EMPOWERMENT REPORT

(The Newsletter of the Empowerment Council)

Clearing a Path: A Psychiatric Survivor Anti-Violence Framework

By Lucy Costa, EC Deputy Executive Director

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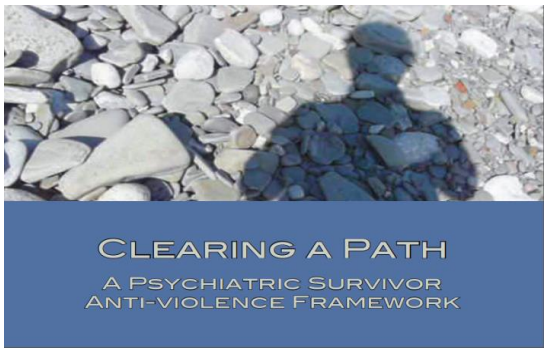
Many people with psychiatric disabilities have experienced violence in their homes, public spaces, hospitals, prisons and/or certainly at the hands of police as we all are aware. Racism, transphobia, homophobia, sexism, and poverty are also forms of violence which can have profound impacts on people's lives. A more comprehensive way to understand and critically analyse the way in which all these types of violence continually affect our community is needed. For many years, consumers/survivors have organised and tried to speak about these realities but that work and history has been quickly forgotten, co-opted or all together erased. Such erasure of our history is also a form of violence – when we are not allowed to speak to our past, it diminishes who we are as a community and as comrades; it prevents us from building and moving forward on our own terms (not the misrepresented versions that get reproduced by service providers and others in power).

Since 2012, the Empowerment Council (EC) has been working in partnership with the Psychiatric Disabilities Against Violence Coalition (PDAC) to address the many ways people experience violence. Throughout 2014 and 2015 (with the assistance of a city grant) we conducted community consultations at various community and consumer/survivor organisations to hear directly from mental health and addiction service users about their views and ideas for a remedy for violence. These consults focussed on six themes of interest that had been raised by a pilot focus group of participants. These focal points included: women, trans people, immigrants/newcomers/people of colour, housing, institutions, and public space. In total, we spoke to sixty-seven community members who contributed to a total of seven consultations (including the first pilot).

In 2015, we concluded our project and published a short report entitled, "**Clearing a Path: A Psychiatric Survivor Anti-Violence Framework**". The report was launched in December 2015 and is available for download at https://torontoantiviolencecoalition.wordpress.com

Please take a read and let us know what you think. Our goal is to continue to work with organisations to further discuss the following:

- How well organizations are oriented to the problem of violence for people with psychiatric disabilities.
- What are some of the strategies to help incorporate a psychiatric survivor anti-violence framework into organisational policy, practices and initiatives.



Sincere thanks to the grant trustee: Parkdale Community Legal Services. As well, a thank-you to the Project working subcommittee: Lucy Costa (Empowerment Council), Andrea Daley (York University), Peggy-Gail DeHal Gunraj (Parkdale Community Legal Services), Chris Persaud (Habitat Services), Danielle Landry (Ryerson University), Stefania Mendolia (Empowerment Council), Jennifer Eng (Toronto Public Health), & Rachel Gorman (York University). Thank you to everyone involved - our efforts were a true labour of love.

Health Canada Consultation on Non-prescription Access to Naloxone

By Jennifer Chambers, EC Executive Director

Naloxone is a drug administered by injection that reverses the effects of opioid medications and can be used to temporarily counteract opioid overdoses. Health Canada proposed a change to the prescription status of this drug to allow non-prescription use of naloxone specifically ***for emergency use for opioid overdose outside hospital settings.*** Health Canada requested consultation on the proposal and the EC sent a response supporting non-prescription access to naloxone and offered recommendations supporting the change based on EC members' life experience including:

- Address the risk related to filling and administering a syringe by using the same delivery method as an epipen.
- The requirement to take a course before use is too restrictive a standard - simply have clear instructions with the package (again, like an epipen).
- As with the administration of adrenaline for an allergic reaction, it should be very clear that naloxone can enable a person to survive long enough to get medical attention; it will not necessarily save their life by itself. The final instruction should be to get to a hospital.
- Realistically, some people will do their utmost to avoid coming to the attention of "the system" and will not seek this medical help. Information should therefore be provided about the effect of using injections of naloxone repeatedly for an event.
- There should also be a warning that naloxone can trigger withdrawal reaction, and some suggestion on how this might best be managed. This should include mention of the likely effect of taking more opioid at this point.
- Naloxone should be offered free wherever harm reduction services are located, or people who most need it will likely not have it. It should also be offered for sale, for those who can afford it, and want to be able to purchase it anonymously. It should be stocked in all health care services, and in all social services, similar to the distribution of defibrillators.
- Ideally, there should be supervised injection sites wherever opioid use is a problem.

On March 22nd, Health Canada approved the change for naloxone to non-prescription status. Though requests for alternate forms of the drug were made, the only method currently available remains administration by intravenous injection. Regardless of that, having naloxone available for those who require it will save lives in the community.

What Do Consumer/Survivors/Clients Think About Physician Assisted Suicide?

By Lucy Costa

On February 6, 2015, the Supreme Court of Canada (SCC) issued a unanimous decision in a case called Carter v. Canada (2015). The Carter ruling struck down a 21 year old prohibition on physician assisted death in the *Criminal Code*. Inevitably, this decision evokes a number of strong and polarizing opinions. As an organization representing the interests of clients, the Empowerment Council would like to canvass the views of mental health and addiction service users on this topic. While the court has granted two extensions already, the ruling comes into effect on June 6, 2016 and we are eager to learn more directly from the voices of people who are most vulnerable.

This decision of the court is significant particularly in light of an earlier precedent set in the SCC case *Rodriguez v British Columbia*. Like Lee Carter, Sue Rodriguez also requested assisted death, but the SCC upheld the prohibition in 1993. To read the *Carter* case and the judgment please see: https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/14637/index.do

In *Carter*, the court essentially struck down sections 14 and 241(b) ("the prohibition") of the *Criminal Code* arguing that it unjustifiably infringed on Ms. Carter's section 7 *Charter* rights and should therefore be voided because they deprive a competent adult of assistance where:

1) the person affected clearly consents to the termination of life;

2) the person has a grievous and irremediable medical condition that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition (Please see *Carter*, paragraph 4).

With these new amendments, people with mental health issues are able to request physician assisted death. Suffering that is "intolerable" and "enduring" includes physical or psychological suffering. A determination of competency still must be made before allowing a request to move forward and while we do not anticipate many requests to come forward from people with psychiatric disabilities, there have, in fact, already been some inquiries.

The Empowerment Council would like to hear your views on physician assisted suicide.

Some questions for your consideration:

1) Is there ever a "rational suicide" or will all requests (absent physical illness) be deemed "insane" by individuals who have a psychiatric disability?
2) What procedural regulations need to be in place to protect vulnerable people?
3) What should the government consider when monitoring and evaluating across Canada?
4) How should persons with mental health disabilities be involved in government monitoring and evaluation processes in the future?

Do you have ideas about how to improve things at CAMH? Would you like to be part of the EC's direction in the future? We are looking for clients with the right experience to stand for election to the EC Board of Directors at the AGM this coming June.
If interested, please phone or email Lucy Costa by May 15th to discuss how you could contribute to the EC.

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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*** ____ ***Other: Mental Health*** ____

Russell Street site ____ ***White Squirrel Way*** ____ ***Other Addiction*** ____

I support the purpose of the Empowerment Council:

Signature _____

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