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

NEWSLETTER

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PROGRAM INNOVATION

Scene First

Seamus Murphy PCM
Deputy Chief of Standards and Community Services
Cochrane District Paramedic Service

The opioid epidemic in Ontario, particularly in Timmins and the surrounding area, is a major health crisis, characterized by one of the highest opioid-related mortality rates in the province. The escalation of opioid-related overdose emergency medical service (EMS) calls, which more than tripled between 2019 and 2021, highlights a critical gap in treatment access. In 2021, 25% of individuals involved in suspected opioid-related overdoses did not receive hospital transport, leaving a significant number without immediate access to treatment.

Recognizing this gap, Cochrane District Paramedic Service (CDPS) has established a vital partnership with Timmins and District Hospital and their Addictions Medicine Consult Team & Community Withdrawal Management Services. This collaboration led to the creation of Medical Directives, allowing paramedics to assess patients' interest in treatment for Opioid Use Disorder (OUD) with buprenorphine/naloxone and provide treatment options on-site.

In May 2023, CDPS implemented the "Scene First" Directive, integrating 911 and Community Paramedic Program services. This initiative enabled trained Community Paramedics to administer buprenorphine/naloxone at the scene and continue care en route to the hospital. Following this, in July 2023, the Ministry of Health extended the buprenorphine/naloxone directive to all Paramedic Services in Ontario. CDPS became the first in Canada to administer buprenorphine/naloxone post naloxone reversal for opioid poisonings, carrying the medication in all ambulances and Paramedic Response Units in the district.

The impact of these initiatives is notable:

- A reduction in transport refusal to 21.74% (from 32% in 2022)
- 13.04% of patients receiving buprenorphine/naloxone treatment, exceeding initial expectations
- 11.30% refusal rate for buprenorphine/naloxone treatment
- 13.33% of patients transitioning into long-term treatment

These results not only show progress in addressing the opioid crisis but also redefine the role of paramedics in this context. CDPS was already a trailblazer, being the first paramedic service in Ontario to distribute naloxone kits in July 2020. Now we are the first in Canada to provide Scene First buprenorphine/naloxone. CDPS continues to share documentation and educational resources with paramedic services, hoping to expand Scene First implementation throughout Ontario and nation-wide, and provide guidance to treat opioid overdoses onsite with Medication for Opioid Use Disorder (MOUD).

For further information see the Scene First presentation at META:PHI Conference 2023

FACES FROM THE FIELD

Veronica Geremias Sa
Counsellor, Addictions Court Support
Stonehenge Therapeutic Community, Guelph

Stonehenge Therapeutic Community offers 4 pillar programs: Residential Services, Addiction Medicine & Withdrawal, Supportive Housing, and Community & Justice. The Addictions Court Support (ACS) program, where I am a counsellor, falls under the Community & Justice pillar.

My role in the ACS is to support clients with substance use who have been charged with a crime. Roughly 80% of my clients are men in their mid 20's to mid 40's. I help them navigate the court process, and offer referrals to residential treatment and other community supports like mental health, connecting with a peer, RAAM referral, outpatient programs, and housing. This can occur before sentencing or during incarceration.

My daily routine is never the same - I either am in court, meeting clients in the community, picking up disclosures, connecting with lawyers, assisting with crown pre trials, having case consultations, or doing much support navigation. I offer support for clients while in custody or awaiting sentencing. I also work with two correctional facilities: Maplehurst Correctional Facility and Vanier Centre for Woman where I can go in and visit my client(s) and support them with a plan for their return to their community.

Aside from my home base role, I am also part of the Wellington County Drug Treatment Court team and its new addition, Wellness Court. The Drug Treatment Court is a structured program where participants have a series of mandatory meetings and regular court dates while attending residential treatment and achieving abstinence. Completion of the program (up to a year) usually leads to a lighter sentence. Wellness Court, launched in November, focuses on the stability of a client's mental health. Clients are connected with CMHA counsellors, and with me if they also struggle with substance use. As with DTC, compliance can lead to a shorter sentence, probation, or dismissal of charges.

Working within the justice system can be challenging. But I am motivated, knowing the impact I can have on someone's life. And there are also successes, like my client who received a conditional sentence (CS) of house arrest: many people expected him to fail and get re-arrested. However, he successfully completed his CS, and after a year on probation started treatment for his addiction. He is now off my caseload. Individuals connected with the court have a certain vulnerability. Being able to support them through that process and see them come out the other side is very rewarding.

META:PHI CLINICAL RESOURCE SPOTLIGHT

Toolkit for Alcohol-related Presentations to the Emergency Department

PERSPECTIVES

Digital Front Door in Action

Robyn Hines
Counsellor
Community Withdrawal Support Service (CWSS), Stonehenge Therapeutic Community

My name is Robyn, and I'm one of the Rapid Access Addiction Medicine (RAAM) counsellors at Stonehenge Therapeutic Community in Guelph, ON. In addition to RAAM clinics in Guelph, Fergus, and Arthur, and a mobile van servicing various rural locations in Wellington County, we now offer RAAM services on a completely virtual platform - called Digital Front Door (DFD). Clients can access DFD through Stonehenge's website or by QR code. It has been a great success since launching in the fall of 2022, and we have seen a steady increase in the number of people accessing the service. On an average day, the DFD team will see upwards of 15 people. DFD has improved patient care by reducing barriers to accessing services, especially for those in rural areas, and by decreasing stigma. The inability to do a physical exam is admittedly a limitation of virtual care. However, our team works hard to mitigate such challenges by, for example, nurse practitioners working collaboratively with clients' home pharmacies and primary care providers to achieve seamless care.

My passion for this service is best shared through a patient journey: "John" had been using opioids for many years; it was overtaking his life, resulting in broken relationships and leaving him with financial constraints. John has been working with the Stonehenge RAAM for several months, meeting with peers, counsellors, and nurse practitioners regularly through DFD. John was previously attending an opioid use disorder (OUD) clinic in-person that required weekly visits and had him passing by people that he knew all the time. They would offer him drugs he didn't want to use, and he was struggling to move past this. He felt stigmatized and trapped. He was also maxed out on his methadone dosing, experiencing cardiac side-effects, but still feeling he needed more to help him curb his fentanyl use. Discovering DFD, he expressed feeling free of the stigma, the triggering walks to the clinic, and was able to explore the addition of slow-release oral morphine (SROM) to his treatment plan.

John also began working with the RAAM counsellors one-on-one, every week. Since being with us, he has identified relationships in his life that are not beneficial, hurting his mental health, and impacting his substance use. When he shared this, our counsellors would not only validate his experience, but help him with developing coping tools to add to his 'toolbox', such as setting boundaries and being assertive. Along with discontinuing fentanyl use, John has been able to minimize anxiety and panic attacks, rebuild healthy relationships, and even return to work. In addition, we have helped him connect with Canadian Mental Health Association (CMHA) peer self-help groups, and Narcotics Anonymous (NA) meetings in his area for ongoing care.

The best part is that this story is not unique. DFD can offer autonomy and privacy to people that is not possible at an in-person clinic, while still offering wrap-around supports, and building strong connections with our clients.

Thoughts from a Semi-Retired Addiction Doctor

PTSD Among Healthcare Workers

Meldon Kahan
Medical Director
META:PHI

Post-traumatic stress disorder appears to be more common in health care workers than in the general population. Risk factors for PTSD include poor patient outcomes, conflict with patients or colleagues, and work-related conditions such as an unmanageably heavy workload, and lack of support.

I have no doubt that PTSD is common among workers in the addiction field. Patients with substance use disorders often present with serious and urgent problems. Harm reduction and addiction treatment services are under-resourced and understaffed compared to other health care services. Addiction clinicians often lack adequate support, as well as the time, knowledge or connections with community services to comprehensively manage their patients' medical, psychiatric and social problems. The health care and social service systems are strained, fragmented, difficult to access, and often unavailable. Patients often don't do what is in their best interest for a variety of reasons – lack of social support, severe anxiety, lack of funds for transportation, disorganized and chaotic lifestyle, and the addiction itself. They don't always take their medications, keep appointments, or seek help even when they have serious symptoms. Many are not connected with primary care or mental health care.

I happen to be a patient at the cardiology and hematology departments at two Toronto academic hospitals. The clinics run smoothly and efficiently. I am meticulously compliant with the clinics' investigations and treatment plans, and I am sure the majority of my fellow patients are the same. Clinical staff are unfailingly polite and kind, but they don't ask about my mood, housing, substance use, relationships – they don't need to. I am sure these clinicians experience their own stresses, but I doubt they experience the constant stress of patients presenting without an appointment, with urgent problems, or not showing up at all.

So what is to be done to alleviate the situation of clinicians with work-related PTSD?

Advocate, as a team, for sufficient resources for your clinic and your patients. This means proper space, proper clerical support, and interprofessional team of prescribers and counsellors. You need to be persistent - go to senior leadership of the hospital, and Ontario Health Mental Health and Addiction leads. Make partnerships with community organizations.

Discuss with your team, and/or with family/friends. Even non-clinicians often have a more balanced perspective on a situation than you do.

Understand the cognitive distortions that cause worry and guilt:

i. Toxic guilt. I.e. the belief that a bad outcome is mainly your fault, because you've made a terrible mistake and are a fundamentally defective clinician. This is to be contrasted with 'healthy guilt', which recognizes that you and all clinicians have limitations, and are working in a system that is very flawed. Missed diagnoses and inappropriate treatment happen all the time, in our EDs, hospitals, primary care systema and addiction services. The goal is "continuous quality improvement', which is based on the recognition that systems, and clinicians, should work towards improving their care.

ii. Bitter hindsight."If only I had known that x would happen, I would have done y". Of course many bad outcomes could have been avoided if clinicians could predict the future. Patients are unpredictable, and catastrophic medical events are unpredictable.

iii. I'm responsible for everything. "I could have prevented this if I had warned the patient, or done this test, or prescribed this medication." We have only so much influence on people and events. The literature on suicide is very clear on this.

iv. Only the bad things matter. We tend to forget about all the patients we have helped. Remember and treasure when a patient tells you they are grateful for the care you have provided. We see patients at their most vulnerable, and many patients get better with our kind words, hard work and advocacy, and medical management.

Finally: Be proud of your accomplishments! Working in the addiction field can be very challenging but it is deeply meaningful. We make a difference to people's lives. Not only are we helping patients - we are transforming the health care system. Addiction services are much stronger now than they were ten years ago, and they will be even stronger ten years hence.

EVENTS

2024 Webinar Series

An Introduction to Methadone Prescribing
Wed Jan 17, 7-8:30 pm

RAAM Monthly Videoconference Dialogue Series

NEW

1st Tues 8am or 1st /Wed 12pm
Starting Tues Feb 6, 8:00am

Addiction NP Call

Wed January 31, 12 pm
To join any of these events contact laurie.smith@wchospital.ca