

## PROGRAM INNOVATION



### Level Up Canada

**Effie Argyropoulos**

Project Lead, Digital Public Square

Digital Public Square (DPS) is a not-for-profit delivering digital solutions to information challenges across various communities in need. Through a Health Canada Substance Use and Addictions Program (SUAP) grant in 2023/2024, DPS developed [Level Up](#) Canada, a digital tool specifically for people in Canadian labour-intensive industries such as mining, forestry, manufacturing, and construction to access substance use support services.

[Level Up](#) Canada is designed to raise awareness about opioid and substance-related harms affecting (largely) men working in the skilled trades. It does this by delivering short, accessible information to participants in a privacy-first environment, where no personally identifiable information is collected. People can feel secure that they are anonymous, and therefore not subjected to stigma if they are concerned about their substance use or that of their colleagues. They are then directed to a list of resources they can access, including mental health, harm reduction and withdrawal management services, as well as crisis support services and interventions (like Naloxone). The tool allows people to access support for themselves, or others - for example, if someone is worried about a colleague, the tool provides tips on how to speak with co-workers.

This need for anonymity came from a survey of 700 labour-intensive workers across Canada conducted by DPS in September 2023, which included people with lived and living experience of using opioids. The findings showed that 40% noticed a peer at work that might be struggling with substance use and 60% thought that men in labour-intensive industries are at greater risk of opioid harms. However, the findings revealed challenges faced by this audience, with 76% worried that they would lose their job if they needed to get help for substance use and only 37% indicating they would feel comfortable talking to their employer if they needed help. These findings highlighted the importance of creating a tool that protects a user's privacy and identity, given the fear of negative repercussions prevalent in the workforce. Furthermore, 89% agreed it is important to reduce substance harms and that it is important for employers to provide resources on substance use, signaling the influential role employers can have in the effort to reduce opioid and substance-related harms. This informed the development of Level Up's "[Find Support](#)" directory that specifically directs people to services that can address and/or reduce opioid harms. Employers can provide the easy-to-use resource to employees during training or onboarding.

Level Up is recommended for anyone who works in, or knows someone who works in, a labour-intensive industry in Canada. By partnering with DPS to distribute Level Up, organizations can help contribute to the health and safety of their workforce or wider audiences. Our research has found that employers can be vital, trusted sources of information and have an important role to play in reducing opioid harms affecting (largely) men in labour-intensive industries. The benefits of Level Up are two-fold: it provides individuals with information about the growing issue of opioid and other substance-related harms, and raises their awareness of available support in their communities. In turn, when an organization distributes the Level Up link or QR code to their network (be it employees, union members, etc.) they can collect privacy-protected, aggregate data on their workforce's perspective on the issue and likelihood of accessing support. These aggregate insights can support organizations to modify their strategic direction for things like training, health promotion, and service/support provision, all while ensuring the privacy of the people engaging with Level Up is not compromised.

## FACES FROM THE FIELD



### Walker Akhlaghi (she/her)

Peer Support Worker

Women's College Hospital, Krasman Centre, Toronto

Hello! My name is Walker (she/her). I work at Women's College Hospital in the Substance Use Service Clinic as a Peer Support Worker on behalf of [Krasman Centre](#), a survivor initiative that offers peer support based-programs, physical hubs, and resources for those with lived experience of mental health, substance use and housing challenges. Krasman Centre also connects peer supporters like myself to organizations seeking to integrate peer support within their teams, which is how I became affiliated with WCH.

Before my position at WCH, I was completely unaware of all the resources available for substance users – resources I really wish I had known about when I was in the pit of my addictions. During that time numerous clinical workers told me, "I can't help you if you don't quit using substances". This contributed to my reluctance to reach out for help when I needed it the most. Knowing that there are healthcare providers who understand the complexities of substance use and are willing to work with individuals without requiring that they abstain from using in order to receive support, are some of the fundamental values of peer support.

What led to my desire to work in addictions was watching the film *Beautiful Boy* (based on the memoir, *Beautiful Boy: A Father's Journey Through His Son's Addiction* by David Sheff). It sparked an intense realization that my personal experiences of once being in active addiction came with a profound knowledge that could be utilized in this field. I feel this non-clinical perspective is extremely important, as it offers a unique lens of somebody who was once in the shoes of those accessing our services.

A typical day as a Peer Support Worker in our clinic sees me providing emotional and social support to clients, whether it be for walk-ins during our RAAM clinic hours or booked appointments with myself, as well as providing mental health and addictions resources as needed. Besides that, if I'm not with a peer, I'm usually creating and managing our harm reduction kits or researching the latest news on substances and substance use. I am continuously reflecting on how to make our clinic more accessible, low-barrier, and offer resources and support that I would have found helpful while I was still using substances.

What motivates me the most within this role is being there for peers for every step of their journeys, and providing a safe space for them to explore their thoughts and feelings. Oftentimes, I find that every peer grounds me in some way as I learn so much about myself after speaking to them. It truly warms my heart when a peer tells me that they appreciate talking to me because they're speaking to someone "who gets it". That in itself reminds me of the importance of having peer supporters, especially in vulnerable settings.

The most challenging part of this role is making sure to take care of myself both mentally and physically, and holding space to process what I consider intense moments. I am constantly reminding myself to practice what I preach, and to remain grateful for the journey that has led me to where I am today.

# PERSPECTIVES



## Addressing the Youth Substance Use Crisis: The Need for Adolescent RAAM Clinics

**Dafna Kahana**

Child and Adolescent Psychiatrist, Youth Addiction and Concurrent Disorders Service (YACDS), Centre for Addiction and Mental Health (CAMH), Toronto

Substance use disorders (SUDs) among Canadian youth are a growing public health concern, with an alarming rise in opioid use and related harms. Between 2013 and 2021, opioid-related deaths among those aged 15-24 increased from 2.6 to 12.5 per 100,000 (369.2% increase), while the rate of opioid agonist treatment declined from 3.4 to 1.5 per 1,000 (55.9% decrease). More specifically, among 15-17-year-old adolescents, the annual rate of opioid toxicity ED visits almost tripled from 6.6 to 18 per 100,000 between 2014 to 2020. These trends point to a widening treatment gap at a critical stage of development. Additionally, the fluctuating nature of adolescents' motivation for treatment further compounds the problem, highlighting the urgent need for flexible, youth-centred care.

Rapid Access Addiction Medicine (RAAM) clinics, established in 2015 by Mentoring, Education, and Clinical Tools for Addiction: Partners in Health Integration (META:PHI), are walk-in clinics designed to provide quick, low-barrier care without needing prior appointments or referrals. Patients can access services when most motivated, receiving medical assessments, pharmacotherapy, and connections to additional support services. Early evaluations indicate that RAAM clinics have been effective in reducing emergency department visits, hospitalizations, and mortality rates. However, these clinics remain focused on adult patients, leaving adolescents underserved. Adolescents needing immediate care for substance use are often directed to emergency departments or adult RAAM clinics.

We propose establishing an Adolescents RAAM Clinic, embedded within the Child and Youth Division at the Centre for Addiction and Mental Health (CAMH), to address this. This clinic would focus on providing a safe, developmentally-appropriate environment for adolescents, with services designed to address their specific needs, such as family involvement, school obligations, and interactions with child protection services. The clinic would also collaborate with existing youth services, ensuring an easy transition to other services such as the Youth Addiction and Concurrent Disorders Service (YACDS). In cases requiring more intensive intervention, the clinic could refer patients to inpatient care in the Concurrent Youth Unit (CYU) or emergency departments.

Furthermore, this service would modify the adult RAAM framework to create a developmentally and contextually appropriate model for adolescents aged 13-18. The clinic would provide immediate access to addiction services in a youth-centered environment - the Child and Youth Services, CAMH - ensuring low-barrier care that accommodates their specific psychosocial and developmental requirements.

The clinic's multidisciplinary team - including addiction-trained physicians, nurses, social workers, pharmacists, child and youth workers and peer support workers - would offer assessments, brief interventions, pharmacotherapy, and connections to other youth-focused services. Triage would be individualized, ensuring treatment plans are responsive to the specific needs.

An initial pilot program will evaluate the clinic's feasibility and effectiveness in addressing the unique challenges faced by adolescents with SUDs in consultation with community services and CAMH's Youth Advisory Group. Key outcomes would include treatment engagement, retention, and overall health outcomes. This clinic has the potential to bridge the gap between emergency departments and traditional youth addiction services, establishing a critical point of intervention for a vulnerable population and improving outcomes for this high-risk group.

Furthermore, the clinic could serve as a training platform for clinicians, promoting best practices in adolescent addiction care.

## THOUGHTS FROM A SEMI-RETIRED ADDICTION DOCTOR

### Why do People Decide to Stop Drinking?

**Meldon Kahan MD CCFP FRCPC**

Medical Director, META:PHI



Over the years I've talked to many people with Alcohol Use Disorder about their reasons for drinking and their reasons for wanting to quit. I've listed several of these reasons below, along with illustrative cases from my practice. All of the patients had a long history of AUD with minimal response to previous counselling and medications.

- *The family.* An elderly man was in the ED for an alcohol-related fall. His daughter-in-law was furious; she says he is drunk every time he comes over for dinner. A month later at follow-up he has stopped drinking completely.
- *The partner.* At a follow-up visit, a middle-aged man reported that he has been abstinent for two months. His partner was diagnosed with breast cancer, and she made him promise to be abstinent so he could support her, just as she supported him for many years while he was drinking.
- *Fear of dying.* A 70 year-old man was admitted to hospital for three weeks for alcohol withdrawal delirium and confusion. He recovered completely and has remained abstinent for years.
- *Leaving an abusive relationship.* A woman in her late 20's left her abusive partner. He was cruel and controlling and she was drinking to cope. Shortly after leaving him, she stopped drinking and entered treatment.
- *Work.* A woman was put on leave for being intoxicated at work. This was devastating for her as she loved her job. She participated in treatment, returned to work and has remained abstinent.
- *Remorse and fear of consequences.* A 20 year-old man was criminally charged with assaulting his girlfriend while intoxicated. He was deeply remorseful and frightened of going to jail. He has remained abstinent for many months.
- *Fed up with drinking.* A 60 year-old man has been drinking heavily and using Percocet for ten years. His wife and son left him, and he lost his business. He attended WMS for the sole purpose of stopping his substance use; he said he was fed up with the lifestyle. He started buprenorphine, attended AA, and has been abstinent for years now.

These patients became committed to abstinence for personal reasons, but they all participated in addiction treatment during the early recovery period. Patients are at high risk for relapse during the early recovery period, because they often experience anxiety, and insomnia, cravings and subacute withdrawal symptoms, guilt and shame, and interpersonal challenges. RAAM clinics help patients in early recovery by offering rapid, low-barrier access to counselling and medications for subacute withdrawal and cravings.

Counselling in early recovery is critical because it encourages supportive relationships, meaningful activities, and connections with supportive services. Counsellors give patients an empowering and hopeful message: 'You are a good person who has shown courage in the face of adversity; you can recover even if you have relapsed in the past; and with recovery, your mood and function will improve.'

All of us have had patients who have died from alcohol-related causes despite the best efforts of their families and treatment providers. But we should also remember those whom we, our colleagues and our services have helped to achieve long term recovery.

## EVENTS

**2024 Webinar Series - Session #7**

OAT and the Effects of Long-term Opioid Therapy - Eyal Kraut, Lavarnan Sivanathan  
Wed Oct 16, 7-8:30 pm Register [HERE](#)

**RAAM Monthly Videoconference Dialogue Series**

Tues Nov 1, 8-8:45 am

**Addiction NP Videoconference Discussion**

Wed Oct 30, 12-1 pm

To join any of these events contact [laurie.smith@wchospital.ca](mailto:laurie.smith@wchospital.ca)

Visit the META:PHI website: [www.metaphi.ca](http://www.metaphi.ca)

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