

Strategies for brief counselling and support for patients with SUD in a RAAM clinic

Goal of first RAAM clinic visit

The primary goal should be to establish a **good therapeutic rapport** with the patient, which has a significant positive influence on the outcomes of the visit and patient motivation to come back for follow-up care.

Registration process

Train registration staff on how to greet and interact with RAAM patients

- Emphasize the issue of shame and guilt that many patients with SUD feel, and how this impacts their self-esteem/self-confidence or their anxiety and stress.
- Identify ways to maintain confidentiality. If patients register at a desk that also registers patients for other clinics, cue registration staff on ways to maintain confidentiality: Instruct staff to be mindful when they ask patients why they are there, which clinic they are going to, or which doctor they are going to see.
- Establish a clear procedure for patients presenting without a health card.
- Ensure that front desk staff know how to support patients or direct them appropriately when there are concerns about waiting times or if medical issues arise in the waiting room.
- Establish a clear, consistent procedure for patients who show up outside of RAAM hours (see Appendix A).

Assessing substance use disorders

See Appendix B.

Educating patients about substance use disorders

Main messages

- Explain that substance use disorders are not caused by weakness or moral failing.
- Explain that there are effective treatments for substance use disorders.
- Provide advice on avoiding substance-related harms.
- Address patient questions and concerns.
- Refer to physician for medication-assisted treatment when indicated and/or psychosocial counselling resources.

Explain how the brain influences substance use

- Humans have a reward centre in the brain and when an essential activity for survival is performed (e.g. eating), dopamine is released. Dopamine makes us feel good, so we are motivated to repeat the activity.
- Drinking and using drugs also cause a release of dopamine, more powerful even than with survival activities. This is what reinforces people's substance use, even when rationally they know it is harmful to them.

Explain how trauma influences substance use

- People with a history of trauma or adverse childhood events have abnormal neuro-development:
 - Dysfunction in dopamine and serotonin pathways
 - Problems with affect-regulation, attachment, identity, relationships, sense of meaning
 - High levels of anxiety, depression, suicidality
 - Rarely feel at ease and relaxed
- Using substances can help people to cope with these feelings.

Explain how concurrent mental illness influences substance use

- People with substance use disorders often suffer from other mental health issues, which may have contributed to their initial and ongoing substance use.
- Common concurrent disorders:
 - PTSD
 - Anxiety
 - Depression
- These disorders must be addressed (along with substance use) through counselling.

Explain that a substance use disorder is a chronic illness

- People with substance use disorders often have the following four traits:
 1. They cannot control their substance use.
 2. They continue to use substances despite knowing it is harmful.
 3. They spend a lot of time using substances.
 4. They have powerful urges or cravings to use substances.
- Substance use disorders have nothing to do with character, will power, or morals.
- Having a substance use disorder does not make you a bad or weak person.

Harm reduction counselling

Tips to reduce alcohol intake for at-risk drinkers or patients with mild AUD

- Set a goal for reduced drinking. The goal should specify the amount on each drinking day and the circumstances (e.g., have no more than three drinks on Thursday, Friday, and Saturday, and no drinking alone). The goal should include non-drinking days.
- Record drinks in a calendar, logbook, or smartphone application.
- Arrive and leave drinking events at predetermined times.
- Eat before and while drinking.
- Start drinking later in the evening or night.
- Switch to a less preferred alcoholic drink.
- Pace your drinking (e.g., no more than one drink per hour).
- Sip drinks slowly.
- Alternate alcoholic drinks with non-alcoholic drinks
- Have a 20-minute time-out between the decision to drink and actually having the drink.

Early recovery tips for patients with moderate or severe AUD

- Make recovery your top priority in first few months.
- Avoid “triggers” (e.g., pubs, drinking buddies).
- Avoid stresses (e.g., overwork, interpersonal conflict).
- Find methods to reduce stress, such as exercise or meditation.
- Eat and sleep at regular hours.
- Spend time with supportive family and friends.
- Have daily contact with a close friend, family member, or AA sponsor for support.
- Use AA or other support groups if available.
- Have a contingency plan to interrupt a slip or relapse.
- In case of a relapse, immediately contact your physician, counsellor, or sponsor.

Advice for patients with OUD on preventing overdose

- Do not inject.
- If you have been abstinent for any length of time (even just a few days), take a much smaller dose than usual.
- Take a test dose unless you got the drug directly from a doctor’s prescription.
- Do not mix opioids with alcohol or benzodiazepines.
- Always have a friend with you while using opioids.
- Always carry naloxone.
- If someone appears drowsy, has slurred speech, or is nodding off after taking opioids:
 - Do not leave them alone.
 - Do not let them sleep, even if someone watches them overnight.
 - Shake them and shout their name.
 - Call 911.
 - Administer naloxone if available and start CPR.

Techniques for coping with cravings

- Delay technique: “I will not act on this craving right away. I will wait 5 (or 10 or 15) minutes to decide whether to act on this craving.”
- Distract technique: Prepare a list of distractions ahead of time (e.g., call a friend or sponsor, go for a walk or run, do some housecleaning). Select from the list of distractions when having a craving.
- Urge surfing technique: Picture the urge as an ocean wave and imagine yourself surfing, using your breath as the surfboard. Ride this wave through its peak and its decline, without being submerged or wiped out by its enormity.

Educating patients about pharmacotherapy

Role of AUD medications

- Taking a medication for AUD helps with physical cravings for alcohol, making patients more able to focus on their counselling and recovery.
- Naltrexone
 - Reduces euphoric effects of drinking
 - Patients do not need to be abstinent before starting
 - Contraindications: Taking opioids, liver failure (caution with dysfunction or disease)
 - Side effects: GI upset, elevated liver enzymes (reversible)
- Acamprosate
 - Reduces post-acute withdrawal symptoms
 - Patients should be abstinent for three or four days before starting
 - Contraindications: Serious renal disease, pregnancy
 - Side effects: GI upset, nervousness
- Disulfiram
 - Causes toxic reaction to alcohol (effects can be severe and, in very rare cases, fatal)
 - Patients must be abstinent for at least two days before starting
 - Best outcomes when taken under the supervision of partner, pharmacist, or sponsor
 - Contraindications: Elderly, cardiac disease, liver dysfunction, disease, or failure, psychosis, cognitive dysfunction, pregnancy
 - Side effects: Hepatitis, neuropathy, depression, psychosis

Role of buprenorphine/naloxone

- Buprenorphine/naloxone relieves opioid cravings for a full 24 hours without causing euphoria.
- Buprenorphine is a partial opioid agonist with a long duration of action and a ceiling effect.
 - Binds very tightly to opioid receptors
 - Displaces other opioids (displacement of fentanyl is lower and less complete)
 - Doses beyond 24–32 mg do not have any additional effects
 - Much less likely to cause overdose than methadone or other potent opioids
- It is taken as a sublingual tablet (dissolves under the tongue).

Criteria for giving take-home naloxone

- Not on methadone or buprenorphine/naloxone, on these medications but started in the past two weeks, or on these medications but continuing to use substances
- On high-dose opioids for chronic pain
- Treated for overdose (or reports a past overdose)
- Injects, crushes, smokes, or snorts potent opioids (fentanyl, morphine, hydromorphone, oxycodone)
- Buys methadone or other opioids from the street
- Recently discharged from an abstinence-based treatment program, detox, hospital, or prison
- Uses opioids with benzodiazepines and/or alcohol

Rapid Access Addiction Medicine (RAAM) Clinic Hours

We are glad that you've come to the RAAM clinic and we're sorry we can't see you right now. Here are the hours for the Toronto RAAM clinics:

Women's College Hospital (76 Grenville St., 3rd floor)

Monday, Tuesday, Thursday 10:00—12:00

Toronto Western Hospital (399 Bathurst St., WW1-414, ground floor)

Monday, Wednesday 9:00—11:00

St. Joseph's Hospital (30 The Queensway, East Wing, ground floor)

Tuesday, Thursday 10:00—11:30

St. Michael's Hospital (30 Bond St., Cardinal Carter Wing, 17th floor)

Monday, Wednesday, Friday 9:00—11:00

Toronto Western Hospital (399 Bathurst St., West Wing, ground floor)

Monday, Wednesday 9:00—11:00

Sunnybrook Health Sciences Centre (2075 Bayview Ave., room B6 34)

Wednesday 2:00—4:00

St. Michael's Hospital Family Health Team (410 Sherbourne St., ground floor)

Wednesday 12:00—4:00 (pregnant patients only)

If you are in **active withdrawal**, please go to the Emergency Department at **Mount Sinai Hospital (600 University Ave.)** or **Toronto General Hospital (200 Elizabeth St.)** for immediate treatment and then **attend the next available RAAM clinic**.

Appendix B: Initial assessment template

Substance Use Service – Initial Assessment

Name _____

Today's date _____

Family physician's name/address _____

Reason for your visit _____

Current medications None

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Have you been prescribed opioids in the past for more than 4 weeks? Yes No

If yes, please describe (name, reason, amount, length, last use):

Drug coverage Ontario Drug Benefit Private None

Other: _____

Pharmacy name/address _____

Allergies No Yes: _____

Immunization Hepatitis A: Yes No

Hepatitis B: Yes No

Past medical history

Heart problems No Yes: _____

Lung problems (asthma, COPD, etc.): No Yes: _____

Gastrointestinal problems (stomach, liver, etc.) No Yes: _____

Musculoskeletal problems (bone, joint, etc.) No Yes: _____

Skin problems No Yes: _____

Neurological problems (seizure, migraine, etc.) No Yes: _____

Endocrine (diabetes, thyroid, etc.) No Yes: _____

Hematologic (anemia, etc.) No Yes: _____

Genitourinary (kidney disease, etc.) No Yes: _____

Surgeries No Yes (type, year): _____

Motor vehicle collision No Yes: _____

Chronic pain No Yes (location, diagnosis): _____

Overdose treated No Yes (year, substance): _____

Alcohol-related complications No Yes (specify): Withdrawal seizures Delirium tremens

ER visit (intoxication/withdrawal) Hospital admission

Other: _____

Infection screening

Hepatitis B None Yes, negative (year): _____ Yes, positive (year): _____
Hepatitis C None Yes, negative (year): _____ Yes, positive (year): _____
HIV None Yes, negative (year): _____ Yes, positive (year): _____
Tuberculosis None Yes, negative (year): _____ Yes, positive (year): _____

Reproductive health

First day of last menstrual period _____
Is there a chance you might be pregnant? No Yes
Contraception _____

Mental health history

Depression diagnosis No Yes

Current depression symptoms No Yes (specify): _____

Anxiety No Yes

Other No Yes (specify): _____

Mental health admissions to hospital No Yes (year): _____

Suicide attempts No Yes (year): _____

Current suicidality No Yes

Past abuse/trauma No Yes (specify): emotional sexual physical

Current mental health services No Yes (specify): _____

Family history (mother, father, siblings, other)

Medical problems _____

Mental health problems _____

Substance use _____

Substance use

| | First Used | Last Used | Amount Used | Frequency | Route |
|-----------------|------------|-----------|-------------|-----------|-------|
| Alcohol | | | | | |
| Tobacco | | | | | |
| Marijuana | | | | | |
| Opioids | | | | | |
| Cocaine | | | | | |
| Benzodiazepines | | | | | |
| Stimulants | | | | | |
| Other: | | | | | |

Gambling problem No Yes

Intravenous drug use No Yes: Sharing? Yes No

Cravings No Yes: mild moderate severe

Consequences No Yes: financial legal relationship work other

Current withdrawal symptoms No Yes (specify): _____

In the past 12 months, have you been...

Taking the drug in larger amounts and for longer than intended? No Yes

Wanting to cut down or quit but not being able to do it? No Yes

Spending a lot of time obtaining the drug, using, or recovering? No Yes

Experiencing cravings or a strong desire to use? No Yes

Repeatedly unable to carry out major role obligations at work, school, or home due to use? No Yes

Continued use despite persistent or recurring problems caused or made worse by use? No Yes

Stopping or reducing important social, occupational, or recreational activities due to use? No Yes

Repeatedly using in physically hazardous situations? No Yes

Consistent use despite acknowledgment of persistent or recurrent difficulties from using? No Yes

Experiencing increased tolerance? No Yes

Experiencing withdrawal? No Yes

Substance use treatment history

Quit attempts _____

Drug treatment programs (name, when, how long, length of recovery) _____

Current addiction services _____

Why have you come for treatment at this time? _____

What are your goals for treatment? _____

Social

Relationship status Single Married Divorced Common-law Other: _____

Children No Yes (ages): _____ Children in your custody? Yes No

Housing Rent Own Shelter Other: _____

Who lives with you? _____

Supports _____

Occupation _____

Employment (last job held, date started/finished) _____ Current

Income sources _____

Education level _____

Driver's license No Yes: Currently driving? Yes No

Legal status

Are you currently on probation/parole? No Yes (until when?): _____

Is treatment as a condition of your probation? No Yes: _____

Do you have court dates pending? No Yes (when?): _____

Do you have previous convictions? No Yes

Have you been incarcerated? No Yes (when?): _____

How much total time have you spent in jail? _____

Have you been charged with impaired driving? No Yes (year): _____

Have you been charged with a crime that included a weapon or violence? No Yes