

PROGRAM INNOVATION

Substance Use Intervention Team

Jon Mong MD MSc FRCPC

University Health Network, Toronto



The Substance Use Intervention Team (SUIT) is a newly launched pilot program at University Health Network's Toronto Western Hospital site. Substance use-related visits to UHN (Princess Margaret Cancer Centre, Toronto General Hospital, Toronto Western Hospital, and Toronto Rehab) are increasing across almost every major clinical program area, and especially the Emergency Department. UHN annually sees between 4,000 to 5,000 unique patients who require support for their substance use.

SUIT is focused on providing care to hospitalized patients with Substance Use Disorder, and handles on average, 10-15 consults per week. These are people who often face stigma and discrimination, including from healthcare providers. They have high rates of chronic illness, hospitalization and readmission, and often co-existing medical disorders that complicate their care. It is not uncommon for them to leave the hospital before finishing their medical treatment.

SUIT coverage is provided by a multi-disciplinary group of rotating physicians and includes representation from emergency, family, and internal medicine as well as psychiatry. A General Internal Medicine physician with addiction medicine training, Dr. Jon Mong is one such physician who provides specialty consultation services to inpatients and patients in the emergency department with SUD. A typical shift for Dr. Mong may include seeing patients who are in opioid or alcohol withdrawal or wish for help with their substance use disorder. He will initiate opioid agonist therapy and anti-craving medications for alcohol use disorder. He provides assessment and counselling, and ensures patients have connections to follow-up care after discharge with community care providers, pharmacists and/or RAAM clinics.

Dr. Mong cites the lack of training among health care providers as the biggest obstacle to understanding SUDs, which had traditionally been attributed to a patient's 'moral failing'.

He tries to include education in his patient notes so that other medical teams can understand the things that he is doing and hopefully become more familiar with the methods and rationale behind the decisions that are made. In Dr. Mong's opinion, SUDs are medical conditions, and patients should be approached in non-judgmental ways, starting with 'How can I help?'. Dr. Mong feels clinicians need to have empathy and respect for these patients and ensure they are given the best care possible.

SUIT is currently limited to TWH patients with phone advice available to physicians and nurse practitioners across UHN. As the pilot period nears completion, it is hoped that the SUIT can be continued at UHN and expanded to all of its hospital sites.

FACES IN THE FIELD

Angela Steffen

Court Worker, Elizabeth Fry Society

Harm Reduction Worker, Saskatchewan Health Authority



I am a 46 year-grandmother with a history of substance use. I started snorting cocaine when I was about 28, and then moved on to smoking crack. Eventually I started dealing to support my habit. In 2014, a cocaine 'drought' led me to try crystal meth. Once I began using intravenously, that was it - I loved it, as well as all the other drugs (like fentanyl) I used over the next 6 years. What I loved about crystal meth was being able to stay awake for days and get things done. The rush from injecting it is indescribable - I felt like I was so powerful! Like nothing could hurt me and that I could do anything I imagined, good or bad. In 2020 an ounce of meth was about \$500, and a point was \$10. It looks like shards of broken glass. To smoke it, you put a few small shards in your pipe/bubble and heat it, rolling the pipe back and forth between your thumb and forefinger until the shard is melted and you can see vapor building up inside. You then lightly inhale the vapor and blow it out. To inject crystal meth, you smash up the shards and pack the powder into the top of the needle until you have the desired amount for your shot. I personally did 3 points - a "30 shot". You draw up your desired amount of water into the needle and shake it until the meth has dissolved.

It took 6 years before I stopped using. I was tired of living that way. I was always fighting with someone, because of the aggression and violent tendencies from using meth for so long; my teeth were rotting out of my head; I hated myself for the things I did to people when I was high and on a rampage; and I hated everyone around me. Eventually, I just wanted to give up - on myself, on my life, on everything. I was paranoid, thinking people were out to get me. I would see shadows and hear voices that weren't there. I felt like I was slowly going crazy. One day I had really had enough. I called my doctor. I have not looked back since then.

My amazing doctor and his team were exemplary in making sure I was totally taken care of and received the best wrap-around services. The social worker in the clinic helped me get in touch with social services, who got me a bed in a YWCA shelter, and on assistance so I had an income. Along with my children and grandson, my doctor and his staff have been my biggest supporters throughout this journey. As of October 15, I will have been sober for 3 years, and I'm still counting.

EVENTS

RAAM Monthly Videoconferences

| | | |
|---------------|--------|-------|
| Provider | Oct 3 | 8 am |
| Addictions NP | Oct 23 | 12 pm |

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<https://www.metaphi.ca/events/conferences/>

model where individuals can access both obstetrical and addictions care in the same visit, as well as instrumental supports such as meals, TTC tokens, and grocery vouchers.

As the clinic social worker, my work ranges from helping clients get connected to resources related to emergency housing and income support, to making referrals to harm reduction counselling and treatment programs. I also talk to clients about their plans and hopes for their pregnancy, help them reflect on their birth plans, and explore their worries and fears. Many of the clients I meet have shared that they are hesitant to talk about their substance use, and even more so while being pregnant, due to stigma and the fear of being seen as a "bad mother".

Often, clients do not feel safe to access healthcare altogether, and consequently, many present late to care in their pregnancy (e.g., 3rd trimester). With this in mind, a unique part of my role includes community outreach and meeting clients *before* they come to the clinic. When staff from a community agency (such as a shelter or harm reduction site) meets a pregnant person, they are encouraged to reach out to me. I will do my best to connect with that person and let them know who I am and how our clinic can help in a non-judgmental manner. I tell clients that our clinic is a safe space, and they can come as they are, anytime, to be seen by a doctor, get a meal, or even just to chat. Often, I'll send a text or leave a message at someone's pharmacy or shelter to remind them that our clinic is open and where they can find us. For many clients I work with, I become a familiar face who they meet before they come to the clinic, which helps build trust and a feeling of safety. Statistics from the clinic's first year of operation reveal more than half of our clients (56%) continued attending the clinic after the initial contact through phone or community connection with me.

Currently, our team is working on addressing a major gap in services that we have observed for our clients: tailored and accessible support *after* their baby is born. We have recently developed a postpartum program where mothers can continue to attend the clinic to receive primary care for themselves and their baby, as well as addictions care, and social work support. At the postpartum program, we also host a biweekly mother's peer support group, where clients can meet others who attend the clinic, learn about resources and skills, and share their experiences with other mothers. Presently, our postpartum program sees clients after they have attended the prenatal clinic, but our hope is to expand our reach to others who are in need of low barrier and trauma-informed care.

Having a baby can be incredibly challenging, and even more so when facing social complexities such as not having safe housing, lacking food and income security, and experiencing challenges with mental health and substance use. The My Baby & Me clinic is here to help those who may feel hesitant to seek care. For more information contact jasmine.saleh@unityhealth.to
<https://unityhealth.to/2023/08/my-baby-and-me-clinic/>

SPECIAL INTEREST CLINIC

My Baby and Me

Jasmine Saleh MSW RSW

Social Worker

St. Michael's Hospital, Toronto



My Baby & Me perinatal and substance use clinic at St. Michael's Hospital provides low-barrier, judgment-free care to pregnant individuals who have current or previous substance use. The clinic first opened its doors in 2021 and has been operating for just over two years. While it is located in downtown Toronto, it has a wide geographical reach, with clients coming from all over the GTA. The clinic is a Monday afternoon drop-in, and uses a "one-stop-shop"

IN THE NEWS (Some articles may be inaccessible due to paywalls)

[New RAAM Clinics in NW Ontario](#) (CBC)

[Safe Supply Numbers Drop in B.C.](#) (CBC)

[Affordable Housing Units on old Parking Lot](#) (Toronto Star)

[End Punitive Measures to Address Drug Use](#) (United Nations Human Rights)

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