

PROGRAM INNOVATION

Increasing Methadone Carries

Charlotte Munro

META:PHI Community Consultant, ODP RN Lived Experience Advisory Group and Steering Committee

Skipping doses once or twice a week was just part of my treatment plan. That was my experience with OAT on methadone. It was 2014 and I was serious about making changes in my life after having become very ill from my opioid use. OAT was a necessary step for my success. I had no carries prescribed - not one in the 14 months I was on methadone. Every day I had to walk to my rural community's single pharmacy for my drink. On Sundays I had to cab 50 km to the closest open pharmacy that administered methadone. The hassle (and expense) was not worth the trip, so I would skip it. If I missed 3 days I would have been considered discontinued. These rules were frustrating for me but I did not advocate much as I felt at the mercy of the prescribing doctor. What say did I really have? I was, after all, just an addict. My last day of methadone was also the first day of starting a new life in a new city. This was a monumental and proud moment for me. But due to shame and stigma, I kept it hidden.

This is no longer the case. For several years I have been on the Lived Experience Advisory Group (LEAG) at Ontario Drug Policy Research Network (ODPRN). But it was a recent study I was invited to contribute to as a person with lived experience that I really relate to. Due to restrictions on in-person care during the pandemic, many Ontario prescribers began to increase their clients' take-home methadone doses. The collection and analysis of this data culminated in a paper recently published in [JAMA Network](#) entitled 'Association Between Increased Dispensing of Opioid Agonist Therapy Take Home Doses and Opioid Overdose and Treatment Interruption and Discontinuation.' I am proud to have contributed to this research.

The findings revealed that increasing one's allowance for take home doses decreased the rate for discontinuation with OAT. As well, there was no increase in opioid-related harms. This meant that people could double their carries, and those who hadn't previously received take-home doses could start – with no higher risks for harm than previously. This is the voice that I didn't have when I was on OAT, the opportunity for flexible carries from my provider.

My hope is that OAT prescribers will implement the recommendations of this study to incorporate much more flexibility for take-home doses of methadone or buprenorphine/naloxone. Had I been allowed to do this, my recovery journey would have been very different. I would have experienced reduced stigma, increased confidence, ability to maintain employment, lower stress for missed doses, less travel, prescriber trust - and most importantly – agency over my own treatment.



FACES OF THE FIELD



Rebecca Billington MSW RSW

ED Addictions Counsellor, London Health Sciences Centre

I offer psychosocial support for people who use substances presenting to our emergency room (ER) and Centralized Emergency Psychiatry Service (CEPS) at Victoria Hospital in London. Either I, another ER provider, or a community partner will identify someone who may benefit from support, and I will meet with them during their visit or the next business day if they have access to a phone. Together we explore ways to help them receive the medical care they need in hospital, as well as basic and/or treatment needs when leaving our ER.

Many people who use substances are not comfortable attending the ER, even when in desperate need of medical treatment. Fear of withdrawal, judgment, and restrictions are some of the reasons for this avoidance. My role is to provide early identification of obstacles that may prevent someone from remaining in hospital for treatment. This might involve problem-solving social barriers such as concerns about caring for a loved one, unattended belongings, or housing. It includes offering simple comforts such as food, extra blankets, or a compassionate ear. My role is also to include community providers into a patient's medical team, as well as to explore early engagement of the addiction medicine consultant. Finally, I ensure all these needs are communicated through direct handover and charting.

Many people attend the ER seeking help for their substance use. In this context I provide single or limited interventions using motivational interviewing (MI), solution focused brief therapy (SFBT), as well as screening, brief intervention, and referral to treatment (SBIRT) - all informed by strengths-based and harm reduction philosophies. Recovery is not one-size-fits-all. For this reason, I created an extensive list of local resources reflecting this continuum and patient-centred autonomy when exploring referrals. As an Addictions Counsellor, I aim to streamline outpatient services by completing appropriate forms, booking appointments, arranging transitional case management and transportation, engaging established community/natural supports, acknowledging the courage of asking for help, and offering hope.

EVENTS

RAAM Monthly Videoconferences:

Prescribers	April 12	8 am
Nurses	April 6	12 pm*
Counsellors	April 8	9 am
Addictions NP	April 27	12 pm

* New time

META:PHI Webinar: April 13 7 pm
Wiplove Lamba, Josh Richardson
Adapting Evidence-based Psychotherapy for People Who Use Drugs: Principles and Practice

Determined that frameworks like trauma-informed and anti-oppressive practice not become buzzwords, we used them as a guidepost to actively inform the program at all levels.

Trauma-informed practice calls us to provide choice and empowerment in service delivery and is indelibly linked with self-determination. From intake to completion, we designed Recovery Reimagined to uplift people with substance use concerns. Intake forms were built to be low-barrier, and folks are encouraged to self-refer. We celebrate harm reduction, moderation, and abstinence goals, while acknowledging that these goals will shift over time. People can access groups with or without a commitment, and we offer a range of programming - from drop-in skills groups to closed cohorts of our Seeking Safety group - that clients can access depending on their readiness.

Along with self-determination, self-compassion is explicitly named and deeply woven into group processes. This is a value that we're intentional about fostering because - despite being a powerful pathway to healing - self-compassion is often so eroded by internal and institutionalized stigma that it becomes inaccessible to many people who use substances.

We're transparent about the values that guide the program, what current research says about substance use, and the impact that interlocking systems of oppression (systemic racism, colonialism, capitalism, and the patriarchy) can have on people who use substances.

We offer group programming appropriate for people in early recovery, including topics like Coping with Cravings, Assertiveness, and Stages of Change. However, our program also challenges folks to think about recovery in different ways, and to recognize the real complexities of living with a substance use concern. Groups like Relapse & Growth, Challenging Stigma, Identity in Recovery, Biopsychosocial Model of Healing, and Powerlessness & Control validate that complexity and honour the diverse experiences of people who use substances. As social workers, we deeply believe that a person's recovery is as individual as they are and there is no "right way" to heal.

Recovery Reimagined is just one part of a larger initiative of [East Toronto Health Partners](#), who are working to improve community health by delivering integrated health care and low-barrier access to social services. One of ETHP's priority populations is adults with substance use related needs, and Michael Garron Hospital has taken a lead in re-envisioning substance use and recovery services. To learn more about Recovery Reimagined, or to self-refer, please visit www.tehn.ca/recoveryreimagined.



PERSPECTIVES

Recovery Reimagined

Kathryn Bowles MSW RSW

Ashley Mogg MSW RSW

Michael Garron Hospital, Toronto



In September of 2021, Michael Garron Hospital launched Recovery Reimagined, a new outpatient substance use recovery program. For two idealistic social workers, it was a labour of love: we aimed to create a program built on a foundation of compassion, courage, and self-determination.

IN THE NEWS

[Drug Checking Coming to Saskatchewan Music Festivals](#) (Saskatoon Star Phoenix)

[How Families of Overdose Victims are Coping](#) (CTV News)

[How a Physician Came to See Addiction Differently](#) (The Current – CBC Radio)

[Illicit Drug Supply Explainer](#) (CBC News)

[Zero Funding for Prairie Harm Reduction Safe Consumption Site](#) (CTV News Saskatoon)

[Ottawa Knows There's an Overdose Crisis](#) (Globe and Mail)

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