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

NEWSLETTER

PROGRAM INNOVATION

Anishnawbe Health Toronto Rapid Access Addiction Medicine Program

Sheryl Lindsay MSW
Coordinator, Addiction Medicine Program, Anishnawbe Health Toronto

Anishnawbe Health Toronto's RAAM opened in November 2018. This is the first Indigenous community-based addiction medicine program in Toronto. Anishnawbe Health Toronto has been providing service to Toronto's Indigenous community since 1984. AHT's mission is to improve the health and well-being of Indigenous people in spirit, mind, body, and emotion. This is done using a harmonized approach of traditional healing within a multi-disciplinary health care team.

In Toronto, the downtown overdose prevention and safe consumption sites have reported that up to 40% of the population using their services identify as Indigenous. The need to respond to this crisis in a culturally safe way was very urgent. Most RAAMs in the downtown core are hospital based. Many Indigenous clients have experienced stigma, discrimination, and racism in hospital settings. Research has shown that racism in the health care system is so entrenched toward Indigenous people that they expect and plan for it, or may avoid care altogether. By providing care in a community-based setting, AHT's RAAM is able to decrease these systemic barriers and offer a welcoming and culturally safe setting for service. In addition, AHT offers a harmonized approach through access to both western addiction medication and traditional healing and ceremonies.

AHT's RAAM team is NP-led, with an RN, two community support workers, and a coordinator. The support workers provide follow-up and case management to clients facing homelessness and lack of access to other services. The program is co-located with AHT's day treatment program, allowing stabilized clients easy transition to a more structured program. In partnership with Women's College Hospital, the team also has an addiction medicine physician one half-day per week to support our work. Since opening, the program has received 97 referrals.

We look forward to continuing to build our program in this first year!

CLINICIAN SPOTLIGHT

Josh Richardson RP RPN Psych. Cert.
Clinician, RAAM Clinic, Grey Bruce Health Services

I am a RAAM clinician at the Grey Bruce Health Services Addiction Treatment Services in Owen Sound. I don't think I can adequately speak to my background as a psychotherapist and psychiatric nurse without mentioning my lived experience. My decision to study psychotherapy and psychiatric nursing is the direct result of my own experiences with mental health and substance use. The consequence is an "experience-informed" clinical approach, aimed at decreasing potential harms incurred by the health care system and the accompanying socioeconomic superstructure. This takes the clinical form of intersectional and functional assessments of patients in order to account for the various biopsychosocial factors influencing people's substance use, thereby limiting the reification of system inequality.

The two parts of my training have given me a broad skill set: my psychiatric nursing education has enabled me to medically assess substance use and withdrawal and given me knowledge on pharmacotherapy for substance use disorders, related psychosis, and concurrent disorders, while my training in psychotherapy has taught me to provide psychological treatment to people with substance use and other mental health disorders. With my varied background, I have the flexibility to assume different workplace roles in order to complement the health care and allied professionals I work with. My flexibility has been valuable in my current role. Our RAAM clinic is attended by people from both rural and urban areas; the diversity of our patients requires broad knowledge of the sociocultural factors that can influence substance use.

My goals for our services are to help further innovation, facilitate treatment access, and increase knowledge and safety regarding mental health and substance use. It is my joy and privilege to work with people who use drugs and/or alcohol, and to share with them and my colleagues in the value of knowledge and experience.

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Join the META:PHI Google group:
E-mail sarah.clarke@wchospital.ca to be added.

EVENTS

META:PHI conference **Sept 20**
Agenda at http://metaphi.ca/

RAAM monthly videoconferences

Prescribers	**Sept 10**
Nurses	**Sept 11**
Counsellors	**Sept 13**
Administrators	**Sept 19**

E-mail kate.hardy@wchospital.ca to join a videoconference or to have a provincial event featured here.

PERSPECTIVES

Decisions Around Prescribing Opioids for "Safe Supply"

Photo by Dwayne Brown

Lisa Bromley MD CCFP(AM) FCFP
Opioid Agonist Treatment Physician, Oasis Program and RAAM Clinic, Sandy Hill Community Health Centre

Safe supply opioid prescribing (SSOP) is the practice of prescribing oral hydromorphone (HM) tablets for injection use as an alternative to toxic street opioids containing fentanyl and analogues. It is being offered to patients with severe opioid use disorder (OUD) who have failed to succeed with or declined treatment with oral opioid agonist treatment (OAT) of methadone, buprenorphine, or slow release oral morphine (SROM). SSOP has potentially far-reaching implications for community safety and OUD treatment in general, but there has been little public discussion of these potential issues.

While SSOP is loosely based on injectable OAT (iOAT), which, along with oral OAT, has a robust evidence base of safety and effectiveness, SSOP itself has not been tested. Furthermore, because SSOP is very appealing to people with OUD, patients may choose to abandon proven treatment with oral OAT for an unproven and potentially riskier option. Barriers to patient acceptance and adherence to traditional oral OAT should be addressed at the same time as consideration of SSOP.

The BCCSU guidance document on iOAT states that treatments for OUD should be on a continuum of less to more intensive based on the needs of the patient. It recommends that providers of iOAT be well-versed and experienced in providing oral OAT. Few of the practitioners currently offering SSOP are prescribers of standard OAT, which isolates and limits options for SSOP patients. Patients engaged in SSOP may face barriers in transitioning to oral OAT if they have to change clinics to do so.

Finally, SSOP programs allow take-home doses of HM tablets for injection use by the patient in their home rather than in a supervised environment. This has far-reaching implications for carry policies in established OAT programs. Allowing carries with SSOP, while patients on methadone cannot have carries in the first two months of treatment, means is it more inconvenient for patients to participate in an evidence-based treatment program than in those accessing SSOP. Diverted HM from SSOP programs can confound successes seen in program evaluation with provision of a basic income financed by diversion of carries. Diversion may have the unintended consequence of increasing the population opioid burden and fuelling rather than curbing demand for fentanyl.

While SSOP may be a tool to consider in the spectrum of responses to combat the opioid crisis, it must be done in consideration of the larger context of oral OAT and of individual and public safety.

IN THE NEWS

'Alarming' surge in young adults, women visiting the ER due to alcohol: Ontario study (CTV News)
https://www.ctvnews.ca/health/alarming-surge-in-young-adults-women-visiting-the-er-due-to-alcohol-ontario-study-1.4518190

Ontario weed store lottery: Average winning property was entered two dozen times (Global News)
https://globalnews.ca/news/5798676/ontario-weed-store-lottery/

Competition watchdog writes province to support loosening Ontario liquor rules (CTV News)
https://toronto.ctvnews.ca/competition-watchdog-writes-province-to-support-loosening-ontario-liquor-rules-1.4548010

Ford government reveals health services to be delisted from OHIP (Globe and Mail)
https://www.theglobeandmail.com/canada/article-ford-government-reveals-health-services-to-be-delisted-from-ohip/

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