META:PHI NEWSLETTER

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

PROGRAM INNOVATION

Contingency Management: Evidence-based but underused, a RAAM program innovation

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The Brant Haldimand Norfolk RAAM clinic serves 3 local communities and embraces the concurrent treatment of substance use and mental health disorders. It is staffed by dedicated physicians, nurse practitioners, concurrent disorder clinicians and counsellors, case managers, patient navigators, laboratory technicians, social workers and other team members.

Many patients present to our RAAM- from the emergency department, inpatient mental health unit or from partner agencies - with both severe substance use and mental health disorders. We provide pharmacological and psychosocial treatments for opioid and alcohol use disorder and assess and provide treatment for any presenting substance use disorder and mental health diagnosis. Our team includes an addictions psychiatrist and addictions providers comfortable with mental health treatment, including long-acting injectable antipsychotics and stabilization for post-traumatic stress disorder. In the case of more complex diagnoses (such as perinatal mental health) we refer to other services and resources.

Many patients present to our RAAM with concurrent severe stimulant (methamphetamine or cocaine) and opioid use, as well as symptoms of severe mental illnesses such as PTSD, borderline personality disorder, or psychotic disorders which may be substance-induced or primary psychotic disorders. Often due to struggling with these concerns, patients find it difficult to find treatment and supports which meet their needs. We have successfully implemented a Contingency Management (CM) program based on the manuals developed by Dr. Nancy Petry. CM is a therapeutic intervention that rewards people for making positive change, and supports them to stay motivated and connected to their change journey and recovery goals. A valuable intervention, CM is considered the most effective treatment for stimulant use disorder and is successful for a wide range of concurrent disorders including in individuals with psychotic disorders and/or experiencing homelessness.

There have been a number of challenges in providing CM in our RAAM clinic: limited funding (a three-month course of treatment costs on average $250-$300), and substantial human resources required to provide, for example, urine drug testing and prizes. We have supported approximately 50 people with this program and hope to be able to continue building its participation and success.

FACES OF THE FIELD

Martha North BN RN MN NP
Regional Nurse Practitioner
Opioid Dependence Treatment Hub
Labrador West Health Centre, Labrador City, NL

I am a nurse practitioner in Labrador and provide rapid access opioid agonist therapy (OAT) to individuals across the region up to and including the Northern Peninsula of Newfoundland. My day-to-day functions in the opioid dependence treatment program include seeing clients for initiation of OAT and optimizing the management of opioid use disorder (OUD) and other substance use-related harms/disorders. I try to meet the healthcare needs of all my clients, including physical, social, and emotional health supports. I also partner with the Safe Works Access Program (SWAP), which provide safe drug and safer sex supplies to people who use substances. At SWAP I screen and treat for sexually transmitted and blood-borne diseases (STBBIs) and have recently started treating Hepatitis C.

Labrador is a large, sparsely populated region with many fly-in communities with limited pharmacy access and poor infrastructure, especially the north and south coast. As such, my delivery of OAT has to be creative – for e.g. flexible take-home doses and extended-release injectable buprenorphine, both paramount to retaining individuals in treatment. I also offer virtual care to individuals outside of my local community. Not every individual has equitable access to technology, internet, transportation, or finances, but still have OUD and deserve treatment and/or harm reduction services. I practice pragmatically, being realistic in my expectations when individuals have many social and health-related barriers. My current role is made even more challenging due to these inequities in health care (access, cost of medications, stigma) in our remote communities.

Despite my role being incredibly rewarding, the system is very broken. My healthcare colleagues and I face huge challenges on a daily basis. There continues to be limited resources to adequately address the opioid crisis that exists in rural and remote communities of NL. In addition, there needs to be more education and collaboration between disciplines to reduce stigmatizing practices and to avoid the consequences of interrupted OAT care. Access to this medicine is not equitable in comparison to other primary care health. This needs to change!

I feel privileged to share space with individuals and to be a part of their journey. I hope to see the required changes enacted as I continue to work hard to care and advocate for people who use substances.

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EVENTS

RAAM Monthly Videoconferences:

Provider	Mar 1	12 pm
Counsellors	Mar 10	9 am
Addictions NP	Mar 29	12 pm

Webinar

March 8, 7 – 8:30 pm
Northwest Ontario RAAM Toolkit
Pia Heikkinen, Denise Forsyth, Allison Crewe
Register **HERE**

PERSPECTIVES

CCSA Report: Canada's Guidance on Alcohol and Health – My Perspective

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Medical Director, META:PHI, Toronto

In January 2023, the Canadian Centre on Substance Use and Addiction released a report entitled Canada's Guidance on Alcohol and Health. One of its major recommendations is that people should consume no more than two drinks per week, because 'consuming 3-6 standard drinks per week moderately increases your risk of getting various cancers'. This statement is misleading because it is based on an estimate of percentage or proportional risk, without mentioning attributable risk. For example, the report states that a woman who consumes 5 drinks per week has a 9.5% increased risk of developing breast cancer (pg 25). The risk of developing breast cancer among women aged 50 to 60 is estimated to be 1 in 43, or 2.4%. A 9.5% increase from a baseline of 2.4% is 2.6%, so the actual increase in risk for a 50 year-old woman consuming 5 drinks per week is 0.2%. This is a slight increase, not a moderate increase.

Furthermore, the report fails to compare the risk of alcohol consumption to other risk and preventive factors. Other risk factors for breast cancer include consumption of red meat, deficiency in vitamin D, obesity, and family history. A study of over 540,000 women in the UK found that those who had regular mammograms had a 41% reduction in breast cancer mortality compared to those who did not (1). People cannot make informed choices if only one risk factor, alcohol, is highlighted to the exclusion of other risk and preventive factors. Making exaggerated claims of harm will frighten some people and will make others feel guilty. It also undermines the credibility of the recommendations. The majority of people who drink more than 2 drinks per week are doing just fine and may dismiss this report as scare-mongering.

Another problem with these guidelines is that they are no longer useful for clinicians. The older Low Risk Alcohol Drinking Guidelines (2011) recommended no more than 15 drinks per week for men and 10 for women. These recommendations were based on evidence that consuming above these amounts was associated with real harms – depression, sleep difficulties, interpersonal conflict, accidents etc. Health care professionals counselled patients who consumed above these limits that their drinking may be harming them, and they would feel and function better if they drank less. But the current guidelines are not helpful for clinicians or the public. Most people who drink above 10-15 drinks per week do not have a severe alcohol use disorder, and many are amenable to advice from clinicians or family members to reduce their drinking. But I would suspect that only a few will agree to reduce their drinking to two drinks per week – they will view this as unrealistic and unnecessary.

As a publicly funded institution, the CCSA has a mandate to provide balanced and accurate information to the public on the risks of alcohol, and to provide useful clinical tools to guide clinicians who are drinking at hazardous levels. To fulfill this mandate, I would like to see CCSA convene a group of experienced clinicians and health information experts to undertake two major revisions to the guidelines. First, the CCSA should provide accurate and complete information on the risk increase for each type of cancer, comparing the risk increase from alcohol to other risk factors. Second, the CCSA should bring back an upper limit of consumption, similar to the older Canadian guidelines and to the current guidelines in the US (1-2 drinks per day) and UK (10 drinks per week).

1.Duffy SW, Tabar L, Yen AM, Dean PB, Smith RA, Jonsson H, et al. Mammography screening reduces rates of advanced and fatal breast cancers: Results in 549,091 women. Cancer. 2020;126(13):2971-9.

IN THE NEWS

Lawyer Fights for Woman to Maintain Access to Opioid (CBC Calgary)

New Supervised Drug Consumption Sites in Toronto (Toronto Star)

New Supervised Drug Consumption Sites in Toronto Opioid Crisis has no Quick Fix Solution (Globe and Mail)

Prison Watchdog Wants More Harm Reduction (Globe and Mail)

Homeless Family Comeback from Addiction (CBC)

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