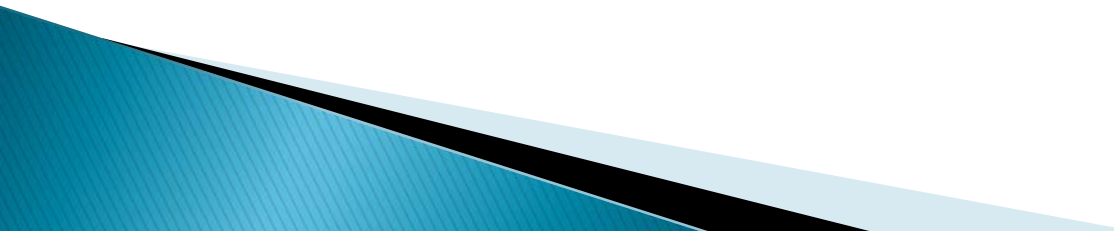


# On the Road to Recovery

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# Objectives

- 1) Discuss the challenges of treating and helping those with addictions
  - 2) Review evidence based recommendations for harm reduction and sobriety
  - 3) Introduce the integration, innovated strategies and early success findings from the collaboration of Addiction Services and Primary Care
  - 4) Review of a complex patient case
- 

# Disclaimer

- ▶ Please note that the term patient or client will be use throughout the presentation. Both mean the same, the individual whom is seeking help and services.
- ▶ No potential for conflict of interest
  - No commercial support or relationships with commercial interests

# Interesting Facts

- ▶ Canada is the world largest per-capita consumer of prescription opioids after the United States<sub>1</sub>
  - 2000–2010
    - Prescription Opioid use increased by 203%<sub>1</sub>
  - 2006–2011
    - Almost 250% increase in the number of ER visits in Ontario related to narcotic withdrawal, overdose, intoxication, psychosis, harmful use and other related diagnoses<sub>2</sub>

# Challenges Treating & Helping Those with Addictions

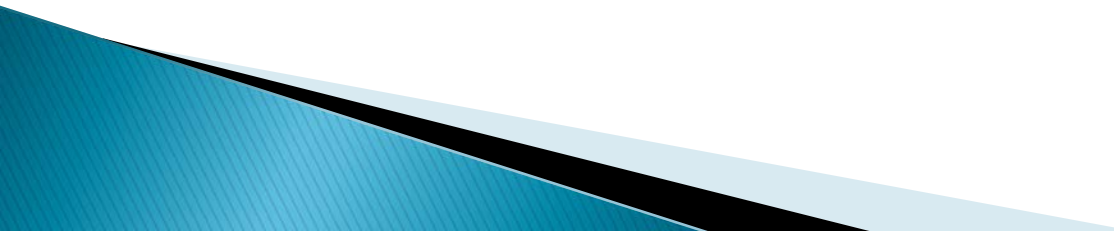
## ▶ **Barriers**

- Voluntary services
- Family
- Finances
- Transportation
- Lack of services in community
  - Small town
  - Access to detox; inpatient; treatment

## ▶ **Stigma**

- Minimization
- Not your typical “addiction”
- Primary care
- Community
  - “Don’t talk”; “The Big Secret”
- Communication between services
- Misunderstanding about what addiction means

# Harm reduction

- ▶ Patient Education
  - ▶ Needle exchange
  - ▶ Methadone/Suboxone
  - ▶ POD kits
  - ▶ Support and Counselling
  - ▶ Self Help Groups
  
  - ▶ *The evidence based review for harm reduction is a patient centered approach*
- 

# Case Study

- ▶ 25 year old female
- ▶ Grade 10 education
- ▶ Only income is Ontario Works
- ▶ Has ongoing addiction issues:
  - Reports a history of drug abuse
    - has used "a variety of drugs," namely ecstasy, crack, and cocaine were her most-used drugs and more recently, her drug of "choice" to be Oxycodone.
  - Current struggle while on methadone maintenance program
    - Abusing alcohol; Mother's encouragement of alcohol and partying with her peers
    - Disruption of sleep

## Case Study Continued

- ▶ Agreeable to seek Addiction Outreach services but reluctant to make first contact
  - Many services need the patient to make self referral
  - Primary care agreed to be a liaison for contact
- Appointment was made to Opioid Treatment Program within a week through Addiction Outreach

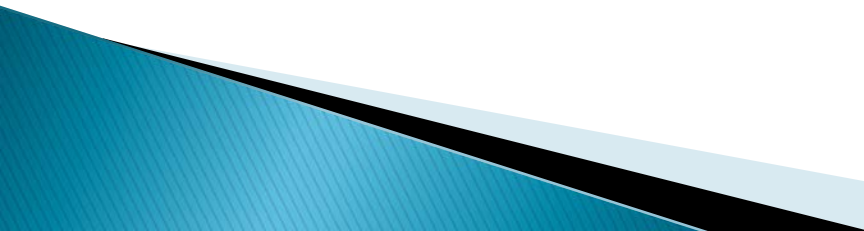


# Addiction Outreach


## ▶ Role

### ◦ Opioid Treatment Program

- Provides counselling and case management support to persons with opioid addictions who may be receiving or considering opioid substitution treatment (e.g. methadone, suboxone, etc.)


- ▶ Addiction Outreach (AO) work with client to establish a set of goals
    - Taper off the methadone
    - Maintain sobriety
    - Education regarding consumption of alcohol and interaction with methadone
  
  - ▶ Follow-up
    - Referral to Relapse Prevention Group
    - Education regarding triggers and cravings
- 

# Gaps with Services

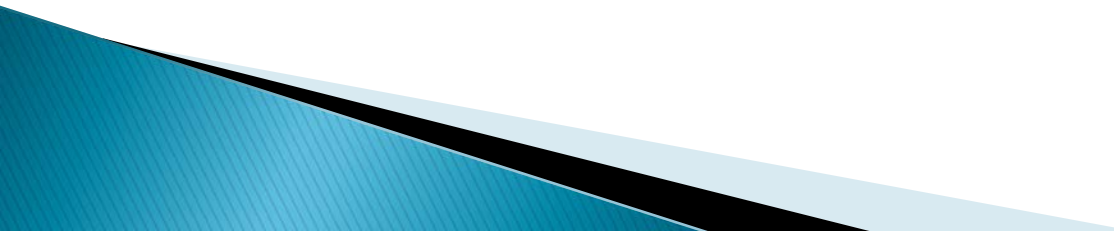
- ▶ **Circle of care**
    - No formal communication between services
    - No collaboration between services to help patient become clean and sober
  - ▶ Patient was reporting variations of details between services
  - ▶ Mother reporting variations of details of AO visits & minimizing support
  - ▶ Patient was presenting to primary care with “flu like” symptoms and other health concerns that were directly related to her drinking and methadone
- 

# Adaptations to Care

- ▶ Keely (AO) and NP met to brainstorm ways to improve collaboration and support for patient
  - Keely (AO) work collaborately around appointment schedule with both NP and patient
  - NP would find out what work sheets & homework were provided and check up on it and encourage her to complete
    - reinforce work being done
    - Brainstorm – “what would Keely think about that”

- ▶ **Consultation between services**
    - Talk and discuss ahead of time
    - consistency of follow-through, key phrases and self care
  
  - ▶ **Collaboration on finding out triggers/concerns**
  
  - ▶ **Learning opportunities**
    - What pt was willing to tell one and not the other
      - but she gave us permission to consult with each other and her care.
  
  - ▶ **Made Pt more accountable**
    - Seeing Keely weekly and NP every 2 weeks
    - Np would create notes with pt to give to Keely about concerns she had of future situations so then patient and Keely could develop a relapse prevention plan.
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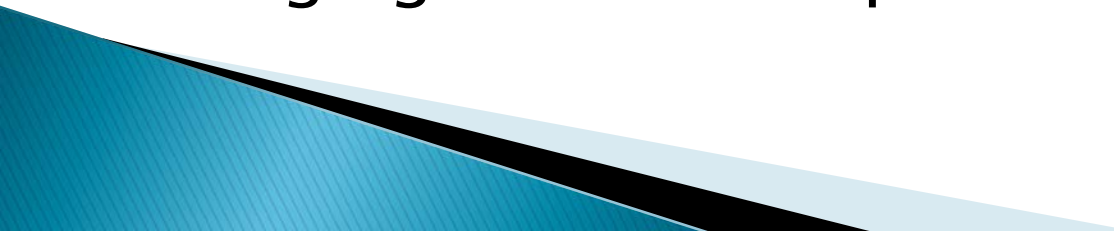
# Benefits of Working Together

- ▶ Improved services to support patient
    - Pt felt more in control of her care
      - Able to be more open and honest
      - Felt understood, comfortable and safe
  - ▶ Patient centered and easily launched
  - ▶ Launch collaborations for AO to work with other services and improve relationships
  - ▶ AO was able to provide background picture of substance abuse for primary care
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# Benefits of Working Together Continued

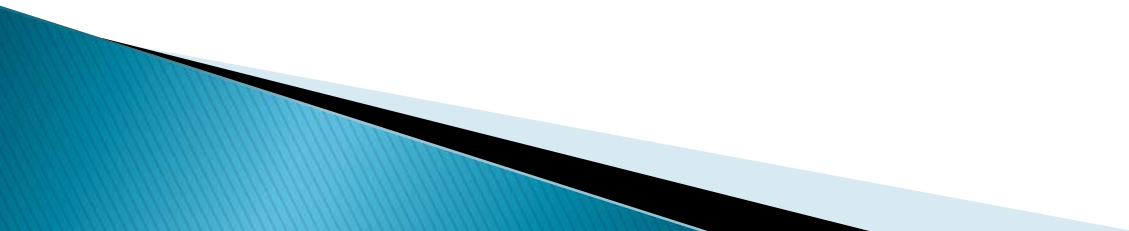
- ▶ Primary care felt more equipped for future cases
  - AO was able to provide background picture of substance abuse
    - Recognizing signs of addictions, relapse
    - How to approach patients
    - Improved relationship with AO and referrals

# In Summary

- ▶ Collaboration between health care professionals improves patient outcomes
  - ▶ Improved integration, collaboration and working relationships between community health partners is needed to increase patient self care and health
  - ▶ Simple changes and collaborations can make huge gains for our patients
- 



# Questions



# References

- ▶ 1) Canadian Centre on Substance Abuse. (2013). Canadian drug summary: Prescription opioids. <http://www.ccsa.ca/Resource%20Library/CCSA-Canadian-Drug-Summary-Prescription-Opioids-2013-en.pdf>
- ▶ 2) Expert Working Group on Narcotic Addiction. (2012). *The Way Forward: Stewardship for Prescription Narcotics in Ontario*