also worked as a free-lance journalist and researcher for both radio and television current affairs programs. In 1986 she received a Woman of Distinction award from the YWCA of Metropolitan Toronto for her contributions to arts and letters. A socially committed creative artist, Laura Sky has made her personal vision of film making a vibrant and popular reality.

Films directed by Laura Sky on health and mental health issues include the award-winning *To Hurt and to Heal* (Parts I and II), *Crying for Happiness*, *How Can We Love You?*, and *Crisis Call*.

SKY WORKS CHARITABLE FOUNDATION
401 Richmond Street West, Suite 240
Toronto ON M5V 3A8
TEL: (416) 536-6581
FAX: (416) 536-7728
E-MAIL: info@skyworksfoundation.org
Website: www.skyworksfoundation.org

Prescription for Addiction
SHORT VERSION

DOCUMENTARY CREDITS

The Centre for Addiction and Mental Health,
Ontario Federation of Community Mental Health and Addiction Programs,
and St. Joseph's Care Group, Thunder Bay
present

A documentary produced by Sky Works Charitable Foundation

Director/Editor	David Adkin
Producer	Laura Sky
Director of Photography	Jim Aquila, CSC
Sound Recording	Ross Redfern, Mark Obradovich
Writer/Researcher	David Adkin
Additional Camera	Paul Belanger
Original Music	Russell Walker
Production Manager	Nathalie Lévesque
Sound Editing & Mix	Terry Wedel/VO2 MIX
Project Coordinators, CAMH	Janine Luce, Christie Collins-Williams
Project Coordinators	David Kelly, Martha Connoy (OFCMHAP) Nancy Black (St. Joseph's Care Group)
Manager, OpiATE Project	Christine Bois
Advisors	Dr. Michael Lester, Laurie Miller, Christopher Smith

Documentary Participants

Nancy Black, Rob Boyd, Dr. Lisa Bromley, Dr. Geoff Davis, Pauline Dore, Dr. Frank Evans, Tannice Fletcher-Stackhouse, R.N., Charles Goeldner, Lisa Hudson, Jean-François Martinbault, Scott McAllister, Chris Miller, Laurie and Ken Miller, Frank Onabigan, Patrick Patabon, Dr. Peter Selby, Rick Thompson, Don Young, Veronica Waboose

With thanks to all the individuals who shared their stories and contributed to the research and production of this film.

Production of this documentary was made possible through financial contributions from the Government of Ontario, Ministry of Health and Long Term Care, and from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada or the Government of Ontario.

Prescription for Addiction
SHORT VERSION

USER GUIDE CREDITS

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Sky Works Charitable Foundation

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Project Coordinators, CAMH	Kathryn Weiser, Janine Luce, Christie Collins-Williams
Project Coordinators	David Kelly and Martha Connoy (OFCMHAP) Nancy Black (St. Joseph's Care Group, Thunder Bay)
OpiATE Project Manager	Christine Bois

Funding for this User Guide was provided by the Centre for Addiction and Mental Health (CAMH), The Ontario Federation of Community Mental Health and Addiction Programs, St. Joseph's Care Group Thunder Bay, and the Government of Ontario, Ministry of Health and Long Term Care. The opinions expressed herein do not necessarily represent the views of the Government of Ontario.

Prescription for Addiction
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ADDICTION AND MENTAL HEALTH SERVICES IN ONTARIO

Drug and Alcohol Registry of Treatment (Dart)
Information and Referral Line
Within Ontario: **1-800-565-8603**
Outside Ontario: **1-519-439-0174**
Mental Health Service Information Line: 1-866-531-2600
Ontario Problem Gambling Helpline: 1-888-230-3505
www.dart.on.ca

Ontario Federation of Community Mental Health and Addiction Programs
1-416-490-8900
www.ofcmhap.on.ca

Centre for Addiction and Mental Health (CAMH)
Ontario Toll-Free Information and Support Line:
1-800-463-6273
www.camh.net

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Toll-free: 1 800 661-1111 Toronto: 416 595-6059
E-mail: publications@camh.net

Website : www.camh.net

Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

A Pan American Health Organization /
World Health Organization Collaborating Centre

Fully affiliated with the University of Toronto

ONTARIO FEDERATION OF
COMMUNITY MENTAL HEALTH
AND ADDICTION PROGRAMS

ST. JOSEPH'S CARE GROUP

PG128