



CITY

Opioids have a place, but they should not be the mainstream treatment for pain. People are getting addicted and people are dying.

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Story Page A5

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TUESDAY'S LOTTERIES

Poker Lotto Winning Hand:
10♦ 6♦ 4♦ Q♠ 7♠
Ontario Pick 3: 3 8 1
Ontario Pick 4: 6 6 1 9
Daily Keno: 01 03 04 07 09
15 17 18 22 23 25 27 28 29 42
49 51 53 59 68
Encore: 3804949

In the event of any discrepancy between these numbers and the official winning numbers, the latter shall prevail. These numbers are for evening draws only.



The Drury family: clockwise from left, Julie, Kate, Brian and Jack. Kate died on Nov. 30, 2015, aged eight.



Jeanine and Dean Otto with their daughters Hannah, left, and Maddy, who died at Roger's House in July 2007.

'THERE IS JOY THERE ...

ROGER'S HOUSE FROM **A1**

It was expected that Roger's House would take five years to build, but the community was quick to mobilize and the home opened its doors on Smyth Road on May 15, 2006, within two years of the idea's conception.

"The anniversary celebration is really an opportunity for us and our board at the Sens Foundation, the CHEO Foundation, to bring back all of those people who helped donate services or supplies, inviting them back to see the house and see what they contributed to," said Megan Wright, Roger's House executive director.

The team provides respite, end-of-life, transition-to-home support, pain and symptom management, perinatal care and bereavement care. The physical, emotional and spiritual needs of young patients and their families are met through staff support, but also with the help of more than 320 volunteers who keep the house running and growing.

"Certainly the number of referrals have increased significantly, about an 86-per-cent growth in numbers, patients (from) that first year compared to last year," Wright said. "And we've added a number of services to keep up with the patient and family needs."

Those programs include enhanced bereavement and "SIBS" — for Spectacular Incredible Brave Siblings — which offers emotional support for the brothers and sisters of those in palliative care. It's an opportunity to meet other children in similar situations. Wright says kids often "grow and blossom" in the supportive group environment. "They can talk about their feelings, they can do play therapy, they do a lot of art, they do music and games."

A new program also sends volunteers to a family's home for a few hours a week to help the parents, doing their laundry or cooking, to

"give moms and dads a little break in the house."

Roger's House offers a comfortable, home-like atmosphere, but there's also an emphasis on fun, and through activities like arts and crafts, cook and baking, recreation therapists make that happen.

"The kids have fun when they come to Roger's House," Wright says. "They like being here. When they come for respite it's a welcome break for them, too. They play and have fun and can just be kids."

FAMILY STORIES

Julie Drury's family developed an intimate relationship with the Roger's House team over the past eight years. Their first visit was on Mother's Day, when they spent the weekend in the family suite with their daughter, Kate, who was very sick and had yet to be diagnosed. Drury said the staff was quick to help them through the emotional and confusing time.

"We had a child who was having

multiple hospitalizations and no one knew what was wrong," says Drury, who will be speaking at the anniversary celebration. "The palliative-care team stepped in as support to us, co-ordinating the complicated meetings and visits of the specialists (from CHEO) who were involved."

Kate was eventually diagnosed with Sideroblastic Anemia Immune Deficiency (SIFD), a rare mitochondrial disorder. As she got older and her condition became more complicated, the family kept receiving respite services and consultation from the pain and symptom management program to keep her comfortable. Then came end-of-life care in their home where, on Nov. 30, 2015, eight-year-old Kate succumbed to the disease, following complications from a bone-marrow transplant.

The entire family receives bereavement support, and Kate's

brother Jack, who was just three when his sister first became ill, attends Roger's sibling counselling program.

"He doesn't say much. He's a quiet little boy and he got into the car and he said, 'Wow, those kids are just like me. They have the same thing going on in their house.' Pretty powerful from a little kid."

"So he enjoyed it. He made friends and he got to do silly games," said Drury, who organizes a group of charity runners during Ottawa Race Weekend in support of mitochondrial disease research.

The children at Roger's House might be medically fragile, but Drury says it's also a place with a lot of life, laughter and comfort.

"That place is happy, and there is joy there and fun and creativity, and it's a home," she said. "When you walk in, it's cosy and you feel safe and you feel supported."

The kids have fun when they come to Roger's House. They like being here. When they come for respite it's a welcome break for them, too. They play and have fun and can just be kids.



Five-year-old Maddy Otto died at Roger's House in July 2007.

There's no evidence linking injection sites to jump in crime

REEVELY FROM **A1**

"I have been skeptical, to be honest, about some of the overdose information that we have received," Levy says. But now he believes he's standing on firm ground, since health-unit epidemiologists have spent the past two months studying Ottawa's drug use.

Between 30 and 40 Ottawans die of drug overdoses each year, he said, a number that jumped sharply in 2009. Opiates like morphine and heroin, which are often injected, cause a large and growing percentage of those deaths. Levy attributes the increase a few years ago to powdered fentanyl, a powerful opiate where the difference between a "normal" dose and a deadly one is tiny.

Since 2012, Ottawa's drug users have had growing access to a drug called naloxone, which can counteract opiate overdoses. Levy says the health unit's stats say naloxone has saved about 60 lives since then — but the final number of overdose deaths hasn't fallen.

In other words, naloxone is holding opiate overdoses off. Otherwise, we'd have more and more.

In British Columbia, the provincial public-health authority declared an emergency in April over rising numbers of ODs.

Here, a couple of hundred people each year survive overdoses with emergency-room treatment. Emergency-room visits for drug overdoses are up 60 per cent. Paramedic calls are up, too.

Drug overdoses here are not a

stable problem.

Safe injection sites in Vancouver and in Europe have cut overdoses, reduced the spread of blood-borne diseases, and given chronic addicts contact with the health system they might otherwise not have.

There's zero proof from Vancouver that its long-standing safe-injection site in the Downtown Eastside promotes crime there. InSite, as it's called, is in a poor, and troubled neighbourhood but one that has business owners and landlords and residents; research commissioned by the federal Conservatives, who wanted to shut the site down, could find no sign that crime got worse on or around East Hastings Street after InSite opened.

The argument that a safe-injec-

tion site promotes crime is not supported by evidence.

InSite is a comparatively expensive standalone facility, costing about \$3 million a year, but the evidence is that it covers its costs in averted HIV cases alone. Not one person has died there of an overdose.

The argument that a safe-injection site costs money we could better spend some other way is not supported by evidence.

More drug users live in the Rideau-Vanier ward than anywhere else in Ottawa. It's why the Sandy Hill Community Health Centre wants to add a small safe-injection facility to its existing drug-treatment clinic.

The health unit sums its conclusion up in one epic three-breath sentence:



Jenny and Jonathan Doull with daughters Mae, now 7, and Phoebe Rose, 5, who died on Nov. 18, 2015, after a lifetime fight against infantile leukemia.

IT'S A HOME'

Roger's House came into Jenny and Jonathan Doull's lives after the loss of their young daughter, Phoebe Rose, in November 2015. She was diagnosed with infantile leukemia at nine months old, and was sent for clinical trials at St. Jude Children's Research Hospital in Memphis, Tenn. Unfortunately, Phoebe Rose died after a relapse in May 2015, before they had a chance to bring her home.

"We actually tried to get her home because we wanted her to be able to be at a place like Roger's House," Jenny said. "But we weren't able to, and pretty much as soon as we got home we heard from a social worker at Roger's House offering support."



Mae and Phoebe Rose Doull

"Given the ongoing challenges outlined in this report, the evolving conversation about the expansion of harm reduction services in Ottawa and in other Canadian jurisdictions, and the evidence in support of SIS (supervised injection services) as part of the continuum of care for persons living with problematic drug use, staff is recommending that Ottawa's Board of Health declare that, from a public health perspective, SIS are an effective, well-researched and evidence-based treatment option that have a place in any comprehensive approach to working with people who inject drugs."

Levy also wants to look at the possibility of a mobile site, possibly a sort of minibus that could travel to drug users on demand. It sounds odd, but that's how needle-exchange vans work.

The health unit acknowledges that it knows of only three in the world — in Berlin, Barcelona and

Copenhagen. There's a lot less research on them than there is on fixed-location sites, and drug users themselves don't see the appeal. Also, nobody here has proposed one.

But the epidemiologists point out that while injection-drug problems are concentrated in a couple of downtown neighbourhoods, Ottawa's a big city and there's hardly any part of it that hasn't had overdoses. A mobile site could visit different places and keep odd hours. So we should be "exploring with partner agencies the benefits and considerations of implementing a mobile SIS in addition to fixed services," the health unit's report says.

For Levy, outreach is vital. Heavy drug users might not have the wherewithal, or the time, to travel a kilometre to get to a safe injection site, so if one could come to them, they could still be served.

"There are some practical considerations," he acknowledges.

other parents who understand their pain helps the healing process. Jonathan is also involved with the 57 Ride for Roger's House to help make the outdoor space at Roger's House more accessible and comfortable.

"For my husband and I, it's sort of the same thing, about being able to talk about Phoebe in a safe environment with people who really understand," Jenny said. "Because really, at the end of the day, the only people who truly understand what it's like to lose a child are people who have also lost a child. And so we've made some good friends. It's been a good experience."

Jeanine and Dean Otto were at their cottage on a sunny summer day in July 2007 when their five-year-old daughter, Maddy, awoke from a nap with what appeared to be partial paralysis from a seizure.

The family rushed her to CHEO, where she experienced a second seizure and were soon given the devastating news she had an inoperable brain tumour and only had 48 hours to live.

Representatives from Rogers House reached out to see if the family wanted Maddy to spend her final hours there. They said yes.

"It was just so much more comforting" than a hospital, Jeanine said.

"There's a king-sized bed, and it's more of a room than a ward, so we did go there. I think we left CHEO around 3 p.m., walked through a little garden on the way to Roger's House and stopped in the garden and took a couple of pictures, and then she passed away around 6:20 that evening, with so many friends and family there."

With the sudden loss, the family, including their daughter Hannah, attended bereavement counselling.

With the help of the social workers and other families, the Ottos have been able to pick up the pieces. To keep Maddy's spirit alive, they started Maddy's Gala. So far they have raised more than a half a million dollars for Roger's House.

"There's not a day that goes by that we don't think of her," Jeanine said. "We're good, but it doesn't mean that our heart is healed. There's a part of us that will always be missing"

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BY THE NUMBERS

8

beds at Roger's House

20,661

days of care provided in the past 10 years

6,000

families have stayed at Roger's House with their children

581

families and children have received support through bereavement counselling

163,700

hours offered by volunteers

A proud anniversary, but a difficult one, too

Eight-year-old died at Roger's House in August 2006, soon after it opened



JANET WILSON

When my son's oncologist and two of his nurses gently broached the subject of palliative care and suggested a tour of Roger's House, I looked around the hospital room to make sure they were talking to me.

Palliative care was for elderly people. Not an eight-year-old boy who had survived 10 months of rigorous treatment for cancer at the Children's Hospital of Eastern Ontario and a stem cell transplant at Toronto's Sick Kids that resulted in almost two years of clear scans. Patrick had beaten this insidious disease before — despite the initial grim diagnosis — and we clung to the hope that a promising clinical trial in the United States would save his life.

He was one of the first patients in Canada to be approved for the trial, but his disease had returned with a vengeance and was too advanced. He was only able to withstand two courses of treatment.

It was hard to accept that there was nothing more to be done, that palliative care awaited.

Patrick O'Brien Hadden was an outgoing five-year-old kindergarten student at Elmdale Public School in 2003. He had the love of his family, friends and identical twin brother, Logan. He was mischievous, funny and wise beyond his years. He had big plans and wanted to be an Ottawa firefighter like his dad or an astronaut or an NHL hockey player. He was captain of his hockey team and continued to play soccer till a couple of months before his death.

When Patrick complained of a stomach ache, I booked a doctor's appointment and mentioned that my son had started limping a few days before. When the pain intensified a few days later, his pediatrician suggested a blood test at CHEO. Shortly afterward, Patrick was admitted and we added a new word to our vocabulary. He had fourth-stage neuroblastoma and a chance of survival



Patrick O'Brien Hadden

teenage stunts. They treat obese diabetics and sun-worshippers with skin cancer and smokers with emphysema. They urge patients to make healthier choices and do all they can to support them when they're ready to.

"As a physician, I'm here to help. That's my reason for being here," Levy says.

Next, the board of health he advises will decide what to do with his advice. It's a body set up explicitly to depoliticize decisions that should be based on science. It's to debate Levy's recommendation next Monday night.

The transformation puts the health unit in conflict with both Mayor Jim Watson and Chief Charles Bordeleau of the Ottawa police, who are both against a safe injection site here. Well, Watson doesn't quite say that — he says he'd prefer to spend the money on rehabilitation programs.

"I'm hopeful that we can find common ground," Levy says. "I

I see an ethical problem with throwing that person out of my office because he's going to do something I don't agree with.

think we have common ground already, in fact. ... This is about people who need help. It's our job to provide that help. These aren't 'those people,' these are Ottawans, these are part of our family."

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