

## PROGRAM INNOVATION

### Go-Give Project

#### Evie Ali, LRN

Executive Director, Go-Give Project, Sudbury

What started as distributing sandwiches for a volunteer project in 2020 has become a staffed charitable organization operating a mobile harm reduction unit seven days a week to provide nutrition, harm reduction, naloxone, and first aid to Sudbury's vulnerable population. The **Go-Give Project** focuses on those suffering with long term addictions, chronic homelessness, and trauma. Over the course of the last 17 months, we have connected with families, transitioned clients to treatment and housing, and so much more. Operating primarily around the closure of other community resources, our trained volunteers use a client-specific approach to meet the unique needs of the homeless and underhoused individuals they assist.

While our team's mobile unit does much of its outreach from 9:00 pm until 2:00 am, we also have a 24-hour urgent crisis line as part of our mission to help reduce the risks associated with substance use, while also assessing the holistic needs of each person. To date our team has responded to 27 overdoses and was fortunate enough to reverse 25 of them. It is these numbers that prompted the initiation of our *Wellness Check* program: The Go-Give team operates a registry of over 200 housed and unhoused people who use opioids, each one consenting to a wellness check every three days.

Following the request of many families for this information, we launched our *Request for Information* forms on our website. This allows individuals to seek information on their loved ones (provided consent is given). These two unique programs have been instrumental in reuniting families and reducing overdose risk.

Our partnerships with Public Health Sudbury & Districts and Health Sciences North's Addiction Medicine Unit enable us to do this

work. But most of all, we rely on and are thankful for the trust and acceptance of our clients. We are excited to continue working towards more permanent solutions for our community. To learn more, visit us on Facebook, Instagram, Twitter, or our [website](#).



#### Some of our Year One accomplishments:

<b>35,000</b> meals distributed	<b>192</b> homeless individuals assisted
<b>1000</b> clean safe supply kits distributed	<b>37</b> urgent hotline calls/responses
<b>7</b> homeless individuals permanently housed	

## FACES OF THE FIELD



#### Tasha Palmer, RECE

Supervisor, Child Development Services  
Jean Tweed Centre, Toronto

The Jean Tweed Centre is a multi-service community-based organization that provides support to women with substance use, mental health, and/or problem gambling concerns. Each year JTC provides counselling and care to more than 1,700 women and their families. Often these mothers have child welfare involvement, and some may have had to relinquish care of their children. The wide range of day and residential programs available help women to resume and strengthen connections with their children.

I began my career in 2013 upon completion of a degree in Early Childhood Leadership. During an internship, I'd seen how gaps develop in early childhood settings for communities impacted by lower socio-economic status, substance use, mental health concerns and intergenerational trauma. This sparked my passion for early intervention approaches within trauma-informed community settings. Upon graduating, I joined the JT Child Development Centre (CDC) team and in 2016 became its Supervisor. It is one of the only treatment centres in the province with a licensed, therapeutic Child Development Centre on site. A warm and nurturing environment in which to play and learn, the CDC provides childcare, workshops, consultations, attachment intervention, and resources to women and their children.

Part of my role is to meet with new clients and try to align their goals with child welfare goals. This can include discussions around harm reduction and abstinence, as well as involving them in programs such as *Moms and Kids Too* and *Pathways to Healthy Families*, programs for mothers with substance use to develop and strengthen parenting skills. Administratively, I advocate on their behalf to child welfare, and prepare discharge summaries, court letters and recommendations. One of my proudest accomplishments is writing *Waiting for Tuesday*, a book about a child visiting their mother in the CDC. This was in recognition of the unique family structures existing in our community. I also partnered with CAMH to develop a trauma-informed practice workbook for anyone dedicated to the well-being of children.

I often hear from women accessing JT programming that they are working to end the cycle of trauma and addiction for their child/ren. It's a challenge to see them struggle, but also very rewarding to witness growth and change. I feel incredibly privileged to work with the resilient families accessing JTC support.

## EVENTS

### RAAM Monthly Videoconferences:

Nurses	June 1	12 pm
Prescribers	June 14	8 am
Counsellors	June 10	9 am
Addictions NP	June 29	12 pm

**META:PHI Webinar:** June 8 7 pm

Tali Cahill

*Same but Different: Naloxone in Bystander Response vs Supervised Consumption Site Overdose Protocols*

## PERSPECTIVES

### Supporting access to buprenorphine/naloxone for people in correctional facilities

Lori Regenstreif, Erin Beaulieu, Claire Bodkin, Lori Kiefer, Dale Guenter, Patsy W. P. Lee, and Fiona Kouyoumdjian  
Department of Family Medicine, McMaster University  
Hamilton



On any given day in Canada, about 32,000 adults are in custody in correctional facilities. In Ontario alone, about 40,000 adults experience incarceration in provincial facilities over the course of a year.

Opioid use, as well as use of other substances, is common in this population, with substantial associated harms including death from opioid toxicity. Although we know that opioid agonist treatment (OAT) has increased over time in provincial correctional facilities in Ontario, we lack data on the prevalence of opioid use disorder (OUD) in people who are incarcerated, to be able to understand unmet need for treatment. We also lack data on treatment quality. We know that there remain challenges to timely access to appropriate treatment for OUD for people while in custody and in the community, in particular at the time of release.

Through our clinical work, we specifically identified the challenge of a lack of guidance on treatment initiation for people who have lost their opioid tolerance, which is a fairly common clinical scenario in correctional facilities. People may not be assessed for or offered OAT while they are in withdrawal on admission, or they may decline treatment and then not be offered it again. People in custody may also have a change of mind, for example due to cravings and often in the face of illicitly obtained, high-risk potent opioids in correctional facilities.

To support treatment access, including for people who have lost their opioid tolerance, we developed a knowledge translation tool to support buprenorphine/naloxone treatment initiation for people in custody\*, with funding provided by the Canadian Institutes of Health Research through the Canadian Research Initiative in Substance Misuse (SMN-139150). We reviewed relevant literature and guidance, consulted with stakeholders, and then developed the tool for correctional prescribers, along with supporting materials.

The tool is available at <https://prisonbupstart.ca/> and is available as an interactive version and a PDF version, which can be printed and placed in an accessible location. We developed an [animated video](#) to help spread the word about this tool and we recorded a [tutorial](#) to support clinicians using the tool.

Ongoing work is needed to support timely access to treatment for people with opioid use disorder who are incarcerated. Moving forward, we aim to more clearly define and advance opportunities to prevent harms associated with opioids in correctional settings and upon release.

\*For more information on the tool development, see: Regenstreif L, Sadik M, Beaulieu E, Bodkin C, Kiefer L, Guenter D, Lee PWP, & Kouyoumdjian FG. [Buprenorphine/naloxone access for people with opioid use disorder in correctional facilities: Taking steps to support knowledge translation](#). Health Justice. 2022;10(1):11.

## IN THE NEWS

[Rise of Nitazenes in Unregulated Drug Supply](#) - CTV News

[Documentary Wins Best Director Award](#) - The Tyee

[Egregious Tweets by Calgary Politician](#) - Calgary Herald

[Federal Government Announcement on Overdose Crisis](#) - CBC News

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