

RUNNING HEAD: REFLECTION PAPER

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Reflection Paper

Community Paramedicine

Community paramedicine is an incredible tool that I have just recently learned about. The idea that paramedics are able to tend to their patients in their home to reduce ER visits as well as implement different programs and partner with outside agencies and hospitals is ground breaking. During the residency week I was able to hear from many different professionals regarding both addiction, Quick Response Teams, and Community Paramedicine programs in the tri-state area.

Prior to taking the Community Paramedicine course I had knowledge regarding addiction from my undergraduate degree. I graduated in 2017 with a Bachelors of Science in Substance Abuse Counseling. I interned at the Talbert House for a year and worked in the same program for a year after that. My belief about addiction was that it is a disease of the brain just as some of the speakers stated. When Dr. Ryan spoke on the first day about the work that he does with addiction I realized that I was in the right place. He shared information regarding the disease of addiction, the rise and fall of prescriptions versus overdoses, and the “golden second,” meaning the split second you have to get someone to treatment before they slip away. I was able to learn more and affirm what I already knew through his presentation.

I also had previous knowledge about Quick Response Teams. I had learned about this in my first year of graduate school. I have been intrigued about it since. Listening to the QRT teams speaking about their work in communities allowed me to better understand how they work and how they are spreading throughout Cincinnati and the Tri-state area. One thing that I found to be incredible about QRT teams is that they utilize peer support specialists that have experienced addiction first hand. It is incredible to me when people are given a chance to use their experience to help others around them with a

similar story. From what the teams described they have been effective with both peer support specialists and social workers/chemical dependency counselors.

One aspect of this course that I did not have previous knowledge of before this course was the idea of Community Paramedicine in terms of community paramedics tending to patients inside their homes. I was able to learn about programs like “Snow Angels” which helps with elderly people with shoveling sidewalks and driveways in the winter. CP’s also help to make elderly persons homes safer for them by installing grab bars and ramps and connecting them to outside services that may be of help to them. One CP programs that I was intrigued to know more about was the CP program in Springfield Township run by Fire Chief Rob Leininger. This CP program focuses mainly on mental health needs because this is what their community needed most. Chief Leininger stated that they service both elderly and young populations. Although this CP program interested me the most, all of the CP programs are valuable and critical to communities.

Keeping in mind all of the information that I learned over the course of the residency one of the ways in which substance use and abuse could be effectively addressed in my community is to expand the QRT teams even further. From my understanding, QRT teams are in Colerain, Price Hill and Downtown Cincinnati, and Clermont County. I believe that it would be helpful to expand to more areas in the Tri-State. QRT teams are valuable in helping lower overdose rates and increase the amount of people in treatment. One of the reasons in which people do not get help with their addiction is because there is a lack of resources as well as long wait lists to many of the treatment facilities in the area. One of the valuable pieces that the QRT brings is partnership with resources in the community that will take people who want treatment.

I also believe that decreasing the stigma of addiction could be helpful to address substance use and abuse in my community. I am a firm believer that education is the key to this. By providing education to people within these communities we can help to decrease the stigma that has been placed on addiction and reduce the stereotypes that come along with that. Education can include trainings, online courses made available to the public, events that raise awareness for the disease of addiction, as well as offering more help to those who are struggling with addiction currently. I have found in my work that many people who experience addiction do not have many people in their corner because their family members do not understand why they cannot just stop using. By providing education we can also help build support systems for those who are currently experiencing addiction.

I have spent a great deal of time trying to pinpoint one speaker that was the most impactful for me. I have narrowed it down to a couple speakers. The first speaker that was impactful for me was Dr. Richard Ryan. I stated this previously, but Dr. Ryan shared a similar viewpoint about addiction as I do. We both believe that addiction is a disease that starts with a choice. I have worked with many medical professionals over the last year and have found that many of them do not have a great understanding of addiction, even when the patients they serve are experiencing this. Dr. Ryan stated that opioid use disorders have been his passion for about 10 years. Although my experience is not as extensive as his I would have to agree with him, addiction has been my focus and passion for the last four or so years.

The second speaker that was the most impactful for me was actually a small group of speakers; it was the small panel of peer support coaches/mentors. All three of them had

the courage to stand up in front of all of use and share parts of their story. I even heard all three of them thank EMTs and law enforcement for all the work they do even though they admitted to being angry at them at first. Overcoming addiction is one of the hardest things those three will face for the rest of their lives and they are choosing to use their experience to help others in similar situations. I found that to be incredible and even more incredible that the Center for Addictions Treatment has taken them in and allowed them a second chance at life. I honestly teared up as they spoke.

The first article written by Tanner-Smith, E. E. et al. that I found relating to my work with substance use and abuse that I have described briefly above is an article that describes juvenile drug court systems. This article also describes the effects that these courts and interventions have on recidivism rates. This article describes drug court to be a system that allows juveniles a chance at rehabilitation due to substance use and abuse problems. According to Tanner-Smith, E. E., “Drug court programs aim to reduce criminal recidivism among drug-involved offenders by addressing substance use and abuse, and typically involve risk assessments, periodic interaction with judges, monitoring and supervision, incentives and sanctions, and referral to counseling and treatment services,” (2016). The information presented in this article concluded that some of the different variations of drug court are effective in decreasing recidivism rates among juveniles.

This article pertains to my future work with substance use and abuse because I have a history of working with the drug court system. For two years I worked i a residential program where all of the clients were mandated by the drug court program in Cincinnati. This is a part of the field that I hope to continue working in. Although my

experience is solely with adults, I hope that in the future I can receive some experience working with juveniles/adolescence. I would like to be a piece in the puzzle that works with younger populations that are experience addiction to help break the cycle before they become adults.

The second article written by Lyden, J. & Binswanger, I. A. discusses the opioid epidemic as a whole in the United States. There has been a large shift in the world of opioids dating back to the 1800's when opioids such as morphine and heroin were originally used to treat patients to now, 2019, where opioids are overprescribed and the overdose rates are skyrocketing. Since the 1800's opioids have become the drug of choice for many. For some, it started with a prescription. For others, it started with using drugs at a party and many other reasons in-between. This article discusses a point that I discussed above about reducing stigma to confront the current epidemic. One of the ways in which they intend to do that is to use person first language instead of labeling someone as terms like "addict." The authors also discuss reducing the prescription of opioids and increasing the use of MAT services (Mediated Assisted Treatment). The conclusion of this article states, "Initially driven by increases in the availability of pharmaceutical opioids, fatal overdoses are now largely related to the emergence of illegally manufactured fentanyl and fentanyl analogues," (Lyden and Binswanger, 2019). The shift has taken this epidemic for a turn by increasing death rates across the country.

This article is directly related to my work with substance use and abuse because the opioid epidemic has increased the need for jobs in the addictions field. Throughout my work with addiction I have come across many individuals who have overdosed multiple times due to heroin, fentanyl, and carfentanyl use. Some of the people I worked

with came out stronger and have moved forward to fight the cycle of addiction while others have fallen back into the cycle shortly after leaving treatment. This epidemic may have begun with the over-prescription of narcotics and opioids, but has evolved into something bigger that I have seen first hand in my work. This pertains to my future work because I plan to continue my work with addictions.

This course has allowed me to learn a great deal about other professions and what they are doing to help the current opioid epidemic. I also was given the chance to learn about community paramedicine programs that help elderly populations. I am incredibly grateful for this course. Previous to this course I only had experience with addiction and mental health disorders, but now I am interested in how law enforcement and EMTs hold a piece of the puzzle to helping communities battle hardship.

References

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