

Rapid Opiate...
Continued from cover

willingness to continue in an 'After-care' Program designed to teach the life skills and tools needed to stay drug free. In addition, we often encourage the reinsertion of the Naltrexone pellet at 2 month intervals for about six months.

Rapid Opiate Detoxification is not covered under OHIP and its cost starts at \$5,000. There are a number of payment plans available, but each person has to qualify based on a decent credit history or have a co-signer that is willing to help with this. If you or anyone you know is interested in exploring Rapid Opiate Detoxification further, call the **Canada Detox Centre at 905 773-0455 or 1-877-83 (DETOX) and ask to speak to an intake coordinator.** Feel free to also visit our website at www.canadadetox.com.

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eliminating carries altogether in order to avoid any more unfortunate deaths in the community. It is the responsibility of each person in our Clinics to act as 'ambassadors' of the Program. People selling their methadone on the street should be viewed as a threat to your Program. Send the message... this will not be tolerated!

If you have any comments on the above or would like to advocate on the part of methadone maintenance, please contact us at info@oatc.ca or speak to any of the clinic staff and we will try and post your thoughts in our next newsletter.

Going Away?

As all of you are aware, our clinics are growing rapidly. In order to accommodate everyone's medication, methadone carries and letters, please notify your clinic at least 2 weeks in advance of any departure. The staff of the clinics works very hard to ensure that the needs of the clients are met day to day. Accommodations and changes will be easier if enough notice can be given to the pharmacy and doctors.

If you have been restrained or hospitalized without advance warning and it is after clinic hours, please call our **toll free number at 1-877-849-4630**. This number is to be accessed in **emergencies only**.

Please respect the fact that our Doctors work very long hours to help you. Our on call service will answer calls after the clinic is closed and on weekends. Please make sure that your phone calls are emergencies that cannot wait until your clinic reopens. Your own Doctor is better equipped to handle your situation or crisis, as he/she is familiar with your history.

NEW Alcohol Policy

Over the past while, many of you may have noticed that your doctor is now able to tell how much alcohol has been in your system. Given this, it has been rather disturbing to many of us just how often we find alcohol in the urine samples provided!

Alcohol has many serious medical problems associated with it. Intoxication often causes many social consequences, no different than any other addictive drug. However, the long term effects of excessive alcohol consumption can lead to scarring of your liver (cirrhosis) with the potential of developing liver cancer. This is especially true if you also have Hepatitis C.

Because the use of alcohol combined with methadone can lead to fatal consequences, we have decided that evidence of continued alcohol intake (e.g. alcohol that appears on at least 3 consecutive urines) may result in fewer carries being given to you (i.e. your level in the Program may be lowered). This is not meant to punish, but rather to reduce the harm that may come to you in respect of your overall health. Speak to your doctor if you have any further questions or need specific help with stopping your consumption of alcohol.

A message from the Centre Coordinator

You have been heard! Many of you have contacted me by letters, phone or email. Often it is to discuss a problem or to tell me a story. I want you to know that I have taken every issue seriously and have tried to resolve every problem in a professional manner.

Please continue to contact me should you have any concerns or comments, as it is the desire of Ontario Addiction Treatment Centres, to always remain a positive influence in your lives. We need to keep the lines of communication open.

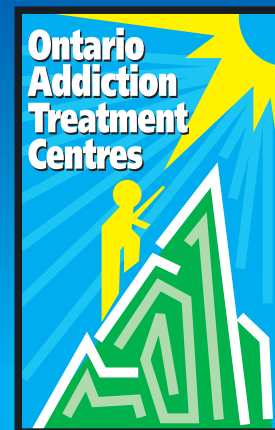
I can be reached by leaving a message with any clinic or specimen collection centre you attend. Or should you wish to contact me in writing, please leave a note in an envelope at your clinic and it will get to me. I can also be reached by email at info@oatc.ca.

Our success is measure of your success and we need to work together to ensure we achieve this goal.

How You Can Contribute

Many of you have submitted articles, or stories for our newsletter. Please watch for your story to appear in different issues. We will try to publish everything that is submitted.

If you have something interesting to share, a particular story, comment or story of achievement that you would like to submit, please submit it preferably by email or printed letter addressed to Rhonda Daiter at any of your clinics receptionist area or by email to **Rhonda Daiter at info@oatc.ca**



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Barrie, Ontario L4M 3G7
Tel: 705-730-0286/0289
Fax: 705-730-0287
Toll Free: 1-877-849-4630

KITCHENER CLINIC
509 Park Street
Kitchener, Ontario N2J 2Y9
Tel: 519-746-1919
Fax: 519-746-1563

MISSISSAUGA CLINIC
3047A Hurontario
Mississauga, Ontario L5A 2G9
Tel: 905-279-4848
Fax: 905-279-6934

NORTH YORK CLINIC
1050 Finch Ave. W. Ste. 202
North York, Ontario M3J 2E2
Tel: 416-736-6279
Fax: 416-739-1810

OAK RIDGES CLINIC
13085 Yonge Street, St. 1B
Richmond Hill, Ontario L4E 3S8
Tel: 905-773-5395
Fax: 905-773-1361

WOODBRIIDGE CLINIC
830 Rowntree Dairy Rd., Unit 14
Woodbridge, Ontario L4L 5V2
Tel: 905-264-1143
Fax: 905-264-1153

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Tel: 1-705-328-1999 (All)

**Owen Sound & Orillia
Locations Call**
Tel: 1-877-849-4630

Rapid Opiate Detoxification

Over the last few years, many of you have known that we offer a procedure known as Rapid Opiate Detoxification at our Oak Ridges site. Specifically, this procedure is designed to offer one approach towards achieving abstinence from opiates. Be sure, however, this is not for everyone! Only those individuals who are committed to a drug free lifestyle should even consider this procedure as an option for them.

In short, Rapid Opiate Detoxification involves an accelerated detoxification while under anaesthesia. Successful clients undergo a complete examination prior to the procedure in order to ensure it is safe for them. A general anesthetic, similar to that given for an operation at a hospital, is administered and continued for about four hours. While 'under', a number of medications are given, including Narcan, in order to rapidly detoxify any opiates in the body. In addition, a Naltrexone pellet is inserted under the skin, near the groin, that acts to block the effect of any opiate (and alcohol) for

a period of two months after the procedure. There are no convulsions or unusual symptoms during the procedure as the anesthetic agent keeps you paralyzed and deeply sedated throughout. The idea is that while under, almost all of the unpleasant withdrawal symptoms are dealt with so that when you awake, there is much less discomfort than with traditional detoxification procedures.

That being said, not all people feel 100% well when they wake up. The anesthetic itself can cause some to feel unwell. Others will

persist to have some withdrawal symptoms. These, however, are usually much less difficult to deal with than 'cold turkey' detoxes. The most common side effects are weakness and insomnia, which can persist from days to a few weeks.

Rapid Opiate Detoxification has been controversial only because many feel that it pretends to offer people long term sobriety. This couldn't be farther from the truth! Rapid Opiate Detoxification is only a procedure to get you clean quickly. Long term sobriety depends on the *continued on back page*

Rebetron Treatment at OATC

For anyone living with the Hepatitis C virus - you owe it to yourself to try the Rebetron treatment program. I went through the program last summer and fall and the results were amazing. All my energy has returned. My appetite has come back with a vengeance. I feel healthier than I have in a long time. It's like someone has given me a new lease on life. For an investment of 24 weeks you

get a chance at years of healthy living. Go for it! I owe a big thanks to all the staff at OATC Barrie. They put up with me during the program and some of the time I wasn't very pleasant. I also wanted to thank Dr. Varenbut and Diana Doherty who made me aware of the treatment program and kept me pointed in the right direction during it.

By F.M.

HEPATITIS C.

Get Informed. Get Tested. Get Treated.



The "Clinic" Corner

Over the past three months, since our last update, many changes in our clinics have occurred. As we are rapidly growing, we have made numerous changes with our staff

Firstly, we are happy to announce the full time addition of Lorraine to our Barrie Clinic from Woodbridge. Staff at Woodbridge do not only miss her, but the patients have expressed their sadness in her relocation as well.

Our only male RN, Joseph, has moved from our Oak Ridges location to accept more responsibility at our new Kitchener Clinic. As we are open 7 days a week now, we are looking at getting some more nursing staff in Kitchener.

To replace Joseph in Oak Ridges, we welcome the addition of another RN, Sheila. Melissa, who joined us in December, also plays a very vital role in keeping our Oak Ridges clinic running smoothly.

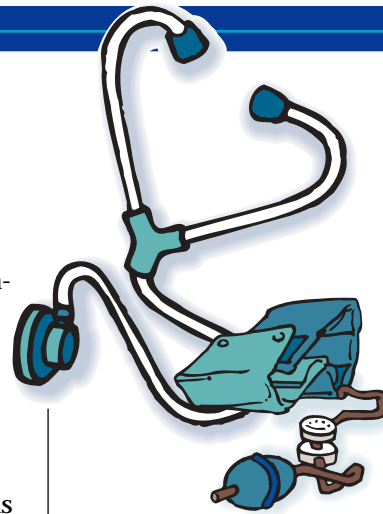
By the time you will be reading this newsletter, one of our employees who has been with us some time at both our Oak Ridges and Woodbridge Clinics will have left our employ. Karen has decided to move on to other ventures and we sincerely wish her the best of luck with her future. As an appreciated employee, everyone will miss her hard work and efforts.

Ontario Addiction Treatment Centres would like to take this opportunity to welcome some special

additions to a few of the Doctors on staff. Congratulations go out to Dr. Zachos and his family on the birth of his daughter, to Dr. Greenwald and her family on the birth of her son, and Dr. Perlon and his wife on the birth of his daughter.

A special mention needs to be made at this time to Debbie from Guardian

Drugs in Lindsay. Debbie has organized and personally taken an interest in her community by reaching out to help make a difference. With the support of her employer, Ali, from Guardian Drugs, Debbie is driving people to our clinic to ensure they receive the proper help. A heartfelt thanks on behalf of Ontario



Addiction Treatment Centres goes to you Debbie for your dedication, devotion and efforts.

Testosterone Injections

It has long been known that longstanding narcotic (heroin, percocet, T#3's, etc., and methadone) use leads to lower levels of testosterone in men. This is a condition in medicine called Andropause. Its symptoms involve fatigue, less energy, less libido, mood changes and many other vague subjective symptoms that apply to other conditions as well. Your doctor may measure your bioavailable testosterone and the diagnosis is considered if results are

below normal. It is important to be aware that chronic alcohol use also lowers your testosterone level and can contribute to andropause.

Treatment for andropause is testosterone injections once a month. It is very important to realize that injections more frequently (such as weekly or every two weeks) are not required. In fact this is discouraged because the testosterone preparation has a prolonged action that lasts over the entire month. Your doctor can review the

effectiveness of testosterone injections by measuring the patient's therapeutic response. In other words, whether you are feeling better or not.

Testosterone injections are not for everyone. A number of tests need to be done to ensure that testosterone injections are safe and will not harm you. Your doctor will review the pros and cons of testosterone injections and discuss all of these issues with you before considering this form of treatment.

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In the SPOTLIGHT

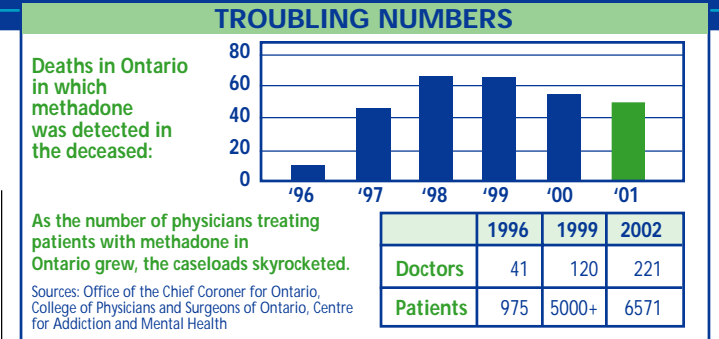
On January 29, 2002 approximately 285,000 viewers tuned in to TVO 2's most watched show since it's inception eight years ago. The topic of the program focused on deaths relating to methadone and featured our very own Dr. Daiter as spokesperson for the Ontario Addiction Treatment Centres.

The controversial subject centered around 3 deaths that have occurred possibly/ allegedly as a result of methadone overdose in the Kitchener-Waterloo area since the inception of the Kitchener Clinic (formerly known as the Waterloo Clinic) in January 2001. The media attempted to place blame on the clinic's harm reduction approach when treating drug addicts and the ability of individuals with 'carries' to divert their drinks on the street. It was pointed out that in Ontario, the rate of deaths attributable to methadone was doubling each year and that two-thirds of those dying from methadone overdose were NOT on any formal methadone Program.

In defense of this, Dr. Daiter pointed out that many other reasons could account for the increase in deaths and the new clinic in K-W should not necessarily be held responsible. For instance, there are a number of chronic pain doctors who commonly give out methadone at one month intervals. While not denying that some people within the various clinics might be selling their methadone, Dr. Daiter felt that the risks associated with the diverted doses were far outweighed by the benefits of the Program.

In addition, the number of heroin related deaths over the past few years has fallen with the introduction of more and more methadone clinics in Ontario.

In follow up to the TV special, MacLean's Magazine, one of Canada's largest magazine publications, also ran a story on the same subject in



the early part of February and again Dr. Daiter was asked to defend methadone clinics.

With the growing number of individuals on methadone in Ontario

(currently 6,800), more and more attention will be focused on this important but sometimes controversial treatment. There has been some talk of *continued on page 4*

Diversion hurts us all

Have you ever thought that a friend addicted to opiates might be better off on Methadone, but they won't take the necessary steps to get on the program? You think, "If they just knew how much better life is without craving opiates." Then you get this great idea of letting them try your methadone, just to help them out. This is the equivalent of handing a child a loaded gun. Nothing good will come of this action, and you may very well "kill them with kindness."

Recent news articles have been finger pointing at Methadone clinics and blaming them for deaths caused by methadone intolerance from diverted methadone. Law officials believe that all the diversion is from patients selling or giving away their carries and even though copious amounts of methadone have been stolen from pharmacies and other sources, the clinics get the blame- possibly because we are sitting targets and it's easy to blame ex-addicts because of our "colourful backgrounds" ...

Police forces in the Kitchener -Waterloo area want all carries taken away from everyone. This in effect will throw MMT back to the Dark Ages and effectively set a precedence that would allow any police force in any city, to apply for the same decision. Do you want your carries taken away, even if your urines are clean? I for one, have worked far too hard to have this privilege stolen from me by a few who don't care..

Please **Don't Divert** for any reason. It hurts us all, we have enough problems dealing with the stigma attached to methadone maintenance. Don't buy methadone off the street - this just perpetuates criminal activity, and you really don't know what has been added to the mix. If there is no market, there is no trade to be made, at least from those who are on a program.

Let's all try to have as much integrity as possible when it comes to MMT. There are many people who would like to shut down all clinics and chuck us out into the cold. Methadone gave me back my life. I don't want to think of what it would be like to NOT have someone like Dr. Daiter helping us to be ex-addicts. I hope this letter has not come off sounding all "righteous" or involved any finger pointing, I just wanted to have a patient's point of view for the "Recovery Newsletter." I challenge other ex-addicts to voice an opinion, after all, we've been there and have experience. Experience is something you don't get until after you need it ... That's why I advocate for Patients on Methadone, and that's why "Diversion Bugs Me"HOW ABOUT YOU?

Respect and recovery,
Gary Robbins

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