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suncountry-  
blog.com/](http://suncountry-blog.com/)**

## Addictions Counsellors meet



Series on Addiction begins — The Regional Sun begins a four-part educational series about Addictions in this issue of the newsletter. The series will be published in four issues over the next year. The first part begins today with the question: What is addiction? Three addictions counsellors, from left to right, Vanessa Kavalench, Shauna Eddy, and Corrina Kuntz discuss the issues on Page Three. Future issues will focus on changes to the drugs of choice, different kinds of treatment, addictions and mental health. Saskatchewan Addictions Awareness Week is November 13-19 2011

*Live. Work. Play.*





## The View from the desk of Marga Cugnet, Interim CEO



### Appreciate what we have

Debates about Canada's Medicare system are ongoing but some may have wanted to step back when the news spread all over the country this fall that the Governor of Montana, to our south, wants to copy our publicly-funded health system.

One of the biggest reasons? He's envious of the cost.

In Saskatchewan, the cost of Medicare is \$4 - \$4.5 billion annually for about one million people. That's a lot of money, almost half of the total budget of the province.

In Montana, the system of private health insurance costs the people about \$8 billion annually, for fewer people. Montana has a population of about just over one million but there are almost 300,000 with no health insurance.

At the same time, Saskatchewan residents also enjoy a longer life expectancy and lower infant mortality than the people in Montana, both indications of better health.

The health journal called Health Affairs also points out that per capita health spending in Canada is \$3,895 and in the U.S. it is \$7,290. A much larger percentage of those costs in the U.S. go to administration than they do in Canada.

The point is not to gloat about our system. We all know health care has flaws and improvements must be ongoing.

The Canadian health system has many changes to make, primarily in the areas of keeping patients safer in our facilities, access, and improving the front end to prevent illness rather than treating it after the fact, as we mostly do now. We need to do a much better job of helping our populations adopt healthy lifestyles.

That's one of the major ways we will keep the health care bill lower for future generations.

We also need to become more efficient at using resources in the smartest possible ways. New workplace strategies, like LEAN, are helping us to move in that direction, too.

But, all that aside, the message that remains with me about this debate is that Canadians receive more for their money than Americans when it comes to health care. A lot more. We need to keep that big picture in mind as we discuss the fine points of the system.

## SCHR Administration

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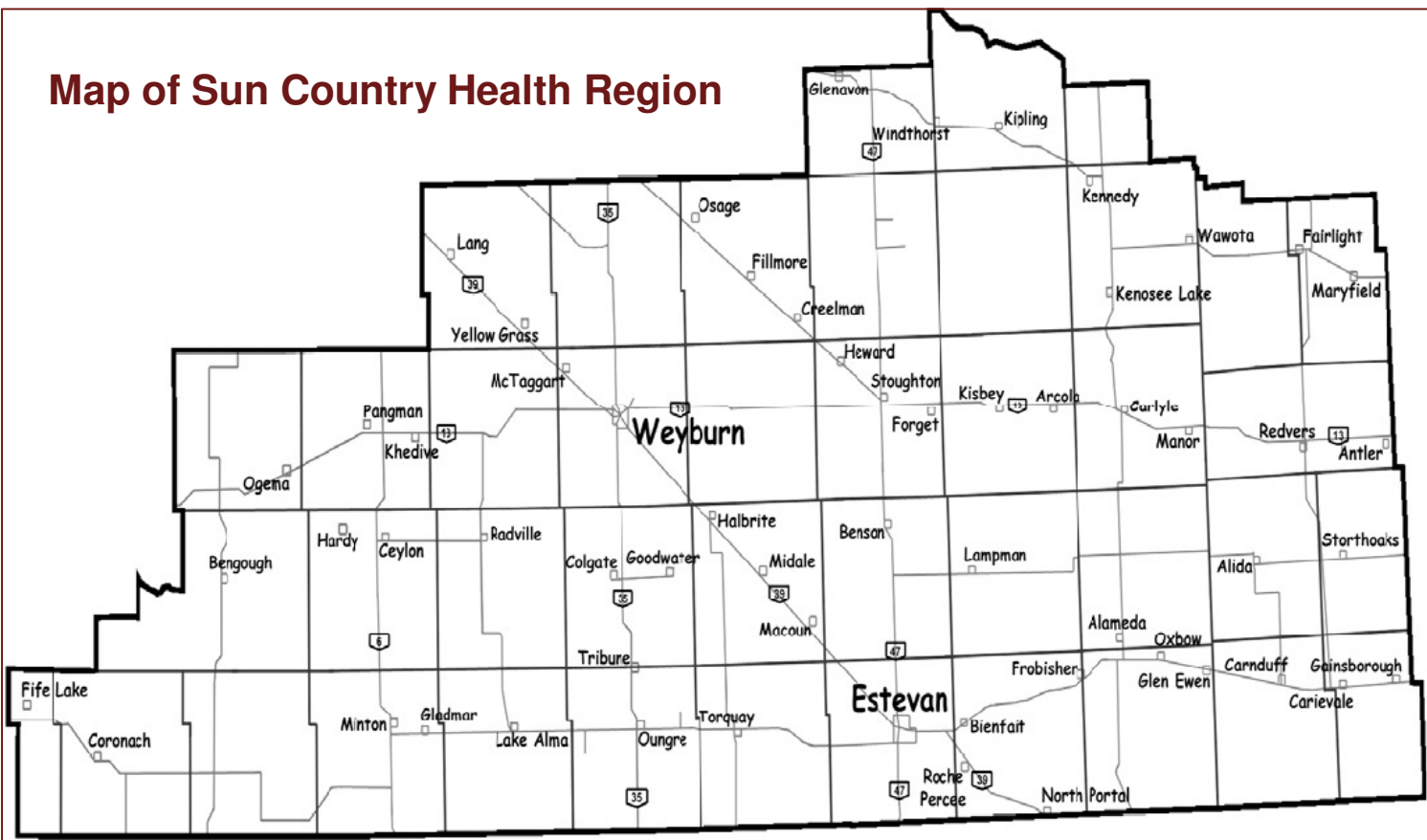
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### Map of Sun Country Health Region



# What is addiction?

Addiction is a chemical dependency. It is a disease. Like other diseases, it occurs in identifiable stages, can be diagnosed, and can be controlled or arrested. People who suffer from the disease lose their ability to choose.

“In its early stages, addiction is not easy to identify, for the addicted person or for the people around them,” says Shauna Eddy, Addictions Counsellor with Sun Country Health Region.

“Cultural norms can interfere with the identification and make it easy to deny the addiction,” she says.

“In other words, if everyone in my family drinks this way, I might excuse the addiction away until

I reach the later stages when it can no longer be denied.

Most people come to us for help in the mid or later stages,

when their family or friends, or co-workers, can identify the problem and are pressing them to get help.”

Addicted people still try to blame someone else for their problems, she says.

“They get really good at saying my wife made me mad or I had a hard day at work so I should drink alcohol or use drugs. They are still not seeing their substance use as a problem. But if alcohol or drug use is causing a problem in your life, you are addicted.”

“It’s not very complicated at all,” says Corinna Kuntz, another Addictions Counsellor in the same office.

“Sometimes people can’t see the truth because they have experienced brain, social, spiritual or physical damage. When people ask for help, they are finally admitting it,” she says.

That’s the first small step toward recovery, they warn.

“It’s only about 15 per cent of the solution. The other 85 per cent is learning how to live in a healthy way, without the substance.”

There are two kinds of addiction: physical and psychological.

1. A physical addiction means that quitting the substance causes physical withdrawal.

2. A psychological addiction means the substance is so central to a person’s thoughts emotions, and activities that it’s extremely

difficult to stop using it or thinking about using it.

The craving is top priority in the person’s life.

People are likely to develop a psychological dependence when they are physically dependent.

Addicted young people face different challenges than adults, says Vanessa

Kavalench, Addictions Counsellor with SCHR.

- Young people are more likely to use more types of substances than adults.
- The levels of use are harder to determine with youth than with adults
- More abusers among youth become addicted than do adults because of development. The brain is not fully developed until people are 25 years old. Drugs and alcohol interfere with both

physical and emotional development.

- The process of addiction is similar, but quicker for youth than for adults.

- Enablers for youth are more “built in” than those for adults. More

adults are protective of youth because they don’t want them to go through bad experiences even though they need to experience hurt consequences etc to grow emotionally and make better choices.

All of the counsellors note that, whatever the age of the individual, addiction is not limited to chemical substances. People can become addicted to work, activities, lifestyles, family roles and even other people, says Shauna.

“In each of these cases, an addictive approach to life and living is in place. The focus in treatment and recovery needs to be on growing beyond the addictive life patterns. If this is not accomplished, the person runs the risk of simply moving from one addiction to another,” she says.

People who have come to addictions counsellors for the first step in their recovery are also encouraged to join a recovery program like Alcoholics Anonymous as well as undertake counselling. “I recommend it to everyone who comes through,” says Corinna.

“It should be used in conjunction with our help. We want to hook clients up with their community, to help them develop healthy relationships and fellowship.”

Addicted clients need both programs to help develop the emotional and psychological maturity that stopped when they became addicted, she says.

**Addiction is a chemical dependency. It is a disease. Like other diseases, it occurs in identifiable stages, can be diagnosed, and can be controlled or arrested.**

More complicated cases coming now

## Psychiatrist's workload grows

Dr. Dele Oyeboade has seen a substantial increase in the number of people facing complex addiction and mental health issues since he came to Sun Country Health Region (SCHR) four years ago.

The psychiatrist says when he first arrived there were fewer people addicted to alcohol or other chemicals who had the additional complication of a mental illness.

"Four years ago, more people with addictions were able to be helped by the addictions counsellors alone.

In the intervening years, the counsellors are sending more and more of their clientele to me or one of the Region's other psychiatrists because the issues are more complex," he says.

"People go to an addictions counsellor or a general practitioner and say they are depressed or anxious but they don't necessarily want to say they are addicted to a substance. It takes some digging to find that out."

"But then, if we don't address the addiction, we can't cure someone of a mental illness. I won't get a good result if I try to treat someone for depression who is drinking heavily, for instance, when alcohol is a depressant."

"We don't know which comes first, the addiction or the mental illness," says Dr. Oyeboade.

"It's like deciding whether the chicken or the egg came first. People might have the mental illness

first and self-medicate with alcohol or a drug, or it might be the other way around."

The length of time spent with each client has also increased, he says.

"If we (the team members) used to spend an hour with a client, now we spend two or three hours with that client on more complex issues," he says.

Dr. Oyeboade says drugs like cocaine, ecstasy, heroin and amphetamines are more readily available in the Region than they were in the past and there is more money among the public to pay for all kinds of addictive substances.

It used to be mostly alcohol and cannabis.

"When people come in droves to an area, they come with baggage. But it's not only the newcomers who have developed addictions or mental health problems."

"And if the economic boom went away tomorrow, we would still be left with the damage because now the clients would have the addiction and no money to pay for it. That creates even more stress," he says.

"I worry about staff burnout, although I think the situation is manageable at present with current staff and treatment facilities. However, changes are needed in the next few years," he says.

"We will need more staff, more resources in the community, and a detox centre," he says.

## The Region monitors service needs

**Substance abuse can have a devastating effect on a person's health and safety, says Janice Giroux, Vice President of Community Health for SCHR.**

**"Research shows that almost 40 per cent of people are affected by someone else's substance abuse.**

**"Getting the information about healthier lifestyles and where to get help is extremely important," she says.**

**In Saskatchewan, nearly 10,000 people use provincial drug and alcohol centres every year. Many others don't seek the help they need, or don't recognize that they have a problem.**

**"The Region continues to work with citizens to identify and implement**

**knowledge and skill-building opportunities for the public that champion the prevention and reduction of addiction related harms," says Mrs. Giroux.**

**The development of policy, programs, and practices in SCHR associated with preventing and reducing addiction-related harms must be informed by evidence-based practices, including analysis of trends, issues, and needs.**

**"This knowledge transfer is critical to the integration of new practices that are required to be put in place to have a positive impact to the addiction services and for the residents within the Region," she says.**

# Did you know?

## Statistics on Addictions

- Alcohol abuse is a type of addiction that causes over 100,000 deaths in the United States and Canada each year.
- Alcohol is the drug most commonly abused by children aged 12 to 17.
- The Centre for Addiction and Mental Health in Canada states that 1 in 5 people will have a mental illness and 20% of those diagnosed will also have a drug addiction problem.
- One in 10 Canadians 15 years of age and over report symptoms consistent with alcohol or illicit drug dependence.
- Cannabis is one of the most widely used drugs internationally.
- In 2010, the Canadian Alcohol and Drug Use Monitoring Survey (CADMUS) reported that 41.5% and 33.1% of respondents aged 15 years old and over across Canada and in the province of Saskatchewan to be lifetime Cannabis users respectively.
- 11.2% of respondents nationally had used at least one of six illicit drugs in the past year and 7.7% in Saskatchewan.
- Among Canadians 15 years and older, the prevalence of past-year cannabis use decreased from 14.1% in 2004 to 10.7% in 2010.
- Among youth, aged 15 to 24 years, past-year use of at least one of 5 illicit drugs (cocaine or crack, speed, hallucinogens, ecstasy, and heroin) decreased from 11.3% in 2004 to 7.0% in 2010.
- The rate of drug use by youth 15-24 years of age remains much higher than that reported by adults 25 years and older: three times higher for cannabis use (25.1% versus 7.9%), and almost nine times higher for past-year use of any drug excluding cannabis (7.9% versus 0.8%).
- The impact of alcohol in Saskatchewan, in terms of death, illness and economic costs, adds up to \$508.7 million annually. This is a cost of \$503 for each person in the province.
- In terms of alcohol, CADMUS reported that among Canadians 15 years and older, the prevalence of past-year alcohol use was 77.0%, not statistically different from previous years.
- Less than three quarters of youth (71.5%) reported consuming alcohol in the past year. This is a decrease from 2004 when 82.9% of youth reported past-year use of alcohol.
- The prevalence of heavy frequent drinking among youth 15 to 24 years of age, was approximately three times higher than the rate for adults 25 years and older (9.4% versus 3.3%).
- In 2009/2010, 22.3% of residents in Sun Country Health Region residents and 18.8% provincially were reported to be heavy drinkers. About 24% of SCHR residents and 17.9% of the Saskatchewan population were reported to be daily smokers.

### The Valley: The progressive disease of chemical addiction and recovery

#### Addiction

Heavy social drinking, five or more per occasion, one or more times weekly.

Read from the left column down, then from the right column up.

#### Early phase

Symptomatic drinking and or using  
Increased tolerance  
Blackouts/memory loss  
Sneaking drinks or drugs  
Gulping drinks, rapid ingestion  
Avoids talking about drinking/using  
Frequent blackouts

#### Middle phase

Alibis  
Reproof from family  
Extravagance, aggression  
Persistent remorse  
Rationalization  
Water wagon/attempts to quit  
Change in drinking/using pattern  
Loss of friends and jobs  
Family changes  
Hospitalization  
Resentments  
Geographic escape  
Protecting supply  
Morning drink/usage

#### Late phase

First bender  
Ethical deterioration  
Decrease in tolerance  
Indefinable fears  
Tremors  
Psychomotor inhibition  
Religious/spiritual need  
Vicious circle drinking/using

#### Recovery

Ongoing life time process  
Effective coping with life transitions  
Continued growth and development  
Effective day to day coping  
Maintain a recovery program

#### Maintenance

Change in lifestyle  
Application in adult life  
Conscious examination of childhood  
Learning about family of origin issues  
Recognizing effects of childhood problems

#### Late recovery

Management of change  
Building a lifestyle balance  
Establish a self-regulated recovery program  
Repairing social damage  
Resolving the demoralizing crisis

#### Middle recovery

Developing a sobriety based value system  
Learning non chemical coping skills  
Identifying and interrupting addictive thoughts, feelings and actions  
Recognizing and accepting addiction  
Understanding the disease of addiction

#### Early recovery

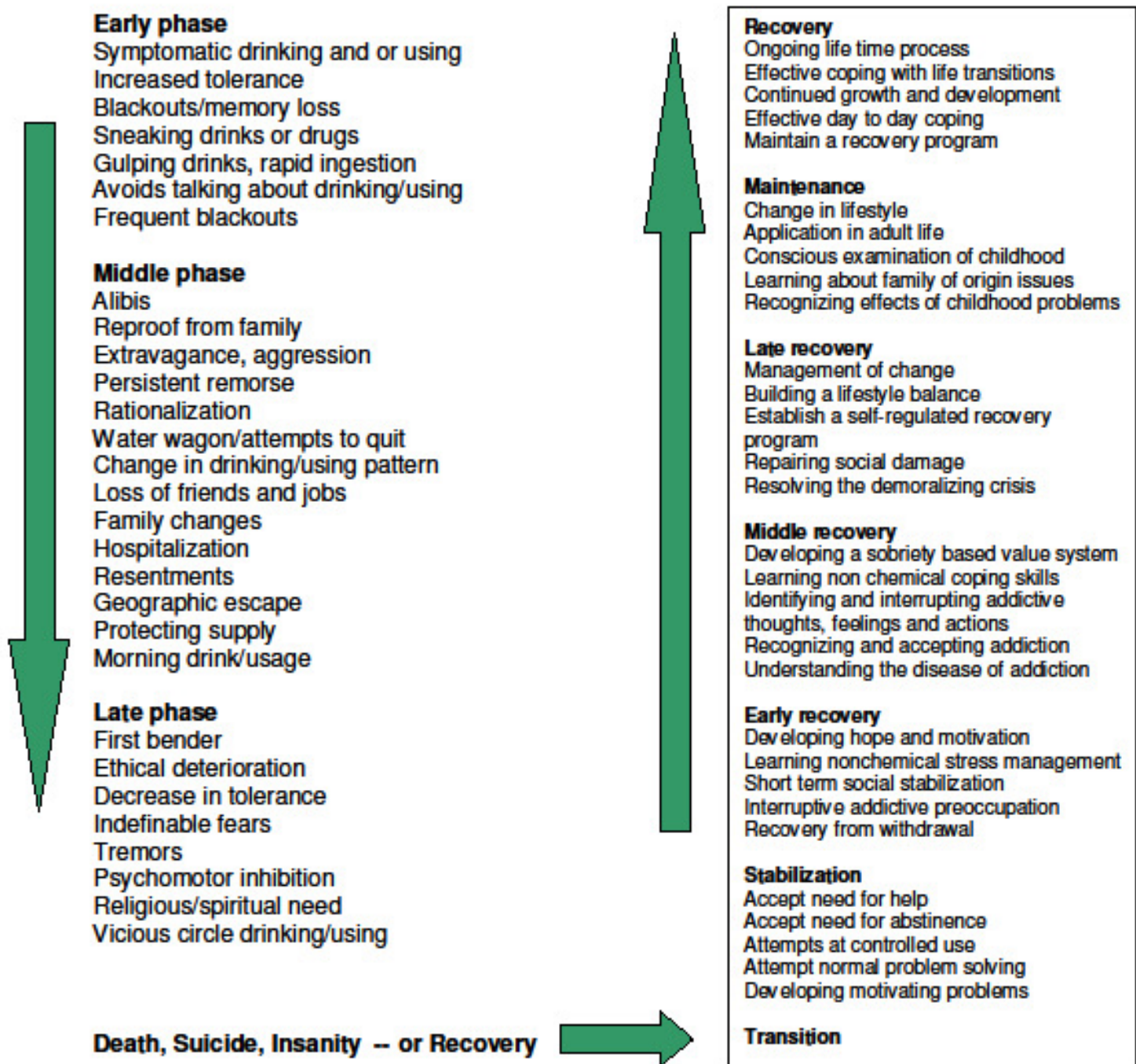
Developing hope and motivation  
Learning nonchemical stress management  
Short term social stabilization  
Interruptive addictive preoccupation  
Recovery from withdrawal

#### Stabilization

Accept need for help  
Accept need for abstinence  
Attempts at controlled use  
Attempt normal problem solving  
Developing motivating problems

#### Transition

Death, Suicide, Insanity -- or Recovery



## Region introduces latest technology

# Nurses can be 'techies' too

Nurses, social workers and occupational therapists are not usually called "techies" but in Sun Country Health Region (SCHR) those health care professionals are becoming big fans of some of the latest technology.

Many of them were hooked up this summer with wireless electronic note pads that help them provide better care to their clients in their clients' homes.



Susan Viergutz

The devices are tiny computers not much bigger than a steno note pad that let them take all of the information in their office computer everywhere they go.

"They are phenomenal. It's just like carrying a piece of paper," says SCHR Case Manager Donna Kitchen. "Now I want one of these at home."

SCHR began using two devices on a trial basis in September 2010 and began wider training this summer.

The Region is among the first in the province to use this type of technology at the point of care.

"We are using this technology to enhance the case management of our clients and patients. It's helping us to improve the process," says Pat Kessler, Regional Director of Home Care.

The Region provided laptops for some home care services several years ago but they were due for an update.

"The laptops were heavy and intrusive," says Pat. "They had to be plugged in and some case managers found they interrupted the flow of conversation with clients. They were also site-specific so the information and portability was limited."

"This newer technology is a tool that connects us to participating doctors, to our co-workers who share many of the same clients, and to all of the information we need when making house calls," says Lenna Schmidt, Home Services Manager.

"Because they have all of their desktop information at their fingertips, and the device is wireless, they can look up medical diagnoses, schedules and all the personal information they need for clients in their clients' own home," she says.

"A Home Care Nurse might get to a client's home and be asked when he or she was scheduled for a bath this week. The nurse can look up the information in Region-wide electronic schedules right as she's talking to the client."

Susan Viergutz, Home Care Nurse, says the device has greatly improved the speed of service for her clients.

"The doctor with our team sends out tasks every day. I can use this device to read the tasks wherever I am, rather than waiting until I get back to the office to find out something has changed in the client's care."

"I can email the doctor and ask a question while I'm still at the client's home and he can send an order for a new prescription right back," she says.

"Maybe they need a referral to occupational therapy. I can send a note to that effect right to their file while I'm still in their home."

Donna says another benefit is that the devices are interchangeable among the staff. Each professional signing in has his/her own passwords so they have access only to the information that pertains to their clients.

Other security systems are in place on each device to protect client information.

"Security was a top issue for us right from the beginning," says Pat.

"No one can read personal information without having several different passwords. It's also not a Wifi system so no other user can tag along with the network," she says.

"We believe this very progressive step allows our staff to find the best way to help clients maintain their independence in their home or be suitably placed in a long term care centre," she says.

## Sod-turning for Redvers Health Centre Addition

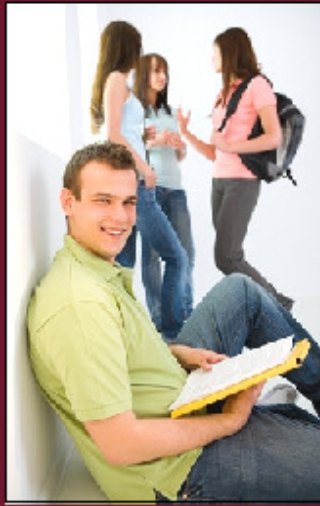


**Turning the sod** – Dignitaries gathered to turn the sod for a long term care addition to the Redvers Health Centre on September 22. From left to right are, Cannington MLA Dan D'Autremont (seated); Leon Henrion, resident; Sun Country Regional Health Authority Chair Sharon Bauche; Health Minister Don McMorris and Redvers Health Foundation Chair Kim Carlson. Construction is expected to be completed by 2013.

## Sod turning for new Radville Health Centre



**Construction to begin** – The first shovel toward construction of the new Radville Health Centre was turned September 20 by Murray Hlavka, left, Chair of the Radville Marian Health Centre Board of Directors, and councillor for the RM of Surprise Valley No. 9; Ada Nelson, resident; and Minister of Health Don McMorris. A huge rain the night before forced the ceremony indoors but did not dampen the spirits of those attending.



## **We can all get the flu. Stay healthy. Be immunized!**

**Influenza immunization begins in  
Sun Country Health Region on Oct. 11, 2011.  
It is free of charge.**

### **Influenza vaccine is highly recommended for:**

- adults 65 years and older
- persons with chronic health conditions including but not limited to: lung and heart disease, asthma, diabetes, neurological conditions, cancer, kidney disease
- children on long term aspirin therapy
- pregnant women in any trimester
- children from 6 months to 23 months of age (under 2)
- persons with severe obesity
- residents of a nursing home or other care facility

### **Groups recommended for vaccination to protect those at higher risk include**

- household and close contacts of persons who are in the risk groups above
- household and close contacts of infants less than 6 months of age
- members of households expecting newborns
- child and day care workers who care for children younger than 2 years of age in and out of the home
- persons who work with poultry or hogs
- all health care employees and volunteers
- health science students (human and animal health )

***Check our website at [www.suncountry.sk.ca](http://www.suncountry.sk.ca) for dates  
and locations of clinics or call your local public health office  
to make an appointment***

**Weyburn Public Health - 842-8618  
Carlyle Public Health - 453-6131  
Redvers Health Centre - 452-3464  
Coronach residents call 869-2555**

**Oxbow Public Health - 483-2313  
Kipling Public Health - 736-2522  
Radville Public Health - 869-2555  
Estevan Public Health - 637-3626**