



**BRAIN INJURY  
ASSOCIATION  
OF LONDON  
AND REGION**

# The Monarch

September 2008

**Drugs, Alcohol and Brain Injury**  
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# Freedom

***"If disabled people could focus on all the things they can do, instead of the things they can't, they will find, just like I did, that life is fantastic."***

*Danny McCoy*



Danny McCoy was rendered a paraplegic in a terrible car accident at the age of 49. Before the accident he was an avid sailor. After the accident, Danny became one of the top ranked competitive disabled sailors in the world. He's also the founder of the Disabled Sailing Association of Ontario and one of the sport's foremost international ambassadors.

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**Reminder:**

### Membership Renewals are now due!

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with Ontario Brain Injury Association  
and the Brain Injury Association  
of London and Region.

See Page 4 for OBIA.BIALR Dual  
Membership Application

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# EXECUTIVE DIRECTOR'S REPORT

Drug and alcohol abuse is often a factor in brain injury, either as a contributing cause of the injury or a residual consequence following the injury. Many survivors who have difficulty adjusting to their injury turn to drugs and alcohol as a means to cope. In this issue of The Monarch, you will find several interesting articles on the subject. We are also pleased to publish Part 2 of the three part series 'Living Life with Joel an ABI Survivor' by Marg Willmse.

It is hard to believe that the summer has gone by so quickly! September marks the beginning of a new year not only for those returning to school, but for us here at the Association also. During the summer, we slow down considerably when the Board, Committees and Support Groups take a bit of a break. During September, all of the activities resume and plans for the fundraising gala, conference and community awareness events begin to develop. We look forward to welcoming new intern students from programs at UWO & Fanshawe College.

We are involved in three exciting events during this September. Camp Dawn will be held at Rainbow Lake September 11-14 and promises to be our largest Camp yet with 80 Campers and over 40 Leaders registered. Our 7<sup>th</sup> Annual London Brain Injury Charity Golf Classic that we co-host with H.A.B.I.T. is set to tee off at 10:30 a.m. on September 25.

Our Association will also benefit from a Charity Golf Tournament at West Haven Golf Club hosted by M.D.M. Reporting Services on September 10. The two year grant from the Ontario T r i l l i u m Foundation has come to the end and along with that, the contract position of Support & Volunteer Coordinator is now concluded. On behalf of the



Association, I would like to thank Joe Zablocki for his efforts over the past two years of helping us to fulfill the requirements of this grant. We now have Volunteer Policies & Procedures in place and have increased the opportunities for those living with the effects of brain injury to access support. Joe assures us that he is going to stay involved with the Support Services Committee and Support Groups in a volunteer capacity.

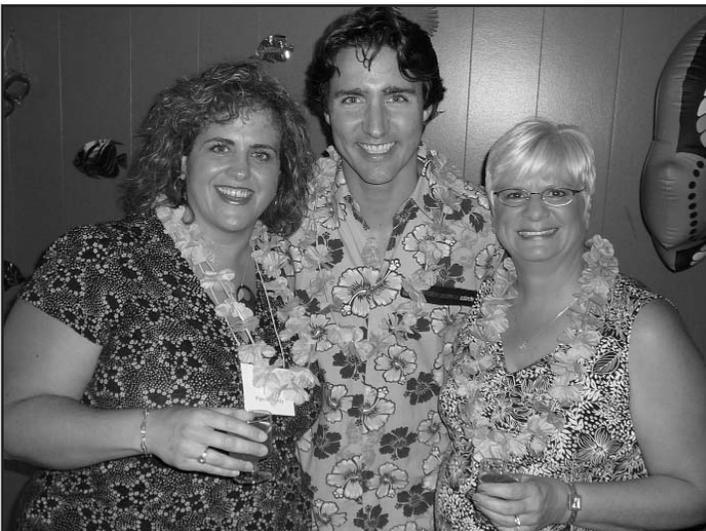
All of the Support Groups will resume at their regular date & time. Please refer to our website [www.braininjurylondon.on.ca](http://www.braininjurylondon.on.ca) for the particulars.

In June we said goodbye to Kelly Williston Wardell and thanked her for her contributions to the Board of Directors. In her place we welcome Elizabeth Skirving to the Board.

We congratulate Jamie Fairles on receiving OBIA's Volunteer of the Year Award. I had the pleasure of attending the Brain Injury Association of Canada's annual conference in Montreal this summer. It was an excellent opportunity to meet people from across Canada and highlighted the fact that many issues we struggle with in our area are prominent in every province.

The Board of Directors recognizes that with the incredible growth of the Association over the past 3 years, we need additional help in the office. The Board recently approved a part-time position for a Program Assistant. We are pleased to welcome Becky LeCouteur to this role.

We are seeking interested parties to join the several committees that are a vital part of the operation of our Association. Please consider a volunteer position with this dynamic organization. We need great people like you!



*Pam McCurdy, Justin Trudeau, Donna Thomson  
at the BIAC conference in Montreal*

*Donna Thomson*





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**Joe Zablocki**

**Support and Volunteer Coordinator**

It is difficult to believe that two years have passed since I first started my position as the Support and Volunteer Coordinator at the Brain Injury Association of London and Region. It has been a very rewarding two years.

I have had the opportunity to meet and work with survivors, their families and professionals who provide services to people affected by an Acquired Brain Injury. I would be remiss if I did not say thank-you to all of you for your support, guidance and friendship.

Over the last two years with the assistance of the Support Services Committee and the Board of Directors we have been able to increase the number of support groups in our region and we now have support groups in all 5 counties.

We also have two speciality groups in London. One of these groups is in partnership with the Thames Valley Children's Centre with leadership provided by Sara Sommers. This group is for children with an ABI, their parent and siblings. Each of the groups meet at the Thames Valley Children Centre in separate groups to address issues important to each of them.

Recognizing the obstacles encountered by those in the 18-30 year old age group with an ABI we now have a social group that meets monthly that allows for interaction with peers in a social setting.

There have been many changes at the Brain Injury Association of London and Region over the past couple of years under the leadership of Donna Thomson and I am happy to have been a part of the Association's efforts. Although my employment period has ended, it is my intention to continue to serve as a volunteer with the Association.

One other highlight for me has been the opportunity to be involved at Camp Dawn. This was one of the most rewarding experiences I have ever had and I look forward to continued involvement.

I would like to take this opportunity to say thank-you to our volunteers, support group leaders, committee members, Board of Directors and Donna Thomson for this opportunity and I wish you all continued success as together we serve individuals and families living with the affects of an Acquired Brain injury.

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**Program Highlights**

Membership in both the Ontario Brain Injury Association (OBIA) and the Brain Injury Association of London and Region (BIALR). Individual members shall be entitled to one vote at both BIALR and OBIA's Annual General Meeting. Family members shall be entitled to no more than two at both BIALR and OBIA's Annual General Meeting.

Membership in Community Support Network/Reseau De Soutien Communautaire (CSN/RSC) is available to individuals and families who support the aims and objectives of participating community associations and OBIA. Corporations, associations, partnerships or other types of organizations are welcome to support participating community associations and OBIA by listing or advertising in the online ABI Directory of Services, but may not hold CSN/RSC membership.

Members will receive a one-year subscription to OBIA Review and The Monarch newsletter.

Members may participate in the Peer Support Mentoring Program for People Living with ABI.

Members will have free access to OBIA's resource library and be eligible for a \$25.00 discount on most of OBIA's training programs.

**All membership fees are equally divided between OBIA and BIALR**

**OBIA & BIALR Dual Membership Application Form**

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**Yes!** I wish to purchase a Dual Membership and I understand that I will hold membership to both Ontario Brain Injury Association and the Brain Injury Association of London & Region.

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# HELMETS ON KIDS

*A Community Partnership*

## **ANOTHER SUCCESSFUL HELMETS ON KIDS CAMPAIGN!**

I have been honoured to continue the good work Barb Legate began as the chair of the 2008 London Helmets on Kids Committee. With the help of such community partners as the Brain Injury Association of London, the Middlesex-London Health Unit, the London District Catholic School Board, the Thames Valley District School Board, Westervelt College - Police Foundations members, London Health Sciences Centre, and the support of guest speaker Barry Phelan, a brain injury survivor and Paralympics athlete, London members of the Ontario Trial Lawyers Association were able to raise enough donations to put more than 1,500 helmets on the heads of local school children in 2008.

On June 18, 2008 an assembly involving grade 4 students at the St. Plus X Catholic Elementary School on Vancouver Street in London was held. Forty-two students from the classes of Miss Soce and Miss Cabral heard instructions and anecdotes from their principal, Mr. Grant McMurray, from public health nurse, Pam Longworth, and special guest speaker Barry Phelan. The assembly included a special video that was created strictly for the Helmets on Kids campaign in order to review proper helmet fitting and the reasons why helmets reduce injury. Immediately following the assembly the students participated in a bicycle rodeo where safety bike in general and helmet safety specifically was reinforced.

An ounce of prevention is truly worth a pound of cure when it comes to initiatives that help to reduce the risk of brain injury. Our children need the support of the entire community if they are to thrive. Safe and proper helmet wearing is one important life lesson that all adults can help instill in our children.

This worthy charitable cause will continue in future years. Please share your ideas, financial support, questions, or comments with Andrew Murray, Helmets on Kids Committee Chair, at 519-640-6313 or [amurray@lanners.ca](mailto:amurray@lanners.ca), and plan on becoming a community partner in 2009.

*We would like to express our gratitude for those who contributed to the success of our 7<sup>th</sup> Annual Helmets on Kids Campaign*

**Special Guest**  
Barry Phelan

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**Additional support for this initiative was provided by Helmets on Kids Partners and their organizations.**

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London District Catholic School Board  
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## Peer Support Mentoring Program for People Living with ABI

By Jamie Fairles  
Peer Support Coordinator

The Association sees a significant slow down during the summer months with people going on holidays and taking vacations. Now that everyone has returned relaxed and rested, the Association will host a training day for new Peer Mentors on September 9.

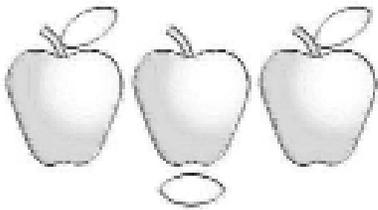
As you may recall, London was the first Association in Ontario to provide the training back in September 2006. We have had several successful

matches since that time. The mentor program in London has seen several people in the role of Peer Support Coordinator, which has resulted in a delay in the recruitment and training processes. We welcome the new mentors who are eager to support others through their experience dealing with ABI.

Anyone interested in becoming either a mentor or if you are in need of a mentor, please contact me.

***I am available at the Brain Injury Association 519 642 4539  
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# 11th Annual Brain Injury Conference a Great Success

The Brain Injury Association of London & Region would like to thank all the Speakers, Participants, Sponsors and Exhibitors for their contributions to the 11th Annual Brain Injury Conference, Open Minds: exploring neuroplasticity & non-traditional therapies.

## Speakers

Dr. Norman Doidge  
Dr. Cheryl Letheren  
Ms. Michele Meehan  
Ms. Marilyn Macmillan

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Jim Mays introduces Dr. Norman Doidge at the 11th Annual Brain Injury Conference



Dr. Cheryl Letheren speaks to attendees at the Annual Conference held June 20th, 2008



## The Ontario Alliance For Action On Brain Injury ...

*Submitted by John Kumpf,*

*Executive Director of the Ontario Brain Injury Association*

One of the great challenges in getting better services for people living with the effects of brain injury is that it is often invisible. It is often undiagnosed or misdiagnosed so that sometimes even people who suffer with the symptoms of brain injury are not aware that they have injured their brains. Because many of the impairments are cognitive, emotional, or behavioural in nature, there are no obvious outward signs of damage done by the injury to the brain. So in spite of the fact that the incidence of brain injury is much higher than the incidence of some other disease and disabilities such as breast cancer, spinal cord injuries, or HIV Aids, brain injury does not catch the attention of either the public or the government in the same way that these other human tragedies do. Brain injury is often called the INVISIBLE DISABILITY.

About a year ago, a small group of us began to meet to wrestle with this problem of "invisibility". In the last issue of the OBIA Review, I wrote of the establishment of a coalition of agencies established to create in both the general public and government policy makers, an awareness of both the scope and the challenges of brain injury in Ontario. This coalition, The Ontario Alliance For Action on Brain injury (OAABI), is currently made up of five organizations, The Ontario Neurotrauma Foundation, The Ontario Association of Community Based Acquired Brain Injury Services, The Toronto Acquired Brain Injury Network, The Chedoke Brain Injury Program, and the Ontario Brain Injury Association. Together, these five agencies, each with their own networks of survivors, caregivers, and professionals working in the field of brain injury, undoubtedly comprise one of the most knowledgeable and experienced banks of expertise on acquired brain injury to be found anywhere in the country and perhaps on the planet. It is our intention to change the way ABI is both viewed and addressed in Ontario.

So what have we done so far? On June 6, we had a meeting at Queen's Park with representatives of five ministries. We were received very cordially and invited to submit specific proposals for how each might help. On June 10, we launched our Public Awareness campaign with a Press Conference at Queen's Park. The pre-announcement of this press conference resulted in a number of radio and TV interviews on that day as well as the coverage that we received at the conference itself. We also announced our website [www.see-us.ca](http://www.see-us.ca). Subsequently, I was asked to participate in the taping of a half hour show on CHCH TV, and we have had several calls from various media seeking information. At the Press Conference, we also introduced four video vignettes illustrating the misunderstanding that occurs as a result of the invisibility of ABI. These vignettes have run on various television outlets as Public Service Announcements since. On July 31, I spent a day at a media workshop learning how to deal with media interviews.

Our stated intent is not to simply highlight the needs of the estimated 500,000 Ontarians living with brain injury, but to use the collective expertise available to the Alliance to propose cost-effective solutions. We are currently

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*When experience matters.....*



working on specific proposals to a number of ministries outlining how we think that money can be spent more effectively to achieve more for those living with brain injury. Some of the suggestions, such as training for special education teachers, are relatively inexpensive with the potential to save millions of dollars in lost productivity. Others such as the provision of more community based support, including supportive housing, will require a greater investment. At the same time we are trying to think outside the box and look at how the investment required may be tempered by combining public and private resources to make good things happen.

We also plan to continue to use the media to increase public awareness. There are plans for a media tour around the Province in the fall. At this time local media will be advised of a media event in each city on the tour and we will be looking for people who live with brain injury to share their stories. There is also a documentary film on brain injury in the works. In the meantime we continue to get the Public Service Announcements (PSA's ) on television.

All of this has meant a considerable investment of time, energy, and money by the five agencies involved, but if we can raise awareness and create changes in how money is invested in people who have had a brain injury, then the efforts will be worthwhile, but we need your assistance. You can help simply by going to the website [www.see-us.ca](http://www.see-us.ca). Check it out, and subscribe to the free online newsletter. There are also opportunities for those living with a brain injury to submit their story, and/or comments. Ask your friends and relatives to go to the website and sign up for the newsletter. The more people we have going to the website and subscribing to the newsletter, the louder our voice will be for people living with the effects of ABI. If you learn of a press conference in your area, offer to share your experiences, and outcome.

It is only in fairy tales that change happens by wishing. In real life, change requires action. In the 10 years that I have been associated with OBIA, the actions and activities of the Alliance are the most positive agents for change that I have seen. I hope every reader will want to be a part of that action.



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## Living Life with Joel an ABI Survivor - Part 2

This is the second of a three part series of one family's journey following a brain injury. We would like to thank Marg Willemse for sharing this very personal story about her family.

It was on this day (day 18) that they started to take Joel off the ventilator for short periods of time and allowed him to breathe on his own. His temperature was still too high and his hemoglobin was too low so they gave him a unit of blood. The doctors decided to call the Department of Infectious Diseases to have a look at Joel. They concluded that Joel was free of any disease, which made us happy, but still left us without an answer as to why his temperature was so high. By the twentieth day Joel was no longer receiving sedatives of any kind and was starting to move around and was becoming more alert. When I went into see him, Joel opened his eyes and when I started to talk to him he looked at me and then smiled, twice! Then, as his Dad began speaking, Joel turned his head towards his Dad. We like to think it was because he recognized our voices.

By the end of the third week Joel was able to stay awake for a good part of the day. He then started having problems with his blood pressure and heart rate. They were both too high. For a number of days now they had tried to get Joel's temperature to drop by literally packing him in ice. He was lying on a mat that actually had ice in it and they would put ice under his armpits. It was discovered that he had an infected sore on the back of his head from lying down so long, so an antibiotic was administered.

The doctors said that the infection might have been

the cause for the high temperature, but they could not be one-hundred percent certain. Two days later Joel was moved up to the seventh floor because he was staying awake and holding his own even though he still had a high temp which was somewhat manageable. He was put into the Intensive Observation Unit on the seventh floor and would be there until it was safe for him to go into a private room.

On the twenty-sixth day, August 5, Joel woke up and said "Hi" to his Dad and me. It was the first word he had spoken since July 11. I asked him how he was feeling and he said, "Like crap", which was not hard to believe at all, considering everything he had been through. Once he was awake the doctors felt it was important to get him moving. He could barely stand on his own. Physio therapy began with Joel just lying in the bed and the therapist helping Joel move his arms and legs.

He also seemed to be having a problem with being able to tell the difference between reality and the dreams he was having. He was actually calling his dad "Optimus Prime" although he knew everyone else by name. He had been dreaming about the Transformers, an animated TV show he loved to watch when he was young.

There was a Picc line in his arm which he found really irritating and he kept asking anyone and everyone that walked by if they would take it out. The nurses

had tied him down to the bed because he kept trying to get up even though he could barely stand on his own. He even offered his brother Keith \$20 to untie him. After a couple days the Picc line was removed and he had managed to pull out his own feeding tube. It was decided by the doctors not to replace it and they began to feed him soft foods. He could not seem to get enough water and was constantly asking for it because he was so dehydrated.

When I asked him if he knew why he was in the hospi-

*continued on page 11*

### *Forest City Counselling Services*

*Welcomes Ms. Roxanne Down, MSW*

*Brenda Watkin is pleased to have Roxanne join her practice,  
which provides psychosocial assessment and treatment of individuals  
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*For further information, please contact:*

Brenda Watkin  
519-652-116

Roxanne Down  
519-871-810

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continued from page 10  
tal he said "no". So I went on to explain to him that he had had a really bad seizure, but that he was getting better.

It had become my habit to call the hospital first thing every morning to see how Joel had fared through the night and on this particular morning the nurse told me the doctors had

decided to remove Joel's tracheotomy. He was able to swallow on his own. It was at this point that Joel starting complaining about pain in his shoulder.

On day thirty, Joel was moved to a semi-private room where he had COM care watching him 24/7. Test results for his liver were coming back and the doctors were telling us Joel's liver was still not right. They were still working on it. A couple days later Joel was moved into a private room and still complaining about the pain



in his shoulder, which they eventually found to be a shoulder dislocation.

Five weeks after his admission Joel's Dad and I went to Parkwood Hospital in London to look into the arrangements that had been made for Joel's rehabilitation.

Four days later Joel was moved to Parkwood where they gave him a couple days just to get used to his new surroundings before starting

therapy which included physio, occupational and recreational. By this time it was September and I had returned to my job as a Secondary school librarian. Needless to say it was a very stressful and difficult to concentrate on my job. By the end of the third week I decided I needed to take a leave-of-absence from my job and try to get a firmer grip on all that was happening in our lives.

*continued on page 12*

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Email: (Ike) [elindenburger@yahoo.ca](mailto:elindenburger@yahoo.ca)

#### Counselling Office

190 Wortley Road  
London, ON (Lower Level)

Helena: 519-280-5196

Email: (Helena)

[helena.wood@sympatico.ca](mailto:helena.wood@sympatico.ca)

**Supporting people to gain healthy functioning**



*continued from page 11*

It was about ten days before Joel's initial seizure in July, when we had just started the construction of our new home. We were doing all the contracting ourselves. It was a project that I was really looking forward to and knew I would really enjoy. I had already done most of the footwork as far as getting numerous estimates for the various jobs that needed to be done.

It just added to the already full plate that we had. During the first week after Joel was admitted to the hospital I didn't even want to talk about the house and it was basically put on hold. We were living in a four level-split at the time and when

we were told Joel may very well be in a wheelchair we knew we had to continue with the new house which was going to be a one- floor plan. Our lives basically revolved around Joel and we did our best to work on the house and be there for our other three children.

I would have to say the first six months were the most challenging as far as adjusting to all the changes in our lives. I can still remember driving home one day and thinking about how much our lives had changed. I did not even recognize my own life anymore. We were no longer living in the home we had loved for the past sixteen years.

It was no longer just the two of us. Our daughter had moved back home after graduating from university and when Joel was discharged from Parkwood Hospital he naturally moved back in with us. My husband and I were so involved with Joel's life, work, and the finishing of the new house that we had very little time for each other. It seemed we had entered into this long dark tunnel and were so busy trying to deal with the "new" Joel, and all that entailed. We both were



doing all we could just to hang on to our own sanity, let alone be there for each other.

Joel spent five weeks at Parkwood and progressed well enough to come home. When Joel first arrived home he was very moody and had a very short temper. There were many outbursts when he was with his immediate family. Yet, he seemed to know that same behavior was not acceptable when his extended family members were present. He spent most of his mornings sleeping and in the afternoon he would watch television and spend a considerable amount of time on the computer.

Originally, we were concerned by the amount of time Joel was spending on the computer, but over time we came to realize that it was actually helping with his reading skills. He also seemed to be able to retain a fair amount of the information he was reading.

We also noticed that Joel was very sensitive to noise and light. During the day he would close all the

*continued on page 13*



## **The LifeSkills Centre Inc.**

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For individuals living with an acquired brain injury  
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**[www.lifeskillscentre.ca](http://www.lifeskillscentre.ca)**



continued from page 12

drapes in the house because he could not tolerate the light. He also had a lot of headaches and migraines which made him even more irritable.

Most nights he would be in bed by 7 p.m. He would come into the living room just before turning in for the night and turn the television and all the lights off and leave the rest of us sitting in the dark, literally. When we would tell him that we were watching the television he would tell us that we should be going to bed too. He didn't like the noise.

We really had to try to keep our sense of humor during this time or we probably would have gotten into even more disagreements with him. Eventually Joel was able to stay up later into the evening. We also noticed that whenever anyone came over to visit, he would say hello, but then disappear to his room or the computer room.

Approximately three days a week a support worker from the Outreach program would come to the house to help Joel work on relearning his life skills. It wasn't long before Joel was complaining and telling us that he didn't need help. There was a tension in the house that was present for a long time and we would feel it the moment we came through the door.

There were a couple of incidents where Joel became totally out of control. The first time he was upset because he was not able to use the computer because his sister was using it. Aprille had been hired to work in Japan and was busy making arrangements. Joel, being upset with his sister, actually started to hurt her hand and when she got upset their older brother Adam stepped in to protect his sister, telling Joel to leave her alone. This upset Joel even more and he got into an altercation with his brother. Due to the weakened condition that he was in, it did not take much for Adam to subdue his brother.

It was so sad to have to see Aprille and Adam have to deal with Joel in this way. By Spring of that

year Aprille left for her job in Japan.

It was easy to see that the situation with Joel was taking its toll on her. When Aprille had been gone about 2-3 months, I asked Joel if he missed his sister and he replied "No". Six months later I asked him again and that time he said "Yes, I do". For Aprille it was probably the best thing she could have done.

***Watch for the final part of this story in the December Issue of 'The Monarch'.***



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## Ask a Lawyer

*Dr. Brian Murphy*

### Beer here!?

#### *Beer, the Brain, and Fault and No Fault Insurance*

Well chiseled 'bods' playing and partying endlessly throughout summer, according to this couch potato's sample of television commercials only drink beer. And quite a bit of beer. . . without any apparent effect on the individual's physique or the national beer supply. In the real world, things can go terribly wrong with legal consequences where beer (wine and hard liquor) is involved.

As a physician, patients showed up in my office or in the emergency department demonstrating some of the effects of beer, alcohol, and other similar substances. Alcohol can affect the brain in different ways from conception & birth to death and is present in beer, wine, and hard liquor. As a lawyer, in our law offices we deal with the consequences of those who have suffered a brain, spinal cord or other severe injury where beer, wine and hard liquor is involved.

Alcohol can affect and traumatize the brain in different ways. If a woman, during the first 3 or so months of pregnancy, drinks beer, wine or hard liquor she is also exposing her developing child to these drinks. Her child may as a result of this exposure have a small brain or mental retardation. Drinking in the last third of pregnancy is associated with learning problems, behavioural problems and mental retardation. These types of conditions are grouped under what is called fetal alcohol syndrome. Fetal alcohol syndrome has life-long brain related consequences.

Long term use of beer, wine and hard liquor is also associated with a variety of medical deficiencies. Either alone, or in combination, these problems may result in impairment of function or loss of brain cells (called "cerebral atrophy" and "cerebellar degeneration"). Medical conditions relating to these brain problems may show up with physical 'stroke like' symp-

toms or psychiatric symptoms of a mild to severe degree. Those who have had a brain injury may be more susceptible to the consequences of beer, wine and hard liquor consumption.

However, beer, wine and hard liquor play a role in motor vehicle brain injury, trauma and death. In the teenage driver group, 20% of all deaths are the result of alcohol intoxication. One in three teens report being a passenger in a vehicle driven by an intoxicated teen. Because of changes to teen driving laws, even one drink can mean that a teen has no insurance if an accident occurs. The argument that one drink a day is good for your health will not likely fly before an insurer or a judge.



Insurance can be affected in two ways by drinking – If a teen driver is injured in a collision, his insurance company can take the position that it agreed to insure the teen as long as he didn't drink and drive. This means that if the teen is sued by someone else, his insurer won't provide insurance ("fault benefits") and the teen will have to pay out of his own pocket.

Additionally, Ontario's no fault benefit plan normally means that if a driver was injured, he would be entitled

to claim an income replacement or another income related benefit. If a teen or adult driver is injured, and is guilty of an offence related to alcohol when driving, the insurance company often has a legal right to refuse to pay those needed no fault benefits.

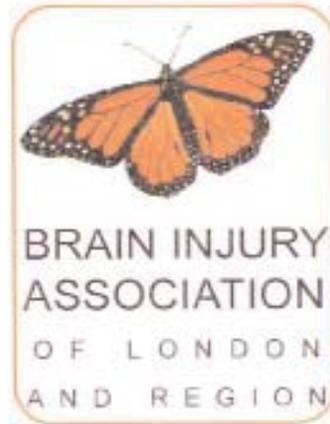
Speak to your legal professional if you have been involved in an injury where beer, wine or hard liquor were involved. And don't get into a vehicle with a driver who may have been drinking.

**Dr. Brian Murphy**

*Legate & Associates Professional Corporation*



# ANNUAL REPORT



**Year Ending March 31, 2008**

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## MISSION STATEMENT

To maximize the quality of life of individuals with brain injury  
their families and friends through:

- Peer and Community Support
- Information about services, resources and programs
- Public awareness of the causes, impact and prevention of brain injury
- Advocacy on behalf of those affected

---

## **Brain Injury Association of London & Region**

560 Wellington Street, Lower Level, London ON N6A 3R4

Phone (519) 642-4539 Toll Free 1-888-642-4539 Fax (519) 642-4124

Email: [info@braininjurylondon.on.ca](mailto:info@braininjurylondon.on.ca)

[www.braininjurylondon.on.ca](http://www.braininjurylondon.on.ca)

Registered Charitable Number: 13909 3736 RR0001

## Board of Directors 2007-2008

**President:** Mary Carter

**Treasurer:** Gary Phelps

**Directors:** Angie Blazkowski

Doug Bryce

Gary Cockman

Jamie Fairles;

Kelly Williston-Wardell

Robin Tugender

Talaal Bond

Yvonne Pollard

**Executive Director:** Donna Thomson

**Support & Volunteer Coordinator:** Joe Zablocki

**Vice President:** Lisa Fraser

**Secretary:** Sari Shatil

The Brain Injury Association of London & Region is a non profit registered charity and a recognized affiliate of the Ontario Brain Injury Association. Our mission is to improve the quality of life of people with brain injury through support, information, public awareness and advocacy.

Our association supports the counties of Oxford, Elgin, Huron, Perth and Middlesex with services such as support groups, respite care, peer support mentoring program and a quarterly journal. (The Monarch). In addition, we hold an annual conference, provide public awareness presentations and publish a brain injury services directory. Well over 80 volunteers fill important roles in the provision of our services and we serve as a teaching agency for several professional programs at the University of Western Ontario and Fanshawe College. We are active members of the Acquired Brain Injury Network of Southwestern Ontario.

### Presidents Report

Well it is hard to believe that another year has come and gone. As I reflect on the accomplishments that the Brain Injury Association of London and Region has made over the past year, I am very proud to be a part of this great organization. First I want to acknowledge the hard work of the amazing board members; they give freely of their time to help make this organization what it is today. And a special thanks to our Executive Director, Donna Thomson, for always leading us in the right direction.

The Brain Injury Association of London and Region has come along way this year, with another very successful gala under our belt, we are all ready planning for next year. We are very proud to have expanded our support groups, enabling us to reach more communities, families and clients living with the affects of a brain injury. Our respite care program is now up and running, enabling

families to leave their loved ones in the care of a professional, while they take a much needed break. Our 11<sup>th</sup> annual conference, 'Open Minds' Exploring Neuroplasticity and Non-traditional Therapies was a wonderful success. It has been a very busy year.

It has been my pleasure and honor to serve on this board filled with such enthusiastic and goal orientated members. I know that this board and the in-coming board are certainly focused on guiding the Brain Injury Association of London and Region to higher levels of success and exposure.

As we stand on the threshold of a new year this will be an exciting and prosperous year for the Brain Injury Association of London and Region. I look forward to many more great things this coming year.

*Mary Carter, President*

### Treasurers Report

March 31, 2008 marked the completion of another fiscal year for the Brain Injury Association of London and Region. During the past fiscal year we moved into our new downtown office where we can continue to offer our services to those that need our support. This year, notwithstanding the expense of our move to a new office, we have continued to maintain our financial health. Our committees continue their diligent efforts to refine and grow our efforts to assist our clients. We continue to appreciate the efforts of the many individuals and organizations that provide us with essential support and sponsorship.

Recently, our Board of Directors participated in a meaningful strategic planning session where we reflected

on our accomplishments, our current state and our future plans to continue our efforts to assist those who are dealing with brain injury. We identified our need to continue our efforts to continue our programs, establish new programs and to raise the necessary funds to do so.

We appreciate your continued support by attending our Annual Gala. Next year's gala will be held on Saturday March 7, 2009 and plans are currently underway to create a great event. We have also recently purchased a program to assist us to successfully apply for grant monies to continue our programs.

*Gary Phelps, Treasurer*

Gary Phelps, Treasurer

## Balance Sheet

	March 31, 2008	March 31, 2007
<b>Assets</b>		
Cash	\$ 77,116	\$ 73,187
Other Assets	<u>15,725</u>	<u>9,584</u>
	\$ 92,841	\$ 82,771
<b>Liabilities</b>		
Accounts payable	\$ 2,001	\$ 2,256
Deferred income	52,230	47,463
Unrestricted net assets	<u>38,610</u>	<u>33,052</u>
	\$ 92,841	\$ 82,771
<b>Operating Statement</b>		
Net Revenue	\$163,821	\$146,251
Net Expenses	<u>158,263</u>	<u>139,163</u>
Surplus	\$ 5,558	\$ 7,088

## Executive Director Report

The Brain Injury Association of London & Region continues to strive to meet the support needs of the brain injured community. The success of our Association is greatly due to the dedicated volunteers who contribute so much of their time, talent and energy and our financial supporters.

As the funding from the Ontario Trillium Foundation for the Support & Volunteer Coordinator position nears the end, we are pleased to report that we met all the goals we set out to accomplish with the grant. We now host support groups in each of the five counties, as well as provide specialized groups for parents, kids, siblings and an aged 18-30 social group.

We are pleased to be the recipient of a \$10,000 grant from Andersen Foundation to support our newly developed Respite Care Program. This program is available to families who are providing 24 hour care of their brain injured loved one. The program provides 4 hours per month of respite care.

The Association recently signed a Dual Membership Agreement in which our members have the option of belonging to both our

Association and OBIA for one low cost. We feel this is an important step to increase both awareness of brain injury issues across the province and to further enhance lobbying efforts for those we serve. The Peer Support Mentoring Program is now into its second year, with several successful matches.

The backbone of our organization is through the work provided by the committees and student interns. Many thanks go to the Fanshawe & UWO students, Fundraising, Conference, Community Awareness, Editorial and Governance Committees for their efforts.

Our Association also continues to be involved in several partnerships including hosting the golf tournament with H.A.B.I.T. and providing much support for Camp Dawn. In addition, we are partnering with Dale Brain Injury Services and Parkwood Hospital to provide educational forums in the counties we serve.

I would also like to take this opportunity to thank all of the financial contributors that provide the means for us to continue to provide the services we offer.



## Organization Overview

### About Us:

- Registered charity
- Incorporated 1986
- In its 22<sup>nd</sup> year of providing services to Middlesex, Oxford, Elgin, Perth & Huron
- Provides support, education, advocacy & public awareness of brain injury

### Services Provided:

- Respite Care Program
- Peer Support Mentoring Program
- Publication of *Brain Injury Services Directory*
- Publication of quarterly journal *The Monarch*
- Public Awareness Presentations
- Annual Brain Injury Conference

### Monthly Support Groups

Middlesex  
Oxford  
Huron  
Perth  
Elgin

### Specialty Groups

Pediatric Support Group  
Sibling Support Group  
Parent Support Group  
Ages 18-30 Social Group  
Teen Social Group

## Partnerships

### Helmets on Kids

Raise funds to purchase & distribute helmets to needy children

Partners include:

- Ontario Trial Lawyers Association
- London Health Sciences Centre
- Thames Valley School Board
- London District Catholic School Board
- Brain Injury Association of London & Region

### Camp Dawn

An annual weekend retreat for survivors of brain injury. The Association was a founding partner of Camp Dawn, which is now a registered charity. The Association continues to provide much support to the Camp initiative and our Executive Director serves on the Camp Dawn Board.

### OBIA Advisory Council

Conduct advocacy on a provincial level and to set province wide standards.

Partners include

- Ontario Brain Injury Association (OBIA)
- All 19 Community Brain Injury Associations

### London Brain Injury Golf Classic

Co-Host charity fundraising golf tournament

Partner:

Helping Acquired Brain Injury Treatment (H.A.B.I.T.)

In addition to the partnerships listed, our Executive Director represents the Association within several organizations including:

- Cornerstone Clubhouse Advisory Board
- Acquired Brain Injury Network of Southwestern Ontario
- London & Area Association for Volunteer Administration (LAVA)
- Pillar Nonprofit Network

## Events We Were At



**Above Left:** Our Helmet Fitting Volunteers at the Children's Safety Village Birthday Party

**Above Right and Left:** Another successful Helmets on Kids program with helmet fitting clinic and bike rodeo. See our special Thank You on page 5.



Attendees at the Brain Injury Association of Canada Conference



Aylmer Area Community Foundation giving away free helmets.



## “My Brain Injury Saved My Life”

as quoted by Mark Tremblay

Mark Tremblay says he has a good life and he is happy. This was not the case several years ago. Mark was addicted to heroin and was using Methadone as a means to battle that addiction. Mark missed 3 days of his Methadone treatments and went into a deep funk. Mark was so addicted to heroin, just the fact that he went days without the Methadone made Mark not want to live any longer.

Unfortunately, he decided to commit suicide by jumping in front of a moving vehicle on September 17, 2001. A witness to the event said that ‘Mark was fidgeting and noticeably agitated’, a result of not having the Methadone in his system.

Fortunately he survived . . . with a brain injury. Mark truly believes that if it weren’t for his brain injury, he would still be on the path to self destruction with his addiction to heroin and more than likely he’d be dead today. Now that Mark has experienced his brain injury, he appreciates life a lot more and doesn’t take any chances.

He is drug and alcohol free and is now an active

Member of Cornerstone Clubhouse. Mark goes to the Clubhouse everyday to be with his peers and help out in any way he can. Mark has taken it upon himself to help feed another Member who is unable to feed himself.

Mark has done a complete 180 degree turn in his life and he credits it all to his brain injury. This is not to say that brain injuries are an effective method for stopping addictions, Mark realizes the dark path he was on with his addictions, and feels he is on a much brighter path that offers a lot more potential than the alternative.

“When you have an addiction, you have to take more pills to get off another one. Addictions are very stressful. I was once addicted to Heroin for many years. I had to take Methadone to come off the heroin addiction. Both heroin and Methadone are very addictive and destructive.

A person can go from one addiction to another. Addictions can be fatal. If you work hard enough, there are places to come off the drug you’re on”.



### **Brown Beattie O'Donovan LLP** **BARRISTERS & SOLICITORS**

#### ***WE CAN HELP***

*If you or a family member are suffering the effects of a brain injury or other serious injury, contact Andrew King for advice as you may be entitled to benefits and compensation.*

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***London, ON N6A 5B5***



# Across the Province: Report from OAC, June 21, 2008.

The OAC met on June 21. Representatives shared updates on some of the activities that are being carried out together around the province, including:

## Provincial Conference, 2009:

The Provincial Conference will be hosted by the Brain Injury Association of Niagara. The Steering Committee is already starting the planning process. Local associations will participate in planning, volunteering at the conference and by offering door prizes that will be given away at the conference. The committee is actively seeking a "Diamond Sponsor" who will make a contribution that will enable 30 survivors/family members to attend the conference. There are also plans to provide an opportunity for survivors to showcase their creative talents in an art exhibit at the conference.

## Peer Support:

The Peer Support Mentoring program is growing! There are now 94 mentors across the province, and 49 partners in the program. Our ability to reach more people has improved, with new promotional materials available in French. Throughout the month of June, a PSA was aired on CBC to help reach more people and promote the program.

## Standards Committee:

The Standards Committee is reviewing the new Fundraising Code of Ethics published by Imagine Canada (formerly the Canadian Centre for Philanthropy). We will be moving forward with adopting these updated standards to assure our donors that we are using valuable funding in responsible, ethical and impactful ways.

## Public Awareness Campaign:

OBIA is a member of the newly created Ontario Alliance for Action on ABI. Together, with other organizations including CHIRS, the Ontario Neurotrauma Foundation, the Provincial ABI Advisory Council and the Toronto ABI Network, and the assistance of PR Post, a public awareness campaign was launched on June 10. Public Service Announcements have been created to help raise awareness of the incidence and impact of ABI. You can view the PSA's and read about the Alliance at [www.see-us.ca](http://www.see-us.ca).

The OAC meeting was followed by OBIA's Annual General Meeting. At the AGM, OBIA recognized the outstanding contributions of the many people who support efforts to improve the quality of life for people living with ABI. This year, there were many nominees put forward by associations across the province and OBIA recognized more than one individual in many categories because of the dedication and commitment



*Our own Jamie Fairles received the Volunteer Award*

displayed by so many individuals. OBIA is proud to recognize:

*Barbara Claiman and Adam Wagman as recipients of the Professional Award*

*Val Cober, Jamie Fairles and Fran Main with the Volunteer Awards*

*Sandy Ribey and Gerry and Donna Chartrand were presented with the Fellowship Award*

The Legal Fellowship Award was presented to:  
*Bogoroch & Associates*

The recipient of the Media Award was *Bernie Harsevoort*

In addition to these awards, OBIA recognized two members of the staff for their longstanding service to the organization;

*Dianne Radunsky - for her 20 years of service with OBIA, providing support services.*

*John Kumpf - for his 10 years of service as OBIA's Executive Director*

The OAC will meet again in September.



781 Richmond St. N.,  
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## Cornerstone Clubhouse

"A day and evening program for adults living with the effects of an acquired brain injury."

- A place to come and belong
- The opportunity for meaningful work
- The opportunity for meaningful relationships

"Supporting Success"



# Do I Have an Addiction?

By Arden McGregor and Chris Papastamos, Brainworks

Sometimes the most difficult part of having a problem is recognizing there is one.

Chances are, when you hear the word "ADDICT", strong mental images come to mind. No matter what those images are, one thing is likely: The pictures in our minds likely look nothing like who we are.

The brain is so powerful, that it can define problems in such a way that no matter how big our problem gets - we never fit the profile our mind has created! Our brain can make excuses, rationalize, and tell us lies. These are collectively referred to as "denial".

The truth is that individuals with addictions look just like you and me. They come from all walks of life. They are guys and girls; university professors and high school dropouts; they are able bodied and - yes - they may also have brain injuries. In fact, more than half of individuals who sustain brain injuries develop substance abuse problems. (Miller, 1995)

Recognizing that a problem exists can be the hardest part of the entire rehabilitation process. This can be especially true for people who have experienced a brain injury. Decreased awareness is a common neurological effect of brain injury. Other cognitive changes such as memory impairments and loss of ability to see things from other viewpoints can also make it even more difficult to recognize an addiction.

So how can I tell if I have an addiction? Here are some questions to consider: Has anyone expressed concern over my drinking, drug use or some other behaviour such as gambling or working too much? Am I engaging in a behaviour secretly, knowing others would be upset at me, or that I would be embarrassed if they knew? Do I ignore risks associated with my behaviour, such as health consequences, financial repercussions, or relationship problems with family members or friends? Have I tried to stop and failed?

The CAGE Questionnaire (Ewing, 1984) is one of the most frequently used screening tools for alcohol addiction. (There are similar screening tools for other types of addictions and we're happy to share if you email us!).

1. Have you ever felt you ought to Cut down on your drinking?
2. Have people Annoyed you by criticizing your drinking?
3. Have you ever felt bad or Guilty about your drinking?
4. Have you ever had a drink first thing in the morning (Eye-opener) to stop your nerves or get rid of a hangover?

If you said "yes" to even one of these questions, further evaluation is recommended. Saying "yes" to two or more of these questions is a strong indication that there is a problem. Call your family doctor or psychology professional. Don't try to diagnose the problem yourself. If you do have an addiction, it is likely that your brain will 'fool' you into believing everything is alright.

Chris Papastamos, Brainworks' Rehabilitation Therapist, has a Master of Arts degree in Counselling and 15 years of counselling experience, with a decade of it being spent in the addictions field. Arden McGregor is a member of the College of Psychologists of Ontario and the Executive Director of Brainworks. Her clinical experience includes seventeen years in the field of brain injury rehabilitation.

References and more information available by contacting [info@brainworksrehab.com](mailto:info@brainworksrehab.com).



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Maureen Nagle [mnagle@incarehealth.com](mailto:mnagle@incarehealth.com)  
Joe Zablocki [jzablocki@incarehealth.com](mailto:jzablocki@incarehealth.com)



## Brain Injury and Alcohol or Drug Use: Is it worth it?

A brain injury by itself causes upset in the survivor's life and the lives of her loved ones. Cognitive and physical difficulties vary in degree in each survivor, but ultimately, lives are forever changed. With the daily challenges faced by survivors of brain injury, the use of alcohol or recreational drugs is a tempting way to let go of the stresses of the day. Some may have used alcohol or drugs socially before the brain injury; others may

have had pre-injury alcohol or drug dependency. Whatever the case, both the social use or abuse of alcohol and recreational drugs becomes a much bigger concern after a brain injury.

Survivors should consult their physicians before using alcohol or recreational drugs after a brain injury. Consider the following in your decision about using alcohol or recreational drugs.

*The use of alcohol or drugs can slow recovery. The undamaged brain cells must work harder after a brain injury. Alcohol and drugs can slow that process.*

Alcohol or drugs may cause a seizure. Alcohol and drugs can increase the risk of having a seizure after a brain injury, or prevent anti-seizure medications from working.

*After a brain injury, alcohol and drugs have a more powerful effect. Brain injured individuals become intoxicated more quickly and the effects of alcohol and drugs are greater.*

Cognitive abilities, coordination, concentration, memory and control over emotions and behaviour may be affected by a brain injury. Alcohol or drug use exacerbates these problems.

*Alcohol or drugs may interact with prescription medication used for pain, seizures or mood changes, and cause serious complications.*

- Alcohol or drugs can worsen depression.

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who have an  
acquired brain injury

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# Are You Concerned About the Use of Drugs and Alcohol?

Cathy Irwin RSW Addiction Counsellor Addiction Services of Thames Valley

Do you have concerns about your use of drugs and alcohol? Are you concerned about a loved one's use of substances?

Having an addiction problem can happen to anyone at any time in their lives. Some people have many risk factors which increase the likelihood that they may develop a problem. These risk factors can include having an acquired brain injury.

For some people, the addictions issue may have been a contributing factor to the acquired brain injury. For many, returning back into their community after rehabilitation can cause feelings of isolation, boredom, fear and frustration. People are at highest risk of abusing alcohol and/or drugs when they are experiencing this exciting but challenging transition back to independent living.

Turning to drugs or alcohol may negatively impact the speed of recovery from an ABI and your ability to participate fully in your treatment plan.

Research has shown that using substances after an ABI puts people at an increased risk of having another ABI. An addiction can cause difficulty in your relationships, adversely affect your mood and energy levels, and hamper your overall functioning. It can prevent you from becoming as healthy and happy as you hope to be. If you or someone you love is struggling with an addictions issue, there is help.

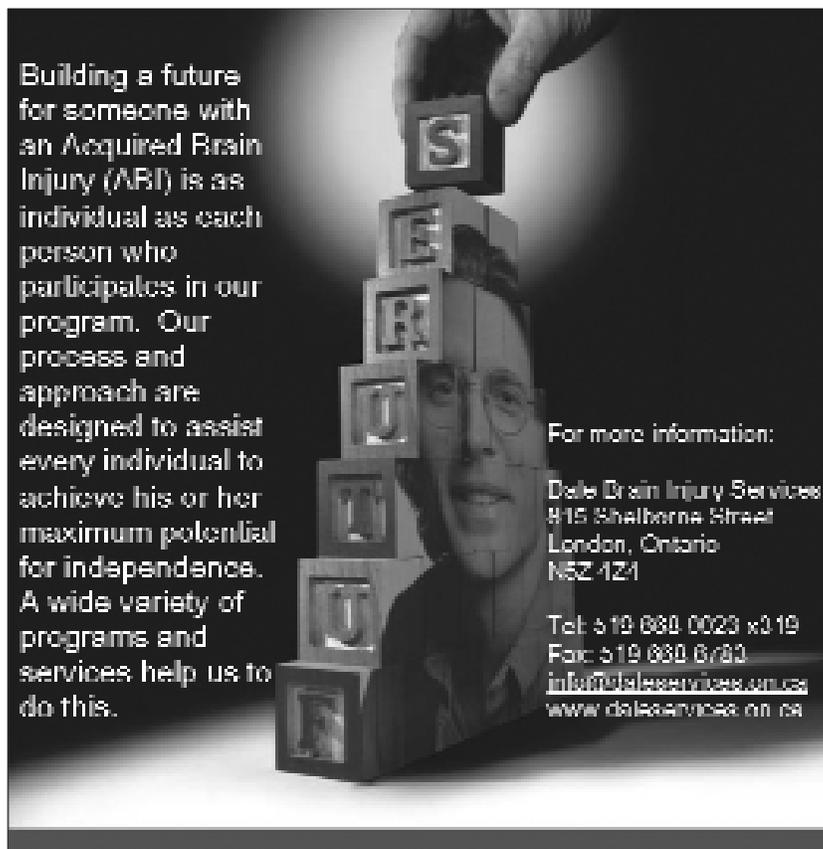
There are addictions agencies throughout the province that provide a range of services to meet your needs. To find out about services in your area, and how to get involved with them please contact Connex Ontario at 1-800-565-8603 or via the internet at [www.dart.on.ca](http://www.dart.on.ca). Connex is a province wide service that can provide you with information on addictions agencies in your area that may be of assistance to you given your unique treatment needs.

The good news is that everyone can recover. Accessing professional support to find your path to recovery can only help to move you along your personal journey. The services available are funded through the Ministry of Health and they include community treatment, residential treatment (both short and long term), withdrawal management and recovery homes. These are voluntary, free and confidential programs.

If you are unsure if you have a problem or unsure if you want to change, there are community based treatment agencies that can help you by providing personalized feedback, encouragement and support. You can complete a comprehensive drug and alcohol assessment which will look at your unique challenges and strengths and if there is an addictions issue.

If you do not want to quit, or you are not sure that you can, a counsellor can help you to examine the costs and benefits to change and discuss ways to reduce the harm that your substance use may be causing.

I'll leave you with a Martin Luther King quote that can inspire us all to help ourselves through challenging times. He said "Faith is taking the first step, even when you don't see the whole staircase."



Building a future for someone with an Acquired Brain Injury (ABI) is as individual as each person who participates in our program. Our process and approach are designed to assist every individual to achieve his or her maximum potential for independence. A wide variety of programs and services help us to do this.

For more information:  
Dale Brain Injury Services  
815 Balthorne Street  
London, Ontario  
N5Z 1Z1  
Tel: 519 880 0023 x319  
Fax: 519 880 6780  
[info@daiservices.on.ca](mailto:info@daiservices.on.ca)  
[www.daiservices.on.ca](http://www.daiservices.on.ca)

*We build futures.*



## A New Attitude

### A partnership to better serve individuals with dual diagnosis

*Brenda Campeau, Community Outreach Coordinator Dale Brain Injury Services*

The New Attitude Committee was formed after the May 2007 Hamilton Health Sciences Centre Conference "ABI and Addictions: Barriers to Recovery".

After this conference Committee members were inspired into action, and began to investigate new partnership opportunities in order to provide integrated services to individuals in our region living with the dual diagnoses of acquired brain injury and substance dependency.

This committee is in keeping with the focus of the Ontario Government's Ministry of Health and Long Term Care on creation of seamless, integrated, easily accessible services to Ontarians, and also provides an opportunity to work together to identify gaps in services and find more efficient ways to leverage expertise and resources of sister organizations and better serve the community.

The New Attitude Committee is comprised of representatives from Dale Brain Injury Services, Parkwood Hospital, and Addictions Services of Thames Valley.

We share a vision of integrated services to better serve clients affected by both an acquired brain injury and addictions, including screening, identifying, serving, and supporting individuals living with an acquired brain injury and substance dependency.

We envision an integrated system of care that would allow for prevention, rehabilitation, and support for individuals experiencing these dual diagnoses throughout the continuum of care including preadmission, admission, service

provision, discharge, and follow-up.

Our goal is to improve the overall functioning of this population, thus reducing relapses with substances, facilitating a healthy recovery from an ABI, preventing re-admissions to hospital and supporting

*continued on page 26*



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continued from page 25

affected clients in becoming healthy, contributing members of society once again.

Our committee began its mission by providing training to one another's organizations regarding challenges faced by individuals with an acquired brain injury or addictions. Integrated consultation in regards to specific individuals occurs at monthly committee meetings.

We are currently in the process of developing a training package outlining both challenges faced by individuals with these dual diagnoses and community partnerships that can be of assistance.

It is our hope that over time this training package will be shared throughout the region in order to support other communities in developing integrated services for individuals with a dual diagnosis.

In future we are also hoping to work together to offer a group to individuals with an acquired brain injury and substance dependency living in London.

Although we are early in our development, we are extremely excited about this partnership and look forward with enthusiasm to the work that is ahead of us!



### New Attitude Committee

**Front:** *Brenda Campeau* (Community Outreach Coordinator, Dale Brain Injury Services)  
*Becky Coward* (Rehabilitation Counselor, DBIS),  
*Monique Crites* (ABI Regional Coordinator, Parkwood Hospital),  
*Andrea Allen* (Addictions Counselor, Addiction Services of Thames Valley)  
*Carl Lokko* (Clinical Services Manager, DBIS)

**Back:** *Bob Lomax* (Social Worker, Parkwood Hospital ABI Program).  
*Cathy Irwin* (Addictions/Mental Health Counselor, ADSTV)

**Absent:** *Ann-Marie Kap* (Clinical Community Liaison, Neurobehavioral Centre, Parkwood Hospital)

Don't Forget!

7th Annual  
London Brain  
Injury Golf Classic

Thursday,  
September 25, 2008  
Greenhills Golf Club,  
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# Announcements!

Reserve the Date: Saturday March 7, 2009  
for our 9th Annual

## **Dinner Dance Fundraiser**

at the london convention centre.

Tickets will be available for sale in october.

**We are currently seeking interested sponsors**

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The Brain Injury Association of London & Region  
is seeking volunteers to serve on committees.  
For more information on how you can contribute  
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Brain Injury Awareness Day at East Park Golf Gardens

**Top Left:** President of the Board of Directors, Mary Carter at our display booth.

**Above:** Children enjoying the waterpark

**Left:** People checking out the various exhibits before the rain starts to pour.

**Bottom Left:** Somebody showing off their Hula-Hoodl skills at the Brain Injury Awareness day.



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Alcohol is known to change the effectiveness of drugs by interfering with their pharmacological action or inactivation. Chronic use of alcohol, and its associated effect on nutrition has also been shown to decrease the body's ability to heal itself. Clearly this has a negative effect on individuals in the process of recovering from a serious head injury.

It has been recommended by the American National Head Injury Foundation that individuals who are currently in the process of rehabilitation abstain from alcohol use.

## CANNABIS

Despite its illegal status in Canada (except if used for select medical purposes), cannabis is often consumed in a variety of social environments. Cannabis, commonly known as marijuana, has an active ingredient, tetrahydrocannabinol (THC), which causes physiological, perceptual and emotional changes once consumed. These changes result in impaired motor speed and accuracy, difficulty concentrating, memory loss, changes in sexual desire, and immunosuppression.

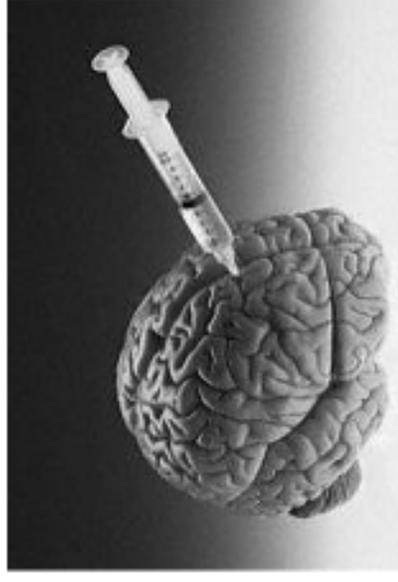
High doses of THC have been found to be toxic to neurons within the hippocampus, a region of the brain involved in memory. Since many patients with brain injuries have underlying difficulties in memory and cognition, these effects of cannabis may be more potent and disabling than in patients with no previous injuries.

## OPIOIDS

Opioids, such as morphine and codeine, are used as painkillers in the medical profession, but are also drugs of abuse. Besides analgesia, these drugs also cause euphoria, sedation, and at high doses, respiratory depression.

In patients with severe brain injuries, some opioids have been shown to increase intracranial pressure shortly after injury. Studies have also shown that individuals who abuse opiate-derived drugs before and during the rehabilitative phase of treatment, are less successfully treated by narcotic-based analgesic medications such as morphine. Because of this drug tolerance effect, pain control is a major problem for these individuals.

# DRUGS AND THE DAMAGED BRAIN



## AND ILLICIT DRUGS ON THE INJURED BRAIN



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*This document is for educational purposes only. Please consult a physician for information specific to your personal situation.*

The healthy brain is protected from harmful substances in the blood by a specialized barrier called the blood brain barrier. Following brain injury, this barrier may become less able to protect the brain from harmful drugs. Therefore, the same amount of a certain drug could have a greater effect on a brain-injured individual than on a healthy individual. This decreased tolerance to drugs in acquired brain injury patients is often unexpected and can seriously hinder their rehabilitation efforts. Drug delivery to the brain may also be compromised if blood flow to the brain is changed following injury. Finally, the effects of drugs on the brain may be altered by metabolic changes within neurons. Some drugs are activated by enzymes in the brain, while others are deactivated. Therefore, if a brain injury causes an increase or decrease in these enzymes, then the effects of drugs may also change.

## SUBSTANCE ABUSE AND BRAIN INJURY

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Substance abuse is at least as common among people with disabilities as in the general population. Individuals who have an acquired brain injury have unique issues of substance abuse, in that many traumatic brain injuries are associated with substance abuse at admission, and long-term substance abuse is a barrier to rehabilitation. A history of substance abuse is associated with increased medical complications, longer stays in hospital, poorer neuropsychological outcome, and greater chance of repeat injury.

## SUBSTANCE ABUSE AND REHABILITATION

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The extent to which an individual will recover from an acquired brain injury is largely dependent upon the extent to which they participate effectively within their rehabilitation program. Studies have linked alcohol or substance abuse during the rehabilitation process to an increase in behavioral problems and an increased occurrence of psychiatric disorders. Since a patient's recovery depends on their level of participation in his or her rehabilitation program, behavioral or psychological difficulties resulting from substance use can lead to poorer participation, and therefore poorer rehabilitation.

Studies have also shown that substance abuse before and during the rehabilitation process leads to an increase in the number of infections sustained by a patient. This increased susceptibility to infection may be further compounded by the tendency of alcohol or drug users to neglect their nutrition, a tendency that further decreases their ability to fight infection.

## ALCOHOL

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Alcohol has a variety of effects on different regions of the brain. Depending on the location and extent of brain injury, the effects of alcohol may vary. It has been found that some of the effects of alcohol on brain injured patients are greater than the effects of alcohol on non-injured patients, and therefore brain-injured patients may be more sensitive to the effects of alcohol.

Fifty percent of individuals who have sustained brain injuries return to drinking levels similar to those experienced pre-injury, within one year of the accident. This is very troubling, because injured individuals are often less tolerant to the effects of alcohol than they were pre-accident, thus this "normal" level of alcohol often has an abnormally strong biological and psychological effect on the individual.

Alcohol use further inhibits the cognitive abilities of an individual who is already suffering from a significant deficit in cognitive function. This leads to an increased risk of re-injury and a decrease in rehabilitation participation. Furthermore, alcohol abuse during the rehabilitation process can have a profound effect on the medical recovery of a patient due to drug interactions. Many brain-injured patients are given medications such as anti-seizure drugs, to treat complications of the injury,



## Monthly Acquired Brain Injury Support Groups

### London/Middlesex

Great Canadian Superstore 2<sup>nd</sup> Floor  
Community Room  
Oxford St East and Gammage St  
London, Ontario  
Last Thursday of Each Month

### **18-30 Social Support Group**

Location Varies Contact Association for  
Information  
Last Monday of each month

### **Paediatric Support Group**

Thames Valley Children's Centre  
Baseline Rd, London, ON  
Last Wednesday of each month  
6:30 – 8:00PM

To Register please Contact  
Sara Sommers (519) 685-8500 ext. 53483

### Perth County

Zehrs Markets - 2<sup>nd</sup> Floor Community Room  
865 Ontario Street, Stratford, ON  
Last Tuesday of Each Month

### Oxford County

Woodingford Lodge  
300 Juliana Drive Woodstock, ON  
Last Tuesday Each Month

Woodstock Public Library  
445 Hunter St, Woodstock, ON  
Third Thursday of Each Month

### Huron County

Huron County Health Unit, 77722B  
London Road, South, Clinton  
(located behind Huronview)  
Last Thursday of Each Month

### Elgin County

St Thomas Senior's Centre  
225 Chestnut St, St. Thomas ON  
Third Monday of Each Month

*These Support Groups are a free service of  
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Unless noted otherwise all groups meet from 7-9PM and all locations are wheelchair accessible  
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## Upcoming Conferences and Events

**What:** M.D.M. Reporting Services 1st Annual Golf Tournament in support of our Association!

**When:** September 10

**Where:** West Haven Golf and Country Club  
London, Ontario

**Website to register:** <http://www.braininjurylondon.on.ca>

**What:** Camp Dawn

**When:** September 11-14

**Where:** Rainbow Lake, Waterford, ON

**Website:** [www.campdawn.ca](http://www.campdawn.ca).

**What:** 7th Annual Brain Injury Charity Golf Classic

**When:** September 25

**Where:** Greenhills Golf Club, London, Ontario

**Website to register:** <http://www.braininjurylondon.on.ca/index.php/Events/20080925>

**What:** OACRS (Ontario Association of Children's Rehabilitation Services) Conference

**When:** October 19-21

**Where:** Waterloo Inn Waterloo, Ontario

**Website:** <http://www.oacrs.com/about-conference.php>

**What:** The Brain Injury Association of Niagara and Friends Helping Friends:

Pathways to Discovery, Resiliency, Empowerment and Innovation

**When:** October 23

**Where:** Thorold, Ontario at the Four Points Sheraton

**Website:** <http://www.obia.on.ca/bainconference.pdf>

**What:** Neuro-Optometric Rehabilitation Seeing Results workshop

**When:** November 19, 20, & 21

**Where:** Parkwood Hospital London Ontario

**To register:** Contact Janet Tozer at Parkwood Hospital.

Phone: 519-685-4292 EXT 44049

Fax: 519-685-4043

Email: [janet.tozer@sjhc.london.on.c](mailto:janet.tozer@sjhc.london.on.c)

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