



Peer Support & OUD 2020: opioid epidemic during COVID pandemic

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VIDEO: <https://vimeo.com/491218562>

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Declaration of Interests, Values ACKNOWLEDGEMENTS & INTRO

A glowing blue brain is held in the cupped hands of a person, symbolizing the connection between the mind and the body, or the importance of mental health in addiction medicine.

Addiction Medicine Consultant:

2020 Consultant NFN-CDCWMP

2013-2016 North Shore Tribal Council

PAMHAR Program

2011 Medical Advisory Group workshop

Reckitt Benckiser

Objectives of Presentation: 3 Perspectives

1. Understand the barriers & risks for PWUD during Covid
2. Identify strategies to reduce risks
3. Review lessons learned from past year of ORT-PSN (SWOT)
4. Discuss future directions
(Shared Knowledge, perspectives & insights exchange)

Resources

1. Exploring the impact of COVID-19 on opioid users in Canada: A CRISM national quantitative assessment
IMHPR (Institute for Mental Health Policy Research)
CAMH Addiction Rounds Nov 27,2020
2. Agonist treatment in the fentanyl era. on opioid users in Canada: A CRISM national quantitative assessment
METAPHI (Mentoring, Education, Tools for Addictions Primary care Hospital Integration)
CAMH Addiction Rounds Nov 20,2020
3. Equity in the time of COVID-19: Using Safer supply to keep PWUD to keep PWUD Safe. **BCCSU Webinar. LICHC**
4. Everyone counts- Nipissing District: Findings from Point in Time (PiT) count 2020 **DNSSAB/NMHHSS**

Resources

- How Resilience became the quality we all crave. **Emine Saner. Guardian. Hone. NZ Institute Wellbeing & Resilience Bonnano Loss, Trauma, Emotion Lab Columbia U.**
- Language & Stigma <https://www.ccsa.ca/changing-language-addiction-fact-sheet>
- Recovery Capital <http://www.williamwhitepapers.com/pr/2008RecoveryCapitalPrimer.pdf>
- CAMH Information Guides
- <http://www.camh.ca/-/media/files/guides-and-publications/addiction-guide-en.pdf>

1. Understanding the barriers & risks for PWUD during Covid

1. Public Health isolation guidelines
2. Increased risks & stressors of COVID
3. Deterioration of social determinants & marginalisation (housing, poverty)
4. Increase in substance use as a coping mechanism
5. Increased contamination & toxicity of drug supplies
6. Reductions in services during the pandemic
7. Increasing overdose deaths

What are the solutions?

2. Identifying strategies to reduce risks

1. Greater access to drug testing & NLX kits have lead to improving survival from overdoses
2. Increased access to harm reduction services while providing COVID safety measures
3. Increasing access to treatment services (WMS, ORT, RTS)

ORT-PSN (Recovery Coach) program

BACKGROUND

1. ADDRESSING O/P CLINIC CHALLENGES

1. Balancing capabilities & capacities
2. Balancing accessibility, quantity & quality
3. Addressing systemic failures to meet complex needs of clients
4. Addressing the stereotypes of methadone (stigma)

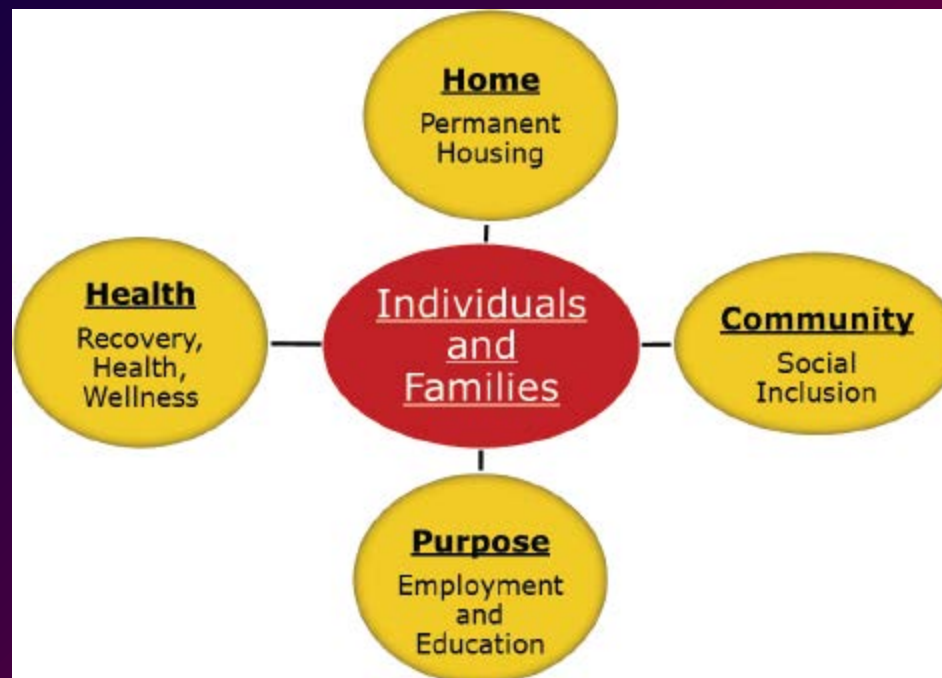




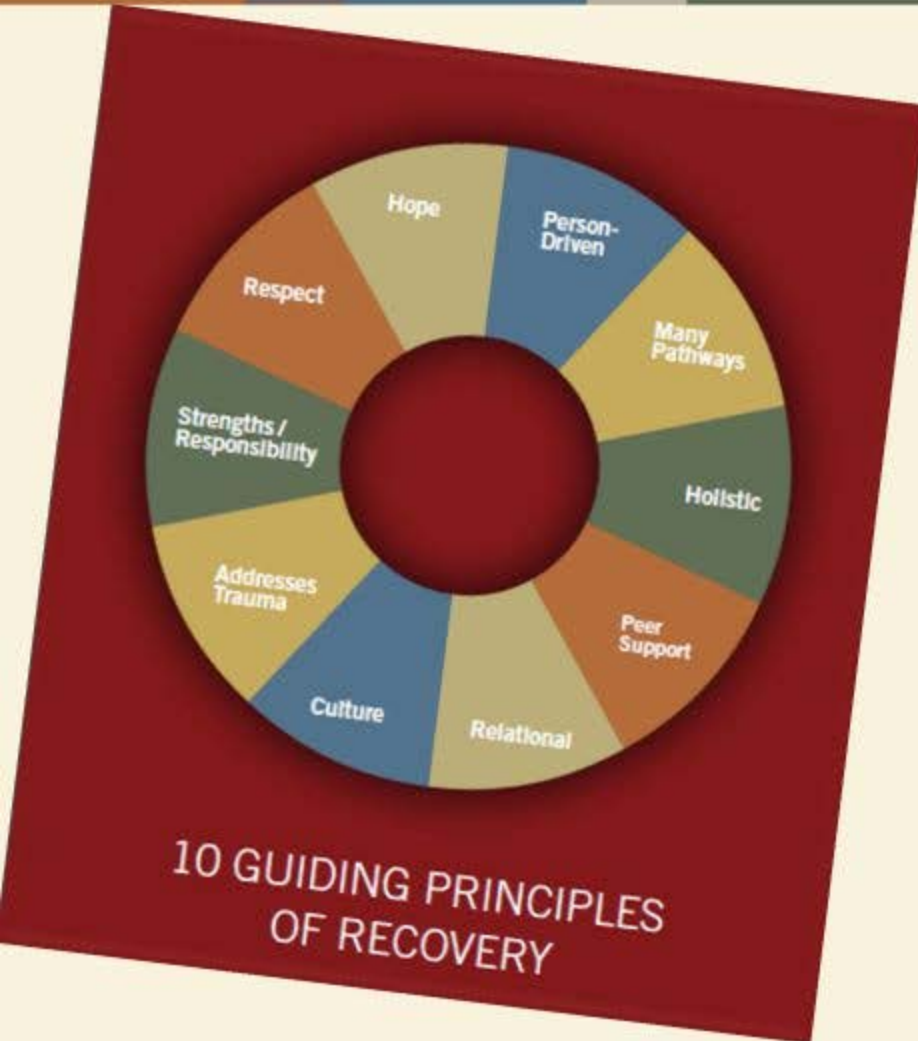
- **describes the connection between behaviors and the health and well-being of the body, mind and spirit.**
- **This would include how behaviors like eating habits, drinking or exercising impact physical or mental health.**

"Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

*Substance Abuse and Mental Health
Services Administration (SAMHSA)*
An agency within the U.S. Department of
Health and Human Services



Guiding Principles of Recovery



- Holistic
- Person-driven
- Many pathways
- Peer support
- Relational/social
- Strengths/responsibility
- Respect
- Culturally based
- Addresses trauma
- Hope

Recovery Coaching principles

- There are many pathways to recovery.
- Focus is on the recovery potential, not the pathology.
- Err on the side of the recoveree.
- Err on the side of being generous.
- It's about building people so they can build others.

www.williamwhitepapers.com

• White, William L. (2007). *Ethical Guidelines for the Delivery of Peer-based Recovery Support Services* (PDF). PRO ACT Ethics Workshop.

• White, W. (March 22–23, 2004). *The history and future of peer-based addiction recovery support services* (PDF). SAMHSA Consumer and Family Direction Initiative 2004 Summit. Washington, DC.

3. Reviewing lessons learned from past year of ORT-PSN (Opioid Replacement Therapy) (Recovery Coach) program: CHALLENGES

Can a Recovery coach be successfully integrated into an
addiction medicine clinic?

Will a Recovery coach:

1. Be accepted by frontline staff & physicians ? Build her role?
2. Be accepted by clients ? Be able to engage clients? Build
successful relationships with clients?
3. Be Helpful, Useful & Effective in assisting clients in moving
through their stages of recovery?
4. Be effective in building relationships with community
partners?
5. Help reduce stigma among clients & among community?

3. Reviewing lessons learned from past year of ORT-PSN (Opioid Replacement Therapy) (Recovery Coach) program: **STRENGTHS**

- 1.Improving engagement in treatment
- 2.Improving retention in treatment
- 3.Improving holistic approach to treatment
- 4.Improving stages of change & stages of recovery
- 5.Building clients' recovery capital while building WRAP
- 6.Improving crisis support
- 7.Strengthening the “therapeutic home base” by creating a robust culture based on intra-mural relationships & shared values, vision & missions
- 8.strengthening extra-mural relationships & understanding

A Recovery Coach Is Not A . . .

(Adapted from William White)

- **Sponsor**
- **Counselor**
- **Nurse/Doctor**
- **Clergy Person**

• Addictionrecoverytraining.org



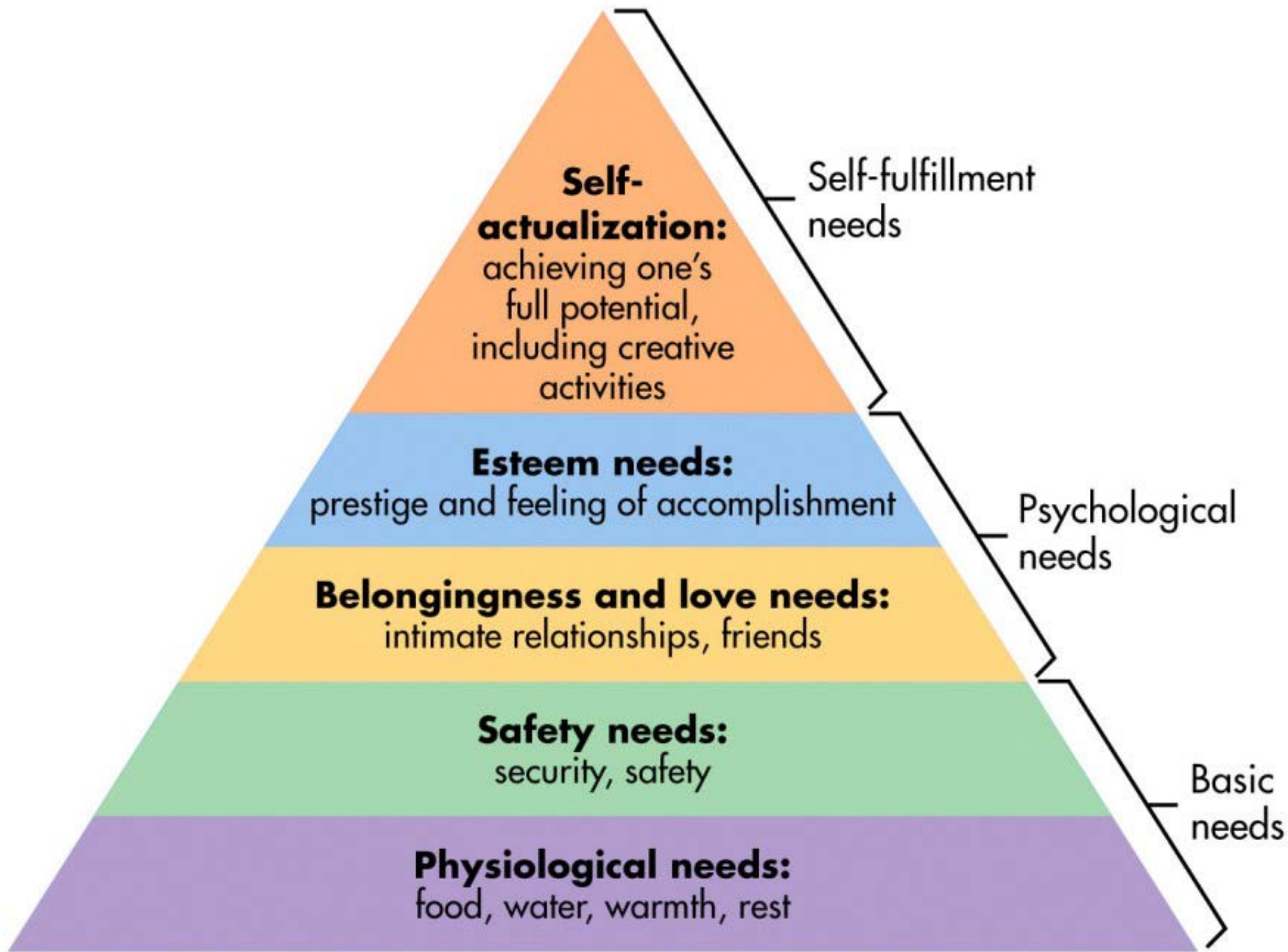
Recovery Coach Roles

(Adapted from William White)

- Motivator and Cheerleader
- Ally and Confidant
- Truth Teller
- Role Model and Mentor
- Problem Solver
- Resource Broker
- Advocate
- Community Organizer

• Addictionrecoverytraining.org







WHICH STEP HAVE YOU REACHED TODAY?

5 STAGES OF RECOVERY

IMPACT OF ILLNESS

The person is overwhelmed by the disabling power of illness.

The symptoms and the resulting behavior are the controlling experience in a person's life and the person is often not able to function.

The danger is that the person will re-define him- or herself in mental illness terminology that will automatically limit his or her future.

The role of services is to decrease the emotional distress by reducing the symptoms and communicating that there is life after diagnosis.

LIFE IS LIMITED

The person has given in to the disabling power of illness.

The person doesn't like his or her life the way it is, but believes it is the best it will ever be. He or she is not ready or able to make a commitment to change.

The danger is that the person will resign him- or herself to this life and refuse to acknowledge that there is anything he or she can do that will make a difference in his or her life.

The role of services is to instill hope and a sense of possibility and to rebuild a positive self-image.

CHANGE IS POSSIBLE

The person is questioning the disabling power of illness.

The person believes that there has to be more to life than what they are currently experiencing and is beginning to believe that life can be different.

The danger is that the person will be afraid to or discouraged from taking the necessary risks and remain in the "life is limited" stage.

The role of services is to help the person see that they are not so limited by the illness, and in order to move on, they will need to take some risks.

COMMITMENT TO CHANGE

The person is challenging the disabling power of illness.

The person believes there are possibilities, but is unsure of what they are or what to do. He or she is willing to explore it will take some changes.

The danger is that the person will not get the necessary skills, resources, and supports they need to do what he or she wants to do and will not succeed in moving forward.

The role of services is to help the person identify the strengths and needs in terms of skills, resources, and supports.

ACTION TO CHANGE

The person is moving beyond the disabling power of illness.

The person has decided the direction that he or she wants their life to go and is willing to take more responsibility for his or her decisions and actions.

The danger is that the person will begin to doubt their ability to function on their own, trust his or her decisions, and revert back to a life lived in the system.

The role of services is to help the person trust their own decision-making ability and take more responsibility for his or her life.

4. Future directions (SBARSS)

1. Increased ongoing public education to reduce stigma
2. Increasing ongoing peer supports & outreach
3. Improving ongoing collaboration among community partners across pillars & sectors
4. Increasing partnerships among stakeholder groups:
 1. Business community, neighbourhood residents, frontline staff, clients

4. Future directions (SBARSS)

The need to adapt by adding other paradigms to meet 2 community objectives:

Options & Paradigms:

1. Abstinence-based Recovery
2. Medication-Assisted Recovery (using ORT, & other meds)
3. Harm Reduction (using ORT, NLX, safe equipment)
4. Supervised Consumption sites (consumers has own supply)
5. Safe Supply (less harmful opioids supplied but not supervised)
6. Managed Opioid Programs: Supervised Consumption of Safer Supply (IV or Oral)
7. Integrated Care Hubs (integrated care teams)

***Dignity begins when
I feel that***



***I am
the chief instrument
of change
in my life.***

Ralph Dell'Aquila MD, CFPC, ABAM



RELATIONSHIPS

ENVIRONMENT

ECONOMIC

CULTURE

BRAIN

MIND

BODY

SPIRIT

*Gathering together
is a beginning;
Keeping together
is progress;
Working together
is success;*

Kina gweya n'minobimaadiziwin
*Working as one
for the wellbeing of all.*