

PROGRAM INNOVATION

The Care Bus

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Developed during the COVID-19 pandemic, the Care Bus pilot program was launched by NorWest Community Health Centres (NWCHC) to operate for the month of February 2021, the coldest month of the year in northwestern Ontario. The purpose of the Care Bus was to fill the gaps in care for the vulnerable and at-risk populations in the City of Thunder Bay and meet people where they were at – often outside in frigid temperatures. The Care Bus provided safe and warm transport to the local warming sites and emergency shelter. In addition, it gave people access to health and social support services, harm reduction supplies, warm clothing, and food. This innovative program was staffed by harm reduction outreach workers. Due to its great success, NWCHC resumed operation of the Care Bus in Dec 2021 for four months, and then another 4 months starting Dec 2022. The Care Bus operated seven days per week from 1-9pm.

This past winter season, the Care Bus ran for a total of 100 days. An average of 58 clients per day or 5,837 clients in total received services, broken down into 4,091 rides on the Care Bus and 1,543 people accessing services from the bus. 618 referrals were provided to hospital, emergency shelters, food distribution and withdrawal management services. The main reason that clients reported riding the Care Bus was for warm safe shelter (61%) and transportation to a service (34%).

The Care Bus is the lowest-barrier service available in Thunder Bay and the only service to combine a warming centre, safe and warm transportation services, and access to harm reduction outreach workers. Much of the success of the Care Bus can be directly attributed to the Harm Reduction Outreach Workers who took time to develop meaningful relationships and build trust with some of the most vulnerable people living in Thunder Bay.

As an example, bus staff collaborated with the vaccination hesitancy project to promote and provide education around vaccinations, as many of the clients have a mistrust of institutions and government organizations due to having experienced negative and stigmatizing responses when attempting to seek support.

The Care Bus provided support to thousands of people in our community, and the opportunity to make small differences in people's lives. We want to acknowledge that the Care Bus would not be possible without support from The District of Thunder Bay Social Services Administration Board (TBDSSAB), Lakehead Social Planning Council, and the Dr. Peters Centre. We hope to continue this vital service again next season.

FACES IN THE FIELD

Eden Gustafson

Peer Support Worker

The Alex Community Health Centre, Calgary



Hello and Happy Spring to the META:PHI Community from The Alex Community Health Centre in Calgary, AB! My name is Eden, and I am one of over 300 dedicated staff providing health and psycho-social supports to community members experiencing barriers to care.

I work in our addiction and mental health outreach team and am so grateful for the opportunity to highlight the importance of peer support in addiction care, as I am a person who's survived my own journey with addiction. Choosing this career gives me joy and a sense of connection to my community that I haven't felt in any other line of work. As a peer supporter every day looks a little different but primarily my team and I hand out supplies for peoples' basic needs and engage with peers right where they are at on the street to help reduce their risk. I get to chat with folks outside and sometimes we make arrangements to meet and have one-on-ones, once we have established a connection. I use this time with them to talk about goals, challenges and offer encouragement and connection by skillfully disclosing my own story while we chat. Every day I get to see parts of my own story in the people I have the privilege to support, and this fills me with deep gratitude and hope. The darkest parts of my past have become an anchor point of connection with my peers, allowing us to build a sense of community and connection together.

Medical settings can feel intimidating, foreign and for some, traumatic. PSWs can ease anxieties by using a language of hope, modelling resiliency and offering relatability when skillfully disclosing their lived experience. When I use real stories of my lived experience to relate to the person I am supporting, I can see the emotional shift and positive response that comes with the act of being related to. I've been told by community members many times, "I'm glad I'm not alone in this." I get the opportunity to be a bridge for folks to access new services and to be the person I needed when I felt alone in my addiction.

Many community members I've had the privilege of meeting have had experiences with other professionals that have left them feeling burned and mistrustful. Every time I have a conversation and support a peer, I am given the opportunity to help heal that wound a bit more, repairing trust in the systems that could offer them life-saving support and intervention.

The Alex Community Health Centre provides primary health care and wrap around social services and supports in Calgary. In addition to a multidisciplinary team of health and social service professionals, The Alex employs Peer Workers to support patients and clients through their care journey.

EVENTS

RAAM Monthly Videoconferences:

Provider	May 3	12 pm
Counsellors	May 12	9 am
Addictions NP	May 31	12 pm

Webinar

May 10, 7-8:30 pm
Alberta's Virtual Opioid Dependency Program
Dr. Nathaniel Day
Register [HERE](#)

PERSPECTIVES

Off-label ED Depot Buprenorphine

Rose Patterson NP

Emergency Department Nurse Practitioner
Hamilton Health Sciences, Hamilton



Working as a nurse practitioner in the Emergency Department of a mid-sized city in Ontario - a city like many others grappling with increasingly discouraging rates of homelessness, mental health, and substance use - offers many opportunities to influence outcomes for patients using substances. At the same time, it can also often feel like a constant uphill battle against systemic and social barriers. As many other addiction medicine providers can appreciate, in the ED we must be ready to act

swiftly to help a patient before withdrawal symptoms creep closer and change their mind about receiving the treatment we offer.

Patients presenting to the ED in opioid withdrawal or recent opioid poisoning (reversed by naloxone) are golden opportunities to rapidly initiate opioid agonist therapy (OAT) in a setting rich with resources. In my new role, this often involves macro-dosing onto sublingual buprenorphine-naloxone. If OAT had been initiated in the ED in patients set for discharge, I would recommend a clinic or prescriber familiar to the patient and send a 7-day prescription to their pharmacy, with instruction to see a new prescriber within the week. Too often, however, this treatment plan becomes compromised by something as simple as a lack of physical photo ID, or ineligibility for drug benefits (e.g., a tradesperson without benefits or someone collecting EI). It can also be more challenging for those patients sleeping rough or in unsafe environments, transient, or who lack the cognitive capacity to maintain clinic or pharmacy visits.

The ability to rapidly administer depot-buprenorphine to these individuals in the ED is a potential game changer. An initial 300 mg loading dose affords individuals approximately 28 days of opioid agonist treatment that doesn't require daily visits to the pharmacy, weekly visits to a prescriber, or most importantly, the requirement to possess physical photo ID or be in receipt of drug benefits. With the support of our integrated team of social workers, nursing staff and physicians, I have been able to keep patients admitted long enough to administer off-label depot-buprenorphine. Due to the drug's long-lasting effect, I feel confident that after discharge, these patients will have approximately 30 days to work on starting a treatment plan and achieving social stability without experiencing withdrawal or being at risk for opioid toxicity events.

Though our institution doesn't yet have the luxury of designated addiction medicine beds, we know it's been achieved elsewhere in the province - so we can continue to dream! In the meantime, though it is an off-label indication that requires the patient's informed consent, I feel compelled to offer the depot buprenorphine treatment option as a potential way out of the cycle of opioid use. We must hope that product monographs change in the future, once more evidence is available to prove the safety and effectiveness of rapid depo-buprenorphine treatment for these vulnerable individuals for whom it could benefit the most.

IN THE NEWS/OPINION

[Harm Reduction Services in Timmins](#) (Timmins Daily Press)

[Proposed 'Compassionate Intervention Act'](#) (Globe and Mail)

[Addiction and Free Will](#) (New York Times)

[Involuntary Care](#) (Globe and Mail)

[Involuntary Treatment for Addiction](#) (Stat News)

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