



# EMPOWERMENT REPORT

*(The Newsletter of the Empowerment Council)*

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## EC ADDICTION ROUND TABLE EVENING A GREAT SUCCESS!

*By David Wong*

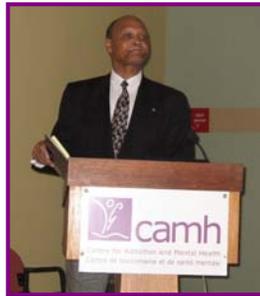
On November 26<sup>th</sup> the Empowerment Council organized an Addiction Round Table evening for our members and people from the community to get their input on Bill C-15 and the EC's proposed "Rights Required for Recovery from Addiction".

The event began with a presentation on Bill C-15 (Mandatory minimum sentences for drug offenses). The EC thinks this bill will be both harmful to our community and ultimately ineffective. It will cost an enormous amount of taxpayer dollars to build new prisons without addressing the issues underlying drug use problems.

Leyland Mendes, from the Drug Treatment Court, spoke about his experiences when he was in prison. He told us that prison is violent, overcrowded and a place where people are using drugs. Prison is not a treatment centre and it exacerbates a person's physical, mental and emotional issues. The EC believes the government should put its money into treatment, social programs and housing, rather than into prisons. To read the EC's written submission to the Standing Senate Committee on Legal and Constitutional

Affairs on Bill C-15, please go to our website, [www.empowermentcouncil.ca](http://www.empowermentcouncil.ca), and click on "Papers".

In the second part of the evening, Brad Mulder spoke about prejudice and discrimination. He noted how negatively healthcare providers, friends and society treat people who are using drugs. There is a continuation of disrespect and lack of recognition even after we have made changes in our lives. We want to end this prejudice and discrimination; we expect to be treated the same as everyone else.



*Brad Muldar*



*Leyland Mendes*

To further this aim, the EC has developed a list of ten "Rights Required for Recovery from Addiction". After a good discussion on the topic by those in attendance, the EC has finalized the Rights – see box on Page four. The EC will be using these Rights as part of our working goals in the future as we advocate for improved services. We would also like to see CAMH be the first service provider to include these Rights in their approach to people with substance use issues.



## Ontario Human Rights Commission – Consultation Paper on Mental Health Strategy

*By Lucy Costa*

The Ontario Human Rights Commission (OHRC) produced a public consultation paper on Human Rights Mental Health Strategy. The Empowerment Council was asked to provide feedback on the areas of concern outlined in the paper. This article summarizes some of the most important points from the EC's response to this paper.

The EC recommended that to best address the concerns identified, the OHRC should develop an ongoing Advisory Committee of psychiatric survivors, consumers and people with addictions, to analyse and assist with recommendations over the duration of this initiative. We noted the importance of the Commission taking leadership in

the antidiscrimination perspective that it upholds by forming an advisory committee consisting of members of our community. There are few populations that have suffered more from having so many who profess to speak **for** us, while so few speak **to** us, or allow our voices to influence policy making in any way.

Three areas of consideration were highlighted:

### **Lack of Awareness about Rights**

It is important that the OHRC do what it can to ensure that explicit education is provided about rights. Although the assertion of rights in a meaningful way requires one or more legal avenues of redress, the whole issue becomes meaningless if people are not aware of these rights in the first place. Thus, from both a logical and practical perspective, education in this regard is paramount and may well be one of the more cost-effective methods of ensuring that the rights provided for in the Human Rights Code are more than mere window dressing.

### **Criminal Justice System**

The efficacy of “diversion courts” (i.e. the Drug Treatment Court and Mental Health Court) and Ontario Review Board processes in upholding individuals’ rights needs to be established empirically. For instance, ORB hearings are not a level playing field due to the economic disparity of the parties involved. Efforts must be made to develop analyses that critically examine tools such as the Violence Risk Assessments typically used to justify the detention of persons found Not Criminally Responsible.

The degree to which perceptions of “dangerousness” are applied to persons with psychiatric disabilities merits scrutiny **not only from**

**organizations** like the EC or the Psychiatric Patient Advocate office **but from the OHRC** itself. Too often laws that already exist to protect the rights of clients are ignored while discrimination lingers in the judicial system itself. If the issue of “stigma and discrimination” is to be addressed, then efforts must be made to look at how this is visible within the very facilities and services that “manage” these citizens.

### **Rights as Real Legal Remedies for Discrimination**

There have been many advancements over the years for the psychiatric survivor/consumer community and for people with addictions. Much of this work has been done in collaboration with allies and other stakeholders. In order to facilitate an approach that addresses the values of the Ontario Human Rights code, it is important that the principle applied support a civil liberties approach and not one that perpetuates eradication of psychiatric disability vis a vis discussions of “prevention of mental illness” and/or “eradication of disease”.

The EC supports choice and the need for ongoing solutions that keep the social determinants of health in mind. However, any approach that does not hold “equality” in spirit with Section 15 of the *Charter* runs the risk of promoting a vision of rights that does not support empowerment and recovery but instead one of ableism or as more recently discussed by US legal theorist, Michael Perlin “sanism”. Human rights are the rights due all citizens, they are not treatments. As such human rights policy in this arena should be governed by the community directly effected, rather than the all too common practice of having our voices replaced by those healthcare providers, for whom there is often a conflict of interest regarding those rights.

## **The Empowerment Council Would Like To Hear From You.**



Do you have a story of empowerment you'd like to share?  
An experience that could inspire others?

Send us a brief description (maximum 200 words) and we will publish your thoughts in an upcoming newsletter. Send to:

Beth Jacob, 33 Russell Street, Room 2008, Toronto, ON M5S 2S1  
Beth\_Jacob@camh.net, (416-535-8501, ext. 6837)

## People Who Use Mental Health Services Have Rights On A Global Scale: Why The United Nations Disabilities Treaty Is Useful For Us

By Louise Tam (Student Placement)

Since 2006, the United Nations (UN) has a new treaty about the rights of persons with disabilities. Their definition of “disability” includes psychiatric disability or mental differences – people who are diagnosed by psychiatry. Many countries in the world have “ratified”. This means that their governments have signed the treaty and promised to follow its rules within their own jurisdictions.

The UN is an international organization that:

1. Supports disabled peoples’ involvement in society and changing society
2. Advances our rights and protects our dignity as human beings
3. Attempts to realistically make sure we can get access to jobs, to education and schools, to information (such as our patient records), and to different services such as peer support groups or a doctor who respects you.

The UN looks at what our governments do. They are an international organization we can complain to or whose work we can use strategically to ensure our rights are respected. The UN can be compared to *some* of the *advocacy roles* the Empowerment Council or Patient Advocate Office have, but on a worldwide scale.

The existence of this treaty (an international contract entered into between the United Nations and a country’s government who ratifies it) is landmark news. It means that our voices, under the category of “disability”, have made it to an international forum where we are taken seriously by policy officials and other people in powerful positions. Many psychiatric survivors/consumers have helped shape the treaty. It is empowering for us to realize the changes we can achieve when we work together as a community.

How can we use this legal document to bring attention to the changes that need to happen in the conditions of people’s day to day lives? How does this treaty actually address and try to remedy the historical harm done to us as a marginalised group?

Here are some pertinent details from the treaty:

- ARTICLE 12: the treaty states all disabled people have legal capacity. This can be understood as the *capacity to act* or *do* something – such as the right to *make* supported decisions. This is very important because even if we have a right to informed consent (the right to know what the whole “deal” is with a proposed treatment plan before agreeing), we must have the actual legal power to refuse proposed treatments if we choose.
- Psychiatric Survivor activists who work with the UN, such as Tina Minkowitz, are trying to ensure that legal capacity does not mean we only have the right to make choices “in name” (have a family member decide everything without us knowing). She is pushing for supported decision-making. One reason why substitute decision-making is unfair is that it is based on the belief that if you cannot make a decision independently, you have no capacity at all. In reality, even if we are not labelled or diagnosed with different disabilities or disorders, everyone always asks for a second opinion. Getting support in our decisions is reality.
- ARTICLE 15: Freedom from torture, cruel, or inhuman punishment. This part is relevant to the ongoing fight to end non-consensual (forced) psychiatric interventions, including electroshock and CTOs (community treatment orders – the “leash” law, when we are legally ordered to take medication outside of the hospital).

In conclusion, a *social model* of disability reflects the UN disabilities treaty. We are not “objects” who are pitied and receive charity; instead, this treaty’s language and attitude reflects the understanding that we are “subjects” with rights to making our own decisions and shaping our own lives. This document is a step forward in our right for equality because the UN considers us people first



## Rights Required for Recovery from Addiction

- 1) To have the right and opportunity to choose real options in setting recovery goals for my treatment and my life
- 2) To have the ability to access services in a timely manner
- 3) To be involved at all levels of development, decision making, delivery and evaluation of the services and programs used
- 4) To be served by organizations, health care and social service providers that view recovery positively and treat everyone with dignity and respect
- 5) To be free from prejudice and discrimination
- 6) To be viewed as capable of change, growth and being a positive role model in our community
- 7) To be involved in treatment and education within the systems of justice, education and health
- 8) To have the basic determinants of health – a home, an income, the opportunity for employment or/and education
- 9) If within the correctional system, to have access to treatment and assistance with regaining a place and basic rights in society
- 10) To be recognized and responded to in a humanitarian way as someone with an issue for which punishment is not the answer



**EC Site Meetings and AGM – March 2010**  
**Client Rights Awareness – Feb. 23-25, 2010**

### EMPOWERMENT COUNCIL GENERAL MEMBERSHIP FORM

**EC Statement of Purpose:** *To conduct system wide advocacy on behalf of clients.*

**CONTACT INFORMATION:** (Please Print Clearly)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

I have used mental health and/or addiction services (*check those that apply*):

*College Street site* \_\_\_\_\_ *Queen Street site* \_\_\_\_\_ *Other: Mental Health* \_\_\_\_\_  
*Russell Street site* \_\_\_\_\_ *White Squirrel Way site* \_\_\_\_\_ *Other: Addiction* \_\_\_\_\_

**I support the purpose of the Empowerment Council:**

Signature \_\_\_\_\_

Send to: Empowerment Council, 33 Russell Street, Room 2008, Toronto, ON M5S 2S1

You can also fill out a membership form online at our website: [www.empowermentcouncil.ca](http://www.empowermentcouncil.ca)