



CONCURRENT DISORDERS

— CAPACITY BUILDING TEAM —

March Newsletter

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Confronting COVID, Racism, and Addiction

In addition to the COVID-19 pandemic, North America is going through important social and political events, involving protests surrounding anti-Black racism. In the midst of all this, the opioid epidemic continues on, largely influenced by the conditions of the past year, leaving health care providers and systems caught in the crossfire. The pandemic caused many not to be able to access the services they were in need of. Although many of these regulations were adjusted to accommodate treatment for substance use disorders, particularly opioids, many barriers still exist within regulation in the United States that hinder the ability of qualified professionals to provide care to those most vulnerable in our current society. Advocates have stated that these regulations for critical treatment go against social justice values, furthering a cycle of oppression and inequality experienced by individuals who are already marginalized within Western society. In the United States between 2011-2016, Black individuals had the highest rate of drug overdose deaths when compared to all other populations. Many of the barriers, oppressive systems, and roadblocks that already existed for people were amplified due to COVID-19. This meant that new concepts and knowledge from the frontlines regarding caring for those who use substances in a pandemic needed to reach as many clinicians as possible. The Association of Multidisciplinary Education and Research in Substance Use and Addiction (AMERSA) hosted their annual conference based on this principle, with attendees from social work, medicine, pharmacy, nursing, and other disciplines. Panels at this conference covered COVID-19 specific information, including Emergency Department procedures, culturally informed healthcare, the discussion of support groups for Black men who use substances, and others. The conference was closed with a session titled “Combatting Intersecting Epidemics of Opioid Use and Racism to Improve Health Outcomes for People Who Use Drugs”, emphasizing the importance of discussions of race and racism within a healthcare setting. In order to continually improve the quality of care provided to all. Multidisciplinary education surrounding societal issues is important for all clinicians to have.

Please [click here](#) to read the full article and learn more about the panelists.

Implications of the COVID-19 Pandemic on Patients with Schizophrenia Spectrum Disorders

The goal of this study was to examine the impact of the pandemic on patients diagnosed with a schizophrenia spectrum disorder. Online databases were searched for a narrative review of the literature. Out of the studies selected for this article, the contents were separated in to 5 different categories: impact on mental health outcomes, potential impact on physical health outcomes, review of case series and case reports to date, risk of increased prevalence of psychosis, and treatment recommendation guidelines. Due to the severe toll that COVID has taken on the population due to the fear and stress of the virus, as well as all social distancing measures taken to prevent the spread, many experts believe the next health crisis will be the resulting mental health issues. Catastrophic events such as a pandemic impact those in society who are most vulnerable and marginalized in the most detrimental ways, including patients with schizophrenia spectrum disorders (SSD). This study found that patients with SSD have a higher likelihood of contracting COVID-19 and having a poorer health outcome, due to them also having higher rates of residential instability, smaller social networks, and disadvantageous lifestyle. One of the suggestions to improve care and reduce the impacts of the pandemic on patients with SSD is to continue care to prevent decompensation. Although COVID has altered the delivery of many mental health services, improvements can be made to outpatient services through the use of telemedicine to properly support this population. Due to risk factors such as psychosocial adversities and illness related factors, long-term studies of the impact on patients with SSD will be required.

[Click here](#) to read the article.

“When I dare to be powerful – to use my strength in the service of my vision – then it becomes less and less important whether I am afraid.”

~ Audre Lorde



Cannabis Column – Risk Factors for Cannabis-Related Mental Health Harms in Older Adults

Although unknown to some, the age group with the most increase in cannabis use over the past few years is adults 65 years and older in Canada. Despite this, there is little research on the harms related to cannabis use in this particular demographic. Much of the research that does exist is surrounding younger population, and the long-term impacts that use can have on a developing brain. Due to the neural function associated with aging, similar affects may impact older adults, thus providing more reason for research surrounding risk factors for mental health harm. Authors of this study aimed to examine the existing research, in order to highlight the areas for further exploration. This study found that the more frequent and chronic cannabis use becomes, the more likely an individual is to experience psychotic or adverse effects. Additionally, there is a dose-response relationship between cannabis use and anxiety and mood disorders, meaning that the more frequently cannabis is used, the higher the likelihood of developing one of these disorders becomes. A similar dose-response relationship has been found between the risk of developing schizophrenia and the frequency of cannabis use. One researcher using the US National Survey found that in individuals age 50 and older with past major depressive episodes, frequent cannabis use was linked to an increased chance of suicidal ideation. As found in the National Cannabis Survey (2019), 7% of adults age 65 and older reported having used cannabis within the past 3 months. Older adults are at a higher risk of neurocognitive disorders, which has not been examined in relation to cannabis use. The authors of this study point towards an area of future research, which is how the frequency of cannabis use can impact mild or major neurocognitive disorders, or as a risk factor for developing one. The authors also identify a potential public health strategy of education surrounding the benefits and harms of cannabis use, as older adults who used cannabis perceived more benefits and less harm than those who did not use cannabis.

[Click here](#) to read full article

User Involvement in Interprofessional Team Meetings within Services for Substance Use Disorders

Interprofessional team meetings occur within services for substance use disorders due to the complex nature of care necessary for some clients – medicine, social work, addiction specialists, welfare, etc. These meetings are designed to better suit the care to the needs of the patient, and should therefore include collaboration with the patient. This study was conducted to examine patient experiences within interprofessional team meetings, as a way to identify and alleviate barriers to the successful incorporation of users in care. This study involved five men who currently had a substance use and psychiatric disorder, and consisted of interviews as well as observations of team meetings involving the participants and professionals on their team. Interviews occurred after beginning treatment and again after an interprofessional team meeting. User involvement focuses on the concept of services users being the experts of their own treatment, and also being experts on ways to improve current services. Client-centred care has become an increasingly popular principle within healthcare and social services, an example of which is empowering clients to create solutions to their own issues using the resources at their disposal through the interprofessional team. However, users in this study did not find their involvement in the meetings helpful. They recognized that the lack of information and process as a barrier to effectively collaborating with professionals within the meeting. Furthermore, observation of the meetings identified that users were given an inferior role, compromising the extent of their involvement. The study identified ways to improve user involvement within interprofessional team meetings in the future, which includes teaching skills and resources that supplement user involvement, facilitating adequate information, clearly defining the expectations of each role, placing an emphasis on knowledge users hold, and ensuring professionals on the team hold an awareness of the importance of collaboration.

[Click here](#) to read the full article and access additional resources.

Clinical Corner – The Genomics of Opioid Addiction Longitudinal Study (GOALS): study design for a prospective evaluation of genetic and non-genetic factors for development of and recover from opioid use disorder

The opioid crisis is one that has evolved since it began decades ago. With the increase of restrictions on prescribing opioids, many individuals are turning to illicit sources for their substances as an alternative. Studies done on the inherited risk of opioid use disorder (OUD) do not examine consistent genetic risk factors, leaving a gap in research. The Genomic of Opioid Addiction Longitudinal Study (GOALS) is a prospective study created to observe and assess the interaction of genetic and non-genetic factors of OUD. Researchers gather both genetic and non-genetic information from 400 participants, all of which are on medication for OUD at the time of study. Genetic data collected includes a saliva sample, and non-genetic data includes validated surveys (measuring anxiety, depression, addiction severity, and adverse childhood experiences), and treatment outcomes (visit frequency, urine toxicology results, and the number of pre- and post-treatment overdoses from medical records). All study participants are assessed four times over the span of one year. The purpose of the implementation of this study is to learn more about how genetic and non-genetic risk factors contribute to OUD, and how this extends into the efficacy of the OUD treatment currently being provided. Studies such as this are important to the fields of Addiction Medicine and Concurrent Disorders due to the lack of research in this particular area, and the difficulty of the studies – stigma, interaction with the criminal justice system, unstable housing, and health comorbidities are a few of the circumstances that people with OUD face, making it more challenging for them to partake in a longitudinal study.

For more information, please [click here](#).

Community of Practice

Community of Practice remains on hold for the time being

Happy Spring!



Your CD Capacity Building Contacts

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Opioid Replacement Therapy consultations available through Addiction Medicine Service Team	Contact Paging

***Updated evening/night coverage for ED/PES: Monday to Thursday 8:00pm-6:00am, Saturday and Sunday 12:00pm-12:00am.**

SJHH Intranet: <http://mystjoes/sites/Depts-A-L/concurrent>

External Website: <https://www.cdcapacitybuilding.com>

Virtual Drop-In Group Information

We are happy to have all of our drop-in groups now running virtually through ZOOM!

Below are the times and a brief description of the group offered by the Community Psychiatry team at W5th

All ZOOM links found at cdcapacitybuilding.com

Mondays 1:30-2:30pm Moving Forward Skillfully * No Referral Required *

- A weekly drop-in class with 6 different modules
- Start any week
- Learn skills from DBT including emotion regulation, distress tolerance, and mindfulness

Tuesdays 1:30-2:30pm SMART Recovery * No Referral Required *

- A drop-in self-help group for recovery from any type of addictive behaviour
- Groups are led by a clinician and volunteer with lived experience
- Limit of 8 participants per group

Wednesdays 1:30-2:30pm Steps to Recovery * No Referral Required *

- A drop-in self-help group with 6 modules to increase motivation to decrease substance use.

Last Wednesday of Every Month 6:30 – 8:30pm Friends and Family Night

- A group for loved ones of those with substance use, mental health or concurrent disorders
- Contains 4 modules on supporting loved ones, creating boundaries, and self-care

Thursday 1:30-3pm -ACT

- A weekly drop-in class with 4 different modules.
- Start any week
- Available to all clients in the Community Psychiatry Clinic with any mental health diagnoses
- Topics from ACT therapy include: mindfulness, clarifying values, committed action, fusion vs. defusion, control vs. willingness, acceptance as an alternative, and action planning

Monday 10-11:30am PAWS

- Pick up a package and join any week!
- 6 different topics to help support and strengthen recovery: 1) Education around post-acute withdrawal syndrome 2) Physical health exercise and nutrition 3) Mindfulness 4) Sleep hygiene 5) Budgeting and financial security 6) Self-care, balance and resiliency
- These 6 sessions provide us an opportunity to pause, reflect and build on our own foundations of recovery
- Please watch the video(s) listed on cdcapacitybuilding.com ahead of time



Vanier Towers Project: Innovative Approaches to Healthcare

Presented by:

Candice Brimner BSW, RSW

Candice Brimner is a Registered Social Worker and the Manager of the brand new Mental Health & Addiction Housing Support Team, as well as a member of the Concurrent Disorders Capacity Building Team

Please join us March 30th at our March Education session to learn how this program is changing the way we deliver services to a vulnerable population!

[Attend the session virtually through ZOOM:](#)

Tuesday March 30th, 2021 from 12:00 - 1:00 pm

Meeting ID: 636 6741 7018

Password: 432986

Find your local number: <https://stjosham.zoom.us/j/63667417018>

Please **[CLICK HERE](#)** to register online!

If you have any questions, please contact

Rowan Blair at rblair@stjosham.on.ca

St. Joseph's
Healthcare  Hamilton



CONCURRENT DISORDERS FAMILY NIGHT LAST WEDNESDAY OF EVERY MONTH: 6:30- 8:30PM

The Concurrent Disorders Family Night series is a 4-session group (Does Not have to be attended in order) that focuses on supporting families and loved ones of individuals with co-occurring substance use and mental health disorders. Family Night is largely based upon the therapeutic interventions of CRAFT (Community Reinforcement and Family Training) and ACT (Acceptance and Commitment Therapy).

**No Referral Required* Do not need to attend in order!*

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**All loved ones, friends
and family members
welcome!**

**Week 1: Values, Recovery
and Acceptance**

**Week 2: Supporting
Yourself while Supporting
Someone with a
Concurrent Disorder**

**Week 3: Effective
Communication and
Support**

**Week 4: Motivating to
Make a Change**

**MORE INFORMATION AND
ZOOM LINK AT**

<https://www.cdcapacitybuilding.com/online-group-link>