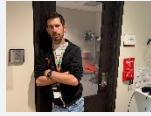


PROGRAM INNOVATION

Casey House SCS

Casey Schapel

Harm Reduction Lead
Casey House, Toronto



Casey House is a small specialty hospital in Toronto for people living with and at risk of HIV. Over the course of a few years, staff noticed an increase in the number of people who use drugs (PWUD) accessing services who also reported challenges accessing health care in traditional hospital environments. In 2021, Casey House started the process of implementing on-site supervised consumption services (SCS), with the intention of embedding the services in both our inpatient and outpatient programs as a part of holistic health care.

In addition to conducting interviews with clients and community members who use drugs, our planning included participating in a research project called [Engage with Harm Reduction Study](#). Among the 12 principles for offering supervised consumption created by an advisory group for the study was a recommendation for supervised inhalation. We benefited greatly from these consultations. And because we consistently heard people identify supervised inhalation as a key requirement, included construction plans for inhalation right from the beginning. In August 2021, an inpatient SCS opened on our 14-bed inpatient unit, and in April 2022, we opened a 3-booth site for our outpatient clients. Seven months later, Casey House expanded its services to include an option to smoke unregulated drugs, making ours the first SCS in the province to offer indoor supervised inhalation. These initiatives were entirely funded by generous donors. Opening inhalation correlates with an increase in consumption visits – allowing harm reduction, and allied health and nursing staff to build rapport with site users to create a more comfortable hospital environment for people who use drugs. A recent evaluation conducted with clients who access the space identified the inhalation booth as a positive

experience, with one person commenting that using the booth allowed them to take a break from injecting. New clients actively seek out the on-site inhalation booth, which has become the most popular supervised consumption service: within 6 months 75% of all SCS visits were for inhalation. The inhalation rules are clear: the booths are for unregulated substances only; neither tobacco or cannabis can be consumed in the SCS, nor is vaping permitted.

As proud as we are of being able to offer a safe space to our clients for supervised inhalation, we look forward to other organizations being able to also offer this much-needed service. There is no perfect formula, and the process of constructing and implementing a site needs to be adapted to one's setting and informed by the population's needs. <https://youtu.be/umKcGTxKPc0>

FACES IN THE FIELD

Kristen Watt BSc Phm RPh

Pharmacist and Owner, Kristen's Pharmacy, Southampton, ON



Autonomous prescribing. When asked what my goals are as a pharmacist, that's always my answer. Privately it's met with skepticism. On X (previously Twitter), it's met with downright outrage: how dare I, a mere pharmacist, think I possess the skills needed for such an action.

Currently I own and operate my own independent pharmacy, aptly named Kristen's Pharmacy. I was Ontario's 2022 Pharmacist of the Year. I sit on multiple boards from not-for-profit at our local hospice to the 3rd largest Canadian pharmacy company (PharmaChoice Canada) as well as our advocacy body, the Ontario Pharmacists Association. And I love community pharmacy. I began work in a community pharmacy in high school, attended pharmacy school at the University of Toronto and have been in practice for 15 years. I've worked in small independent pharmacies, managed a big box pharmacy and worked as a clinical consultant in long term care.

Thanks to the COVID19 pandemic, pharmacy is having a moment – a moment I'm seizing to effect change in how community pharmacies operate and how we're utilized in the provision of healthcare in Ontario and hopefully, across Canada. I stopped dispensing work in my pharmacy in late 2020, finding I was needed much more by my patients in clinical assessment of their medication management. From chronic illness to the newly minted "minor" ailments programs, pharmacists are instrumental in pharmaceutical management of disease. Due to access issues during the pandemic, many restrictions around narcotic and controlled prescriptions were removed for pharmacists. The biggest impact in my practice was for patients with substance use disorders. I collaborate closely with physicians providing SUD care. Allowing verbal prescriptions enables nimble dose changes, for e.g., if a patient misses a planned dose increase, we can continue their previous dose based on our agreements and the model allowing pharmacist adaptations. Our roster of patients has skyrocketed due to these changes and the positive impact on the community is significant.

I'm motivated by patient care and outcomes, and the future of a sustainable healthcare system. I love providing direct pharmaceutical care and seeing my patients instead of just their medications. This is a novel approach in Ontario - one I feel is the way of the future. Community pharmacy is patient care.

EVENTS

RAAM Monthly Videoconferences

Provider	Sept 6	12 pm
Counsellors	Sept 8	9 am

META:PHI Virtual Conference 2023

Friday Sept 22 – Saturday Sept 23
8:30am – 4:30pm

[Full Agenda](#)

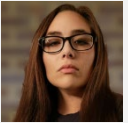
Register [HERE](#)

PERSPECTIVES

Mixed Medication: Kadian and Methadone

Ashley Smoke

Community Consultant



I have been physically dependent on opioids since I was a teenager. I metabolize medications quickly and have a high tolerance for most medications/drugs. I also have anxiety, depression, and complex post-traumatic stress disorder (c-PTSD) to name some of my mental health diagnoses. I am sensitive when it comes to some medications as they affect my stomach because I also have episodic ulcerative colitis.

I was on methadone for 7 years. While very high doses twice a day took care of my withdrawal and helped me stay off illicit opioids, it never took care of the cravings, and I was very depressed, unmotivated and still in extreme physical pain - the reason for the opioids in the first place.

When I had some life circumstances change, I was not supported or given the resources to cope, and my mental health was not addressed at all. So, I relapsed, but this time fentanyl was the only available option to me. I went months risking my life with toxic drugs that could have killed me. I was unable to stop on my own and methadone was just not strong enough: the higher the doses got, the less motivated I was, and the more my stomach couldn't take it. I became nauseous and sick all the time.

I then heard about slow-release oral morphine (brand name Kadian) from a friend and sought a program that provided it. At that time Kadian was not seen as therapeutic or treatment for opioid use disorder (OUD) and I was temporarily kicked out of the methadone program for using it. This is not the case anymore, but the stigma associated can still be present. The addition of Kadian to methadone provided the extra relief I needed for withdrawal. Methadone alone was not able to meet my withdrawal needs, due to the potency of fentanyl and the guidelines set out for maximum methadone doses. I began noticing a reduction in cravings and eventually they stopped altogether.

Having this mixed-medication treatment of Kadian and methadone helped with my depression and elevated my mood. This made it easier for me to do things I loved, which helped ease my illicit drug use. It also helped with motivation – with the introduction of Kadian I became more active and productive. As well, since starting Kadian, I have had very few episodes of colitis or stomach issues which has been one of the most freeing aspects of my current treatment.

I have attempted multiple medical-assisted opioid treatments over many years. The most successful has been the treatment that I developed over time with all the information available to me and with the help of my doctor. Anytime someone else had suggested or led me down a treatment or therapy pathway, it never worked because I wasn't trusted to make the best decisions for me. Now I am choosing my own path, and able to take ownership over my well-being. The result - I am the healthiest I have ever been.

IN THE NEWS/OPINION

[International Overdose Awareness Day – August 31](https://www.overdoseday.com/) <https://www.overdoseday.com/>

[Poilievre accused of exploiting the drug crisis for political gain](#) (Globe and Mail)

[Words Matter](#) (National Institute on Drug Abuse - Research Topics)

[Overdose Leading Cause of Youth Deaths in B.C.](#) (Vancouver Sun)

[Supervised Consumption Site in Harlem](#) (New York Times)

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www.metaphi.ca

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