

# Family and Friends

## Information & Navigation Guide





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# Introduction

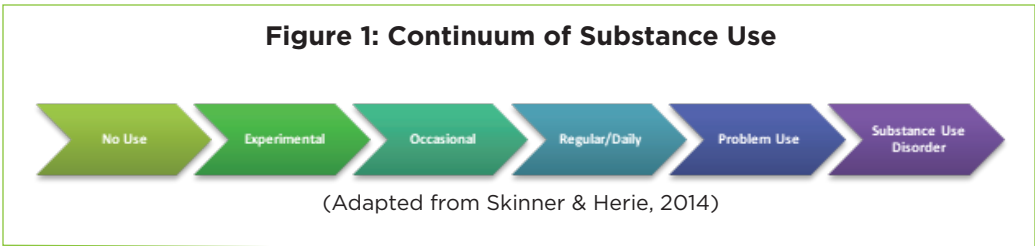
We all have the ability to influence others, and while you ultimately cannot stop or control your loved one from deciding to engage in alcohol, drug use or gambling, you can assist them in specific and positive ways. As a family member or friend, you can learn how to set healthier limits and boundaries to support the recovery process, and choose the level of support you wish to provide. In doing so, you can help establish consequences for your loved one's behaviours, encourage them to make healthier choices and offer them information. You do have the ability to indirectly influence your loved one's choices and also improve the outcome of their treatment.

This Guide provides a general overview of information related to addiction, and how family and friends can best support an individual in making changes towards recovery. This information is not a substitute for professional medical and clinical advice, assessment, diagnosis, or treatment. Please consult a qualified healthcare provider with any questions or concerns you may have regarding diagnosis or treatment.

## Defining Addiction

Addiction is a term that has been used in multiple contexts, and can be defined in many ways. Most people use the term broadly to refer to compulsive behaviours, including substance use or gambling, that cause problems in the life of the individual. Substance use includes the misuse of alcohol, prescription medications (e.g. opioids) and illicit/street drugs. Professionals most often understand addiction as consisting of cravings to engage in the behaviour, compulsion, lack of control when attempting to limit or stop the behaviour and negative consequences (O'Grady & Skinner, 2007). Regardless of the definition, addiction can be understood as existing on a continuum.

**Substance use**, including alcohol, prescription medications (e.g. opioids) and illicit/street drugs, ranges in severity and for most individuals does not become problematic. Considering the continuum provided below (Figure 1), think of where you may place the substance use of your loved one(s).



**No use** indicates that substances are not consumed, which is also commonly referred to as abstinence. **Experimental use** occurs when an individual tries a substance once or twice, often motivated by curiosity. This may lead to **occasional or recreational use** whereby substances are sometimes consumed but there are little or no consequences of this use. Generally, those that occasionally use substances do not have a pattern to their use, nor do they experience a *need* to use. Those that use on a *regular/daily* basis may have an increased risk for problematic use, dependent on the amount of substance consumed or if any difficulties arise due to their use. In the **regular/daily use** category, a pattern begins to form. Use may occur regularly in specific situations (e.g., at parties, following pay day, or when returning home from work, etc.). **Problem use** is considered when repeated consequences occur when the individual engages in the substance use. These may result in issues with work, relationships, finances, physical and mental health, and/or the criminal justice system. Problematic use does not necessarily indicate that an individual is experiencing an addiction, but it may warrant further intervention to prevent the likelihood that it will progress into a substance use disorder.

**Substance use disorder** is the formal, medical term for an addiction, which includes problematic use. Only an appropriate medical professional, including a family physician, a psychiatrist, or psychologist, can diagnose an individual with a substance use disorder. Substance use disorders range from mild to severe, with different substances addressed as separate use disorders (e.g., alcohol use disorder, stimulant use disorder, etc.).

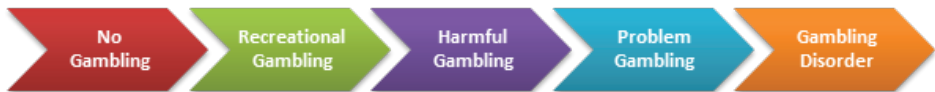
In order for a substance use disorder to be considered, an individual must meet a minimum of **two of eleven** criteria in the past 12 months (APA, 2013):

1. Taking the substance in larger amounts or for longer periods of time than intended.
2. Wanting to cut down or stop using the substance but not being able to.
3. Spending a lot of time getting, using, or recovering from use of the substance.
4. Cravings and urges to use the substance.
5. Not maintaining responsibilities at work, home, or school because of substance use.
6. Continuing to use, even when it causes problems in relationships.
7. Giving up important social, occupational, or recreational activities because of substance use.
8. Repeated use of substances, even when it is dangerous.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needing more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.



**Gambling** also exists on a continuum that ranges in problem severity. As with substance use, not all gambling is problematic and sometimes it can be tricky to identify when or if it does become harmful. Considering the continuum below (Figure 2), think of where you would place the gambling behaviour of your loved one(s).

**Figure 2: Continuum of Gambling Behaviours**



(Gambling Research Exchange Ontario, 2017)

Some individuals will abstain from any gambling behaviours (**No Gambling**), while others will engage in **Recreational Gambling**, only doing so as a source of entertainment or leisure. Typically, individuals that begin to experience *Harmful Gambling* will identify some difficulties in at least one area of their life as a direct result of their gambling behaviours. The presence of minor harms associated with gambling does not necessarily indicate that the gambling is yet problematic. Harmful gambling has the potential to develop into problematic gambling or a gambling disorder. However, just as an individual may experience movement along the continuum in one direction they may also experience decreases in problem severity. For example, it is common that harmful gambling may return to a recreational level. If the gambling progresses to *Problematic Gambling*, there will be a significant impact in at least one area of their life such as work, school, finances and/or relationships. Again, experiencing problematic gambling does not necessarily indicate that an addiction is present.

Those whose gambling behaviours meet the criteria of a gambling disorder would be said to be experiencing an addiction. *Gambling disorder* is another formal, medical term for an individual with a behavioural form of an addiction. Like a substance use disorder, it must be diagnosed by a qualified professional such as a family physician, psychiatrist or psychologist.

The disorder ranges in severity from mild to severe and requires a minimum of *four of nine* criteria to be met in the past 12 months (APA, 2013; Gambling Research Exchange Ontario, 2017):

1. Gambling frequently when distressed.
2. Gambling with increasing amounts of money to achieve the same excitement.
3. Repeated unsuccessful attempts to control or cut back on gambling.
4. “Chasing” one’s losses by repeated gambling after losing.
5. Lying to conceal the extent of involvement with gambling.
6. Restless or irritable when attempting to cut down or stop gambling.
7. Often preoccupied with gambling.
8. Jeopardized or lost a significant relationship, job or opportunity because of gambling.
9. Relying on others to provide money to relieve desperate financial situations caused by gambling.

## Effects of Addiction on the Family

Addiction affects not only the individual with the substance use or gambling problem but also those around them. It is difficult to estimate how many family members or friends might be affected by one individual’s problem, or how far the impact extends. For some families, there may be additional financial burden, lost employment opportunities and relationships, and a general increased level of stress and unhappiness (Copello, Templeton & Powell, 2010). Stress also contributes to both physical and mental health issues and may explain why family members of those with addiction challenges also have higher prevalence rates of physical and/or mental health concerns (O’Grady & Skinner, 2007).

In 2004, Health Canada, in partnership with the Canadian Executive Council on Addictions, conducted the Canadian Addiction Survey, the first and only one of its kind, which sampled almost 14,000 adults from the general population. A section of this survey asked whether they felt that they had been harmed by another person's substance use and the ways in which it occurred (Bubbra et al., 2008):

- 22% reported having been insulted or humiliated;
- 16% had experienced serious arguments;
- 16% had experienced verbal abuse;
- 11% reported family or marital problems;
- 11% reported having been pushed or shoved; and
- 3% reported having been hit or physically assaulted.

More recent statistics are unavailable as the survey was replaced with the Canadian Tobacco, Alcohol and Drugs Survey (CTADS), which only asks about an individual's thoughts on their own substance use.

Studies have also found that family and friends worry about their loved one's physical and mental health, educational or work performance, financial status, their peers or friends and their future (Copello, Templeton & Powell, 2010). In addition, there is concern surrounding the impact of an individual's addiction on the whole family, including any children that may witness the behaviour. Family and friends are often fearful of children being exposed to neglect or interference in a healthy upbringing which could have lasting effects (Orford, Velleman, Natera, Templeton & Copello, 2013).

Family members may often feel guilty when they take time to care for themselves, relax and find ways to increase their own coping strategies (O'Grady & Skinner, 2007). Emotions such as anger and resentment can also be common, as supporting a loved one with an addiction can be tiring and contribute to feelings of bitterness. It is important to acknowledge your feelings for what they are so that they can help inform your own needs during this process.

# Supporting the Recovery Process

“Things do not change; we change.” ~ Henry David Thoreau

## Setting Limits for Your Own Self-Care

Supporting your loved one always begins with a firm focus on supporting yourself. Your emotions, thoughts and behaviours are always sending messages about your own limits. Limits or boundaries are an important part of self-care, and are part of an environment that will support change and recovery (Foote, Wilkens, Kosanke & Higgs, 2014). Sometimes saying “no” is the most helpful thing that you can do for both yourself and your loved one. Coping is not simply about learning to tolerate everything that is thrown your way. As human beings, there are always limits to what we can and cannot be involved in. You cannot change what your loved one chooses to do, and limits should be explored as they relate to what you can change within your own control.

Setting limits can help to prevent conflicts from turning into crises. Limits or boundaries exist in all relationships and vary from person to person ranging from loose to rigid. These limits are invisible separations between you and your loved one, and exist to guide you in determining what you are able to accept. Ultimately, limits relate to the behaviours you choose to engage in.



Let us consider different boundaries in relation to loaning your vehicle to a loved one who you know has previously driven it while impaired. In this scenario, you are the sole owner of the vehicle and the primary driver:

1. You will not allow your loved one to drive your vehicle at all; as you do not want to risk that they may be impaired and hurt themselves or someone else.
2. You will only allow your loved one to drive your during the daytime as you are certain that they will not be impaired during this time.
3. You allow your loved one to drive your vehicle despite knowing that they are likely getting behind the wheel while impaired.

These are three possible examples of boundaries. The first example is more rigid; however, not allowing them to drive the vehicle is done to prevent harm rather than as a punishment. The second example allows for more flexibility and allows you to alter your boundary should you find out that their use continues to affect their ability to drive. This boundary may not be a viable option when a loved one is using heavily and may still be impaired even after many hours of no use. Finally, the third example is a passive or loose boundary. By allowing a loved one to continue to drive your vehicle even while impaired, you are communicating that you accept the behaviour. Regardless of choice, all limits will have consequences for all involved and you should consider thinking about the possible outcomes for everyone.



With addiction, it is important to consider avoiding:

- Making excuses (e.g., “they are just upset today”, “A few drinks won’t hurt them and it may help them calm down”);
- Paying their bills or giving extra money, especially when it’s used to buy more alcohol, drugs or engage in gambling activities;
- Making excuses for irresponsible behaviour (e.g. “they didn’t feel well so they didn’t make it to work”); and
- Ignoring problems (e.g., mental, emotional, financial, employment, legal) caused by the person’s addiction.

Family members may feel guilty when they set limits on their loved one’s behaviours or insist that they follow the same rules and guidelines that everyone else in the family is expected to follow. By refusing to set limits, families may believe they are being helpful in preventing their relative from becoming upset or angry. However, consistent rules and boundaries can help to create a sense of predictability and security (Foote et al., 2014).

## Being Aware of Possible Triggers

When wishing to support your loved one’s recovery, it is important to remember that your actions and words may be triggering to your loved one. A trigger is simply something that increases the likelihood that an individual will engage in a behaviour, such as gambling or substance use. While it is their responsibility to manage triggers, consider being mindful of their goals and progress. Being actively involved and supportive of their movement towards recovery can require that you also make some changes.

For instance, consider finding alternative ways to engage with your loved one outside of alcohol, drug or gambling activities. Engaging in the undesired behaviour with them may be confusing for them and unintentionally communicate to them that you are condoning the use or behaviour. Additionally, your loved one may feel comfortable in situations where the behaviour or substance is available; however, in early recovery it is best to avoid these environments if possible. You should consider discussing whether shared spaces and environments can be substance/behaviour-free or reduced. This can help lessen any urges or temptations that may occur

within the environment. Finally, be prepared to hear about their triggers and thoughts of engaging in the behaviour. While this information can increase your own fears and anxieties, communication is a very important part of supporting recovery.

## Stigma and the Use of Labels

When addiction is involved, stigma affects the family as a whole. “Addiction” can be a scary word, and the potential of being labelled with one can be enough to prevent someone from seeking support. This stigma is also felt by many family members who fear others finding out about their loved one’s struggles, and often blaming themselves for what happened.

It is important to note that ‘person-first language’ can be most helpful when discussing addiction or problematic behaviour. In doing so, the individual is seen as a person who may be engaging in behaviour but it is not all that they are known for. For instance, “he is experiencing issues with addiction” is far different from “he is an addict.” Implying that someone is reduced to their behaviour is stigmatizing and can lead to isolation.

There is one exception to be aware of and that involves individuals who self-identify as an “alcoholic,” “addict,” or “gambler.” These terms are commonly used by those who attend 12-step recovery groups such as Alcoholics Anonymous or Narcotics Anonymous and may serve to help an individual focus on their recovery process during these meetings. Others will find this language stigmatizing and problematic. Unless your loved one has given permission for you to refer to them as an “alcoholic,” “addict,” or “gambler” in the context of their challenges with addiction, it is best to avoid the use of these labels (Foote et al., 2014).

# Understanding and Supporting the Change Process

There are various ways in which an individual can decide to make behavioural changes with respect to their gambling or substance use. It is important to note that each individual is just that, an *individual*. For many, self-change may be possible, but others will benefit from more formal interventions through treatment programs. This is particularly true if the substance use or gambling concerns are more severe in nature. Regardless of the reason, change requires motivation and work (Foote et al., 2014).

## Harm Reduction and Abstinence

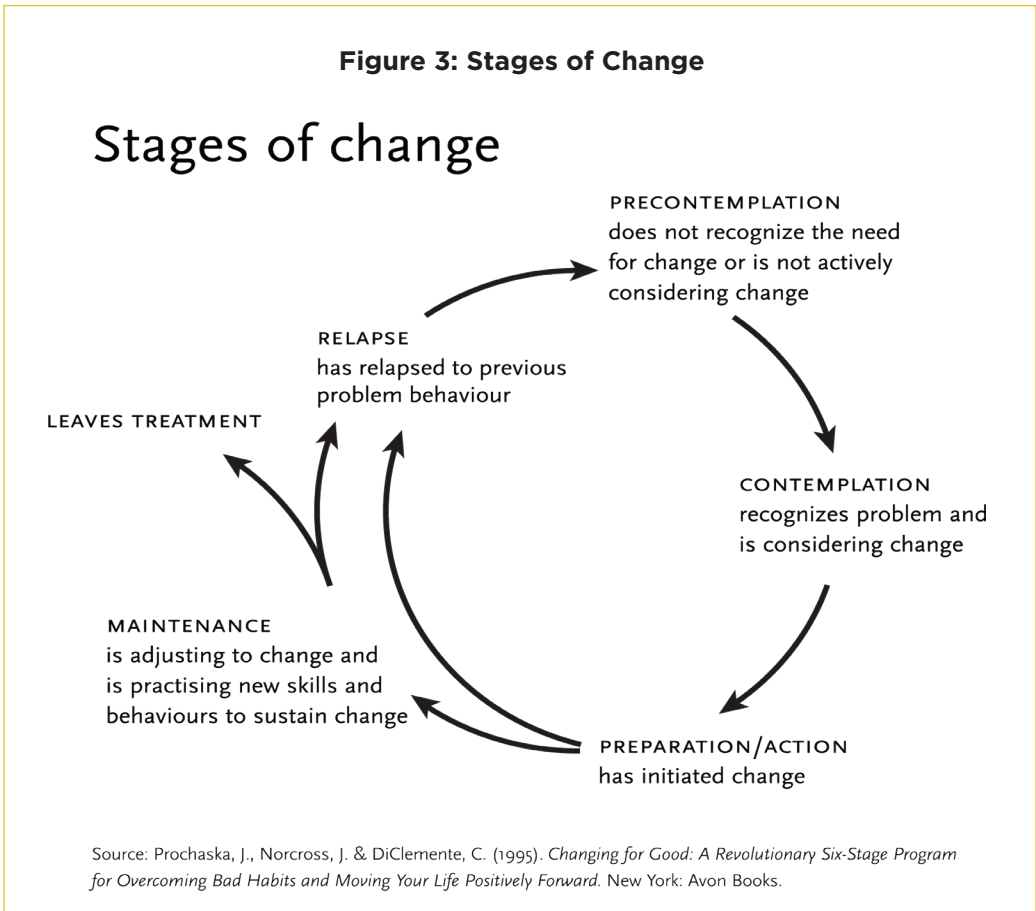
Harm reduction is an approach that is aimed at reducing the harms of gambling or substance use for the individual. The approach has also been applied to sexual health and other potentially harmful behaviours. Harm reduction incorporates strategies to simply lessen the risk as well as abstain from (stop) the behaviour.

Harm reduction that is related to addiction includes exploring safer ways that an individual can engage in the behaviour, reduction of use or the behaviour and/or abstaining from the use/behaviour. Individuals benefit from the availability of different options because no single size fits all. Some people may find that reducing their behaviour is successful for their recovery whereas others may require the complete elimination of the behaviour or substance. A harm reduction approach allows an individual to choose what they find to be most helpful for their individual challenges and does not prevent them from receiving help should they not wish to be abstinent (Foote et al., 2014).

## Stages of Change

According to Prochaska and DiClemente (1995), when someone decides to make a change, they move through five distinct stages related to their motivation for change. Family members and friends may want an individual to make changes rapidly; however, change is a process and may take some time.

Consider the Stages of Change diagram below (Figure 3).



*Precontemplation* is the first stage of change, where the need for change is not recognized or not actively considered. The benefits of continuing the use or behaviour outweigh the costs of it and the person is not intending on making any changes. *Contemplation* is the second stage, where there is a recognition that a problem exists, and the individual is thinking about the possibility of making changes in their life. There is no commitment to making the changes but the person is weighing out both the benefits and costs of their behaviour. Following contemplation, *preparation*, the third stage of change, occurs. Here, the individual acknowledges that the costs of continuing their behaviour outweigh the benefits of it. The person has decided that change needs to occur and begins planning to make change. This stage may take several months as the person begins to identify their goals. The fourth stage of change, *Action* follows preparation, and involves taking active steps to try new behaviours such as reducing or stopping the use/gambling. Finally, the last stage is *maintenance* and involves a pattern of continuing the new behaviour that generally has been in place for a minimum of six months.

At any point during the *action* or *maintenance* stage of change, an individual may experience a *slip* or *relapse*. A slip occurs when a return to problematic substance use or gambling occurs but the individual immediately catches themselves and continues in their change process. On the other hand, if a relapse occurs, the individual returns to the substance use/gambling behaviour and also an earlier stage in the change process.



It is important to understand that at each of these stages of change, there are important supportive roles that families and friends can actively take part in as outlined below:

Stage of Change	Supportive Role
1. Precontemplation	<ul style="list-style-type: none"> <li>• Acknowledge that there is a problem</li> <li>• Get educated on addiction and recovery</li> <li>• Communicate and allow loved one to experience natural consequences of their behaviours</li> </ul>
2. Contemplation	<ul style="list-style-type: none"> <li>• Listen to your loved one's concerns about making changes</li> <li>• Support your loved one when they are leaning towards change and express hope that they can make changes</li> <li>• Communicate that only they can make the decision to change</li> </ul>
3. Preparation	<ul style="list-style-type: none"> <li>• Ask for permission to suggest options and be involved in the change process with them (be prepared to hear no)</li> <li>• Identify any barriers to making changes and work with them to help overcome these</li> <li>• Support any small steps in behaviour change</li> </ul>
4. Action	<ul style="list-style-type: none"> <li>• Reinforce positive steps in making changes</li> <li>• Express an understanding of the difficulty of the process and highlight their strengths and previous successes</li> <li>• Support your loved one to replace substance use/ gambling with new activities</li> </ul>
5. Maintenance	<ul style="list-style-type: none"> <li>• Remind your loved one of the progress they have made and the long-term benefits of the change</li> <li>• Remind them of the positive impacts of their change and list these positive impacts</li> <li>• Support and encourage regular attention to goals for recovery</li> </ul>

Although *relapse* is a scary topic for a family member or friend to consider, it is important to know that relapse is a normal part of the change process. When faced with supporting someone during or following a relapse, it is important to show understanding and remain positive that they are capable of change. It is also helpful to plan for situations in the future that may place them at risk of relapse. If your loved one discloses a relapse to you, remember that they are often fearful of your reaction so it is best to consider and plan how you might respond to such a confession before or if it happens.

**Recovery** includes not only reducing or stopping the use or behaviour, but also developing new ways of coping, behaving and communicating that will affect the whole family. Recovery is unique to each person and its process cannot be predicted. It will often include treatment or work in other areas of life as well. Mental health issues and relationship challenges may also need to be addressed at either the same time or afterwards. Recovery is an ongoing and often life-long process.



# Navigating the Treatment System

Treatment services include a vast range of options such as withdrawal management support, community based assessment and treatment and short- and long-term overnight treatment. Many people get treatment for substance use and gambling challenges from family doctors or other primary care services. In Ontario, there is a two-tiered addiction treatment system consisting of public and private services.

## 1. *Public or non-profit services:*

- Funding is received through various means, but services are usually free to clients
- Community counselling, residential treatment centres and/or withdrawal management support
- Wait-list lengths fluctuate depending on the service
- Operate by the lowest level of intervention required, whereby individuals are matched with the level of treatment that they require based on the severity of their problem
- Assessment and referrals are required from a community counselling agency for more intensive treatment

In Ontario, all non-profit treatment services are responsible for their own intake and admission criteria and process. ConnexOntario provides free and confidential health services information for individuals experiencing issues with substance use, mental illness, and/or gambling. They provide information, including where and how to access services, as well as how long the wait may be. [ConnexOntario](#) is available 24/7 at **1-866-531-2600**, and a System Navigation Specialist will help answer any questions about available services.

As a family member or friend, you can call about someone you care about. Almost 50% of ConnexOntario calls come from family members or concerned friends of those experiencing mental health and/or addiction issues.

## 2. *Private or for-profit services:*

- Fee for service counselling, residential treatment centres or withdrawal management support
- Usually have shorter wait-lists
- Sometimes will accept insurance coverage
- Generally do not require a referral from a community assessment and counselling agency

Private or for-profit services can be found by searching the internet. If you find something that may be of interest, remember you can ask questions to help you understand what is or is not offered.

## **Privacy and Confidentiality**

In the treatment system, healthcare professionals are responsible for ensuring the confidentiality of those that are accessing supports. These professionals, are required by law to abide by the *Personal Health Information Protection Act* (PHIPA). It is important that every individual has a right to privacy and confidentiality in the care that they receive. This can help to ensure that individuals accessing supports feel they can be honest about their experiences without fear of others finding out.

Information disclosed to healthcare providers generally will not be released without informed written consent of the individual. In certain instances, healthcare providers are legally or ethically obligated to release information:

1. If the person is presenting as a danger to themselves or others.
  - This includes individuals that present a risk in the operation of a motor vehicle, including impaired driving.
2. If there is reasonable grounds to suspect child abuse under the Child, Youth and Family Services Act (2017) or, if the individual is under 16 years of age and has been a victim of child abuse.

- This condition includes children who witness violence in the home or are at risk due to a caregiver's inability to provide care due to their use of substances, gambling behaviour, or other mental health concerns.
3. An order, subpoena, or summons is served by a court or other legal authority requiring disclosure.
  4. If there is a legal duty to report to a professional organization such as a regulatory body (For example, when it is suspected that you have been the victim of a professional who has breached their profession's Code of Ethics).

Just as your loved one's information will remain confidential, this also applies to you should you decide to connect with formal supports. Even if both you and your loved one are receiving services at the same organization, staff will not share information except with your expressed consent to do so.

If your loved one does wish to involve you in their care, members of their treatment team will discuss how this will occur. Even with consent, most treatment providers will work primarily with the individual experiencing the addiction. Family and friends may be involved in treatment planning only when it will be helpful to the individual and their recovery. During this process, you may be asked to attend a consultation session to hear about the needs of your loved one or you may be referred to attend some supportive psycho-educational programming to help you understand the nature of addiction better.

Although you may have a lot you wish to express or communicate to your loved one, their treatment program may be highly structured. Your loved one's treatment team may encourage you to postpone some of these conversations until the end of treatment. This may allow them to be better able to cope with addressing your emotions or concerns.

## Family Consultation Versus Family Therapy

Family therapy is different in that the primary client is the entire couple, family or network. The key differences between family consultation and family therapy are captured in the table below:

Family Consultation	Family Therapy
<ul style="list-style-type: none"><li>• The primary “client” is the individual with the addiction concern</li><li>• The goal is to support the individual with the addiction and express their needs in their recovery</li><li>• Your needs in the relationship may be identified but you will be referred to other services to explore these</li><li>• This service is offered by addiction treatment providers when there is a clear benefit to the individual client</li></ul>	<ul style="list-style-type: none"><li>• The primary “client” is the entire couple, family or network</li><li>• The goal is to address family challenges or relationship difficulties through better support and understanding of one another</li><li>• Your own needs in the relationship will be identified and explored during work together</li><li>• This therapy service is specialized due to the skills, training and qualifications that are required</li><li>• It is most often provided outside of addiction treatment agencies</li></ul>

\*If you are meeting with your loved one’s individual counsellor, you are taking part in a consultation session.

## Supporting a loved one who does not want help

It is important to understand that there are several reasons why someone experiencing a gambling or substance use issue may not wish to seek treatment. The two most common reasons for this are the beliefs that they do not have a problem, or that they do not require formal treatment for it. The individual may believe that they are capable of making changes on their own or believe that they are unable to make the changes in the first place. Additionally, stigma or fear surrounding a substance use disorder or gambling disorder diagnosis can actually prevent people from accessing much needed supports.

### ***What can I do?***

One helpful idea is to simply learn about addiction. Once you are better informed on the topic, it is easier to understand and communicate with a loved one who is experiencing addiction. Reviewing this Guide is a good place to start, but you may wish to access other supports as well.

### ***Take care of yourself!***

This may seem odd if you want your friend or family member to be the one to make changes. However, making yourself a priority despite their problematic behaviours ensures that you can model good self-care, boundaries and communication to your loved one. In addition, self-care allows you to cope with the stressors that may be associated with your loved one's behaviour.

### ***Supporting other family members***

It is no secret that addiction affects the whole support network of the individual. Each individual may require different support and it is important that you only support others to the best of your ability, acknowledging that you need to take care of yourself first.

Children may need additional supports to help understand what is happening. If you are concerned about how a child is coping, please consider speaking to their family doctor (or pediatrician) or nurse practitioner as a starting point. Supports are also often available through school social workers, or you may opt to reach out to community organizations. [Children's Mental Health Ontario](#) may be able to help you find the supports needed for children. [Kids Help Phone](#) is another resource for children. Kids Help Phone offers, talk, text, live chat and other ways for children up to 18 to connect.

Addiction Services for York Region, will offer family support to children 12 years of age and older, which is available through our Youth & Family program.

### ***Why can't I make someone get treatment when I know that substance use or gambling is harming them?***

Everyone has the right to accept or refuse treatment for a mental health or addiction issue. People can legally choose to engage in behaviours that some consider harmful to the human body. However, if someone is at an imminent risk of serious bodily harm to themselves or others, there is legislation under the *Mental Health Act* to require someone to have a psychiatric assessment.

It is important to understand that simply having an addiction does not necessarily mean that someone is an immediate risk to themselves or others. Oftentimes, individuals with substance use or gambling concerns will isolate or withdraw during the behaviour and pose no immediate significant risk to themselves or others. However, in some cases, risk may be present during periods of extreme intoxication or withdrawal. For example, someone who ingests a stimulant substance in excess may become violent and therefore place others in their proximity at risk. With gambling, risk may often come in the form of thoughts about suicide and intention following a period of financial loss.

The *Mental Health Act* exists to protect individuals from harming themselves or others by governing treatment decisions and involuntary admission or hospitalization. Please review the information below.

### ***Application for Psychiatric Assessment - Form 1***

If a physician believes that a person is a risk to themselves or others they can write an **Application for Psychiatric Assessment** (commonly referred to as a Form 1), which is an authorization to hold an individual in hospital for up to 72 hours while they receive an emergency mental health assessment. The person must be assessed within 72 hours and a decision made to either:

- Admit the person on an involuntary status (i.e. they are not allowed to leave the hospital without permission)
- Admit the person on a voluntary status (i.e. they can make their own choice to remain in the hospital)
- Release the person from the hospital as they do not require admission

## ***Order for Examination - Form 2***

There is another form that allows the police to take the individual to a hospital for assessment. At the hospital, a physician will assess the person to see if they should be put on a Form 1. An ***Order for Examination (or Form 2)*** can be requested through a ***Justice of the Peace*** at your nearest courthouse. It can be made by any concerned friend or family member. In the meeting with the Justice of the Peace, it must be demonstrated that the individual has:

- Threatened, attempted or is threatening, to attempt to cause serious bodily harm to themselves
- Has behaved, or is behaving, violently towards other individuals or has caused another person to fear bodily harm
- Has shown, or is showing, a lack of ability to care for themselves

Once you secure this form, take it to the nearest police department and police will take the person to a hospital for assessment. If the police cannot locate your loved one, the Form 2 will expire within 7 days and you will need to request another one.

At the hospital, a physician will assess the individual to see if they require a Form 1. If they are not found to be at risk to themselves or others at that time, they will have the option to leave hospital. ***Requesting a Form 2 should only be done when you are certain that there is a significant risk as it may negatively affect your relationship with your loved one.***

If the Justice of the Peace does not grant a Form 2, you can go back to the Justice of the Peace to apply again the next day. If you feel you have left out important information, you can add it to a new application for a Form 2.

In addition, it may be helpful to know that under certain conditions, police officers in Ontario have the authority to “take someone into custody to an appropriate place for examination by a physician.” According to Ontario’s *Mental Health Act*:

The officer must believe that a person is acting, or has acted, in a disorderly manner and has reasonable cause to believe that the person meets one of the following criteria:

- Has threatened, or attempted or is threatening or attempting, to cause bodily harm to themselves
- Has behaved, or is behaving, violently towards another person or has caused, or is causing, another person to fear bodily harm
- Has shown, or is showing, a lack of ability to care for themselves, and, in addition, the police officer is of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in one of the following:
  - Serious bodily harm to the person
  - Serious bodily harm to another person
  - Serious physical impairment of the person, and that it would be dangerous to proceed with a referral for a Form 2

If police determine that the above criteria are met, they can take the individual to a physician for an assessment. Once a physician assesses the individual, they may order a Form 1.

For immediate help, if you or your loved one are in danger, you should call 911 or call a crisis service in your area such as 310-COPE (2673) or 1-855-310-COPE (2673).

# Next Steps

Addiction is complicated for all of those involved, and it can be challenging to know how best to help yourself and your loved one. Even if your loved one does not want to make changes to their use or behaviour you can still make significant changes in your life, including in your relationship with them.

If you have read this guide and still have questions or feel that you would benefit from additional support consider reaching out to us at ASYR. You may also reach out to one of the agencies listed below. To learn about professional resources that are closest to you, please contact ConnexOntario (listed in the Resources & Referrals below).

## Resources & Referrals

**NOTE:** We have made every attempt to ensure the information included in this section is current and accurate. However, information is constantly changing and updates are frequently required. Please double-check the information prior to trying to access services and/or supports.

### **ConnexOntario**

ConnexOntario maintains a comprehensive addictions and mental health treatment services database in Ontario. They gather current data about treatment beds, support groups, crisis lines, and other related health services. Live-answer navigation and information services are available 24/7 where System Navigation Specialists answer all calls, emails or web chat requests.

Ph: 1-866-531-2600 | Web: [connexontario.ca](http://connexontario.ca)

## Helpful Links for Family and Friends of those with an Addiction

- [Al-Anon.org](http://Al-Anon.org) for family members of people with alcohol problems.
- [Nar-anon.org](http://Nar-anon.org) for family members of people with narcotics problems.
- [Gam-anon.org](http://Gam-anon.org) for family members of people with gambling problems.
- [Coda.org](http://Coda.org) for co-dependent individuals.
- [Adult Children.org](http://Adult Children.org) for adult children of people with alcohol or narcotics problems.
- [SMART Recovery](http://SMART Recovery) for family and friends

## Online Self-Help Forums for Family and Friends of those with Addiction

- [AA Intergroup](http://AA Intergroup) - online intergroup of Alcoholics Anonymous
- [Addiction Recovery Guide](http://Addiction Recovery Guide)
- [Soberistas.com](http://Soberistas.com)
- [12 Step Forums](http://12 Step Forums) - online recovery meetings and forums
- [SMART Recovery](http://SMART Recovery)

## Centre for Addiction and Mental Health

Free Online course: [Empowering Families Affected by Substance Use Problems](http://Empowering Families Affected by Substance Use Problems)



## Additional Services and Agencies

### ADDICTION SERVICES

#### Addiction Services for York Region

Ph: 905-841-7007 or 1-800-263-2288 ext.322

Web: [asyr.ca](http://asyr.ca)

Email: [info@asyr.ca](mailto:info@asyr.ca)

#### Across Boundaries

Ph: 416-787-3007

Web: [acrossboundaries.ca](http://acrossboundaries.ca)

#### Black Creek Community Health Centre

Phone: 416-249-8000 or 416-246-2388

Web: [bcchc.com](http://bcchc.com)

#### Caritas School of Life

Ph: 416-748-9988 or 1-800-201-8138

Web: [caritas.ca](http://caritas.ca)

Email: [info@caritas.ca](mailto:info@caritas.ca)

#### Centre for Addiction & Mental Health (CAMH)

Ph: 416-535-8501 or 1-800-463-2338

Web: [camh.ca](http://camh.ca)

Email: [info@camh.ca](mailto:info@camh.ca)

#### ConnexOntario

Ph: 1-866-531-2600

Web: [connexontario.ca](http://connexontario.ca)

#### Cornerstone to Recovery

Ph: 905-762-1551

Web: [cornerstonetosrecovery.com](http://cornerstonetosrecovery.com)

Email: [info@cornerstonetorecovery.com](mailto:info@cornerstonetorecovery.com)

#### Krasman Centre

Phone: 905-780-0491

Web: [krasmancentre.com](http://krasmancentre.com)

#### Vitanova Foundation

Ph: 905-850-3690

Web: [vitanova.ca](http://vitanova.ca)

Email: [info@vitanova.ca](mailto:info@vitanova.ca)

### COMMUNITY HEALTH SERVICES

#### Assaulted Women's Helpline

Ph: 1-866-863-0511

Web: [awhl.org](http://awhl.org)

#### Eating Disorders of York Region

Ph: 905-886-6632

Web: [edoyr.com](http://edoyr.com)

Email: [info@edoyr.com](mailto:info@edoyr.com)

#### Southlake Family Health Team

*Locations in Newmarket, Aurora, Bradford & Mount Albert*

Ph: 905-853-3103

Web: [southlakefht.ca](http://southlakefht.ca)

#### Telehealth Ontario

Ph: 1-866-797-0000

#### Women's Centre of York Region

*Support and Wellness Programs*

Ph: 905-853-9270 or 1-855-853-9270

Web: [wcyr.ca](http://wcyr.ca)

#### Youth Speak

Ph: 905-967-0604

Web: [youthspeak.ca](http://youthspeak.ca)

#### York Rainbow Support Network

Ph: 1-888-967-5542

Web: [fsyr.ca](http://fsyr.ca)

## FRANCOPHONE HEALTH & SOCIAL SERVICES

### Auberge Francophone

925 Albion Ave., Suite 306, Toronto  
Ph: (647) 956-0928  
Web: [aubergefrancophone.org](http://aubergefrancophone.org)

### Centre Francophone de Toronto (Francophone Community Health Centre)

555 Richmond St. W., Toronto  
(*main site*)  
5 Fairview Mall Dr, Suite 280, North York  
20 Lower Spadina Ave, Toronto  
Ph: (416) 922-2672 ext.290  
Web: [centrefranco.org](http://centrefranco.org)

### Fem'aide Crisis Line

Ph: 1-877-336-2433

### La Maison d'hebergement

Ph: (647)777-6419  
Web: [lamaison-toronto.org](http://lamaison-toronto.org)

### Oasis Centre Des Femmes

Ph: (416) 591-6565  
Web: [oasisfemmes.org](http://oasisfemmes.org)

### Programme passages (The Access Point)

Ph: (416)640-1934/1-800-640-1934  
Web: [theaccesspoint.ca](http://theaccesspoint.ca)

### Youth Mental Health Services

95 Wellesley St. E., Toronto  
Ph: (416) 922-2672 ext:2  
Web: [turningpoint.ca](http://turningpoint.ca) (*for service in french*)

## DISTRESS OR CRISIS

### Emergency Services

Call 911

### 310-COPE

*Crisis Line for York Region & South Simcoe*  
Ph: 1-855-310-COPE (2673) or  
TTY 1-866-323-7785  
Web: [cope.yssn.ca](http://cope.yssn.ca)

### 408-Help Line

*Crisis line for GTA and Peel*  
Ph: 416-408-4357 (GTA)/ (905)459-7777 (Peel)  
Text: 45645  
Web: [dcogt.com/408-help-line](http://dcogt.com/408-help-line)

### Assaulted Women's Helpline

Ph: 416-863-0511/1-866-863-0511  
Web: [awhl.org](http://awhl.org)

### Community Crisis Line Scarborough and Rouge Hospital Ph: 416-495-2891

*Service borders: south to the lake, north to Steeles Ave, east to Port Union Rd, and west to Victoria Park*

### CMHA Simcoe County Crisis Services

Ph: 705-728-5044/1-888-893-8333

### Kids Help Phone

Ph: 1-800-668-6868  
Web: [kidshelpphone.ca](http://kidshelpphone.ca)

### Krasman Centre

*Warm Line & Peer Crisis Support Service*  
Ph: 1-888-777-0979  
Web: [krasmancentre.com](http://krasmancentre.com)

## FOOD BANKS

### **Aurora Food Pantry**

Ph: 905-841-1577

Web: [aurorafoodpantry.ca](http://aurorafoodpantry.ca)

Email: [info@aurorafoodpantry.ca](mailto:info@aurorafoodpantry.ca)

### **Barrie Food Bank**

Ph: 705-725-1818

Web: [barriefoodbank.org](http://barriefoodbank.org)

### **Bathurst-Finch Community Food Bank (North York)**

Ph: 647-704-1111

Web: [northyorkharvest.com](http://northyorkharvest.com)

### **Flemingdon Food Bank (North York)**

Ph: 416-422-4322

Web: [fcfoodbank.com](http://fcfoodbank.com)

### **Georgina Community Food Pantry**

Ph: 905-596-0557

Web: [georginafoodpantry.ca](http://georginafoodpantry.ca)

### **Good Shepherd Food Bank (Alliston)**

Ph: 705-435-3255

### **Helping Hands Food Bank (Bradford)**

Ph: 905-775-2824

### **King Township Food Bank**

Ph: 905-806-1125

Web: [ktfb.ca](http://ktfb.ca)

Email: [ktfoodbank@gmail.com](mailto:ktfoodbank@gmail.com)

### **Markham Food Bank**

Ph: 905-472-2437

Web: [markhamfoodbank.ca](http://markhamfoodbank.ca)

### **Mount Albert Food Pantry**

Ph: 905-473-2562

Web: [mauc.ca/food-bank-](http://mauc.ca/food-bank-)

### **Newmarket Food Pantry**

Ph: 905-895-6823

Web: [newmarketfoodpantry.ca](http://newmarketfoodpantry.ca)

Email: [info@newmarketfoodpantry.ca](mailto:info@newmarketfoodpantry.ca)

### **Richmond Hill Community Food Bank**

Ph: 905-508-4761

Web: [richmondhillcommunityfoodbank.ca](http://richmondhillcommunityfoodbank.ca)

Email: [rhfoodbank@bellnet.ca](mailto:rhfoodbank@bellnet.ca)

### **Vaughan Food Bank**

Ph: 905-851-2333

Web: [vaughanfoodbank.ca](http://vaughanfoodbank.ca)

Email: [vaughan.foodbank@bellnet.ca](mailto:vaughan.foodbank@bellnet.ca)

### **Whitchurch-Stouffville Food Bank**

Ph: 905-640-4704

Web: [wsfoodbank.com](http://wsfoodbank.com)

Email: [info@wsfoodbank.com](mailto:info@wsfoodbank.com)

### **North York Food Harvest**

Ph: 416-635-7771

Web: [northyorkharvest.com](http://northyorkharvest.com)

### **Society For the Living Food Bank (North York)**

Ph: 416-746-0388

Web: [societyfortheivingfoodbank.com](http://societyfortheivingfoodbank.com)

### **The Community Share Food Bank (North York)**

Ph: 416-441-3209

Web: [communitysharefoodbank.ca](http://communitysharefoodbank.ca)

## GRIEF COUNSELLING

### **Bereaved Families of Ontario - York Region**

Ph: 1-800-969-6904 or 905-898-6265

Web: [bfo-yorkregion.com](http://bfo-yorkregion.com)

Email: [bfoyr\\_program@bellnet.ca](mailto:bfoyr_program@bellnet.ca)

## HOSPITALS

### **Humber River Hospital (Downsview)**

Ph: 416-242-1000

Web: [hrh.ca](http://hrh.ca)

### **Mackenzie Health (Richmond Hill Hospital)**

Ph: 905-883-1212

Web: [mackenziehealth.ca](http://mackenziehealth.ca)

### **Markham Stouffville Hospital**

Ph: 905-472-7373

Web: [msh.on.ca](http://msh.on.ca)

### **North York General Hospital**

Ph: 416-756-6000

Web: [nygh.on.ca](http://nygh.on.ca)

### **Royal Victoria Regional Health Centre (Barrie)**

Ph: 705-728-9802

Web: [rvh.on.ca](http://rvh.on.ca)

### **Southlake Regional Health Centre (Newmarket)**

Ph: 905-895-4521

Web: [southlake.ca](http://southlake.ca)

### **Stevenson Memorial Hospital (Alliston)**

Ph: 705-435-6281

Web: [stevensonhospital.ca](http://stevensonhospital.ca)

## INDIVIDUAL, COUPLE & FAMILY COUNSELLING

### **Catholic Community Services York Region**

Ph: 1-800-263-2075

Web: [ccsy.org](http://ccsy.org)

### **Catholic Family Services of Toronto (North York)**

Ph: 416-222-0048

Web: [cfstoronto.com](http://cfstoronto.com)

### **Catholic Family Services of Simcoe County**

Phone: 705-726-2503/1-888-726-2503

Web: [cfssc.ca](http://cfssc.ca)

### **Family Services York Region (Newmarket)**

Ph: 905-895-2371

Web: [fsyr.ca](http://fsyr.ca)

### **Family Services York Region (Richmond Hill)**

Ph: 905-883-6572

Web: [fsyr.ca](http://fsyr.ca)

### **Jewish Family and Child Services**

Ph: 416-638-7800

Web: [jfundcs.com](http://jfundcs.com)

### **Newpath Youth and Family Services (South Simcoe)**

Phone: 705-725-7656

Web: [newpath.ca](http://newpath.ca)

## MENTAL HEALTH

**Canadian Mental Health Association (CMHA) York Region & South Simcoe**  
Ph: 905-841-3977  
Web: [cmha-yr.on.ca](http://cmha-yr.on.ca)

**Canadian Mental Health Association (CMHA) Toronto**  
Ph: 416-787-7957  
Web: [toronto.cmha.ca](http://toronto.cmha.ca)

**Centre for Addiction & Mental Health (CAMH)**  
Ph: 416-535-8501 or 1 800 463-2338  
Web: [camh.ca](http://camh.ca)

**Hong Fook Mental Health Association**  
Ph: 416-493-4242  
Web: [hongfook.ca](http://hongfook.ca)

**Krasman Centre**  
(Warm Line & Peer Crisis Support Service)  
Ph: 1-888-777-0979  
Web: [krasmancentre.com](http://krasmancentre.com)

## PARENT RESOURCES

**Drug Free Kids Canada**  
Ph: 416-479-6972  
Web: [drugfreekidscanada.org](http://drugfreekidscanada.org)

**Canadian Centre on Substance Abuse and Addiction**  
Ph: 1-833-235-4048/613-235-4048  
Web: [ccsa.ca](http://ccsa.ca)

**Parent Action on Drugs**  
Ph: 1-877-265-9279 or 416-395-4970  
Web: [parentactionondrugs.org](http://parentactionondrugs.org)  
Email: [pad@parentactionondrugs.org](mailto:pad@parentactionondrugs.org)

**Positive Choices**  
Web: [positivechoices.org.au](http://positivechoices.org.au)

## SHELTERS & HOUSING

**Belinda's Place**  
Emergency Housing for Women  
Ph: 289-366-HOPE (4673)  
Web: [belindasplace.ca](http://belindasplace.ca)  
Email: [Belindas\\_Place@can.salvationarmy.org.ca](mailto:Belindas_Place@can.salvationarmy.org.ca)

**Blue Door Shelters**

- *Leeder Place (Families)*
- *Porter Place (Men)*
- *Kevin's Place (Youth)*

Ph: 905-898-1015 or 1-888-544-5525  
Web: [bluedoor.ca](http://bluedoor.ca)  
Email: [info@bluedoor.ca](mailto:info@bluedoor.ca)

**Cornerstone Place**  
Ph: 647-346-0616

**Fred Victor Bethlehem United Shelter**  
Ph: 416-644-1734  
Web: [fredvictor.org](http://fredvictor.org)

**LOFT**  
Ph: 416-979-1994  
Web: [loftcs.org](http://loftcs.org)

**My Sister's Place (Alliston)**  
Emergency shelter for abused women and their children  
Ph: 705-435-9400  
Web: [mysistersplace.ca](http://mysistersplace.ca)

**North York Women's Shelter**  
*Emergency shelter for abused women and their children*  
Ph: 416-638-7335/Shelter Crisis Line: 1866-863-0511  
Web: [nyws.ca](http://nyws.ca)

**Red Door Family Shelter**  
Ph: 416-397-5637  
Web: [reddoorshelter.ca](http://reddoorshelter.ca)

**Salvation Army Men's Shelter (Barrie)**  
Ph: 705-728-3737

### **Sandgate Women's Shelter**

Ph: 1-800-661-8294

Web: [sandgate.ca](http://sandgate.ca)

Email: [monas@sandgate.ca](mailto:monas@sandgate.ca)

### **Yellow Brick House**

*Emergency Shelter for Women & their Children*

24 Hour Crisis Line: 1-800-263-3247

Emergency Shelter: 905-727-1944

Outreach Services: 1-877-222-8438

Web: [yellowbrickhouse.org](http://yellowbrickhouse.org)

Email: [info@yellowbrickhouse.org](mailto:info@yellowbrickhouse.org)

## **TRAUMA COUNSELLING**

### **Cedar Centre**

Ph: 1-800-263-2240 or 905-853-3040

Web: [cedarcentre.ca](http://cedarcentre.ca)

Email: [cedar@cedarcentre.ca](mailto:cedar@cedarcentre.ca)

### **Women's Support Network of York Region**

Ph: 905-895-7313 or 1-800-263-6734

Web: [womenssupportnetwork.ca](http://womenssupportnetwork.ca)

Email: [info@womenssupportnetwork.ca](mailto:info@womenssupportnetwork.ca)

## **YOUTH SHELTERS/SERVICES**

### **360° Kids Connections Emergency Housing**

For Youth 16-26 Years of Age

Ph: 905-884-3070 (press 3)

Web: [360kids.ca](http://360kids.ca)

### **Eva's Place**

Ph: 416-441-1414

Web: [evas.ca](http://evas.ca)

### **Home Base Youth Drop-In Centres (Richmond Hill)**

Ph: 905-884-3070

Web: [360kids.ca](http://360kids.ca)

### **Home Base Youth Drop-In Centres (Vaughan)**

Ph: 647-465-0738

Web: [360kids.ca](http://360kids.ca)

### **Horizons for Youth**

Ph: 416-781-9898

Web: [horizonsforyouth.org](http://horizonsforyouth.org)

### **Kevin's Place Youth Shelter**

For Youth 16-26 Years of Age

Ph: 905-898-1015 or 1-888-544-5525

Web: [bluedoor.ca](http://bluedoor.ca)

### **Sutton Youth Shelter**

For Youth 16-26 Years of Age

Ph: 905-722-9076

Web: [suttonyouthshelter.ca](http://suttonyouthshelter.ca)

Hours: 24/7 Shelter Service

### **Youth Haven (Barrie)**

Youth Shelter

Phone: 705-739-7616

Web: [youthhaven.ca](http://youthhaven.ca)

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## ADDICTION SERVICES FOR YORK REGION

14785 Yonge Street, Suite 210

Aurora, ON L4G 1N1

Phone: 905-841-7007

Fax: 905-841-6146

Toll Free: 1-800-263-2288

Email: [info@asyr.ca](mailto:info@asyr.ca)

Visit our website @ [www.asyr.ca](http://www.asyr.ca)

We have several Satellite Offices, Community Withdrawal Management Clinics & Rapid Access Addiction Medicine (RAAM) Clinics throughout York Region, South Simcoe & North York.

Visit our website @ [www.asyr.ca](http://www.asyr.ca) or call us at **905-841-7007** or **1-800-263-2288** for more information.



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