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

NEWSLETTER

PROGRAM INNOVATION

Expanding Naloxone Distribution: From ED to Inpatient Environments

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Since 2018, the Ministry of Health through its Ontario Naloxone Program (ONP) has offered free take-home naloxone to Ontario hospitals with an emergency department and/or urgent care centre (ED/UCC), to distribute to individuals at risk of overdose and their friends and family. To date, 108 of 178 ED/UCCs participate in the ONP.

In Oct 2020, Health Sciences North (HSN) in conjunction with Public Health Sudbury & Districts applied through the ONP Expanded Access component to expand naloxone distribution outside of the emergency department. Five months later, HSN became the first hospital in Ontario to distribute take-home naloxone kits in inpatient environments. This is an update to the pilot program described in the Nov 2021 META:PHI newsletter.

In the 2021/22 fiscal year, HSN handed out 738 take-home naloxone kits from their ED, inpatient programs and outpatient programs. Expanding the distribution required dedicated support from a small group of passionate people working at HSN, whose grassroots efforts included developing an implementation toolkit and going to each inpatient floor multiple times. Pilot program staff worked with other staff members, educators and managers to ensure the program was implemented as smoothly as possible. Flexibility was important as COVID-19 continued to dramatically change the landscape of the hospital and the pressures on the frontline staff. As the floors began handing out kits, people reacted positively, which not only encouraged the spread of the program but also helped to reduce stigma within the hospital environment.

Although initial efforts were to get inpatient units onboarded, HSN also re-examined the way that they were distributing kits in other environments, such as in Withdrawal Management and their Safe Beds program. This multiple environment collaboration has been very successful, and more kits are being distributed every month. As this program is supported through the ONP, it has no cost to staff, the hospital, or patients and is truly eliminating barriers to accessing lifesaving medication.

To join the ONP, hospital ED/UCCs and inpatient units (including RAAM clinics located inside hospitals) can contact their local public health unit.

FACES OF THE FIELD

Jacqueline Myers BSP
HIV/Addictions Medicine Pharmacist, Regina, Saskatchewan

Saskatchewan continues to lead the country in rates of HIV transmission. In 2021, a record 237 people were diagnosed with HIV in the province, a transmission rate estimated to be three-times higher than the national average. The primary risk factor in the majority of new diagnoses is injection drug use, a trait unique to Saskatchewan. Fortunately, antiretroviral therapy is now simple, well-tolerated, and very effective, resulting in normal life-expectancies for People Living with HIV (PLWH). Unfortunately, many lives continue to be lost prematurely due to opioid toxicity as well as injection-related infections, while ongoing substance use and social instability can make it nearly impossible to maintain fidelity to HIV-treatment.

At the Infectious Diseases Clinic in Regina, we've expanded our goals of therapy to not only include viral suppression and adequate CD4 counts, but also preventing overdose and decreasing injection-related harms. Frankly – we do whatever we can to keep our patients alive: by providing naloxone, arranging access to safe consumption supplies, connecting to addictions supports (counselling, detox or residential treatment), and prescribing opioid agonist therapy/safer supply.

Good relationships with our community pharmacy partners are critical as they connect us with our clients by providing appointment reminders, telemedicine phone number, and updates on those struggling or lost-to-follow-up. Most commonly used antiretrovirals have no clinically significant drug interactions with OAT; we frequently pair HIV treatment with daily witnessed methadone/SROM to aid in adherence and prevent loss or theft for those with unstable housing. As well, we have depot buprenorphine supplies on hand for rapid macro-inductions and to try to ensure initiation prior to release from corrections or hospital.

While limited resources prevent us from being a complete one-stop-shop, the ongoing effort to collocate services increases convenience and removes barriers to accessing HIV and addictions care. Clinical services are not all we offer - it never hurts to provide snacks, bus passes, and a closet where people can "shop" for needed clothing and hygiene items. Unlike other addictions services, people don't necessarily present to us with any motivation to cease, decrease or even discuss their substance use. We're at a disadvantage - they show up because someone from public health has given them some terrible news and said they needed to come. Offered non-judgmental, unconditional care, our patients learn we are a safe place for them to present at any point in their substance use journey.

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Join the META:PHI Google group:
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EVENTS

RAAM Monthly Videoconferences:

Nurses	Sept 7	12 pm
Counsellors	Sept 9	9 am
Prescribers	Sept 13	8 am
Addictions NP	Sept 28	12 pm

META:PHI 2022 Conference:

Friday, Sept 23 – Saturday, Sept 24

Agenda and information
Registration

PERSPECTIVES

Rooming-In Far From Home

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In the March 2020 META:PHI newsletter, I described the successful Rooming-In program at Kingston Health Sciences Centre (KHSC) for infants born to opioid-dependent parents, following the publication of an article reporting on our experience in the first 5 years.[1] Over the course of the intervening COVID-19 pandemic, the demographic characteristics of opioid-dependent pregnant people presenting to KHSC for obstetric care changed dramatically. Whereas the 100 opioid-dependent mother-infant dyads on whom we reported in 2020 were predominately non-Indigenous residents of the greater Kingston area who were dependent on methadone opioid agonist therapy (OAT), more than half of the women who have Roomed-In since then have been Indigenous women maintained on buprenorphine. Further, whereas the majority of patients we cared for in the first five years presented in the second trimester and had contact with the Rooming-In team over multiple visits, women flown down from northern First Nations communities have typically presented at term or in labour and have required assessment and initiation of treatment simultaneously and in short order. These women often had to disclose their opioid use disorder (OUD) under duress, to unfamiliar clinicians, in a large academic tertiary health centre, far from their home communities.

We recently reported two such cases of pregnant Indigenous women with OUD who presented to KHSC in 2020 for obstetric care, initiated OAT intrapartum, and requested OAT on behalf of a male partner who had accompanied them.[2] The two women were from different communities and presented to KHSC months apart, but aspects of the care they received were strikingly similar, causing us to reflect on the unique challenges confronting opioid-dependent pregnant Indigenous women and their families when seeking care far from home.

When the two partners presented for OAT initiation, urine drug testing was positive in each case for buprenorphine, and both men admitted that a dose of their partner's OAT had been diverted to them. After consulting with Dr. Karen Lawford, an Indigenous Midwife and Assistant Professor of Gender Studies at Queen's University who has written extensively on the forced evacuation of pregnant Indigenous women, we submitted a case report describing how such women may be vulnerable to multiple stressors.[2] When accompanied by a stigmatized diagnosis such as addiction, these stressors are often magnified. In such circumstances, it is hardly surprising that an individual may divert their OAT medication to help a similarly afflicted partner.

OAT providers, particularly those who are non-Indigenous, should consider the cultural context and the family unit when providing care to pregnant Indigenous patients in order to provide safe, respectful care.

1. A Newman, D Mauer-Vakil, H Coo, L Newton, E Wilkerson, S McKnight, SB Brogly. Rooming-in for infants at risk for neonatal abstinence syndrome: outcomes 5 years following its Introduction as the standard of care at one hospital. American Journal of Perinatology 2022;39:897–903.
2. K Lawford, A Newman. Addiction in the family: two Indigenous families overcoming barriers to opioid agonist therapy. Canadian Family Physician May 2022, 68 (5) 348-351

IN THE NEWS

Toronto's Casey House Inhalation Room (CTV News)

More Opioid Deaths in 2nd Year of Pandemic than 1st (CTV News)

Can a Brain Implant Treat Drug Addiction (Harper's Magazine)

Naloxone Overdose-reversal Kits on Sudbury Streets (CBC Listen)

Don't miss META:PHI's 2022 Virtual Conference Sept 23/24!

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