



March Newsletter

Significant factors associated with problematic use of opioid pain relief medications among the household populations, Canada, 2018

Recently published Statistics Canada research identified that people aged 15 and over with untreated mental health challenges are more than two and a half times more likely to have problematic use of prescribed opioids for pain management. Answers from the 2018 Canadian Community Health Survey were used to identify factors leading to opioid misuse and found that pain management has primarily relied on prescription opioids for treatment—contributing to the development of Canada's opioid crisis. It found that problematic use was almost two times more likely for people who reported having fair or poor mental health compared to those having better perceived mental health. Researchers found opioid related harms to be experienced at a greater rate among certain population groups, including individuals unattached and living with others, First Nations, and those who experience low income or who have periods of employment instability. The researchers concluded that self-reported issues such as socioeconomic circumstances and other health factors warrant examination, assisting with a more informed response to the ongoing opioid public health emergency.

[CLICK HERE](#) for the full study.

Clinical Corner: Study finds more access to take-home opioid agonist therapy (OAT) treatments did not raise risk of opioid overdose

A recent study has found that recommendations to modifications to Ontario's opioid agonist treatment (OAT) guidance during the COVID-19 pandemic in March 2020 resulted in less overdoses and in more patients staying in the program. Recommendations were made to prescribers in March 2020 which allowed patients quicker access to take home doses, or access to more take home doses at a time in light of concerns about pandemic-related health care disruptions.

Researchers examined data from 21,297 people actively receiving OAT in Ontario between March 22, 2020 and October 18, 2020, observing users up to 180 days after switching to take-home doses or increasing frequency of take-home doses. Data was looked at in different groups: those on daily doses of methadone or buprenorphine who began receiving take-home doses, and those receiving weekly dispensed methadone or buprenorphine who began receiving at least two weeks worth of doses at a time.

Findings showed those receiving daily doses of methadone had lower risk of overdoses and were 20% less likely to have their treatment interrupted or to discontinue treatment compared to those who did not get take-home doses. Individuals who received an increased supply of methadone had a 28% reduction in discontinuing treatment and a 31% reduction in treatment interruption than those who did not get an increase, along with no increased risk of overdose. The two cohorts taking buprenorphine had similar but less notable results.

The results of this study indicate a potential to deliver OAT treatment to patients with increased trust and flexibility, while not putting patients' safety at risk.

Young Adult Substance Use and Treatment Trends

[Six recent Leger surveys](#), on behalf of the Canadian Centre on Substance Use and Addiction (CCSA) and the Mental Health Commission of Canada (MHCC), of people living in Canada ages 16 years and older provide data on trends of youth substance use during COVID-19 and access to formal treatment services from October 2020 to July 2021. Young adults who use alcohol, cannabis or both were more likely to report increased use during this time, with 37% reported increased alcohol use and 45% reported increased cannabis use, and 29% and 51% reporting problematic use respectively. [Click here](#) to view the infographic.

[Recent data from Canadian Mental Health Association](#) (CMHA) indicated that one in four Ontarians have recently sought help for their mental health challenges, a rise from previous years. A majority of parents noted challenges during the pandemic amongst their children, with a rise in parents saying their children are having difficulty dealing with an uncertain future. Aside from the COVID-19 pandemic's disruption to services, [a recent study examined](#)

[factors](#) that contribute to youth substance use and youth-specific barriers to substance use treatment. Data was collected from Ontario-youth based services providers, who majority identified cannabis and alcohol as the most commonly used substances among youth they serve. Providers noted public discourse around substance use both promoting the normalization of cannabis and alcohol use, while at the same time endorsing stigmatizing beliefs and ideas surrounding substance use. [Only 31% of youth](#) with current problematic use of alcohol, cannabis or both accessed treatment between October 2020 and July 2021.

Of the clients within the SJHH Young Adult Substance Use Program (YA-SUP) who both completed intakes and consented for research thus far, about 86% indicated having used alcohol in the past three months and 70% indicated alcohol use as a main or secondary reason for treatment. Additionally, about 88% indicated cannabis use in the past three months with 57% indicating it as a main or secondary reason for treatment. Out of the 65 clients who completed the Alcohol Use Disorders Identification Test (AUDIT), 36 surpassed the cutoff and screened positive for alcohol use disorder.

Engaging the Family in the Care of Young Adults With Substance Use Disorders

Young adult substance use disorder (SUD) treatment often focuses on the individual, not fully considering the role that family can play in the recovery process. The following article outlines three principles of care for engaging family members of young adults with SUD and reviews both supportive evidence and practice considerations.

Principle 1: When possible, care should involve family members

- When possible, and with permission of young adult, family members should be invited to participate in treatment
- Three family therapy models—multidimensional family therapy, functional family therapy, and brief strategic family therapy
- Necessary to consider obstacles preventing family involvement

Principle 2: Family members should be counseled on evidence-based approaches that can enhance their loved one's engagement in care

- Family members, using evidence-based communication skills, can increase the likelihood that their loved one will enter care, improving SUD outcomes
- Providing support to families can have positive impact on engagement in care, even if loved one initially not ready for treatment

- Community Reinforcement and Family Training (CRAFT) model teaches family to engage loved ones using several skills
- Difficult for family members to access evidence-based support for loved one unless loved one is ready to discuss treatment

Principle 3: Family members should be counseled on resources that can improve their own health

- Presence of SUD in young adult can have significant impact on emotional, mental, and physical health of family members
- "The Five Step Method" developed specifically to reduce stress-related symptoms and improve coping skills of family members
- Challenge of family members not seeking counseling or support due to stigma, stigmatizing beliefs held by healthcare providers, and simply identifying family members who could benefit from supports

Family members and loved ones are able to provide valuable support to young adults with SUD and should be provided with the education, resources, and empowerment to do so. Further research is needed to improve understanding of the role of family members in the treatment of young adults with SUD.

[CLICK HERE](#) to read the full article.

March is Music Therapy Awareness Month

Music therapy is a discipline in which Certified Music Therapists (MTAs) use music purposefully within therapeutic relationships to support development, health, and well-being. It is used with individuals of various ages, abilities, and musical background in an assortment of settings, and by individuals with varying concerns, including mental health difficulties and substance use.

Anthony Fragomeni is a Mental Health Worker with Borderline Personality Disorder Services (BPDS) in the Community Psychiatry Clinic at St. Joseph's Healthcare Hamilton. He earned his Master of Music Therapy degree from Wilfrid Laurier University in 2019 and has answered some questions regarding the use of music therapy for mental health and addictions.



What is music therapy and what does it involve in regards to mental health and addictions?

Music Therapy is a discipline that involves the use of music within a therapeutic relationship to support development, health, and wellbeing. Generally speaking, the aim is to use musical interventions and experiences to help address human needs within cognitive, communicative, emotional, physical, social, and spiritual domains. Music Therapy is often found in long-term care and dementia settings, as well as in work with children with special needs.

When it comes to mental health and addictions work, Music Therapy can take many forms; songwriting, improvisation, listening, singing, learning, and playing instruments are all common interventions that might be used depending on the specific needs of the client.

For many clients, painful emotions can be validated and safely explored through musical experiences. For example, if a client may be unable or unwilling to verbalize, music can provide a powerful validation and a cathartic means of self-expression. Music has the ability to convey and reflect our inner experience when we can't seem to find the right words. As one client put it, "the music sounds like my feelings feel".

How does music therapy fit into a client's treatment for mental health and/or addiction?

Music Therapy can take many forms as part of a client's treatment plan for mental health & addictions. As in other client-centered modalities, the therapist continually assesses and evaluates in order to match the interventions to the specific needs and goals of the client. In this sense Music Therapy in mental health can be somewhat nebulous and creative by nature, and for many clients offers a welcome contrast to the highly-structured protocols and procedures of some modalities. However, this also presents a conundrum as these qualities are also reflected in the evidence-base which is largely qualitative. From my perspective it is primarily for this reason that, while thriving in the private-sector and other care settings, Music Therapy for mental health & addictions has not been officially offered at SJHH since 2014.

What are the benefits of this type of therapy for individuals living with mental health challenges and/or addiction?

There are many benefits of Music Therapy for individuals living with mental health challenges and/or addictions. Because music is art on a canvas of time, taking part in active musical experiences (like group drumming, or improvising) immediately brings an individual into the present moment to fully participate one-mindfully with others. This can be particularly meaningful for those who struggle socially, or have difficulties building connections and feeling included. Additionally, music-making with others is said to simultaneously activate more areas of the brain than any other activity, and indeed a client once reflected to me that they felt their "mind, body, and spirit coming into alignment and harmony" as they improvised with the group.

As an intern in 2019 I had the privilege of facilitating group sessions at Men's Addiction Service Hamilton (MASH), Concurrent Disorders and Schizophrenia inpatient units, and also for Community Psychiatry Clinic outpatients. The collected data illustrated that across these three settings participants experienced a decrease in negative emotions, an increase in positive emotions, and felt less tired yet more relaxed by the end of the hour. Written comments left by participants also reflected a degree of eagerness to attend more group sessions in the future.

Read more about music therapy on the Canadian Association of Music Therapists at [CAMT \(musictherapy.ca\)](http://CAMT.musictherapy.ca).

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Music has healing power. It has the ability to take people out of themselves for a few hours. – Elton John

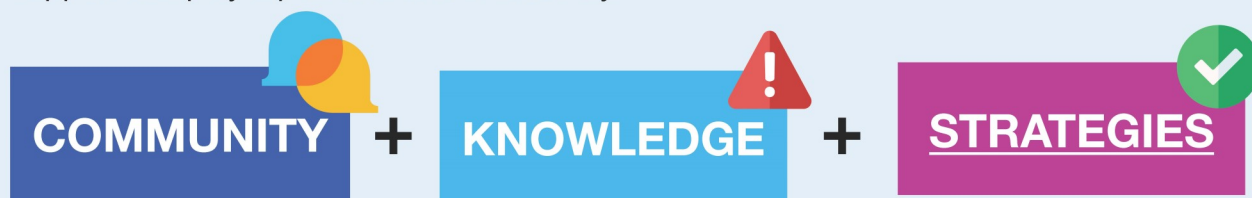
The Young Adult Substance Use Program (YA-SUP)

LOVED ONES EDUCATION GROUP

Community Reinforcement Approach Family Training

The **YA-SUP Loved Ones Education Group** is a group for the **parents and other supporters of young adults (17-25) with substance use problems**. This may include immediate, extended, or chosen parents and family members or close friends and partners.

This group is based on **Community Reinforcement Approach to Family Training – Support and Prevention (CRAFT)**. CRAFT is an evidence-based approach to change the way you interact with your child or loved one to promote positive relationships and recovery. Substance use can be difficult to understand and challenging to cope with. CRAFT talks about how **behaviour makes sense** and how the environment, community, and social support can play a powerful role in recovery.



This group includes 8 sessions:

- Group Overview, Safety, and Self Care
- Understanding Substance Use
- Understanding Co-occurring Mental Health Concerns
- Positive Communication
- Past Patterns & New Strategies
- Rewards & Coping with Intoxication
- Allowing Negative Consequences
- Special Cases, Review, & Next Steps



Sign up today to participate in one of our future groups.

The next cycle will begin on March 1, 2022.

Groups run for 8-weeks, on Tuesday's 6:00-7:30pm.

If you are interested in participating in a Loved Ones Education Group, please register here: <https://www.cdcapacitybuilding.com/youth-program>

St. Joseph's
Healthcare  **Hamilton**

Young Adult Substance Use Program (YA-SUP)

A program designed to meet the unique needs of young adults (17-25 years of age)

Who is this program for?

- ☐ Young adults age 17-25
- ☐ Young Adults looking to make changes to their substance use
- ☐ Young Adults committed to attending **group-based** treatment
- ☐ Those not in immediate crisis

How to Refer?

CONNECT (*self or professional*)

(905) 522-1155, Ext.36499

Internal referrals

can be made via Dovetale

Loved Ones Education Group

An 8-week group for the parents and other supporters of young adults with substance use problems focusing on changing the way you interact with your child or loved one to promote positive relationships and recovery.

Please register on the website:
<https://www.cdcapacitybuilding.com/youth-program>

The Young Adult Stream has a core ~12-week group structure and includes:

Five individual sessions including:

- ✓ Intake assessment (2 hours)
- ✓ 1 week feedback session (1 hour)
- ✓ Check-ins (1 hour) at weeks 4, 8, and 12

YA-SUP

Group Programming including:

- ✓ **Mind-Drug Connection** based in Cognitive Behavioural Therapy and Relapse Prevention.
- ✓ **Balancing Emotion and Mind** based on Dialectical Behavioural Therapy.
- ✓ **Mindfulness** based on Mindfulness-Based Stress Reduction.

Other Groups Coming Soon

We recommend attending 2 or more groups per week.



Young adults can continue accessing groups even after individual sessions are completed.



Consultations (time-limited) with a Nurse Practitioner, Psychiatrist, or Psychologist *may* be offered to help clarify diagnoses, recommend medications, and conduct additional testing. YA-SUP is **not intended for those only requiring access to consults.**

We want to work together. The YA-SUP is one part of a complex health and mental health system. We want to work together with current health and mental health providers to share care and collaborate to optimize treatment.

**Reduce negative
impacts of
substance use**

**Improve mental
health and
wellbeing**

**Increase
substance-free
activities**

St. Joseph's
Healthcare  **Hamilton**

More information here: <https://www.cdcapacitybuilding.com/youth-program>

One-Page Overview

[Click here](#) for a one-page overview of the YA-SUP program

Substances, Intoxication, and Withdrawal

WEDNESDAY, MARCH 30TH
12:00PM - 1:00PM

Presented by:
Tracie Groff, Community Support
Counselor & Addiction Specialist

Please join us March 30th for a review of key characteristics of commonly used substances, how to manage intoxication and withdrawal as part of patient care, and identify and plan for risks associated with these substances

Register through Eventbrite HERE:

<https://www.eventbrite.ca/e/cdcbt-march-education-session-substances-intoxication-and-withdrawal-tickets-291425179557?utm-campaign=social&utm-content=attendeeshare&utm-medium=discovery&utm-term=listing&utm-source=cp&aff=esch>

Contact: kayv@stjosham.on.ca

St. Joseph's
Healthcare  Hamilton

Upcoming Education Opportunity

The CDCBT will be holding its monthly education session on March 30th, from 12:00pm-1:00pm virtually over Zoom. This month we will be discussing commonly used substances, intoxication and withdrawal in the context of concurrent disorders. Please see page 6 to view the poster and access the link to register. Please note that this education will not be held through OTN.

March is National Social Workers Month

The Canadian Association of Social Workers recognizes National Social Worker Month, with this year's theme being: In Critical Demand—Social Work is Essential. Social workers have played a critical role throughout COVID-19 and this month they are celebrated for this amazing work.

Read their full NSWM Statement [HERE](#).

Thank you to all the social workers doing amazing work within our community and beyond!

Your CD Capacity Building Contacts

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Catherine McCarron (RSW, MSW, Manager)	Ext. 34388
Young Adult Substance Use Program (YA-SUP)	yasup@stjosham.on.ca
Amanda King (Community Support Counsellor), Charlton Site	Ext. 36227
Bill Baker (Addiction Specialist) Charlton Site	Ext. 32801; Pager 5799
Jonathan Paul (Community Support Counsellor), West 5th & Charlton Site	Ext. 36287; Pager 5799
Melissa Bond (Administrative Assistant)	Ext. 39343
Michelle Sanderson (Community Support Counsellor), West 5th & Charlton	Ext. 36868; Pager 5707
Nick DiCarlo (Addiction Attendant), West 5th & Charlton Site	
Patrick Geuba (Registered Nurse)	
Stephanie D'Odorico (Mental Health Worker), West 5th & Charlton Site	Ext. 35047
Tracie Groff (Addiction Attendant), West 5th & Charlton Site	Ext. 34901
Victoria Kay (Concurrent Disorders Intern)	Ext. 39124
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>