

ACCREDITATION CANADA
AGRÉMENT CANADA
Driving Quality Health Services
Force motrice de la qualité des services de santé

Thorpe Recovery Centre

Residential Services
4204 54th Avenue
Lloydminster, AB T9V – 2R6
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Harris House
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The Immediate and Long -Term Economic Benefits of Mental Health and Addiction Treatment for Canadians and Canada.

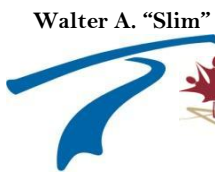
On behalf of the Thorpe Recovery Centre, Stan Parke, the Board Chair wishes to appear in person before the Standing Committee. We choose to attend in Saskatoon, Moncton and/or Toronto locations.

Thank you for your consideration,

Report provided by:

Stan Parke Board Chair
Thorpe Recovery Centre
Email: spja100@gmail.com
Phone: 780 871-2940

Lisa M. Luciano PhD.
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Introduction

The Thorpe Centre in Lloydminster, Alberta first began helping people who were struggling with addiction in 1975. Since then, Thorpe has been able to assist thousands of Canadian residents find hope and succeed in their recovery. Our experiences over the years have helped us to understand the significant impact treatment services can have on an individual and at a community level.

Substance abuse represents a significant drain on the Canadian economy in terms of impact on the health care and criminal justice systems, and its' indirect impact on productivity as a result of premature death and poor health.

Treatment offers Canadians a significant return on investment by decreasing incarceration rates and reducing costs to our health care system. Our clients become productive members of society rather than a drain on our social welfare systems. Consequently, our recommendations are to invest in an infrastructure directed toward recovery programs for military, youth and aboriginal people in Canada.

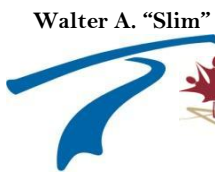
Cost of Addiction

We have experienced many costs when it comes to addiction. Perhaps the most startling financial costs are those that affect the country as a whole rather than just the addict. In Canada, alcohol and drug addiction costs the public \$40 billion per year (Heritage Home). Of this \$40 billion, approximately 61% goes toward indirect costs which include lost productivity in the workplace or at home, and short-term and long-term disability needs relating to the substance abuse (Alberta Health Services, 2006). Direct healthcare costs contributed to 22% of this total which takes into consideration the amount of money put into hospitalization stays and prescription medications due to addiction (Alberta Health Services, 2006). Direct law enforcement costs account for 14% of this \$40 billion total due to the high correlation between addiction and crime (Alberta Health Services, 2006). This is a substantial amount of money wasted on reacting to addiction rather than rehabilitating the addict so they are able to become a functional and productive member of society.

In the year 2002, it was reported that 6.2% of all Canadian deaths of under the age of 70 were alcohol related (Centre for Addiction and Mental Health, 2007). This means in one year 8,103 Canadians lost their lives due to the presence of alcohol (Centre for Addiction and Mental Health, 2007). These numbers only consider alcohol as a contributing factor in the cause of death; if tobacco and illegal drugs are included, approximately 21.4% of all deaths in Canada in 2002 can be attributed to either tobacco, alcohol, or illegal drugs (Rehm, et al., 2006).

Cost of Incarceration

Statistics shows 70% of all offenders are imprisoned due in part to alcohol or drugs (Rideauwood Addiction and Family Services). In the years 2004 and 2005, the cost of incarcerating a Federal prisoner per day was \$259.05 (PrisonJustice.ca, 2008). Considering the length of stay in a federal penitentiary is a minimum of 2 years, the least amount one inmate costs the Canadian taxpayers is \$189,106.50.



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Return on Investment into Treatment

In the year 1999, the calculated return from investing an addict into treatment was 5.6 to 1 (Rideauwood Addiction and Family Services). This means that for every tax dollar spent on treatment centres, the government saw a return of \$5.60. This may come in the form of cost savings on health care, employment insurance, and various other social programs, or it could be in the form of increased revenues as the addict begins to reintegrate into society and fulfill their monetary responsibilities.

Specific Groups

Adolescence and Youth

One of the largest concerns in Canada today is our current youth's alcohol and drug use patterns. As they are growing to become the next generation leading this nation, statistics show a high number of adolescents participating in high-risk substance abuse behaviour. Approximately 61% of all students in grades 7-12 drink alcohol (Centre for Addiction and Mental Health, 2008). The percentage of students that drink hazardously, meaning their drinking causes serious negative consequences, is 19% (Centre for Addiction and Mental Health, 2008).

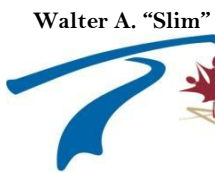
Although alcohol is the most popular form of substance abuse in youth, Canada is seeing a growing trend in the use of cannabis and misuse of prescription pills. Approximately 15% of all students in grades 7-12 use cannabis on a daily basis (Centre for Addiction and Mental Health, 2008). Three percent of students have already formed a chemical dependence to cannabis (Centre for Addiction and Mental Health, 2008). Twenty one percent of students surveyed admitted to taking prescription pills for non-medicinal purposes (Centre for Addiction and Mental Health, 2008).

Military Personnel

Many members of the military returning from duty are now reporting symptoms of post traumatic stress disorder (CBC News, 2011). Over the next several years we expect to see members of the military returning from war and presenting in our treatment facility. These men and women will need to access services that can deal with both symptoms of trauma and addiction.

Aboriginal Population

The mental health of aboriginal peoples in Canada is of concern when looking at recent statistics. For instance, 8% of the overall Canadian population indicated that they have experienced major depression; the aboriginal population indicated that 16% have been subjected to the same state (Khan, 2008). This specific demographic has doubled the general population in depression rates. The primary addiction or abused substance in the aboriginal community is alcohol which represents of 58.4% of the cases entering into treatment (The Aboriginal Healing Foundation Research Series, 2007). In a survey conducted, 25% of the members in the Canadian First Nation community admitted to having a personal problem with alcohol (Khan, 2008). Considering the general Canadian population addiction rate is approximately 10%, we are seeing a large difference between the national average and the aboriginal population.



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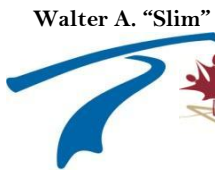
Concurrent Disorders

Approximately 20% of Canadians with a mental health issue also struggle with addiction (Centre for Addiction and Mental Health, 2009).

One of the largest concerns regarding mental health is the growing rate of depression. The World Health Organization has issued a report stating that depression may be the largest medical burden to society by the year 2020 (Centre for Addiction and Mental Health, 2009). It is crucial that treatment services are able to address both concerns.

Recommendations

As noted we have been providing treatment services to many Canadians over the last 35 years. We have witnessed the benefits to those individuals and to our country as a whole. **Our recommendations to this standing committee are to invest in an infrastructure directed toward recovery programs for *military, youth and aboriginal people* in Canada.**



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Executive Summary

The Thorpe Centre has been facing the challenges that are faced by government, society, family and individuals in regards to the overwhelming problems associated with mental health and addictions. Investing in the field of addiction and mental health has resulted in significant change for individuals and community. Our proposal outlined the benefit of our government investing in addiction and mental health treatment. We have also described the cost to our health care and judicial systems when treatment services are not available due to a shortage of government funding.

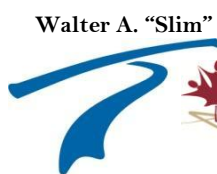
This report examined the following issues:

- The Cost of Addiction
- The Cost of Incarceration
- Return on Investments into Treatment

Specific Groups examined in this report were:

- Adolescents
- The Military
- Aboriginal populations
- Concurrent Disorders

The proposal concludes with recommendations for the standing committee.



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