

Features

Addiction Research Foundation addressing youth

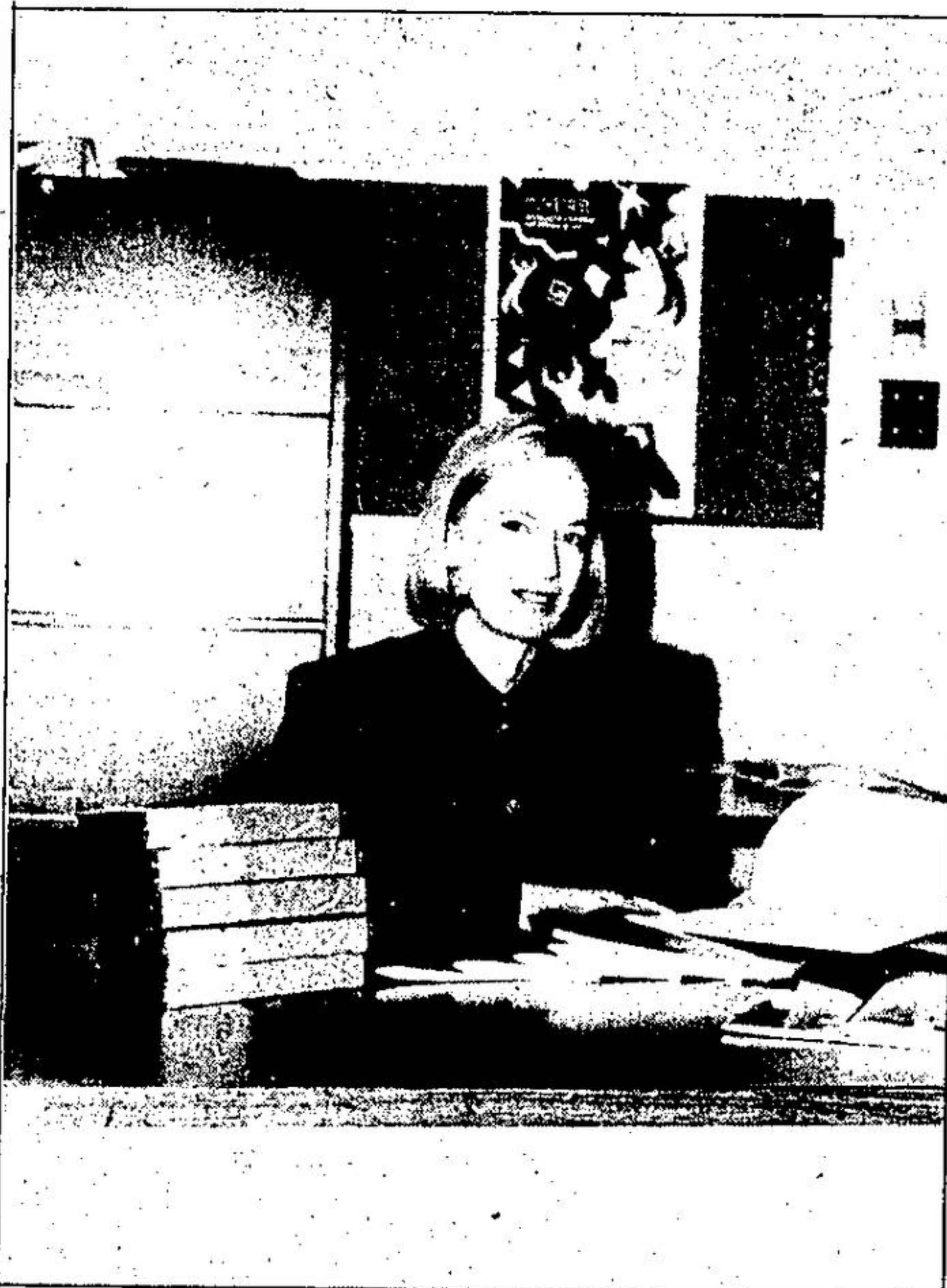
The corridors of the youth clinic at the Addiction Research Foundation are the first indication that it isn't a typical hospital setting. Posters about safe sex cover the bulletin board, a ping-pong game is in full swing at the far end of the hallway, and in the lounge area, a group of teenagers relax, feet up, shooting the breeze. Neither the atmosphere, nor the kids who've come here for treatment seem intimidating; yet, that's how many professionals who work with teenagers feel when it comes to young people and drugs.

Elsbeth Tupker is the director of the Foundation's youth clinic. "In the past, youth workers have tended to refer kids as soon as they identify a drug problem," she says. "Many of them have told me they just don't know how to deal with it."

The Addiction Research Foundation is responding with an education program that will help a wide range of professionals learn how to deal with young people and drugs. Tupker was delighted when she was asked to become involved. She laughs.

"That was four years ago. The project has since grown beyond anyone's expectations," including an agreement in 1989 to develop it as part of the Canadian Drug Strategy.

Tupker is a veteran when it comes to counselling teenagers. "I was already working in the field," she says. "I'd been teaching a course for several years on young people and drugs for the Foundation's Department



Dr. Helen Annis

of Training and Education and I was seeing a growing interest in this area. More and more youth workers, with no special expertise in addictions, were attending my workshops. And as I met these front-line workers, I began to realize that they were capable of doing a lot of the work themselves in terms of assessing kids with drug problems and dealing with them."

The proposal for a special education package was unique, however. It would reflect Tupker's practical experience, but it was to be rooted in scientific research to be co-ordinated by Dr. Helen Annis, also of the Addiction Research Foundation. "It was an interesting project from a scientist's perspective," says Annis, "because it meant that a lot of very technical information would have to be made accessible to people without a scientific background to show them there was nothing particularly sacred or godlike about that knowledge."

Annis and Tupker assembled a large team of experienced addictions specialists to produce the necessary materials, including experts from the Hospital for Sick Children and Central Toronto Youth Services. After months of work, a pilot program was ready, consisting of written and audio-visual materials that would be available in either self-study or trainer-led formats.

Then began an unusually extensive review and evaluation. In the summer of 1989, a first draft of Youth and Drugs materials was

reviewed internally. In December, a second draft was sent to about 40 reviewers from agencies across Canada, a group that included teachers, probation officers, and youth workers.

"There was an extraordinary amount of interest," Annis remembers. "People wrote back with comments and suggestions, ranging all the way from corrections of grammatical errors, to the issue of how cultural factors tie into drug abuse."

By May of 1990, Youth and Drugs was ready for pilot testing and Tupker soon found herself criss-crossing Canada. "We tested the package in three-day, intensive training sessions in Edmonton, Halifax and Toronto. And what we heard again and again from the people who took part, was how readable and realistic both the materials and the approach were."

Annis agrees: "It was a chance to demystify the assessment and treatment process; to empower professionals who feel they don't have the expertise to deal with kids who are using drugs. And that's going to make a big difference in being able to intervene in the early stages of drug abuse."

"And in a way," says Tupker, "what we're also telling adults is to remember their own adolescence. I see plenty of tangible evidence of it myself, right next door to my office. And I think Youth and Drugs is a reflection of that."

The Addiction Research Foundation is an agency of the Province of Ontario.

Hospital trustees come from all walks of life

By HILARY SHORT

In today's changing health care system, economic realities present new challenges for the community representatives who govern local hospitals. The decisions they make will affect our health care future.

Known as directors, governors or trustees, the board members who serve this province's many hospitals are volunteers. They come from all walks of life - bringing their experience and expertise to the complex task of governing their local hospital.

Brian Birkness, Ontario Hospital Association (OHA) chair and member of the Scarborough General Hospital board for the past 11 years, says that the job of a trustee has become more demanding and more important.

"Hospitals are one of the key institutions in a community because they are important to everyone - everyone has a need to use them at sometime," Birkness notes.

"Most people come to the board because they are involved in the community ... or we seek them because of their background, skills and experience," he says.

"The community representatives bring the interests, character and needs of the community to the decision-making of the board," Birkness adds.

Most hospital trustees are elected by the members of the hospital corporation - which anyone in the community who is interested in their local hospital can join. Usually, trustees are elected at the annual meeting of the corporation so that everyone has a say in who is chosen.

The contribution that volunteer hospital trustees make is invaluable. As an example, one teaching hospital has estimated that the expertise of volunteers on one committee alone is worth over \$500,000 a year in consulting



ment in the development of a program which provides native people with access to traditional healing methods. The program is delivered by the hospital in cooperation with the local native community.

"The changing philosophy in health care is hopefully going to be very helpful to people," Kitson says.

Elizabeth Ells, a volunteer board member for 12 years and current chair of the Deep River and District Hospital in the Ottawa Valley agrees that "the nature of the job has changed dramatically since I first began serving."

"All you needed then was a sense of community responsibility," she says. "Health care meant the hospital, and there seemed to be enough money to provide necessary services."

"There's a whole new and challenging perspective," Ells says. "Trustees have to think in broader terms. The community representatives are having to make more contentious decisions."

Ells' life-long interest in health care led her to stand for election to the board of her small, local hospital. As a teenager in her native England, Ells was a hospital volunteer. Later she worked in laboratory research at Atomic Energy Canada Ltd.'s health services division. She also volunteered as an ambulance driver while she stayed at home with her young children.

In Ontario, public hospitals have boards of trustees made up on average of between 17 to 20 members.

Some municipal politicians are trustees by virtue of their elected office. And a small number of members are appointed by municipal and provincial governments.

While board members are

keeping pace with changing responsibilities for governing their hospitals and planning for the future, they still have to tend to one traditional duty - fundraising. Hospital boards still put a lot of their energy into local fundraising campaigns for buildings and equipment, particularly in tight economic times.

Despite the fact that the Ontario government took over

hospital funding in 1959, hospital boards are still required to come up with one-third of the money for any new building projects.

Whether they're staging a fundraising event, pouring over reports on the future trends in health care or working with a community group to launch a new health service, the volunteer trustees bring the community's interests to the board table.

MS Society starts campaign

By LISA BOONSTOPPEL-POT
The Herald

For the first time in recent years, volunteers from the Halton Chapter of the Multiple Sclerosis Society will be actively campaigning by selling carnations during Multiple Sclerosis (MS) Week beginning May 6.

Volunteers laden with freshly cut carnations and silk carnations will be standing in local grocery stores, liquor stores and beer stores selling the colorful flowers for a donation of \$3, said the co-ordinator of the local drive, Doris de Hueck.

"We sell carnations to support our MS clients in the area," she said. There are 100 MS sufferers in Halton Hills listed but she estimates that number represents only half of the number of MS patients in the area.

MS is a disease of the central nervous system, explained the executive director for the Halton MS society, Dorothy McDonald. "It interrupts the brain's ability to control walking, talking, sight, and other important functions. MS is known as a mystery

disease, she said, since there is no known cause or cure for it. "It hits every person differently. One person may experience a numbness in their leg which will go away and not come back for another 10 years while another person may become completely immobile and bedridden."

She said medical officers "feel" the disease is caused by a virus that may be contracted by individuals during puberty with the virus remaining dormant until the person reaches the 20-40 age group.

For people who suffer from MS in Halton, the chapter provides educational literature, serves as an advocate for them in obtaining services such as home care, and helps them find money to fund equipment.

The chapter's goal is to raise \$50,000 for MS this year, of which the bulk goes to fund research about the disease. Last year they raised \$46,000.

For more information on the Halton Chapter of the Canadian Multiple Sclerosis Society, contact Dorothy McDonald at 681-8770, or in Georgetown, Ms. de Hueck at 877-6588.