Receiving and providing virtual harm reduction and peer-based support

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Jessica is 20 years old and began using substances, including opioids, when she was 15. At age 17, to keep herself safe while consuming substances, she began to use a physical supervised consumption site (SCS). Jessica lived alone in a harm-reduction housing facility for women, which was a 45-minute walk from the SCS. Getting there was difficult, especially during the winter.

In February 2021, Jessica began using the National Overdose Response Service (NORS), a virtual supervised consumption program that operates 24/7 across all 10 provinces and 3 territories.[1] Jessica used the service when she could not make it to the physical SCS. Over time, she formed relationships with the peer and trauma-informed operators she talked to on the phone. In late March, Jessica experienced an overdose, and the peer operator activated the emergency response system created by NORS; emergency medical services (EMS) resuscitated her.

Jessica continued to use NORS and was eventually connected with an addiction clinic that provided peer support and addiction treatment. After various peer-based interactions, such as working with a peer navigator and coach to access resources in the community, she was able to use additional supports, including those geared toward social determinants of health. She eventually started medical options, including opioid agonist treatments (OATs), and entered an addiction treatment program. After several tries, Jessica was successful in her goals for recovery and treatment.

Patient's perspective

In February of 2021, I saw a poster at the SCS about the NORS phone line. At that point, my addiction had gotten worse and I was having trouble getting to and from the SCS. I decided to try the phone line because that way I wouldn't have to transport myself back and forth and, if anything went wrong, the operator would contact emergency services.

I used NORS whenever I couldn't get to the downtown SCS and created good relationships with the peer operators. With several programs I'd used before, I had noticed that peers were often busy managing multiple clients at the same time. However, when I used the phone line, the peer-support workers gave me as much time as I needed. Some of them would share their personal experiences and that made me feel more heard. I believe that, because of their lived experiences, they understood the risks and severity of using and the importance of the role they played as peer-support workers. They were never judgmental about my use and I knew they would always try their best to keep me safe. This happened when I overdosed while using the line and they called emergency services, who administered naloxone and CPR.

Although I was using, I did want to stop. But I was scared and didn't know what resources were out there. The NORS operators connected me with an addiction clinic where there was another, more local, community-based peer-support worker who connected me with local harm-reduction resources. They also supported my visits to a doctor who started me on OAT.

My substance use had such a hold on me that, even though I wanted to stop, I was not able to take buprenorphine–naloxone for more than a few days at a time. Most times I was motivated to take it only after I had an overdose. Then, after a few days, my cravings would get so intense that I would stop taking it and go get high. It didn't help that I knew many users and dealers, so I could find drugs easily. But every time I wanted to try buprenorphine–naloxone again the peers were always understanding and ready to support me. It took quite a few tries to stay consistent.

Over time, I built a safe and trusting relationship with Dr. Ghosh at the addiction clinic. I always felt I could be honest with him because he never pushed me to do anything I didn't want to and always checked up on me to see how I was doing. I remember at one point, when I was trying to stay abstinent, I didn't want to go downtown to get my prescriptions because that was where I used to use, so he transferred my prescription to a pharmacy just down the street from my apartment, thus reducing temptations and helping me stay on the right track.

In 2020, my support system — including the clinic peer worker, addictions counsellor and physician — thought that a special 90-day program for young women would be a great fit for me and encouraged me to go. Initially, I had no intention of going. However, as the months went on, my usage got so bad and I was so desperate for drugs that I did things I wasn't proud of, ruining many personal relationships. I had several dates for admission, but I would either fail the drug test or not show up. I desperately wanted to go and I knew I needed help but I always had second thoughts at the last minute. I wanted to get out of that toxic lifestyle but at the same time, I was scared I'd miss it because that was all I had known for years.

I finally mustered the strength and went there in June 2021.

I am now 20 years old and have been sober since June 2021. I'm fortunate to be where I am today because many people not only kept me alive, but were there for me and connected me to what I needed when I was ready. — Jessica P.

National Overdose Response Service peer operator's perspective

While working on the NORS telephone line, I answered a call from someone who identified themselves as JAPA. This was the first of 34 calls, answered by myself and other operators on the NORS line.

We tried to build trust with JAPA. To help her feel safe using our services, we often told our personal stories. As a fentanyl user for many years myself, I shared my own experiences, hoping to show JAPA my vulnerability and demonstrate that we all cared about her, accepted her and didn't believe in the usual stigma regarding substance use. Peers are unique phone operators for harm reduction because we can use our personal experiences to build a foundation of trust and open a conversation that encourages callers to talk about lifestyle changes that they may want or are considering.

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As a peer, I believe in harm reduction and the destigmatization of substance use. Stigma means I am often met with a narrative that can make me feel as though substance use, in some way, makes me immoral. So, with feelings of shame, I have retreated into deeper addiction. I value shame-free support, using positivity, instead of the distorted negative view that society often holds for folks who are using substances. By offering continued nonjudgmental support to JAPA while she was consuming drugs, I and others provided her with an opportunity to break barriers and ask for recommendations and referrals to people and services that were close by and could provide care in line with the journey she had chosen to take.

I always strive to leave windows of communication open. Substance users are at high risk of death, so NORS is available every day. Every day is a day a substance user needs a spotter.

When JAPA felt ready, and on her request, we referred her to an OAT-addiction clinic in Calgary, where she was connected to Brandy Myette — an in-house peer support and recovery coach — and Monty Ghosh, a physician.

The peer operators at NORS spoke regularly with JAPA over about 6 months. One of those calls resulted in an EMS dispatch for a suspected overdose, which was later confirmed. We always offer debriefing for operators who are involved in a call that results in an overdose. However, I am someone who has used substances, and overdose and death are a part of my daily life. We tried to ensure that JAPA knew we valued her life, and that we were happy she was using our services.

Working with JAPA and being a part of her journey has been an amazing experience, a delightful display of how harm reduction and peer work can assist someone to move from just knowing services exist in their community to actually accessing those services. — Rebecca Morris-Miller

Addiction clinic peer navigator and recovery coach's perspective

Jessica was referred to me by NORS. I was working in a newly created role as a recovery coach and peer-support worker at our health authority's addiction clinic. Jessica and I had in-person meetings and also connected over the phone when she required immediate support. I believe my openness about my own lived experience played a role in the instant connection Jessica and I made. I did my best to provide a judgment- and shame-free environment during our conversations and time spent together. When we first met, Jessica expressed the desire to quit using substances but was unsure whether she was ready. I supported her, regardless of her choices, and never pushed abstinence onto her.

Our favourite conversation topics included her stories about calling into NORS. She always said she felt connected and safe with the person on the line. Not only would the NORS peer respond virtually to a toxic drug overdose if it occurred, but they would remain on the call with Jessica until she felt safe to hang up. I noticed the joy in her voice as she told me stories about songs they shared and stories they told one another. I believe NORS was more than just a virtual overdose-prevention service; it was her desired connection to society, which many vulnerable people seek.

Being a peer-support worker has changed my life. The ability to use my lived experience to help others has helped me become a stronger person. I was able to use my lived experience in both addiction and recovery to connect with Jessica. My goal was to help reduce any shame or embarrassment she might have felt and to validate those feelings, as I had felt the same when I first reached out for help. I accompanied her to appointments and pharmacies until she felt comfortable going alone. We worked together on normalizing the need for help, and knowing that seeking support did not make her a weak person.

I used to be ashamed of my past and never spoke about it. My involvement with a grassroots organization called the Alberta Alliance Who Educate and Advocate Responsibly (https://www.aawear.org/) opened my eyes to the world of harm reduction and supporting people in all walks and stages of life. Having lived experience has taught me how to be a more empathetic person. I no longer hide in shame. Instead, I use my lived experiences to develop trust, understanding and respect between myself and whomever I am supporting. Having peer involvement in holistic services — including providing access to housing, income support and food security — is extremely important. We bring a different perspective that one does

not learn in school. To support Jessica, peers worked with physicians, addictions counsellors and other professionals; each role felt just as important as the next. We worked together to provide the best wrap-around care we could for Jessica.

I am so proud of Jessica and how far she's come. — Brandy Myette

Addiction physician's perspective

I consider NORS an additional harm-reduction tool for my clients. After clinic, I would often send my clients away with just a naloxone kit and instructions to avoid using alone and to use an SCS when at all possible. I knew this wasn't possible for all my clients, so NORS provides an option to ensure that individuals never use alone.

Jessica was connected to our addiction clinic through peers at NORS. When she first came to the clinic, our peer workers worked closely with her to determine her needs. She eventually connected with me to start OAT.

Typically, during my first appointment with a client, we discuss not only their substance-use history, but also their concerns with respect to mental health and social determinants of health, to try to ensure that all aspects that could affect recovery are managed holistically. Fortunately, Jessica indicated that her recovery coach and peer had already connected her with appropriate housing facilities and mental health supports. This allowed me to focus on Jessica's clinical care and the initiation of medication. Brandy often accompanied Jessica to our appointments and provided moral support as we discussed her issues and treatment plans, as well as which pharmacy to send her meds to, the state of Jessica's mental health, her housing status and medication coverage concerns. Before engaging with our clinic, Jessica had difficulties starting OAT, but as a result of the constant discussions, support and interactions with her peer worker, Jessica was well prepared and ready to start treatment.

Often, new clients are fearful of the clinic and not ready to engage with addiction treatment because of prior poor experiences with health professionals. Clients often view me negatively owing to previous stigmatizing experiences with physicians. Clients seldom forget these experiences and often describe them as traumatizing, leading to mistrust in my profession and the health care system in general. However, my interactions with Jessica were smooth because the peers had already prepped her on what to expect from our interactions.

Witnessing the magic of peers has been truly enlightening. Not only were they able to connect with Jessica at a deep level through shared lived experience, but they were also able to ease her anxiety about engaging with the health care system. If not for them, many of our clients would not be willing to work with me or others in the health care team.

The support of peers helped Jessica find greater stability through counselling, peer-based supportive listening, navigation to housing and income support, and eventually to residential treatment and pharmacotherapy. Jessica had it inside of her to reach these various supports, but the peers helped ignite her internal flame so she could start her journey, and were her guides in the process. — S. Monty Ghosh

References

1. Matskiv G, Marshall T, Krieg O, et al. Virtual overdose monitoring services: a novel adjunctive harm reduction approach for addressing the overdose crisis. *CMAJ* 2022;194:E1568-72.

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*Unfortunately, on Oct. 31, 2022, Rebecca Morris-Miller passed away from a substance overdose. In tribute, Jessica P. wrote, "She had been a great leader and advocate for people who used drugs. Rebecca meant a lot to me, even though I never met her in person. She was always a big supporter of me and my recovery journey and always had time to talk on the phone no matter the time or day. We all miss her very much and wish she was still here with us today."

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