

Housekeeping

- Please mute yourself if you are not speaking.
- Feel free to include your pronouns in your Zoom Name.
- Use Zoom reaction tools, chat box, hands up, etc.
- Be prepared to have video on at all times; as such, please be appropriately dressed and limit distractions.
- Contribute to the conversations out loud and in the chat box.
- If someone has already shared what you were going to say, lower your hand and put “agree” in the chat.

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COORDINATOR

Read out Housekeeping slide.

Expectations

- Arrive on time.
- Help us create a confidential, non-judgmental space (no screenshots or recordings).
- Please keep your phones on silent.
- Avoid cross-talk and side-talk.
- Learn from each person's perspective.
- Language – please bring new language to us as we recognize that language is ever-changing.
- **Have fun!**

From the group:

- [ADD PARTICIPANT ADDITIONS, IF ANY]

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COORDINATOR

Read out Expectations slide.



Trainer Manual

Module 13: Substance Use and Eating Disorder Informed © 2023
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This training program is designed to be accessible to all trainers, and ensure that all participants receive the same quality of education regardless of specific trainers' background and experience.

This manual is a living document and should be understood as a set of guidelines, not as a fixed script. Feel free to adapt the language to your style of presentation. We also recognize that language is always changing; please update terminology when necessary. The synchronous sessions should be dynamic, engaging experiences.

TRAINER

Welcomes everyone and states the topic of today's module.

Land Acknowledgement

I am speaking to you today from Toronto. Toronto is in the 'Dish With One Spoon Territory'. The Dish With One Spoon is a treaty between the Anishinaabe, Mississaugas and Haudenosaunee that bound them to share the territory and protect the land. Subsequent Indigenous Nations and peoples, Europeans and all newcomers have been invited into this treaty in the spirit of peace, friendship and respect.

The "Dish", or sometimes it is called the "Bowl", represents what is now southern Ontario, from the Great Lakes to Quebec and from Lake Simcoe into the United States. *We all eat out of the Dish, all of us that share this territory, with only one spoon. That means we have to share the responsibility of ensuring the dish is never empty, which includes taking care of the land and the creatures we share it with. Importantly, there are no knives at the table, representing that we must keep the peace.

We want to acknowledge and respect all Indigenous people who don't live in their traditional territories but have made a home in different parts of Ontario and have brought their culture with them.

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Read out PeerWorks' land acknowledgement.

Icebreaker Activity

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What is your name?

What is something that you would like to learn more about?

(It doesn't have to be related to Peer Support.)

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“What is something you would like to Learn More about?”

It doesn't have to be about Peer Support

Module Overview

In Module 13, we will discuss becoming Substance Use and Eating Disorder informed.

As with the previous module, the purpose is not to become experts on these topics but to develop a solid foundation and learn where to further develop our skills and knowledge base.

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Read the Module Overview and Learning Objectives out loud or invite a participant to read it out loud.

Learning Objectives

Through the successful completion of Module 13, you will be able to:

1. Become familiar with issues related to Substance Use and Eating Disorders that may arise during a Peer Supporter/Peer relationship.
2. Identify strategies for Peer Supporters to expand their knowledge base further.

TRAINER

Read the Module Overview and Learning Objectives out loud or invite a participant to read it out loud.

Addictions/Substance Use - CAMH Definition

The term “addiction” is commonly used in such a vague way, and so there have been many attempts to define it more clearly. The definition used here refers to the problematic use of a substance such as alcohol.

One simple way of describing addiction is the presence of the 4 Cs:

Craving

Loss of Control of the amount or frequency of use

Compulsion to use

Use despite Consequences

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“The word “addiction” is often used to refer to any behaviour that is out of control in some way. People often describe themselves as being addicted to, for example, a TV show or shopping.

Addiction is also used to explain the experience of withdrawal when a substance or behaviour (e.g., **gambling**) is stopped (e.g., “I must be addicted to coffee: I get a headache when I don’t have my cup in the morning”). However, experiencing enjoyment or going through withdrawal do not in themselves mean a person has an addiction.”

Read out the slide or have someone read it out.

CAMH is the Centre for Addiction and Mental Health: It is a psychiatric teaching hospital located in Toronto and in ten community locations throughout Ontario.

Addictions/Substance Use - Resources

SMART Recovery Meetings: Evidence-based group support using Cognitive Behavioural Therapy (CBT). Offered online or in-person. <https://meetings.smartrecovery.org/meetings/>

Naloxone Kits: Portable pouches containing an opioid antidote that can be administered by injection or through the nose to revive an unresponsive person who is overdosing. Provided for free in pharmacies.

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Link to SMART Recovery meetings is in the module 13 handbook resource section

Naloxone kits (one brand name is NARCAN) are available for free in pharmacies. Video on how to administer Naloxone video is in the module 13 handbook

Ask participants if they have any resources to add?

Causes and Risk Factors

- **Genetic factors:** Some people may inherit a vulnerability to the addictive properties of drugs.
- **How drugs interact with the brain:** Substances with addictive potential stimulate the release of dopamine, a chemical in the brain that is associated with reward and pleasure.
- **Environment:** People's home and community and the attitude of their peers, family and culture toward substance use. People may use substances to cope with feelings of trauma or social isolation.
- **Mental health issues:** More than 50% of people with substance use disorders have also had mental health experiences at some point during their lifetimes.
- **Coping with thoughts and feelings.**

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“People become addicted because of a combination of factors. Here are some possible risk factors for substance abuse.”

Substance Use Informed

- People who face the challenge of recovering their mental health and well-being, as well as experiencing issues with substance use, are said to have concurrent disorders (sometimes called dual disorders, dual diagnosis, co-occurring substance use and mental health problems).
- It is estimated that 30% of people with a mental health diagnosis will also be diagnosed with a substance use disorder at some point in their lives. This is twice the rate of people who do not face a mental health challenge. The severity of each of the Disorders, their interaction and impact on each other, as well as the person's ability to live their life, influences approaches to treatment.
- People may receive treatment from family doctors, family health teams, mental health services, substance use services and/or specialized concurrent disorders programs.

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Read out the slide or ask a participant to read it out.

Peer Support can be beneficial alongside any of these treatment methods.

Peer Support

We don't need to know the details of their substance use to support someone who is struggling.

Many organizations recommend not referring to specific substances or paraphernalia when sharing with Peers, as these references can be triggering.

Similarly, if your Peer is triggered by references to substances, it is important to refrain from wearing clothing with drug or alcohol imagery. If you are meeting over video chat, remove any drugs or paraphernalia from your environment.

Ask your Peer if there is anything specific they would like you to do for support and if they have any triggers they would like you to avoid.

Do you have any other advice for meeting with Peers who struggle with substance use?

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"You don't know your peer's entire story, and substance use might be something they have not disclosed."

Note: Some of these are organization-specific. Harm reduction organizations often are more open about discussing drug use and use images of drugs and specific drug language in their resources.

Group Scenario

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You have been meeting with a Peer named Alex for a few weeks. You both have personal lived experiences with addiction. One evening, you are at the grocery store and run into Alex shopping with another person. Do you acknowledge Alex when you see them?

Would you respond differently if you didn't see Alex at the grocery store, but at a Peer Support group you attend for your own support?

Alternatively, what would you do if the first time you met Alex, you realized that you recognized them from back when you were both using?

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This scenario relates back to our discussion of ethics, confidentiality, and boundaries.

NOTE: This scenario has two complications. The scenario complication will appear when you press the space bar.

Things that might come up in the discussion:

- Let Alex take the lead. You can bring this up in early meetings.
- Context will be different depending on geographic setting. This might be more common in remote/rural communities with less options for support.
- Acknowledge that you won't bring up information that you know about them from your Peer support relationship.

A final complication will appear when you press the space bar

again.

Another discussion question that might come up:

“What happens when someone who you used to do Peer Support with, becomes a Peer Supporter at your organization. Are there organization rules around this? How do you navigate these relationships?”

Harm Reduction

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in and respect for the rights of people who use drugs.

While some organizations, such as 12-step organizations, advocate for abstinence, as a Peer Supporter, your role is not to make decisions for your Peer. It can be beneficial to provide your Peer with more information about both abstinence and harm reduction.

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Abstinence: the practice of restraining oneself from indulging in something, typically drugs or alcohol.

Invite someone to read the slide on Harm Reduction. Ask if anyone has any experience with the principles of Harm Reduction.

Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them

Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others

Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm

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**NATIONAL
HARM REDUCTION
COALITION**

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NOTE: There are 8 principles spread across the next 2 slides.

Invite people to read out the principles of Harm Reduction.

This might be a new concept for many people and there might be questions about some of the principles.

Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them

Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use

Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm

Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use

Revised 2020
FOR MORE RESOURCES, VISIT [HARMREDUCTION.ORG](https://harmreduction.org)
/HarmReductionCoalition /HarmReductionCoalition @harmreduction @harmreduction

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Invite people to read out the principles of Harm Reduction. Many people might be unfamiliar with this concept, and they might have questions about some of the principles.

You should be halfway through the slides now.

Disordered Eating Informed

- Eating disorders are not just about food. They are often a way to cope with difficult problems or regain a sense of control. They are complicated illnesses that affect a person's sense of identity, worth, and self-esteem.
- Between 1% and 2% of adolescents and young adults have an eating disorder.
- While most people who are affected are female, anyone can have an eating disorder. You cannot know by looking at someone if they have an eating disorder.
- Eating disorders often develop gradually and may grow out of cycles of dieting.

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Read out the slide or invite someone to read it out.

Disordered Eating Within Peer Support

- The first step remains the same: ask your peer if there is anything that they would like you to know. This can include topics they aren't comfortable discussing or things they would like you to check in on.
- Give affirming comments and compliments that aren't related to their body: "You handled that experience so well." "You're a really driven and loyal person."
- Some organizations specifically do not discuss weight, diet or eating disorder behaviours.
- Don't ignore negative comments about physical appearance or jokes about a person's body or size. Use them as teachable moments without shaming anyone. Find a direct and gentle way to say that a person's worth and morality are unrelated to their appearance.
- Avoid labelling food as "bad," "sinful," or "junk food." Similarly, avoid labelling food "good," "pure," or "clean." Labels like this can make you feel guilty or ashamed for eating "bad food".

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The next slide is on Eating Disorders within Peer Support. Read through the two slides and leave room for questions and for people to share their own experiences.

"Even people without an eating disorder can have a negative relationship with their body or with food. Even if you are making those comments about *yourself*, they can still have an impact on people around you.

What experiences have you had supporting someone with an eating disorder? Do you have any advice these experiences?"



Substance Use and Eating Disorder Informed

Discussion

Becoming informed involves taking responsibility for learning about the key facts, important services, and resources related to the issue experienced by the Peer(s) you intend to support.

The specific topics a Peer Supporter becomes knowledgeable about will be influenced by the setting in which the Peer Supporter is fulfilling their role.

What topics would you like to become more informed about?

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Read out the slide and the discussion questions.

“For example, a Peer Supporter working with a Family Health Team around the prevention and self-management of Diabetes needs to become Diabetes informed. A Peer Supporter working with a service in northern Ontario serving a First Nations community needs to become informed about mental health issues and approaches from the perspective of First Nations people.”

Resources

National Eating Disorders Information Centre <https://nedic.ca/>

Eating Disorders of York Region <http://www.edoyr.com>

Sheena's Place (Toronto) <https://sheenasplace.org/>

Hopewell (Ottawa) <https://www.hopewell.ca/>

Body Brave (Hamilton) <https://bodybrave.ca/>

Ontario Harm Reduction Network <https://ohrn.org/>

Principles of Harm Reduction [https://harmreduction.org/wp-content/uploads/2020/08/NHRC-PDF-Principles Of Harm Reduction.pdf](https://harmreduction.org/wp-content/uploads/2020/08/NHRC-PDF-Principles%20Of%20Harm%20Reduction.pdf)

SMART Recovery Meetings: <https://meetings.smartrecovery.org/meetings/>

How to Administer Naloxone (YouTube video): <https://www.youtube.com/watch?v=WnjgrRNMfKM>

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Go through the resources.

Let them know that there are also 12 step organizations, such as NA and AA, most of these organizations have their own regional website such as <https://www.torontona.org/> and <https://www.limestonena.com> that have all their meetings listed.

Module 13 – Substance Use and Eating Disorder Informed

For Next Time

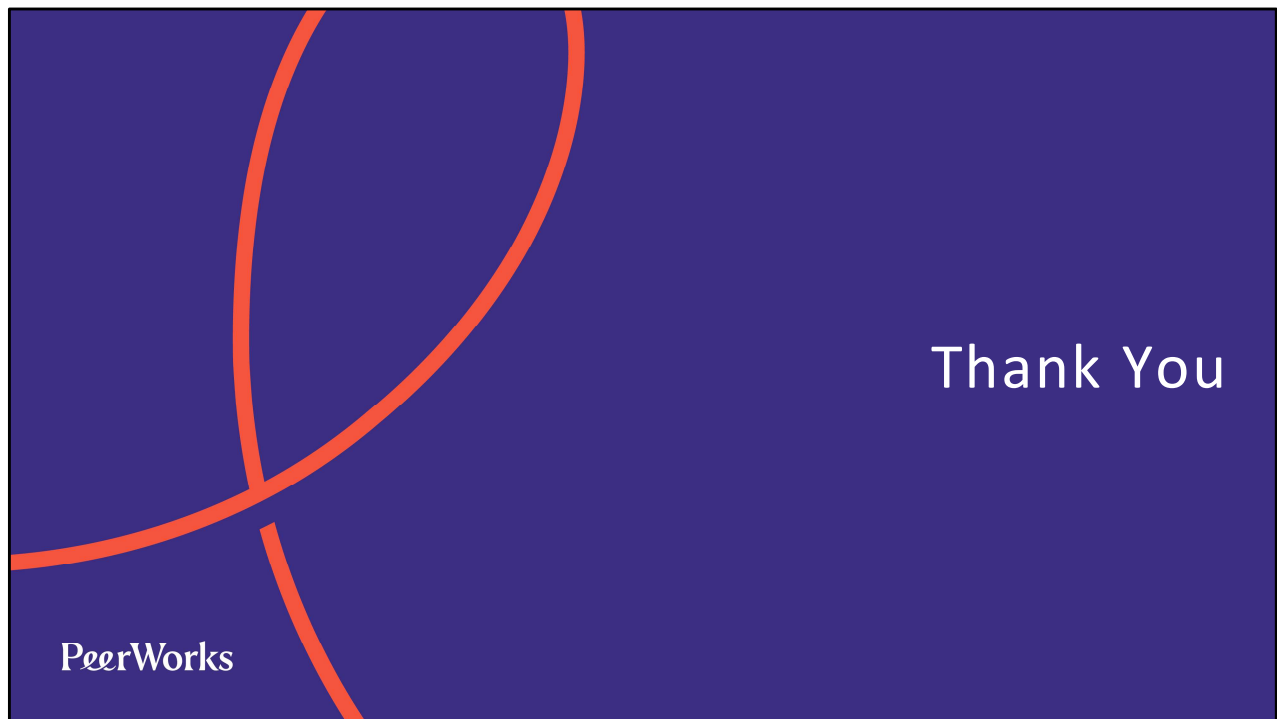
Reading on advocacy by Andrea
(approximately 10 minutes)

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Read out the homework.



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Thank everyone for their time and ask if anyone has any final comments or questions that they want to bring forward.