

PROGRAM INNOVATION

Cannabis and Older Adults Project - Asynchronous eLearning

Daria Parsons MSc
Healthcare Consultant

A [Statistics Canada report](#) in 2019 stated that cannabis use is increasing faster in older adults than in any other age group in Canada. Many healthcare practitioners are unaware of how to answer questions from and impart information to their senior patients around cannabis use.

With multi-year funding from Health Canada, the Canadian Coalition for Seniors' Mental Health (CCSMH) in conjunction with Baycrest has developed a project around increasing the knowledge and skills of clinicians regarding the use of cannabis in older adults. A series of 11 MOC and MainPro+ accredited e-learning modules and knowledge translation tools are now available for physicians, other health providers and healthcare students.

The design process began with a needs assessment survey so that the information needs of the target audiences could be incorporated into the education content. More than 1500 individuals across Canada responded to the survey, and included 195 physicians, 43 nurse practitioners, over 500 other healthcare providers, and 686 older adults. Some highlights of the survey revealed:

- 89% of physicians and nurse practitioners are aware of older adults in their practice using cannabis but only 39% felt that they had sufficient knowledge to address older patients and their caregivers' questions about cannabis
- 41% of older adults responded that their healthcare provider was not able to answer their questions on cannabis
- Anxiety, pain and insomnia are the most common reasons that older adults reported using cannabis

The cannabis education includes 11 evidence-based e-learning modules that are each 30-45 minutes in length and available in English and French. Since the modules launch in March 2022, more than 1,200 clinicians have registered.

Topic samples of the e-modules include:

- Assessing Appropriateness of Cannabis Use for Older Adults
- Optimizing Communication with Older Adults About Cannabis
- Monitoring for Potential Adverse Effects of Cannabis Among Older Adults

In addition, a [Clinician Toolkit](#) and patient information sheets are available

The goal of this project is to close the cannabis knowledge gap among healthcare providers. With the relevant information learned from these e-modules on 'Cannabis use in older adults', practitioners will be able to comfortably discuss clinical aspects of cannabis use with their older patients.

<https://ccsmh.ca/cannabis-and-older-adults-project/>



FACES OF THE FIELD



Pat Fifield, Harm Reduction Crisis Intervention Worker
Street Health Community Nursing Foundation, Toronto

I've worked in and around harm reduction for almost a decade.

Prior to my current position as mobile harm reduction coordinator for [iPHARE](#) (under the umbrella of Street Health Community Nursing), I was an Overdose Prevention Support Worker (OPSW) at the Parkdale Supervised Consumption Site (P.SCS) in Toronto. I started at P.SCS in late 2018, shortly after the site opened.

From the outset, the influx of site visitors was steady and the volume of overdoses high. Our goal, set out in our medical directive, was to keep clients' blood oxygenation at or above 92%. We were trained in several methods of overdose response: breath coaching, supplemental oxygen (administered via nasal canula, rebreather or, in extreme cases, bag-valve mask), and intramuscular Naloxone. I've used all of them.

The risk of overdose isn't the only harm suffered for people who use drugs (PWUD). They are often economically and socially vulnerable and may need help with issues as disparate as obtaining shelter, navigating the legal system, and finding and maintaining appropriate health care. In fact, for some of our most vulnerable clients, the SCS often serves as the first point of contact for many essential services - largely due to the trust our clients place in us. A typical day for my SCS colleagues and me would frequently include finding shelter beds, arranging doctors' appointments, preparing samples for laboratory drug testing, and actively listening as some of our society's most marginalized people poured their hearts out to us. All this while monitoring and responding to overdoses.

Every one of these varied roles are integral to the SCS service model, where we do our best to address client needs and, most importantly, **keep clients coming back**. Every instance of substance use in an SCS represents incremental progress toward keeping our clients alive and safe, especially given the proliferation of unwanted and dangerous adulterants in the unregulated drug supply. Our primary goal was to create a safe, welcoming space for PWUD, free from judgement and condescension. I am humbled to think what a huge difference such a small space can make, both with regard to advocating for better drug policy, and in the lives of our individual clients. It remains among the proudest accomplishments of my working life.

EVENTS

RAAM Monthly Videoconferences:

Nurses	Nov 2	12 pm
Prescribers	Nov 8	8 am
Counsellors	Nov 11	9 am
Addictions NP	Nov 30	12 pm

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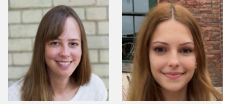
PERSPECTIVES

Access to Primary Care for People with Opioid Use Disorder

Sheryl Spithoff MD MSc CCFP (AM)

Staff physician, Women's College Hospital, Toronto

Lana Movic BSc



Canadians with opioid use disorder have poor access to primary care. Despite previous work demonstrating that high-quality primary care can improve health outcomes for those with opioid use disorder, these individuals continue to face challenges in accessing family physicians. Research suggests that barriers to primary care for people with opioid use disorder range from individual to system factors. To date, however, studies have not determined how care decisions made by primary care physicians factor into access to care

for this population. Therefore, we sought to explore [how physician discretion in accepting new patients affects access to care](#). Our study objective was to determine if family physicians are less likely to accept people with OUD as new patients than people with diabetes.

We conducted a randomized controlled audit study in which a patient actor made unannounced telephone calls to family physicians across Ontario requesting a new patient appointment. Family physicians were randomized to one of two scenarios. In the first, the patient actor followed a script stating that they had diabetes and were in treatment with an endocrinologist. In the second the patient actor stated they had opioid use disorder and were undergoing methadone treatment with an addiction physician.

We found that family physicians were almost 3 times less likely (4% vs 11.4%) to offer a new patient appointment to a prospective patient with opioid use disorder than a patient with diabetes. Our work demonstrates that physician discretion in accepting new patients acts as a barrier to care for people with opioid use disorder.

We recommend that health systems should implement policies that reduce physician discretion in accepting new patients and ensure that everyone within a catchment area is eligible for a primary care provider. Team-based care should be expanded and compensation models should better reflect complexity of care. Policies should also include measures for both enhanced addiction and anti-oppression training for medical students, residents and practicing physicians. Universal health care coverage must be combined with policies that ensure equitable access to care.

ADVOCACY

In June of this year, Lisa Barron, NDP MP for Nanaimo BC, introduced a [private members bill](#) in the House of Commons that would require liquor companies to post warning labels on their products. Evidence suggests that warning labels on liquor bottles are effective¹. In addition to advising people on specific health risks of alcohol, they provide useful information such as low risk drinking guidelines. Alcohol companies seem to think warning labels are effective too - they threatened to sue the Yukon government in 2017 when [warning labels on alcohol products](#) were introduced. Unfortunately, the Yukon government backed down; but the federal government won't be so easily intimidated. If this is of importance to you, please consider writing a letter supporting this bill to your [MP](#), [Lisa Barron MP](#), and/or the [Prime Minister](#). – Mel Kahan, Medical Director, META:PHI

¹ https://www.researchgate.net/publication/363815990_Alcohol_Health_Warning_Labels_A_Rapid_Review_with_Action_Recommendations.

IN THE NEWS

[Alberta to Fund Narcotic Transition Services](#) (Edmonton Journal)

[Vancouver 'Compassion Club'](#) (Toronto Star)

[Syntax Matters: Choice of Words Affects Treatment](#) (Stat News)

[Pharmacist Prescribing of Opioids during Pandemic](#) (Sage Journals)

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