

PROGRAM INNOVATION

Inpatient Naloxone Kit Distribution: Hospital-based Harm Reduction

Michael Roach RN MN
Paola Nikodem RN MPH
Health Sciences North, Sudbury

Much like the rest of Ontario, Sudbury has been hit hard by the opioid crisis. In 2020, Public Health Sudbury and District (PHSD) had the highest per capita rate of opioid related deaths in Ontario, a trend continuing to increase throughout 2021.

Health Sciences North (HSN) has seen increasing rates of patients being admitted to our inpatient units with a dependence on opioids. In response, HSN has committed to adopting a harm reduction philosophy. Despite working diligently to ensure our patients receive the appropriate care they need for their substance use, we noticed a major gap: patients were leaving our inpatient units without access to a naloxone kit. (Historically, patients would receive a kit in the community after hospital discharge. But since patients can be discharged from any hour at HSN, they may not be able to obtain a kit when arguably, they are at their highest risk for overdose.) After advocacy by HSN senior leadership, the coroner's office, and public health, the Ministry of Health and Long-term Care approved a pilot for HSN to distribute inpatient naloxone in the hospital.

In collaboration with the Ontario Naloxone Distribution Program through PHSD, naloxone kits are now handed out to inpatients and/or their loved ones upon discharge. The pilot was originally approved for 3 units. However, after consultation with our Medical Advisory Committee and senior leadership, we expanded the rollout to include all inpatient units, which our Addictions Medicine Consult Team helped to onboard.

Despite initial hesitation from some areas (mainly due to the pressures of COVID-19), in spring and summer 2021 we successfully launched in our highest risk units, with a plan to roll out the remaining units by early 2022.



This successful implementation throughout the hospital can be attributed to three main factors: toolkit development and distribution, a training program, and clear and frequent communication with the units. Feedback has been overwhelmingly positive, and staff has called it one of the "easiest rollouts ever"! Between April and September 2021, 237 people have left the hospital with a naloxone kit in the ongoing effort to keep our community safe.

FACES OF THE FIELD



Laura Jones NP
St. Leonard's Community Services, Brantford

My current work at Withdrawal Management and Treatment Services (WMTS) is an extension of what has been the focus of my nursing career: improving access to healthcare for marginalized populations. I have worked in northern remote communities, where providing comprehensive medical care while also addressing social determinants of health is an absolute necessity. The same is true of working with individuals who use substances.

As an NP at St. Leonard's, a new role in the WMTS program, I focus on addressing each client's physical health care needs. Once we identify the goals for their recovery journey, we work together toward making this a reality. Working to the full scope of an NP enables the program to better assist clients by screening for communicable diseases, initiating or adjusting opioid agonist therapy, and referring to other services. I routinely conduct on-site medical assessments, initiate and titrate medication, provide IV fluids and medication, draw my own lab work, and perform minor procedures. The goal is to support and stabilize clients in our care and set them up for success at discharge. Since integration of the NP role, client satisfaction and retention have increased, and hospital transfers have decreased. Clients find satisfaction in being able to address multiple physical and mental health needs over a short period of time without having to leave the facility.

These services in conjunction with the support and transition planning of the rest of the team empower clients to guide their own care goals and cultivates a relationship of trust and support. The 'all hands on deck' team approach to meeting client needs is an important part of my daily work. In a community that has growing substance use concerns (increasing ED visits due to substance use, higher than average opioid overdose rates), the provision of comprehensive, client-centred care is paramount. As much as those of us working in the addiction field are familiar with losses, there are also stories of success and recovery. It is these stories that keep me motivated to work in service to our clients every day.

EVENTS

RAAM monthly videoconferences:

Prescribers	Nov 9	8 am
Nurses	Nov 10	9 am
Counsellors	Nov 12	9 am

Next META:PHI Webinar:

Wed. January 12, 2022

PERSPECTIVES

Monthly depot buprenorphine XL: The first 150 patients

Ken Lee MD MCFP(AM)
London RAAM Clinic



We have been using monthly depot buprenorphine XL at the London RAAM Clinic since October 2019. At that time, an application had been made to Health Canada's Special Access Program to obtain depot buprenorphine XL before its market release. We were able to secure early access for eight patients.

This provided us with valuable experience in preparation of the market launch of depot buprenorphine XL in February 2020. In May 2020, coverage of depot buprenorphine XL was approved by Ontario Drug Benefits, partly in response to the COVID-19 pandemic conditions where we saw increased opioid overdoses.

We documented our experience in a cohort analysis study of the first 75 patients treated with depot buprenorphine XL from October 2019 to Dec 2020. Please refer to this [study poster](#) for details.

Since January 2021, we have treated an additional 75 patients with depot buprenorphine XL at the London RAAM Clinic. What we learned was summarized in a presentation made at the META:PHI Conference 2021. (Full presentation slides [here](#). The session recording will be available on the [META:PHI website](#).)

We discovered some valuable tips, which have helped ease the pain patients often report experiencing. For example, pre-injection ice packs reduce pain, and faster injections are less painful. Injections that are too superficial can result in some skin blistering, but there was no issue with withdrawal symptoms. To date, there have been only two instances of injection site infections since Oct 2019 (150 patients, 24 months). Some patients who continued to use fentanyl while on depot buprenorphine XL reported "withdrawal symptoms" – but after careful probing, this was attributed to benzodiazepine withdrawal due to etizolam contamination of the fentanyl. For pre-planned surgeries, we recommend scheduling when the plasma buprenorphine level is lower (at day 28 post injection) and giving the next injection after the procedure is done (ideally before day 42).

In this study, overall treatment retention was 70%, with no difference between people who use fentanyl and people who use other opioids. Patients on depot buprenorphine XL reported blockade of euphoric effect when opioids are used. There were no overdose deaths in the cohort. Although this does not prove overdose protection, it is an important safety signal. This is despite the fact that only 40% of patients were able to receive all injections on time in the 26–42-day window.

Depot buprenorphine XL provides another option in opioid agonist therapy which has the advantage of improved adherence, while at the same time removing the need for pharmacy visits. Our newest work involves ultra-rapid depot buprenorphine XL starts for people who use fentanyl (within 24 hours) at the London RAAM Clinic.

IN THE NEWS

[Growing Drug Crisis in NW Ontario](#) (CBC News)

[How Bad is Canada's Drug Overdose Epidemic](#) (Globe and Mail)

[Dopesick Drama](#) (The Oregonian)

[Guide for Parents Who Have Children with Substance Use Disorder](#) (CTV News)

[Overdose Prevention App in Alberta](#) (CBC News)

Visit the META:PHI website:
www.metaphi.ca

Interested in being featured in a future issue?
E-mail laurie.smith@wchospital.ca.