

# NNCN

# Northern Nevada's COSSUP News

## Highlights from the COSSUP National Forum 2023

The COSSUP National Forum took place in Crystal City, VA from August 29th through August 31st. At this conference, colleagues from across the country presented a wealth of information about their efforts to reduce the harmful impacts of the opioid and stimulant use crisis in the U.S. Presenters included top officials at the BJA, DOJ, CDC, and SAMHSA, as well as representatives from state agencies, nonprofit organizations, universities, and private organizations who work within and across specialties to reduce both the first hand impacts of substance use on neighbors with substance use dependencies, as well as the secondhand impacts associated with the stigma, loss, financial strain, and legal costs that this usage can incur.



### Peer Recovery Support Specialists

Peers presented numerous sessions at this conference, sharing their programs and expertise. Funding for programs to incorporate peer support specialists has increased, and driven an increase in the prevalence of peers in our program efforts. However, creating defined roles for peers within programs and identifying and removing barriers to peer inclusion in our programs can be challenging. Peers assist organizations and clients by translating their lived experience (e.g., with mental health challenges, substance use, and navigating institutions) into professional expertise. The

ability to establish a trusting and supportive relationship is the number one asset that Peer Recovery Support Specialists bring to the table, and it is an asset that is desperately needed within organizations serving those navigating a path to recovery.

**“Peers need to be FOR the person. Not for the agency, not for the courts. Trust is absolutely their #1 asset.” - Sadie Thompson**

Peers rely heavily on trust to be able to continue walking with those beginning their journey to recovery. As difficult as building trust can be, repairing broken trust is infinitely more difficult. Therefore, peers require latitude to build and maintain trust with clients. Peers should not be expected to serve in a surveillance or reporting capacity (outside of mandatory reporting of immediate threats). Peers should not be expected to use information divulged by clients in the context of the trust relationship to support overly punitive and harmful consequences, as this can create challenges to building and maintaining trust with all current and future clients.

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## Peers as Professionals

Peers can, and should, do more than guide clients on a one-to-one basis. Organizations should make space for peers to help guide organizations and programs, to ensure that peers are receiving the same professional development and advancement opportunities as other colleagues in their organization and to ensure that the decisions made at all levels of the organization are informed by the lived experience of professional peers.

Many of our colleagues working in the crisis response, prevention, and recovery fields have attained high levels of professional competence through education, certification programs, and on the job learning. Peers come to the table with extensive lived experience that might include struggling with mental health and substance use, navigating complex systems and institutions, living in recovery, and more. Certified Peer Recovery Support Specialists also obtain professional training and certification to equip them to translate this lived experience into guidance for others, rapport with clients, and into policy and organizational work. The experience and training that peers bring to the table are professional skills that take time and experience to acquire, and should not be undervalued.



burnout. Peers need support to be able to stay strong and effective in their work, and sometimes, that support will look a little different than it does for other employees who do not have lived experience with substance use and mental illness.

One way in which you can assess the level of support for your staff, and especially Peers, is to consider the eight Dimensions of Wellness.<sup>1</sup> While many people think of wellness in terms of physical and mental health, the eight dimensions are interconnected. Other dimensions of wellness such as occupational, social, and financial wellness can have both direct and indirect impacts on people's health, job performance, stress levels, and eventual job burnout. When reviewing your organization's support for Peers, or organizational readiness to work with peers, consider how each of these dimensions is supported or inhibited by your workplace culture.

## Peers as “Emotional Labor Machines”

Like many who work in care roles, the work that Peer Recovery Support Specialists do is emotionally intensive. Helping others who are working to overcome addiction and mental health challenges, and to reconcile all the secondary losses that can come with recovery can be demanding work. But for peers, the work also draws from their personal life and experience, which carries the risk of blurring the lines between personal and professional, and can lead to increased risk of



<sup>1</sup> The eight dimensions of wellness, identified by Ardell (1988), are promoted under SAMHSA's Wellness initiative. SAMHSA cites Swarbrick (2006) for their interpretation and application of these dimensions.

### Clark County represented the majority of overdose events in the state.

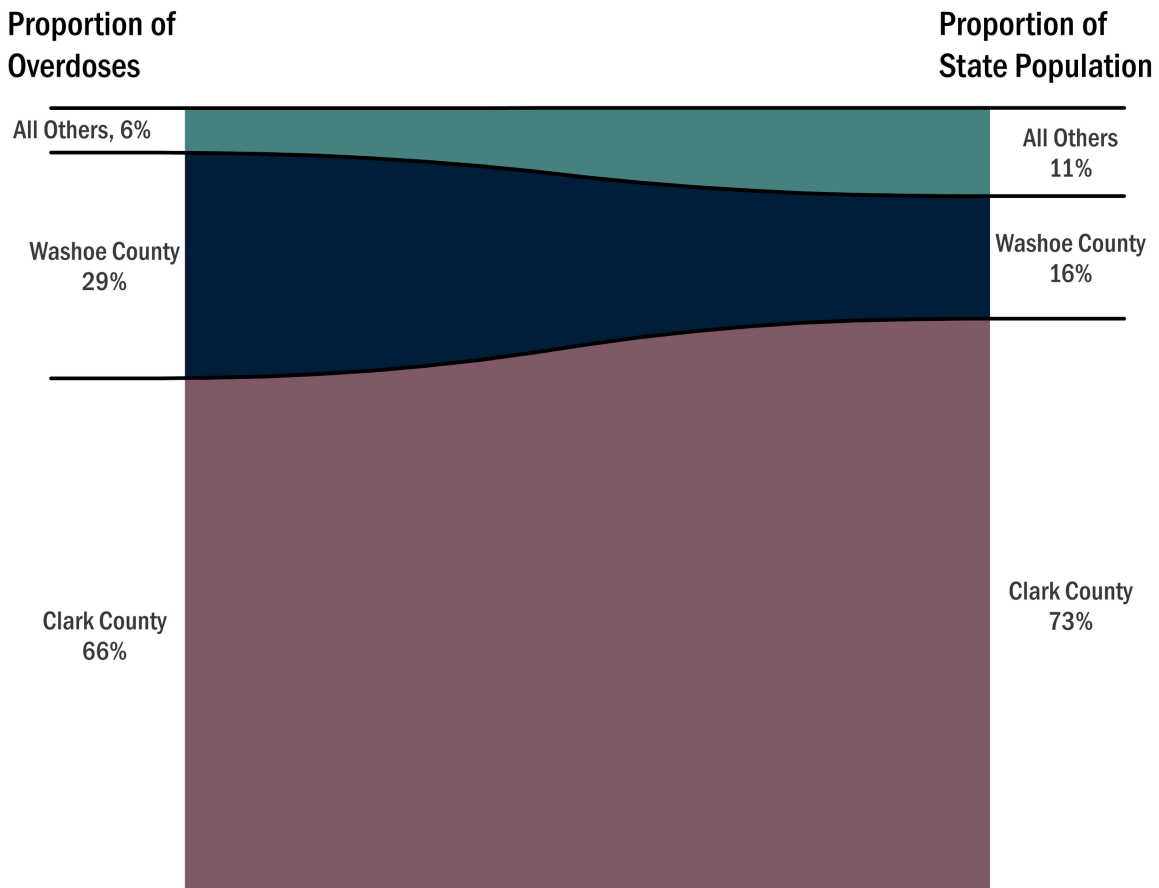
However, the percent of statewide overdoses reported in Clark County was lower than their percent of the population. Data from ODMAP show 3,020 overdose events in Clark County in the first two quarters of 2023 (January 1st - June 30th). Clark County is the most populous county in the state, and this equates to just over 1.3 overdoses per 1,000 residents.

Conversely, data from ODMAP show 1,329 overdose events in Washoe County in the first two quarters of 2023. Washoe County is the second most populous county in the state. While the data indicated fewer overall overdoses, compared to their population, **Washoe County reported 2.68 overdoses per 1,000 residents - the highest in the state.**

The rural counties were underrepresented in the overall number of overdoses, but the proportion of overdoses reported for the less populated counties in the state

### Washoe County had disproportionately high overdose rates compared to their population.

Clark County represented a lower proportion of statewide overdoses compared to their population as a percent of the statewide population. All other counties, excluding Clark and Washoe, had a lower proportion of overdoses compared to their population, but this varied by county.



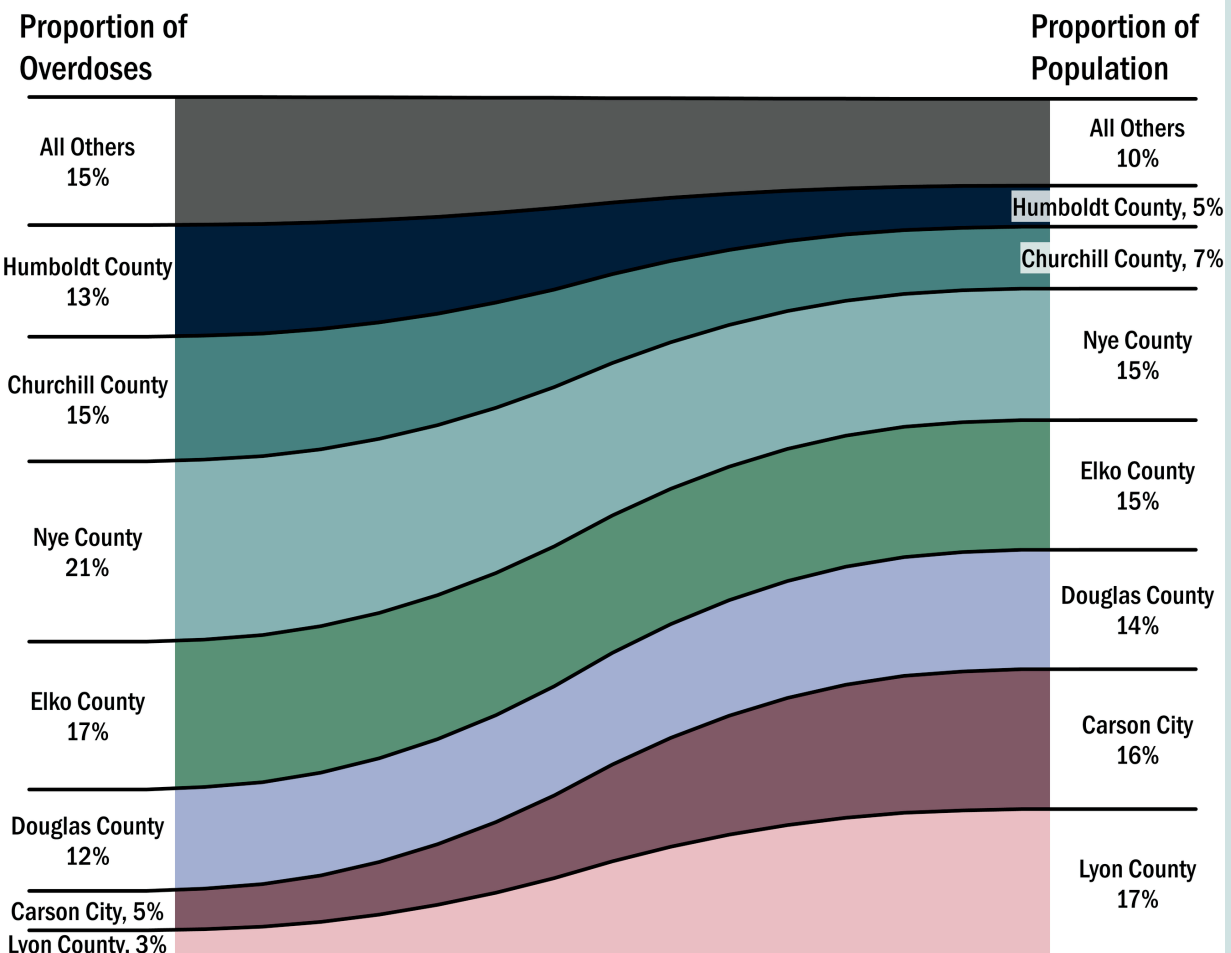
### Proportionality of overdoses varied considerably among the remaining counties..

When looking at the rural population of Nevada, some counties were more heavily represented in the total overdose count for the first two quarters of 2023. Overdose counts ranged from just 0.13 overdoses per 1,000 residents in Lyon County to 2.40 overdoses per 1,000 residents in Storey County. For the rural counties only, the average number of overdoses per 1,000 residents was 0.98.

These data do come with an important caveat, in that they only reflect overdoses reported through the Overdose Detection Mapping Application Program. The majority of cases (98.3%) reported through ODMAP came from the Nevada Attorney General's Office API (Application Programming Interface), which pulls data from the state EMS data base into ODMAP. An additional 77 cases (1.7%) came from other agencies including the Nye County Sheriff's Office, the City of Carson City, and the Utah Department of Health.

### Humboldt County and Churchill County had disproportionately high overdose rates compared to their population.

These counties' proportion of rural overdoses more than doubled their representation in the population of the state excluding Clark and Washoe Counties.



## Upcoming Training, Events, and Conferences

- SEPTEMBER 13-14: Nevada Public Health Conference, Reno.
- OCTOBER 3-6, Denver, CO: 2023 National Deflection & Pre-Arrest Diversion Summit
  - PTACC Preliminary Schedule is available at:  
<https://ptaccollaborative.org/wp-content/uploads/2023/05/PTACC-2023-Summit-Preliminary-Agenda.pdf>

## Resources

Ardell, D. B. (1988). The history and future of the wellness movement. In J. P. Opatz (Ed.), *Wellness promotion strategies: Selected proceedings of the eighth annual National Wellness Conference*. Dubuque, IA: Kendall/Hunt.

Swarbrick, M. (2006). A WELLNESS APPROACH. *Psychiatric Rehabilitation Journal*, 29(4), 311-4.  
<https://unr.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/wellness-approach/docview/204711090/se-2>

Data for Nevada County Population Counts were pulled from U.S. Census data at <https://www.census.gov/quickfacts/fact/table/NV/PST045222>

Data for Nevada County Overdose Counts were pulled from ODMAP data at <https://odmap.hidta.org/> (license required).