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## On the Front Lines

CONTINUED FROM FRONT

effort brings together clinicians, social workers, mental health professionals and peer counselors to assist those struggling with chronic opioid addiction and successfully reintegrate into society.

One of the most unique aspects of the program is its use of peer-recovery counselors, who have struggled with addiction in the past. Their life experiences help them to relate to and understand the needs of those currently suffering from a SUD.

O'Nesha Cochran is one of the peer counselors working with Project IMPACT. She is employed by the Mental Health Association of Oregon, which is contracted by OHSU to provide peer support. Cochran suffered from an addiction to crack cocaine for more than 20 years, and has been in recovery since 2012.

"I don't think a lot of people really know what it's like to be an addict," Cochran said, explaining that many SUD sufferers who are coming off of a high can be confused and disoriented. "They don't want to talk about treatment, and they don't want to talk about whether they have a warrant."

Many clinical environments can be intimidating to SUD pa-

tients, and Cochran adds that having a peer in the room can help alleviate tensions between patients and care providers.

"You have this room fill up with all of these people who are highly professional and come from really privileged backgrounds," Cochran said. "While their hearts are filled with compassion, and they want to help this person, it's very hard to hit them with that."

Having undergone similar life experiences helps the peer mentors connect with their patients.

"When I, as a peer, come in there, I can say, 'I remember what it's like, being homeless and turning tricks to get high and not having anything to eat or not taking a shower for 10 days,'" Cochran said. "They then see me blending in with this professional crowd, so it gives them a little bit of hope."

Citing the strict rules of conduct associated with many in-patient addiction counseling programs, Cochran says that peer support is essential to successful treatment.

"We have to teach them behavior skills. The skills I have right now, I did not receive from therapists, counselors or a treatment center. I got them from my peers," Cochran said. "I got them from other drug addicts."

While peer mentors are a sig-

nificant part of Project IMPACTS success, Englander says that the program's implementation of a multi-disciplinary approach has helped the successful treatment of patients. The program has served 500 individuals since it began in July 2015.

"The power is in the inter-professional nature of the team," Englander said. "It's not just the peers, but it's the peers, the physicians and the social workers."

Both Cochran and Englander say that federal, state and local resources allocated toward dealing with the opioid epidemic are insufficient. They stress the importance of creating more in-patient care options for SUD sufferers.

"With all of our passion and with all of our different connections, we could search for a bed for one person for a whole work day," Cochran said. "We still may have to scrape up the money from a different agency to put them in a hotel for a couple of days, and hope and pray that they can come up with safe place to go on their own."

Englander echoes her sentiment, and adds that in many cases, the stigma associated with receiving addiction treatments can deter patients from seeking the help that they need.

"Education is key," Cochran said. "I wish that more people knew that addiction was a disease. I wish that more people knew that it isn't a moral issue."

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