



In the News

According to a [report](#) released by the national public health group Well Being Trust, unless we get comprehensive federal, state, and local resources to support access to mental and behavioral health treatments, COVID-19 could kill an additional 75,000 Americans through “Deaths of Despair.” These include deaths caused by alcohol and drug misuse and suicide. Increased unemployment rates and social isolation are contributing factors.

In 2018, we saw a 2% decrease in the number of overdose deaths caused by prescription opioids and [heroin](#) (Miller, 2018). This progress could be stifled if we do not advocate for substantial and comprehensive action to stop these preventable deaths.

One critical recommendation made by the Well Being Trust is to integrate mental health screenings into all COVID-19 response and recovery efforts. This would mean COVID-19 response teams would not only track the virus, but would also screen for, track, and treat individuals suffering from mental health and substance use disorders (Well Being Trust, 2018).

[Pain In The Nation \(2017\)](#) says ***one person is dying every three and a half minutes from drug or alcohol-induced causes or suicide.*** The Berkeley Research Group ([2017](#)) found that if the current rise in drug, alcohol and suicide death trends persists, these epidemics could result in over 1.6 million deaths by 2025. This is ***60 percent more*** than the current rate. So, what can ***we*** do?

Effective Advocacy

There are many ways we can have a positive impact. If you’re reading this newsletter, you’re likely already very involved in efforts to reduce current rates of drug or alcohol related deaths. For this, we thank you. ***You are saving lives.*** We wanted to share a few tips for engaging in effective advocacy!

- **Reduce stigma and change social norms:** Think about the ***language*** you are using when you discuss substance use disorders.

- Is it ***person-centered?*** i.e.: are you saying “person struggling with substance use disorder” as opposed to “addict” or “drug user”? A person is ***more*** than just their illness.
- Is it ***kind?*** Do you attempt to empathize before speaking when you notice feelings of judgement arising?
- Are you gently ***reminding*** those around you of the impact their language has, when you notice they are contributing to the stigma?
- If you feel comfortable and safe, you might even consider sharing your story or any experiences you have had dealing with substance use disorder. [Personal stories](#) are incredibly transformative and powerful, when it comes to changing minds (Zak, 2013)!
- [Write to and call your local, state, or federally elected officials \(this link will show you how!\)](#) The decisions of our elected officials drive the allocation of resources. ***Let’s alert them of the problem and use evidence-based research to propose solutions.***
- [Write an Op-ed about the problem for your local newspaper \(this link will show you how!\)](#) An Op-ed is a short piece of informed and focused writing that describes an issue or opinion and proposes a solution.
- **Know your community.** It’s important to understand the resources available in your community and to share that information with others.

These are just a few ideas for effective advocacy that we thought of. There are many different things we can do to improve the health and resilience of our communities. We want to know, what are some of your ideas? We want to highlight your stories about how you have advocated for individuals struggling with substance use disorders. You can share with us, [here](#).

Coach-Connect

Submitted by Eric Peterson, a Peer Recovery Coach at St. Mary's Hospital.



Recently, there was a patient that came into the ED for an opiate-related overdose. When I started my shift the following day, I reached out to them to provide support. They seemed irritated at first, but after a few moments of calmly explaining how I was there to help, they became more open to talking. It turned out they were also cold and trying to find some warm clothes. I jumped at the opportunity to help them with this, which opened the door for more conversation.

I shared my personal story with them and explained my role as a Peer Recovery Coach. My ability to relate to them and handle this at a peer-to-peer level gave me leverage. Doors began to open, and they started to share their current situation with me. They spoke about their family and expressed discontent and despair regarding their current lifestyle. I validated their struggles and asked if they would be interested in coming into our hospital to get some help. At first, they said they weren't ready for this. I didn't resist their answer or try and change it. I simply responded by saying "that's okay" and told them that they could always reach out to me, or come into the hospital, if they ever changed their mind.

Well, something clicked. Not long after our conversation, they called the ED and said they were ready for Medication Assisted Treatment (MAT). They then walked all the way to our hospital, which was several miles from where they were, and asked me to contact their family. Their family was relieved to hear from the patient and happily agreed to help in

any way that they could. They expressed gratitude for having the patient back in their lives.

I used my skills as a Peer Recovery Coach to walk the patient and family through what they might expect to see during the initial phases of recovery. Something that I found particularly helpful while working with this patient, was asking them what they found enjoyable before using. By asking them about what brought them happiness, I was able to help them shift into a more positive mind-set about recovery. I believe positive thoughts are key in keeping moral up during the more challenging moments of recovery.

Shortly after the patient was dosed, I could already see a huge weight had lifted off their shoulders. They looked so much healthier, both mentally and physically. It utterly amazed me! I had been around Suboxone and MAT before, but I had never realized just ***how much*** it helped people battling opiate addiction.

As our visit was concluding, I provided them with all the community resource information I could find. I included contact information for the doctor they would begin seeing for treatment, some Al-Anon information, and our contact information. I also provided education and information on what to look out for in the coming days.

I recently spoke with the patient's doctor, who confirmed the patient made it to their treatment appointment! I have another follow-up call soon with the patient and look forward to speaking with them. This will hopefully be the start of a long healing journey for them and their family.

For more resources and information, check out our [website](#), or click the images below to follow, like, or subscribe to our social media pages!



Thank you for all you do on the frontlines!