



2014 Summer Retreat – Prioritized Policies

Provincial

YOUTH MENTAL HEALTH & WELLNESS INITIATIVE

Authors: Jaclynne Hamel & Lauren Wozny, Sault Ste. Marie

WHEREAS early detection and intervention with respect to mental illness is crucial to ensuring the success of patient rehabilitation.

WHEREAS those who suffer from mental illness must also battle the social stigma associated with mental illness, which, by extension, exacerbates existing conditions.

WHEREAS symptoms of psychosis and mental illness tend to emerge in adolescence or young adulthood;

WHEREAS many students are struggling with undiagnosed mental illness and related conditions of varying degrees, and on average, first episode psychosis goes untreated for approximately a year before diagnosis.

WHEREAS many students have not been provided with guidance or the tools necessary to safely manage various issues associated with mental illness,

WHEREAS, when those who suffer from these symptoms are not provided with the mechanisms necessary to safely recover, students often resort to dangerous and extreme solutions such as suicide.

WHEREAS the Duration of Untreated Psychosis (DUP) greatly reduces success of rehabilitation and the delays in treatment cause immense stress and hardship for the individual affected, as well as their family and friends,

WHEREAS untreated or undiagnosed mental illnesses, including psychosis, results in harsh social and economic consequences for young Canadians, including the exacerbation of existing disabilities, homelessness, incarceration, further stigmatization, and premature death.

WHEREAS early detection and identification, as well as intervention, can have a significant impact on treatment and rehabilitation, especially if the detection and identification occurs within the adolescent stage of development,

WHEREAS education is the crux of early detection, recognizing symptoms, and learning to manage mental illness effectively so that those affected are able to more readily recover.

BE IT RESOLVED THAT the government of Ontario incorporate mechanisms and strategies to safely identify and cope with mental illness into the Ontario Secondary school curriculum.

BE IT FURTHER RESOLVED THAT Ontario students have the opportunity to access this material through a program that spans all four years of one's secondary school career and continually builds on knowledge already attained by students.

ENCOURAGING ORGAN DONATION IN ONTARIO

Author: Atifat Ashraf, Oak Ridges–Markham

WHEREAS there are over 1500 Ontarians are waiting for an organ transplant, and every 3 days, a person dies waiting for an organ replacement,

WHEREAS one organ donor has the capacity to save up to 8 lives and enhance over 70 more,

WHEREAS while more than 85% of Ontarians are in favour of organ donation, less than 25% of Ontarians are registered to be an organ donor,

WHEREAS over 60% of individuals on the transplant waiting list are over 50 years old at a time when the population of seniors is steadily increasing,

WHEREAS treatments in lieu of transplant cost the health system significantly more money,

WHEREAS ethnic minority communities, making up a growing proportion of the population in Ontario, are often averse to organ donation even as the number of members in their communities who are on the organ transplant wait list increases,

BE IT RESOLVED THAT that the Government of Ontario create and implement an aggressive and strategic approach to raise awareness of organ donation, and invest in public awareness campaigns,

BE IT FURTHER RESOLVED THAT minority groups and cultural and religious leaders are included in the outreach campaigns in order to connect to members of those communities,

BE IT FURTHER RESOLVED THAT the health care professionals are appropriately trained and that the benefits of organ donation are emphasized when discussing organ donation with the family of a deceased individual,

BE IT FURTHER RESOLVED THAT the Government of Ontario work with other provinces and organizations to study the benefits of establishing a national network and agency, similar to UNOS in the United States,

BE IT FURTHER RESOLVED THAT current donor restrictions be re-studied and re-evaluated to encourage more potential donors

BE IT FURTHER RESOLVED THAT all individuals, when renewing their driver's license or health card, are mandated to answer whether they are willing to be organ donors.

Federal

PREVENTING HIV IN VULNERABLE POPULATIONS

Author: Jonathan Crombie, YLC VP Policy & Past OYL VP Provincial

WHEREAS pre-exposure prophylaxis, or PrEP, is an effective preventative treatment for HIV, with a recorded prevention rate of 92% when taken consistently;

WHEREAS the Government of Canada, based on the definitions of the US Public Health Services, defines “vulnerable population” as those with high risk of contracting HIV, specifically:

Through sexual transmission:

- anyone who is in an ongoing relationship with an HIV-positive partner;
- anyone who is not in a mutually monogamous relationship with a partner who recently tested HIV-negative
- HIV discordant heterosexual couples (in which one partner is HIV positive and the other HIV-negative) during conception and pregnancy as one of several options to protect the partner who is HIV-negative;
- gay or bisexual men who have had anal sex without a condom or been diagnosed with an ST in the past 6 months;
- a heterosexual woman who does not regularly use condoms during sex with partners of unknown HIV status who are at substantial risk of HIV infection (e.g., people who inject drugs or have bisexual male partners).

For people who inject drugs:

- those who have injected illicit drugs in the past 6 months and who have shared injection equipment
- those who have been in drug treatment for injection drug use in the past 6 months.

WHEREAS the cost to the healthcare system to prevent HIV is far less than the cost to care for HIV-positive patients;

WHEREAS preventing the spread of HIV accords with the basic principles of medicine and humanitarian goals;

WHEREAS stopping the spread of HIV is a stated UN Millennium Development Goal;

BE IT RESOLVED THAT Health Canada collaborate with provincial ministries of health to provide funding for PrEP treatment to vulnerable populations as defined above.

NATIONAL DRUG ADDICTION STRATEGY

Author: Shan Arora, Oak Ridges–Markham

WHEREAS the Special Access Program allows physicians to request access to medications, not otherwise approved for sale in Canada, for the purpose of treating patients with serious conditions, such as terminal cancer, AIDS, and intractable depression, when conventional therapies are unavailable, unsuitable, or have failed;

WHEREAS addiction is a medical condition and opioid dependence is a treatable, brain-related medical disorder, where the patient becomes both physically and psychologically dependent on the drug;

WHEREAS although methadone maintenance treatment is currently the most widely used form of treatment for opioid addiction, currently available interventions for opioid dependence are not effective for everyone (van den Brink et al., 2003);

WHEREAS while only a small subset of people who chronically use heroin are not responding to methadone maintenance treatment, they account for a disproportionately large percentage of the burden and cost associated with heroin use (Fischer et al., 2007);

WHEREAS six randomized trials in Switzerland, the Netherlands, Spain, Germany, Canada and the United Kingdom have each demonstrated the effectiveness and superiority of medically supervised heroin-assisted treatment programs in reducing both illicit heroin use, as well as criminal activity (Kerr, Montaner, & Wood, 2010; Schechter & Kendall, 2011);

WHEREAS Health Minister Rona Ambrose announced on October 3, 2013 that Health Canada would not allow physicians to request prescription heroin through the Special Access Program, inhibiting physicians from administering treatment programs that are informed by the scientific literature;

WHEREAS despite the fact that the Conservative Party's National Anti-Drug Strategy proclaims a goal of drug prevention and drug treatment, analysis by Debeck, Wood, Montaner, and Kerr (2009) shows that the majority of the funding (70%) is being directed to law enforcement initiatives while prevention (4%), harm reduction (2%), and treatment (17%) actually receive less than a quarter of the overall funding;

BE IT RESOLVED that the ability of physicians to request medications, which were previously allowed under the Special Access Program, for their patients who are failing conventional therapy, be reinstated and upheld.

BE IT FURTHER RESOLVED that the present federal government reverse its non-evidence-based opposition and stigma (Kerr et al., 2010) against drug addiction and heroin assisted treatment.

BE IT FURTHER RESOLVED that a National Drug Addiction Strategy be developed where prevention, harm reduction, and treatment represent the core principles and receive the greatest resource investment.