

## ADDICTION EDUCATION

### NOSM PGY3 Addiction Medicine Program

**Mike Franklyn MD CCFP (AM) FCFP**  
Program Director, Addiction Medicine  
and Assistant Professor, NOSM,  
Sudbury



Northern Ontario School of Medicine University (NOSM U) is very excited to announce a brand-new program for post graduate year 3 students. Resident doctors from across Canada can now apply to a third year of family medicine training in enhanced skills in Addiction Medicine. Based on a geographical survey distributed across northeastern and northwestern Ontario, we found there is terrific interest in both large and small centres participating in providing educational opportunities to these learners. Our social accountability mandate and geography offer exposure to some unique learning opportunities. There is a high expression of interest in teaching in these areas for many high-quality preceptors practicing across the North.

We are diligently working on developing this program to build on the other seven successful programs available in Canada. Our intent is to customize the development of core competencies to the unique needs of the North. For Northern Ontarians, there are often barriers to accessing health care from specialists. Enabling family physicians to expand their scope of practice will benefit northerners who are often required to travel to urban centres to gain access to addiction medicine services. Our hope of appointing a resident to serve as an ambassador for addiction work in primary care will further enhance awareness of these services.

In addition to developing skills in both inpatient and outpatient care of patients with substance use disorders (SUDs), the program will include a clinical research component, and focus on Indigenous health, rural and remote communities, and enhanced skills in

concurrent disorders and perinatal SUD management. It will be designed in such a way that candidates will be allowed to develop significant skill and comfort offering high-level care in primary care and community settings, as well as acute care settings. Advocacy for marginalized populations will be prioritized and embedded in the program within a collaborative framework involving multiple healthcare providers and community resources. As the inaugural Program Director, I am looking forward to expanding this much needed component of addiction medicine at NOSM beginning July 2023.

## FACES OF THE FIELD



### **Kim Baker MA RSW**

Director Clinical Services, St. Leonard's Community Services,  
Brantford

In my Director role my focus is divided between ensuring our broader system is working optimally for people who require support, and that my agency's addiction and mental health programs provide the best service for our clients. I oversee a broad portfolio that includes a 24/7 crisis line, mental health walk-in, mobile crisis outreach, outpatient concurrent disorders, addiction day treatment, and bedded withdrawal management and addiction treatment. And within that, we nurture multiple partnerships, such as with the RAAM clinic and opiate case management in-reach to our local hospital emergency department. There are approximately 100 dedicated staff who are the heart and soul of our diverse range of mental health and addiction programs.

I have been in this role since 2018, having spent the previous dozen years working at the system level within CAMH's Provincial System Support Program (PSSP). I was able to learn so much in my time at PSSP, including how to leverage implementation and quality improvement frameworks to improve addiction and mental health services. Now I get to do that closer to the ground! SLCS is an agency that enables innovation; we are constantly engaged in quality improvement work. For example, when system human resource challenges and higher demand for outpatient counselling converged to lengthen our treatment wait times, we set to work reviewing stepped care frameworks. By leveraging aggregate data from thousands of screeners, we were able to get an exceptional profile of clients accessing our service, which led to design of a stepped care approach. This helps us 'right size' our response based on what we learn at intake, mapping the person's identified needs to the least intensive service option that can support them, and reserving more intensive service for those who really need it.

Another example of the dedication to improvement is our participation in a provincial pilot, led by Homewood Research Institute, to implement a progress and outcome monitoring system within publicly funded bed-based addiction treatment services. We will be implementing a robust set of measures within our residential addiction treatment programs to evaluate program effectiveness and inform quality improvement. We intend to leverage this experience to scale up outcome measurement across a broader range of programs.

The opportunity to influence better care is a privilege and a responsibility. I look forward to all we can learn and share across the sector and am confident in our collective ability to overcome challenges and enhance the quality of our services.

## EVENTS

### RAAM Monthly Videoconferences:

Provider	Feb 7	8 am
Counsellors	Feb 10	9 am
Addictions NP	Feb 22	12 pm

### Webinar

February 8, 7 – 8:30 pm  
Treating Addiction Means Treating Poverty  
*Dr. Larisa Eibisch*  
Register [HERE](#)

## PROGRAM INNOVATION

### Addressing the withdrawal management needs of teens who use substances

**Jessica Empringham MD** Paediatric Resident, The Hospital for Sick Children  
**Karen Leslie MD** Staff Physician, Division of Adolescent Medicine, The Hospital for Sick Children  
**Cathy Maser NP** Division of Adolescent Medicine, The Hospital for Sick Children

2019 Canadian Institute for Health Information demonstrated that 1 in 20 hospitalizations for youth (10-24yrs) in Canada were associated with substance use and subsequent lack of withdrawal management services. These adolescents and young adults have had the fastest growing rates of opioid related hospitalizations over the past decade.<sup>1</sup> Historically offered to adult

populations, most withdrawal and substance use care is provided on an outpatient basis, with a significant amount in the community. A new program developed at The Hospital for Sick Children is currently underway to address the withdrawal management needs of teens who use substances.

To start, we sent surveys to 60 withdrawal management providers and youth-serving agencies in Ontario with the goal to better understand their experiences of working with youth (< 18 years) who require withdrawal management services. Most agencies reported not being able to access withdrawal management services for youth, especially those under age 16. Of those who did offer it, only one indicated they had specific programming or staff training for youth. On a more anecdotal basis, in the hospital setting neither paediatric nor adult health care providers report being comfortable with the provision of withdrawal management to youth. One of the aims of our project is to address this gap in care for both hospital and community settings.

We have developed a set of learning resources for providers which are designed to be shared through collaborative and interactive small group sessions. For example, one module focuses on adolescent development and the impact on substance use, legal and human rights aspects (such as confidentiality and consent relevant to working with younger populations), and the roles of parents and caregivers. For providers who identify learning needs for the provision of withdrawal management in a hospital setting, four 'primers' have been developed and are being piloted with staff. They address alcohol, opioid, benzodiazepine, and nicotine withdrawal, and include signs and symptoms of withdrawal, monitoring tools, and guidelines for psychosocial and pharmacologic support of withdrawal. Plans are to use the primers within small group learning as well as 1:1 coaching. For providers working with adolescents in youth mental health and addiction and other community agencies, a similar primer has been created to assist with identifying which youth may need withdrawal management support and where best to direct these youth for care, depending on the substance(s) being used and whether they may need urgent/emergent care.

This program will not be successful without the collaboration, feedback, and expertise of those working with youth across the system of care. (A portion of this work has been funded by the [Toronto Opioid Overdose Action Network](#).) Working together with young people, and community and hospital-based providers, we hope to improve access to youth-centred withdrawal management. We are excited to continue to work together with our colleagues to help meet the needs of youth who use substances.

<sup>1</sup> <https://www.cihi.ca/sites/default/files/document/hsu-youth-report-2019-en-web.pdf>

## IN THE NEWS

[Incentivizing Addiction Treatment](#) (Globe and Mail)

[Doctors Spending Millions of Hours on Paperwork](#) (Globe and Mail)

[B.C.'s Drug Decriminalization Pilot Begins](#) (Ottawa City News)

[Timmins Safe Health Site Funding Extended](#) (Timmins Today) \*see META:PHI newsletter Issue #29, 'Safe Health Site Timmins'

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