



Centre de santé et de services sociaux de Gatineau



# Cocaine, mental health and risk-taking: picture of the current situation and avenues for interventions.

## Twelfth Cross Training Exchange Session based on COSMO project's results

A knowledge transfer activity offered as part of the COSMO project (directed by Dr. Elise Roy and Dr. Julie Bruneau, emerging research team on developing innovative approaches for HIV and Hepatitis C prevention among cocaine users having mental health issues).

# Participant Guide

April 9<sup>th</sup>, 2014

Douglas Mental Health University Institute

This event is funded by *The Canadian Institutes of Health Promotion (CIHR)* and the *Prends Soins de Toi program (Foundation)*



## **Welcome to the 12<sup>th</sup> Exchange Session**

A knowledge transfer activity offered as part of the COSMO project (directed by Dr. Elise Roy and Dr. Julie Bruneau, emerging research team on developing innovative approaches for HIV and Hepatitis C prevention among cocaine users having mental health issues).

### **What is “Cross-training”?**

**Cross-training** is an approach that is becoming increasingly used to improve the functioning of services within a network. The aim is to create a better understanding of the role of each partner in order to promote an optimal continuity of services. Cross-training programs generally involve **observational personnel exchanges** within different teams working with a similar clientele in order to allow professionals to acquire knowledge about other organizations and different methods of intervention. This technique helps to enhance collaboration among professionals, but also to improve the continuity of services. Since 2007, we have added **exchange sessions** to the program, such as the one that you are attending today.

### **What does this 12<sup>th</sup> exchange session consist of?**

The general objectives are to create a better picture of the **current situation for cocaine users** having mental health issues and to discuss the evaluation methods and interventions. Also, another goal is to present the **COSMO project’s** results and contributions. This project aimed to describe and clarify the links between mental health issues and risk-taking for HIV and Hepatitis C among cocaine users.

The exchange session that you are taking part in today includes the following activities:

- Conferences and presentations;
- Group discussions based on case studies;
- Focus groups to acquire the point of view of professionals;
- A panel.

On behalf of all of the partners involved in the implementation of this project, we wish you a good and pleasant cross-training exchange session!



## Who are the participants?

This exchange session brings together, via videoconference, participants from eight distinct sites: Montreal, Trois-Rivières, Shawinigan, Gatineau (2 sites), Maniwaki, Buckingham and Ottawa. In total, nearly 400 professionals will be participating during this day. These individuals mainly come from the fields of psychiatry, substance abuse treatment, public health, youth and education networks, and public security. Also among the list of participants are individuals involved in the organization of the day, professionals working within organizations from the health sector, as well as alternative resources, community organizations and universities.

## Am I a model participant?

- The model participant will make sure to respond to his or her primary needs (drinks, snacks, meals, washroom) within the time allotted for breaks and will respect the schedule;
- The model participant will make sure to turn off his or her cellphone, pager, or any other device before the beginning of the presentations;
- The model participant will be happy to know that the lunches have been prepared courtesy of «*La part du Chef*», a social economy enterprise. If you have mentioned in your registration form that you have a food allergy or a dietary restriction, you will have a lunch box with your name identified on it at the registration tables of the Douglas hall. If in doubt, you can speak with Louise Bénard or any other member of Michel Perreault's fabulous team.

## Acknowledgments

This activity is offered to you courtesy of funding obtained from: the *Canadian Institute of health Research (CIHR)*, the *Douglas Institute*, the *Prends Soins de Toi* program (foundation), and the contribution of partner resources that support the continued participation of their professional staff members. A special thank you goes out to our collaborators from the University of Sherbrooke, the CSSS de Gatineau and the Centre de réadaptation en dépendance Domrémey de la Mauricie/Centre du Québec, as well as to everyone who, once again, has generously accepted to participate in the organization of the day in the role of presenter, discussion group moderator and reporter, as well as to those who have joined our research team in order to help support the event. Thank you!

### **Please, address your questions or comments to Michel Perreault's fabulous team members:**

Registration	Diana	514-761-6131 ext. 2829 <a href="mailto:diana.milton@douglas.mcgill.ca">diana.milton@douglas.mcgill.ca</a>
Food and beverage	Louise	514-761-6131 ext. 3459 <a href="mailto:louise.benard@douglas.mcgill.ca">louise.benard@douglas.mcgill.ca</a>
Coordination of the event	Michaël	514-761-6131, ext. 2835 <a href="mailto:michael-sam.tion@douglas.mcgill.ca">michael-sam.tion@douglas.mcgill.ca</a>
Program (in general)	Michel	514-761-6131, ext. 2823 <a href="mailto:michel.perreault@douglas.mcgill.ca">michel.perreault@douglas.mcgill.ca</a>

## Case studies

### Clinical case (young adult): Véronique, 29 years old

Véronique is 29 years old. When she was younger, her mother and father, already divorced, were never present when she needed them. She began consuming ecstasy and speed in her adolescence, at 15 years old, with her boyfriend. A little later, at a party with friends, she was initiated to cocaine (sniffed), a substance that she began consuming on weekends, while still taking ecstasy and amphetamines. Véronique dropped out of school in her fourth year of high school due to her bad grades and difficulty concentrating. The psychoeducator tried in vain to motivate her to continue with her studies. From that point on, she worked at various unstable jobs.

At the age of 24, following a major depression for which she received a diagnosis but did not follow up, Véronique lost her job, her apartment and began to distance herself from her friends and family. She found herself on the street, and turned to prostitution. While on the street, she starts injecting herself with cocaine while with a client. From the age of 24 to 29 years old, Véronique has not had stable housing. She has had many interactions with the police and has also spent some nights at the police station. During this period, while her cocaine consumption was very intense, she shared her injection materials (syringes and *stéricup*<sup>1</sup>) with her companions, her clients and her boyfriend. Three years ago, Véronique received a seropositive diagnosis of HIV and HCV. She does not systematically use protection with her clients or with her boyfriend. Véronique explains her risky sexual behaviour by the fact that she no longer has any interest in life and that her only goal is to consume.

Véronique views her life as a series of failures, and she would like to quickly end the suffering that her substance abuse and lifestyle are creating. Because of this, she decides to ask for help at a healthcare center in order to avoid reaching the point of suicide. Following her request for help, Véronique is referred to a therapy service at the healthcare center, where she stays for three months.

Upon her exit, Véronique finds herself back on the street and starts consuming all over again. This situation generates a feeling of failure for her, which leads her to make a suicide attempt. Following this episode, Véronique is referred to a psychiatric service, and then to a center for substance abuse treatment, but she is not regular in her follow-ups. The professionals do not really know why this is the case, but they think that it is because the contact between the staff and Véronique has not yet been established in a way that would involve her in her treatment. The professionals are worried and ask themselves how they could help her remain in her treatment services.

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<sup>1</sup> Stéricup: Sterile injection equipment package including a 3-cc cooker (cup), a plastic handle, a filter, and a dry swab.

## Five discussion questions

1. Is the case of Véronique representative of the clientele with which you work?  
<sub>1</sub> All <sub>2</sub> The majority <sub>3</sub> The minority <sub>4</sub> None
2. Within your practice, in which way would you be able to approach the situation of Véronique? Which actions could be set in place from a clinical standpoint?
3. Which existing services or programs could be beneficial to help Véronique?
4. In your opinion, what could have been done, when she was an adolescent, to prevent the crisis situation that Véronique finds herself in?
5. In an ideal world, if you had the ability to improve the services offered for concurrent mental health and cocaine problems, what would you propose?

## **Clinical case (adult): Jordan, 45 years old**

Jordan began consuming crack at the age of 35 with his ex-spouse. The first time that he consumed it, he said that he had an experience that was practically orgasmic. Since then, he sought that same experience by associating his consumption of crack with sex (intra- and extramarital). In the following years, Jordan's consumption of crack intensified and he started spending all of his money on it. He and his spouse went for a consultation at the CLSC for their relationship problems. No referrals were made towards resources for their substance abuse and sexual problems. Soon after, Jordan went bankrupt, lost the small construction company that he owned, and separated from his spouse.

Jordan moves to Montreal in order to find work and in hopes of diminishing his crack consumption. He works for a few months but gets injured and has to stop working. During his first months in Montreal, Jordan only consumes cannabis because he does not know how to obtain crack. When he comes into contact with a crack dealer, his consumption restarts and increases very rapidly, attaining the same level as before he moved to Montreal. Finding himself in a new environment, Jordan does not know how to obtain sterile material for his substance use and purchases used crack pipes from other users. He does not consider the sharing of the crack pipes to be dangerous due to the temperature that the pipe can reach, even though he has already received information on the risks of sharing this type of material. Though at the start, Jordan associated his crack consumption with sexuality, he says that the more his consumption becomes important, the less he is interested in the sexual side.

Jordan is worried because he is starting to experience episodes of paranoia and he does not know if they are a result of his substance use. His symptoms are causing the network that he was in the process of establishing in Montreal to distance itself from him. Jordan initiates and ends his relations with other users and dealers frequently. He becomes more and more aggressive and starts to harm himself. One day, he experiences a psychotic episode and is brought to the Emergency department of a healthcare center by the police because he verbally threatened to hurt the people he was using with because he believed that they wanted to implant microchips in his brain. Weeks later, he is referred to a substance abuse treatment center. At the center, he receives outpatient treatment services and receives a referral for psychiatric services. Later, the staff member treating Jordan at the center learns that he has discontinued his psychiatric treatment. In addition, in order to obtain money, Jordan sells his used crack pipes and reports sharing materials with other users. Jordan refuses to pass screening tests for STBBIs, saying that the waiting period is too long and that these types of infections do not exist because they are only a result of pharmaceutical companies plotting to sell medication.

## Five discussion questions

1. Is the case of Jordan representative of the clientele with which you work?  
<sub>1</sub> All <sub>2</sub> The majority <sub>3</sub> The minority <sub>4</sub> None
2. Within your practice, in which way would you be able to approach the situation of Jordan? Which actions could be set in place from a clinical standpoint?
3. Which existing services or programs could be beneficial to help Jordan?
4. In your opinion, what could have been done to prevent the situation that Jordan finds himself in?
5. In an ideal world, if you had the ability to improve the services offered for concurrent mental health and cocaine problems, what would you propose?

## Where to find your workshop group?

- **Workshop groups #1 to #7: Basement of Douglas Hall**
- **Workshop groups #8 to #11: Bowerman room of Dobell Pavilion**
- **Focus group A: Maurice-Forget room, 2<sup>nd</sup> floor of Douglas Hall**
- **Focus group B: Room K-3223, 3<sup>rd</sup> floor of Porteous Pavilion**
- **Focus group C: Room K-3126.2, 3<sup>rd</sup> floor of Porteous Pavilion**
- **Focus group D: Room K-3325, 3<sup>rd</sup> floor of Porteous Pavilion**

## How to get to the Porteous Pavilion?

From within: Descend to the basement of the Douglas Hall and follow the arrows. The permanent directions and signs may also be useful for you to follow. When you arrive at the elevator, ascend to the 3<sup>rd</sup> floor. The **room K-3223** is located in the **B aisle**, in the hallway located behind you. A member of the organizing committee will be available to open the door to the hallway for you. The **room K-3325** is located in the **C aisle**, in the hallway on your left. The **room K-3126.2** is located in the **A aisle**, in the hallway on your right.

From the outside: Exit the Douglas Hall through the main doorway. Follow the pathway on your right and then turn right. The Porteous Pavilion can be found on your left, after the Emergency Pavilion. When you enter the Porteous Pavilion, you must wait for the first set of glass doors inside the building to close completely before you will be able to open the second set of glass doors. Take the elevator to the 3<sup>rd</sup> floor. The **room K-3223** can be found in the **B aisle**, located behind you as you exit the elevator. A member of the organizing committee will be available to open the door to the hallway for you. The **room K-3325** is located in the **C aisle**, in the hallway on your left. The **room K-3126.2** is located in the **A aisle**, in the hallway on your right.

**Return to the auditorium of the Douglas Hall for  
1:45p.m. Please be punctual!**