META:PHI

NEWSLETTER

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MENTORING, EDUCATION, AND CLINICAL TOOLS FOR ADDICTION: PRIMARY CARE–HOSPITAL INTEGRATION (META:PHI)

PROGRAM INNOVATIONS

Inpatient Consult Service, St. Joseph's Health Centre

Anita Srivastava MD, MSc, CCFP
Physician, St. Joseph's Health Centre

Meeting the needs of inpatients with substance use disorders can be a challenge: patients often have acute needs that are prioritized over their chronic conditions, and many hospitalists, even when they identify a substance use disorder, may not feel they have the time or training to offer treatment. However, substance use disorders are common in our admitted patients and often play a significant role in the etiology of their presenting illness.

At St. Joseph's Health Centre, a University of Toronto community-affiliated hospital, the Substance Use Service provides an inpatient consultation service. Our group of addiction doctors rotates on a weekly schedule to provide consultations to the ED and to inpatients at the request of their admitting physicians. Each of us has committed to spending half days, Monday to Friday, every 6–8 weeks to cover the service. We are incredibly fortunate to have a full-time nurse and an addiction service worker to support our work and to have a family health team that provides physician funding for this service.

The consultations typically regard management of alcohol and opioid use disorders, smoking cessation, cannabis use disorders, and complications from other substances including cocaine and methamphetamine. Our role can range from offering supportive advice to initiation of anti-craving medications or opioid agonist treatment. In order to ensure continuity of the treatment plan, patients are offered follow-up outpatient appointments in our Substance Use Service.

The inpatient service is greatly valued by our hospitalists, who often do not feel able to address their patients' substance use disorders, and this model has worked well for many years at St. Joe's. Moreover, the addiction physicians find it a rewarding aspect of their practice.

CLINICIAN SPOTLIGHT

Jean-Paul Michael
Peer Support Specialist
Addictions Service
St. Michael's Hospital

For over two years I have been one of the first addictions peer specialists working on the addictions service at St. Michael's Hospital. I support some of Toronto's most vulnerable patients to navigate the often overwhelming experience of being hospitalized in an inner-city hospital. I work as an integral part of a multi-disciplinary team and I am involved in the everyday medical care and advocacy for people who inject drugs and are facing life-threatening complications.

Peer support workers are invaluable members of the team because we have various lived experiences and offer a common language to a foreign system. Over many years I had multiple ICU stays, and despite this I never reached out for help. I thought that my situation was beyond hope. For those people who have had the experience of being treated as someone less worthy of care, it is hard to ask for or accept help. This is why I am inspired by our patients – it takes bravery to work with our team.

Being a Peer Support Specialist has been a transformative experience for me. Previously, I had a successful career publishing greeting cards. It was something I loved but thought had ended forever. I have returned to publishing on a part time basis. My work as a peer has helped me understand people in a different, more humble and caring way. I don't want this story to seem tragic, because it's not. This isn't a quest about getting my old life back. It's about something much richer and more powerful than that.

META:PHI WEBSITE

The META:PHI website offers educational materials and clinical tools. http://www.metaphi.ca

META:PHI BLOG

The META:PHI blog aims to provide insight into the evolving issues around substance use and treatment in Ontario. To read our latest post "Cannabis and Older Adults", please visit http://www.metaphi.ca/blog/.

EVENTS

RAAM Monthly Videoconferences

- Prescribers **April 9**
- Nurses **April 10**
- Counsellors **April 12**
- Administrators **April 18**

To join a videoconference, contact kate.hardy@wchospital.ca.

To have any provincial events featured here next month, contact kate.hardy@wchospital.ca

PERSPECTIVES

Best Practices for Urine Drug Screening (UDS) in Initial and Follow-Up RAAM Clinic Visits

Ken Lee MD, MCFP
Head Physician, London RAAM Clinic

UDS guides opioid agonist therapy (OAT) by providing a proxy measure of substance use. Concordance of reported drug use and UDS results correlates with recovery. I find that patients are generally honest in reporting drug use, but also know that UDS augments this honesty. I have had patients who have actually requested ongoing UDS to provide external accountability beyond completion of the OAT program. UDS results should be used to inform treatment rather than as a punitive measure. If patients use other substances, UDS can also facilitate conversations about contamination (such as levamisole or fentanyl in cocaine) and safety (such as the dangers of using benzodiazepines with opioids).

There is always the question about the frequency of UDS. The goal of UDS is not to "prove" abstinence, but to guide counselling. UDS testing needs to be done in a fiscally responsible manner and cannot be so frequent as to interfere with the patient's daily life. As such, UDS testing is very appropriate with clinical visits, but there is little added value to additional testing beyond this. Point of care testing usually suffices—if higher stakes are involved, then we send to the lab for chromatography.

To witness or not to witness is a frequent point of differing opinion. Years ago, it was all about abstinence, and UDS were all witnessed and sent to the lab. These days, it's harm reduction—more commonly unwitnessed UDS and point of care testing. This evolution in the model of care has expanded treatment options for patients and is one factor in increasing OAT access. As we now have the safer option of buprenorphine, protecting the community from diversion is less of a concern compared to the days when methadone was the only option.

The bottom line is that UDS is merely a guide, and the clinical encounter should not center solely on a discussion of these results and carries.

IN THE NEWS

'Marijuana is the new Oxycontin': Should we be concerned with how docs are learning about pot?
https://globalnews.ca/news/5081814/marijuana-pot-companies-pitching-to-doctors/

Over 600 Ontarians died from opioid overdoses in first 6 months of 2018
https://www.cbc.ca/news/canada/toronto/ontario-opioid-deaths-2018-overdose-1.5070865

Massive health-care overhaul called 'biggest change' since medicare
https://www.thespec.com/news-story/9195445-massive-health-care-overhaul-called-biggest-change-since-medicare/

Daphne Bramham: Is legalization a desperate measure or a solution to the opioid overdose crisis?
https://www.thewhig.com/opinion/columnists/daphne-bramham-is-legalization-a-desperate-measure-or-a-solution-to-the-opioid-overdose-crisis

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