

PROGRAM INNOVATION

Rooming-In at Kingston Health Sciences Centre (KHSC)

Adam Newman MD FCFP AM
Attending Physician

Prior to 2013, the practice at KHSC when an infant was delivered to an opioid-dependent patient was to admit the baby to the Neonatal Intensive Care unit to monitor for signs of Neonatal Abstinence Syndrome (NAS) severe enough to warrant treatment with oral morphine. In 2012, 80% of the 24 infants admitted needed morphine treatment, which then required weaning the dose slowly to prevent recurrence of NAS signs. These infants had a mean length of stay of 28 days. In 2013, KHSC instituted a trial to allow opioid-dependent patients identified antenatally to room in with their infants. By the end of the twelve-month trial, fewer than 20% of the infants had required treatment with oral morphine, and the mean length of stay had dropped to eight days.

Today, pregnant patients in Kingston who disclose opioid dependence are referred to the KHSC Rooming-In team, consisting of a physician, a neonatal nurse practitioner, and a social worker, as well as a worker from the THRIVE program at Kingston Community Health Centre. Team members meet with the patient as soon as possible, and can address issues such as concurrent psychiatric diagnoses, housing, and Family and Child Services involvement. The patient is offered a private room on delivery in order to minimize stimulation and to allow support people as much close contact with the baby as possible. The baby remains a patient for at least three to five days, depending on the

opioid. Unsurprisingly, our patients express more confidence in their ability to care for their infants and are more likely to initiate breastfeeding. If the patient has enrolled in the THRIVE program, the worker can provide food vouchers to pay for meals while they stay on as boarders after discharge. Patients on daily-dispensed OAT can have their doses dispensed to them at the KHSC pharmacy.



Rooming in is now the standard practice for infants born at KHSC to opioid-dependent patients. For the initial results, visit www.cfp.ca/content/61/12/e555.

CLINICIAN SPOTLIGHT



Photo by Lisa Niblett

Angie Hamilton B.C.L. LL.B

Executive Director, Families for Addiction Recovery

While sitting in a MADD Canada board meeting, I realized that families affected by addiction needed a similar organization. As a parent of a child who struggled with problematic substance use from his early teens, I knew the needs of our families were not being met. Families for Addiction Recovery (FAR), a registered charity, was founded in 2016 in order to provide support to families. FAR provides free peer support by phone to parents across Canada who have a child struggling with addiction. Our volunteers have been trained in Community Reinforcement and Family Training, Motivational Interviewing, and Acceptance and Commitment Therapy. We help parents to understand that they are not powerless; they cannot control the outcome, but they can control what they say and do.

FAR educates that addiction is a pediatric illness and that concurrent mental health conditions are the norm. In the past physicians have not received adequate training to confidently treat addiction. To address this, we sponsored the first University of Toronto Addiction Medicine Week and spoke at their Family Medicine Week in 2019. FAR collaborated with META:PHI to produce and distribute a [guide](#) on managing alcohol use disorder to all family physicians in Canada. We look forward to continued collaboration with the medical community to improve physician education.

As a mother, ED of FAR, and retired lawyer, I do not respect our current drug policies and health laws as drafted and applied, which maximize the harms to our families. FAR advocates for treatment of addiction as a health issue; decriminalization of the possession of drugs for personal use; regulation of illegal substances; and [health laws](#) that protect the rights of our loved ones to life and security of the person.

Deep gratitude to each of you for treating addiction.

EVENTS

RAAM monthly videoconferences

Prescribers	Mar 10
Nurses	Mar 11
Counsellors	Mar 13
Administrators	Mar 19

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

PERSPECTIVES

A step in the journey: Ensuring transfer of stable patients to ongoing care



James McGorman MD CCFP EM AM
Staff Physician, Peterborough Regional Health Centre

As the RAAM model continues to spread, clinics are getting busier and busier. Here in Peterborough, we seem to be seeing record numbers of patients week to week, in person and soon through

telemedicine. This success, however, has brought new challenges. When we started, my biggest concern was not getting people in the door, but what we would do with them over the long haul. After two years, despite our mandate to stabilize patients and then return them to primary care for maintenance, I still see patients that we have been seeing from the beginning. In order to be able to treat people in crisis as they come through the door, we need to ensure a timely transition to ongoing care after stabilization. While the particular challenges are different everywhere, I wanted to tell you how we try to make the primary care model work for our clients.

Firstly, our colleagues need to be educated about treating addicted patients. We have given presentations at hospital department meetings and spoken at conferences, and have offered to serve as mentors to any local family docs as they begin taking on addiction care. As well, every resident that passes through the Peterborough program spends time at the RAAM clinic. This lets them see firsthand how we work with clients and shows them that people with addiction are suffering and need our help just as much as any other patient.

It helps to create relationships with local primary care clinics. We formed an early connection to our nurse practitioner-led clinic in the heart of downtown. This clinic has been mandated to reach the most marginalized people in our town, and they have taken on a number of previously unattached clients. We have recently been advocating for a new dedicated NP to take on patients with addiction issues. Given the social issues that many of our clients struggle with, it is hard to match them to a traditional practice. Having a multidisciplinary clinic with spots dedicated to clients with addictions would make a huge difference.

When a client is ready to go back to primary care, we always send a formal referral letter with the client's diagnosis, their treatment plan, and an offer of ongoing support. We often call the care provider personally and have a discussion of the client's needs. Knowing that you are there to support them will help PCPs feel more confident managing addictions, which will enable them to take on a more extensive role in the care of the addicted client as they gain experience.

Finally, connect with local methadone doctors who you know you can trust. While some methadone clinics can be profit-driven, there are many dedicated, experienced, and caring doctors working in that system. There will always be clients that for one reason or another will not be able to access primary care. Find a methadone clinic or provider you feel comfortable with and refer patients when indicated. Some clients will need to be on OAT for years, and they will need someone who will be able to deliver it.

RAAM clinic treatment can be an important step in the care and recovery of patients with a substance use disorder. As RAAM clinicians, our goal is to meet our patients' needs as best we can, then help them make the next step in their journey.

IN THE NEWS

Elliot, an alcoholic, asked his parole officer for help. She sent him back to prison. (Global News)
<https://globalnews.ca/news/6426798/alcoholic-prison-elliott/>

Ontario launches consultations on expanding cannabis business opportunities (Government of Ontario)
<https://news.ontario.ca/mag/en/2020/02/ontario-launches-consultations-on-expanding-cannabis-business-opportunities.html>

Why small changes to the language around addiction are so enormously important (CBC News Opinion)
<https://www.cbc.ca/news/opinion/opinion-addict-language-stigma-1.5417988>

Visit the META:PHI website:
www.metaphi.ca

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