

PROGRAM INNOVATION

Stonehenge Mobile RAAM Clinic

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Since the inception of our first RAAM Clinic in Guelph in 2017, and the subsequent clinics throughout the Waterloo Wellington LHIN, we often received calls for clients in the rural areas of our catchment. These calls frequently resulted in frustration: "This service sounds great but..." The "buts" almost always had something to do with accessibility - transportation, precarious internet and phone connections, lack of support services, the list goes on. There was a recognition of the disparities in health equity between the rural and urban populations when it came to addiction medicine and broader substance use services.

Through consultation with community partners, family health teams, staff and clients, the concept of a mobile RAAM service was developed. Stonehenge Therapeutic Community applied for funding for a full time Addiction Counsellor and Nurse Practitioner, as well as a fully customized sprinter van to provide this service. The demonstrated need paired with the innovative concept spoke for itself and we started the planning process of actualizing this service to meet the unique needs of the communities and their residents. This included considerations around locations, design of the exterior of the clinic space, addressing actual and perceived stigma, and finding solutions for the accessibility challenges.

The Mobile RAAM got on the road the first week of June 2021. We are working to scale up to provide service in five rural

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communities (one day each per week), as well as the option of in-home support to clients for whom travel continues to be a barrier. The Nurse Practitioner and Addiction Counsellor provide support from a harm reduction framework for



clients of all ages, using any substance(s). They also work closely with Stonehenge's Rural Wellington Addiction Services team to provide ongoing counselling and peer outreach. Most importantly, the feedback from our clients has been overwhelmingly positive: we have heard over and over that they may not have reached out, or been able to access support, if not for this clinic. As we look forward, we are excited to scale the clinic to full capacity and continue to provide high-quality care for people who use substances in rural Wellington.

FACES OF THE FIELD



Missy McLean

Ontario Director, Moms Stop the Harm (MSTH)

Like so many who have been advocating to change failed drug policies long before me, lived experience brought me to this work. For two decades, I've walked alongside a loved one who lives with a mental illness, and problematic substance use has remained a constant. I've witnessed its impacts on his wellbeing and the ways in which doctors, nurses, social workers, and other family members treat him and either provide or deny care.

I joined <u>Moms Stop the Harm</u> to help effect change and better support people who use drugs and their families. MSTH is a network of families across Canada impacted by drug-related harms and deaths. We call for an end to the failed war on drugs through evidence-based prevention, treatment and policy change, and support a harm reduction approach that is both compassionate and non-discriminatory for people who use substances.

Our work is informed by members' lived experience, but it is led first and foremost by the drug users directly impacted by Canada's racist, oppressive drug policies. We work closely with drug user unions and other organizations to ensure we're amplifying their voices and standing in solidarity beside or behind them, but never in front. We're fighting alongside PWUD for decriminalization, safe supply and expanded user-led, evidence-based programs, supports and treatment options.

This summer, I was confirmed as an MSTH director for Ontario. My co-director and mentor, Christine Wingate, is a fierce advocate who lost her youngest son, Shane, to a drug poisoning in 2018. Together we're organizing our growing Ontario membership with a focus on building the profile and influence of MSTH here similar to what advocates have achieved out west.

I know the harm families can inflict on PWUD. I also know the promise we hold to help drug users achieve their liberation. Education and support are key to harnessing this promise, which is why I also facilitate peer support groups for those impacted by a loved one's substance use or who've experienced a traumatic loss to a drug-related death. This work is part of MSTH's <u>Stronger Together</u> <u>Canada</u> initiative to build capacity across the country for peer-led support.

Join the META:PHI Google group: E-mail <u>laurie.smith@wchospital.ca</u> to be added.

EVENTS

RAAM monthly videoconferences

Counsellors	Oct 8	9 am
Prescribers	Oct 12	8 am
Nurses	Oct 13	9 am

To be added to any of the above lists, please contact Laurie.smith@wchospital.ca

PERSPECTIVES

Helping people with Substance Use Disorder at home on Saugeen First Nations

Kelly Siefried, Addiction Outreach Worker Carolyn Travers MD CCFP, Libby Cox MD CCFP Josh Richardson RP RPN PNC BA Hons Christine Savignac, LeeAnn Hampton Addiction Outreach Workers



Just 24 hours after the announcement of the first positive Covid case at Saugeen First Nations of the Chippewas, it became clear that Covid-19 was going to have a significant impact on the community. In part, this was due to the fact that it was the highly contagious Delta variant making its way through the community; in part, because it was spreading rapidly though high-risk community members including those with transient housing and those with substance use disorders. Ultimately, over the course of the outbreak at Saugeen First Nations from June to August 2021, there were 130 positive cases, three deaths due to COVID-19, and one fatal opioid overdose that devastated the community.

Prior to the outbreak, addiction outreach workers at Mino Bimaadsawin Health Centre, Kelly Siefried and Christine Savignac, conducted daily wellness checks with members of the community who had substance use issues, delivering harm reduction supplies and education. They also worked closely with the RAAM clinic, a program offered through Grey Bruce Health Services. Through RAAM, Dr. Carolyn Travers and Josh Richardson (RPN) would attend the Health Centre weekly to see community members seeking help with their substance use disorders.

At the beginning of the COVID-19 outbreak at Saugeen First Nations, Dr. Travers offered to join in swabbing members of the community. While providing nasal swabs at the homes of those living with substance use disorders, Dr. Travers and Kelly Siefried had many requests from community members for help with their opioid use disorder, in particular with withdrawal symptoms exacerbated by the need to self-isolate. In response to these requests, the emergency mobile RAAM program was born.

Understanding that people were self-isolating and unable to come to the health centre, the team started visiting people at their homes regularly. An outreach worker would offer them harm reduction supplies and social support, and a prescriber would discuss OAT options with them. Outreach workers began delivering either methadone or suboxone to people's homes daily. Through word of mouth, the program has continued to grow and has gained momentum with the ongoing commitment of Dr. Carolyn Travers, Dr. Libby Cox, Kelly Siefried, Christine Savignac, LeeAnn Hampton, Kristen Watt (RPh), Josh Richardson and many others; and the close collaboration between RAAM, Grey Bruce Health Services and Mino Bimaadsawin Health Centre.

Within an 8-week period of this developing model, retention to treatment has skyrocketed and participants are already demonstrating health and wellbeing improvements. People in the program are putting on weight, cleaning their houses, cooking meals and are once again showing engagement and excitement in life outside of substance use. The difference? Simply bringing the service to people's homes.

IN THE NEWS

Opioid crisis - time to update the Portugal model? (Globe and Mail)

Red Cross first aid training includes overdose response (CBC)

Drug decriminalization gaining momentum (CBC)

New strategies to deal with opioid crisis (Toronto Star)

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