META:PHI

NEWSLETTER

ISSUE #02

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MENTORING, EDUCATION, AND CLINICAL TOOLS FOR ADDICTION: PRIMARY CARE–HOSPITAL INTEGRATION (META:PHI)

PROGRAM INNOVATIONS

Sudbury: Hub and Spoke Model

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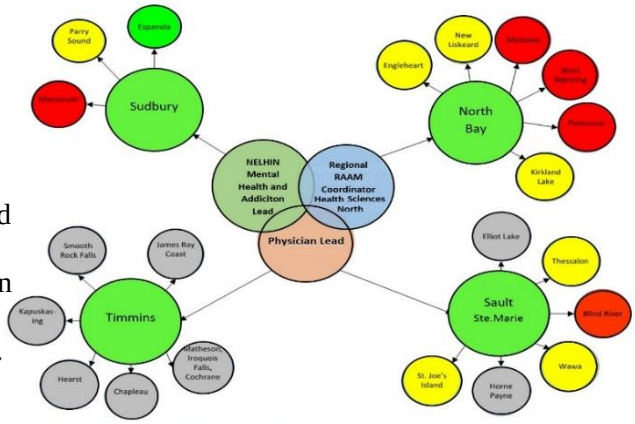
In the North East (NE) LHIN, our RAAM clinics operate using a hub and spoke model. Health Sciences North in Sudbury is the regional lead of this initiative, working closely with the NE LHIN Mental Health & Addictions lead, as well as with the other hubs (Algoma, Nipissing/Temiskaming, and Cochrane/James Bay Coast), to assist in the planning and development of RAAM clinics across the region. Each community developed a local task force to assist with planning, link services, and develop pathways (i.e., building pathways to services that are not available at the RAAM clinic itself, such as case management). We have monthly teleconferences with each hub site to share learnings and discuss targets for moving forward in the RAAM spread.

Now that all hub sites are functional, the focus of 2019-2020 is on the spread to spoke sites. Each hub site is responsible for connecting with their respective spokes (identified by the NE LHIN) and working with them to determine what the model should look like in their area (e.g., a full clinic built into their primary care model, a consultation model for complex cases, etc.). The work begins with community engagement at each site, development of programs/pathways, and education.

As you can see, it has really been a team approach at all levels: the hub sites working with the task forces, community organizations working with the potential RAAM clinics, and all four hub sites (and now many spoke sites) working together to learn from each other through sharing resources, challenges, and successes.



CLINICIAN SPOTLIGHT

Marilyn White-Campbell,
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Clinical Geriatric Addictions Consultant
Community Outreach Programs in Addictions (COPA)

I have worked with older adults with substance use disorder (SUD) for the past 32 years. Although the incidence of SUD in older adults is the same as in the general population, less than 2% access treatment. Older adults have the highest hospitalization rates across all age groups for alcohol- and opioid-related problems, yet few are identified as having SUD, and there are currently only a handful of specialized addictions treatment programs in Canada for them. Substance-related concerns are different in older adults than they are in the general population; for example, due to age-related changes in metabolism, older adults may have significant health problems associated with alcohol consumption, even at low levels. The aging baby boomer population will continue to increase the demands on the health care system, and we need to be ready to support these individuals in whatever setting they present to.

I am happy to say that there has recently been an increasing interest in this very vulnerable population. I have been involved with the development of a number of clinical resources.

The National Initiative for the Care of the Elderly has two pocket guides for medical management of alcohol and opiate use problems in older adults. The Substance Use Older Adult collaborative through the BSO Brain Xchange hosts monthly webcast geriatric addiction rounds that are broadcast and archived through OTN (to receive e-mail updates, please contact Albert S. Militante). Also, the Canadian Coalition for Seniors Mental Health will be launching four national guidelines for substance use disorders in older adults, as well as providing web-based knowledge translation opportunities in the coming months. I hope that clinicians will access these resources, which may help guide practice.

There is so much we can do to support older adults with SUD, and I am always available to help! Please feel free to reach out to me with questions via email at mwhitecampbell@reconnect.on.ca.

META:PHI WEBSITE

The META:PHI website offers educational materials and clinical tools. http://www.metaphi.ca

META:PHI BLOG

The META:PHI blog aims to provide insight into the evolving issues around substance use and treatment in Ontario. To read our latest blog post "Cannabis and Older Adults", please visit the blog at http://www.metaphi.ca/blog/.

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EVENTS

RAAM Monthly Videoconferences

➢ Prescribers	**13/3/2019**
➢ Nurses	**14/3/2019**
➢ Counsellors	**8/3/2019**
➢ Administrative	**25/3/2019**

To join a videoconference, contact
kate.hardy@wchospital.ca

Rounds

➢ The Invisible Epidemic: A Spotlight on the Opioid Crisis Among Seniors, by Christopher Klinger	**5/3/2019 12-1 p.m.**

For more information, contact
amilitante@cmhaww.ca

To have any provincial events featured here next month, contact kate.hardy@wchospital.ca

PERSPECTIVES

RAAM Clinic and Management of Benzodiazepine Tapers

Just when you feel like you are starting to really get the hang of treating alcohol and opioid use disorders and developing just the right therapeutic approach to talking with people about their chemical coping strategies, along come the benzodiazepines. Either a patient wants to come off their benzo or someone else (possibly even you) wants them to taper.

Outside of emergency situations, patient willingness to taper is the ideal starting point. For a patient to want to get off their current regimen, there has to be a downside to it. Ideally, that downside is one they have identified themselves.

Patients requesting help with benzodiazepine dependence are almost always receiving a prescription from a well-meaning PCP or psychiatrist who intended to treat their anxiety. At our RAAM, we made the decision not to manage tapers ourselves, as we just don't have the capacity to look after patients throughout this lengthy process, but we do offer guidance to PCPs and psychiatrists to perform their own tapers.

One of the most comprehensive resources for benzo tapers is the Ashton manual (https://www.benzo.org.uk/manual/bzcha01.htm). The manual contains detailed information for patients and providers about benzodiazepines, including conversion tables and suggested tapering schedules. Ashton's tapering protocols involve rotation onto diazepam, which comes in 2, 5, and 10 mg formulations and is therefore convenient for incremental dose changes, followed by a very long taper (many months to years, depending on the starting dose). We also recommend that if the patient is unstable in their use and having difficulty controlling their consumption, daily dispensing helps everyone sleep better. Safety and comfort are the best guarantees of trust and long-term engagement in the process. Often the patient's greatest fear is of prolonged discomfort, and the doctor's greatest fear is around safety. Patients are reassured to hear that it could take three or four years to get off their benzodiazepine; they know better than we do how difficult tapering is.

Finally, co-morbid mood disorders – particularly anxiety – will complicate a benzo taper if untreated. Patients need psychosocial supports and possibly anti-depressants. Although access to counselling or treatment groups is often limited, weekly or twice-monthly visits with the physician overseeing the taper can be therapeutic due to added structure and regular contact with a trusted provider.

Whether or not we are able to manage tapers within the RAAM, we are well positioned to give advice to our colleagues and be a great resource on this challenging procedure.

IN THE NEWS

Rapid access treatment model for addiction comes to Windsor
https://www.cbc.ca/news/canada/windsor/radid-access-treatment-coming-to-windsor-1.4975089

In Brantford's opioid nightmare, a community sees more hopeful days ahead
https://www.theglobeandmail.com/canada/article-in-brantfords-opioid-nightmare-a-community-sees-more-hopeful-days/

New Ontario health agency would overhaul 'disconnected' medical system, minister says
https://www.thestar.com/politics/provincial/2019/02/25/new-ontario-health-agency-would-overhaul-disconnected-medical-system-minister-says.html

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