META:PHI

MENTORING, EDUCATION, AND CLINICAL TOOLS FOR ADDICTION | PARTNERS IN HEALTH INTEGRATION

NEWSLETTER

PROGRAM INNOVATION

NORS

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National Overdose Response Service (NORS) is a national overdose prevention hotline to support people who use substances alone. Clients call 1-888-688-NORS (6677), which connects them to a virtual overdose supervisor who will monitor them for 15-30 min after they use. If there is a concern of overdose such as the caller becoming non-responsive, the supervisor will connect with local 911 dispatch. Callers have the option of providing the number of a friend or someone they trust to respond to them should they have an overdose, instead of EMS services.

NORS is available in all 10 provinces and 3 territories. It is a joint partnership between Grenfell Ministries, Hamilton ON, BRAVE Technologies, Vancouver BC, and me.

NORS can mitigate the following barriers:

Geographic Barriers

- 80-90% of overdoses occur in suburban and rural communities from people using alone
- Physical supervised consumption sites statistically reduce overdose mortality only within 500 metres of the site

Limited hours of Supervised Consumption

- Hours at some supervised consumption sites are restricted. NORS is able to provide support for individuals outside of consumption site hours

Stigma Barriers

- Some individuals avoid going to a supervised consumption site for fear of being recognized and subsequently stigmatized at their workplace, socially or in public

We have encountered limitations to the service: Individuals who are drowsy might have EMS dispatched if they do not respond to prompts. Police might accompany EMS to a call ou which can be problematic if a client has an outstanding arrest warrant. Police may also confiscate a client's paraphernalia. Finally, EMS may not arrive in time to prevent an overdose.

Since NORS' launch in Dec 2020, we have had over 1600 service calls, 16 overdoses, and **zero** fatalities. For more information, contact Dr. Monty Ghosh smghosh@gmail.com or NORS weloveyou@nors.ca

(This project is funded by Health Canada. The views expressed herein do not necessarily reflect the views of Health Canada.)

FACES OF THE FIELD

Hoodo A Ibrahim NP-PHC FNP-BC MScN BScN CPMHN (C)
Nurse Practitioner, St. Josephs Healthcare, Hamilton, ON

I was first introduced to the RAAM model of care during a (successful) 2018 job interview for Nurse Practitioner Lead in RAAM clinics operated by the Peel Dufferin Canadian Mental Health Association (CMHA). Although I had never heard of RAAM clinics, I was intrigued by the concept behind this model of care – a concept of barrier-free, easily accessible addiction services.

As an RN working in inpatient tertiary mental health and addiction programs, I had always felt that there were major gaps between mental health, addiction, and medical models of care. Unfortunately, these gaps came with serious consequences to the marginalized populations we serve. I believe all components of social determinants of health should become a basic human right for all. Therefore, exploring strategies to close this gap was my main motivation in becoming a nurse practitioner in primary health care. Since then, I have had the privilege of providing both stationary and mobile addiction services to a number of agencies including Good Shepherd Homes/Shelter Health Network and St. Joseph's healthcare RAAM clinic.

I currently work at St. Joseph's Hamilton Healthcare in the Schizophrenia Outpatient Clinic where I deliver integrated care services, including primary care (acute/chronic), mental health and addiction care services. Looking back, becoming an addictions certified primary care NP and a member of the META:PHI group was a godsent gift: diagnosing and offering addiction management treatments and/or harm reduction interventions has become part of my routine client care services regardless of where I work or what brings a client to my office.

Receiving addiction management services in a primary healthcare setting is not only efficient and convenient but reduces stigma for clients. I love the RAAM model of care as it provides an easily accessible starting point for addiction management and harm reduction. However, I believe that every primary care provider should equip oneself with the basic principles of addiction management if we are ever to tackle the worsening number of opioid overdose deaths.

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

EVENTS

RAAM monthly videoconferences

Prescribers	June 8	8 am
Nurses	June 9	9 am
Counsellors	June 11	9 am

META:PHI Webinar June 9 7 pm
Inpatient Management of Opioid Withdrawal/Opioid Use Disorder

META:PHI Conference Sept 24 -25

PERSPECTIVES

Prescriber-Pharmacist Communication When Caring for People with Opioid Use Disorder

Beth Sproule RPh BScPhm PharmD
Clinician Scientist, CAMH, Toronto

We know that pharmacotherapy for opioid use disorder saves lives. As the opioid crisis has grown and changed the last dozen years, so has the need to adjust our thinking and change our approach to medication therapies. This is certainly reflected in recent guidance documents such as: Opioid Agonist Therapy: A Synthesis of Canadian Guidelines for Treating Opioid Use Disorder, META:PHI Methadone for Fentanyl Users Recommendations and Canadian Guidelines on Opioid Use Disorder Among Older Adults. We also have pandemic guidance in COVID-19 Opioid Agonist Treatment Guidance as well as the rescission of the CPSO "Methadone Maintenance Treatment Program Standards and Clinical Guidelines" in Ontario. Other changes include new techniques that have been developed (e.g., buprenorphine microdosing), new products available (e.g., new buprenorphine long-acting injectable formulations), the increasing use of slow-release oral morphine, and the expansion of safer supply programs.

A common theme amongst all of this change is the need to tailor approaches to match people's needs. This can help engage and retain people in treatment, improve health and quality of life, and reduce the risk of overdose. These changes require less reliance on standardized 'rules' for care and more reliance on clinical judgement based on individual circumstances. It also makes effective communication critical amongst health care providers within a person's circle of care. Prescribers and pharmacists each have key roles in providing medication therapies and both are responsible for safe and effective medication practices. People in either profession may be working in addiction specialty or primary care settings, bringing with them varying levels of expertise. Collaboration and communication is facilitated within interprofessional settings such as hospitals or family health teams, although there can still be difficulties. However, shared care between prescribers and community pharmacists can be especially challenging. Effective communication is particularly important when patients are starting treatment, have changes to their treatment regimen or have missed doses. Mechanisms should be established to allow pharmacists to support patients in accessing their medication as a priority. The risk-benefit assessment considerations have shifted in our current environment for many patients, therefore it is critical to ensure a common understanding of the treatment plan, set expectations and work through practical considerations together proactively. Miscommunication and delays can have dire consequences for patients.

So while we continue to evaluate different approaches for opioid use disorder pharmacotherapy, or go further and evaluate alternative models of care delivery, we need to make the current options as safe as possible while optimizing effectiveness. Pharmacists and prescribers need to ensure they are up-to-date with changing practice, and leaders need to ensure resources, training and supports are available. Practice change can be slow and difficult, and everyone is busy. To mitigate this, effort and action is needed by both pharmacists and prescribers for effective communication and collaboration. This message is not new, but it is needed now more than ever.

IN THE NEWS

Gibney documentary - Opioid Crisis is Crime of the Century (Toronto Star)

Lawsuit Against Salvation Army for Barring People who take Opioid Addiction Medication (Boston Globe)

Pandemic Recovery is Bleeding into Opioid Crisis (Globe and Mail)

Sudbury slams door on temporary safe injection site, bans volunteers from city property (CBC Sudbury)

Invest in Stemming Overdose Epidemic Now or Pay More Later (Calgary Herald)

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

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E-mail laurie.smith@wchospital.ca.