



Building Partnerships

Innovations in opioid
replacement
treatment

ORTP Presentation Overview

- Conceptual influences
- Context
- AVH ORTP
- Future Opportunities

Population : 82,000

Prior to October 2011, AVH Mental Health & Addiction Services providing opioid withdrawal management and psychosocial interventions, but no Methadone Maintenance Treatment (MMT)

National Framework for Action

to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada

The Tiered Continuum of Services and Supports

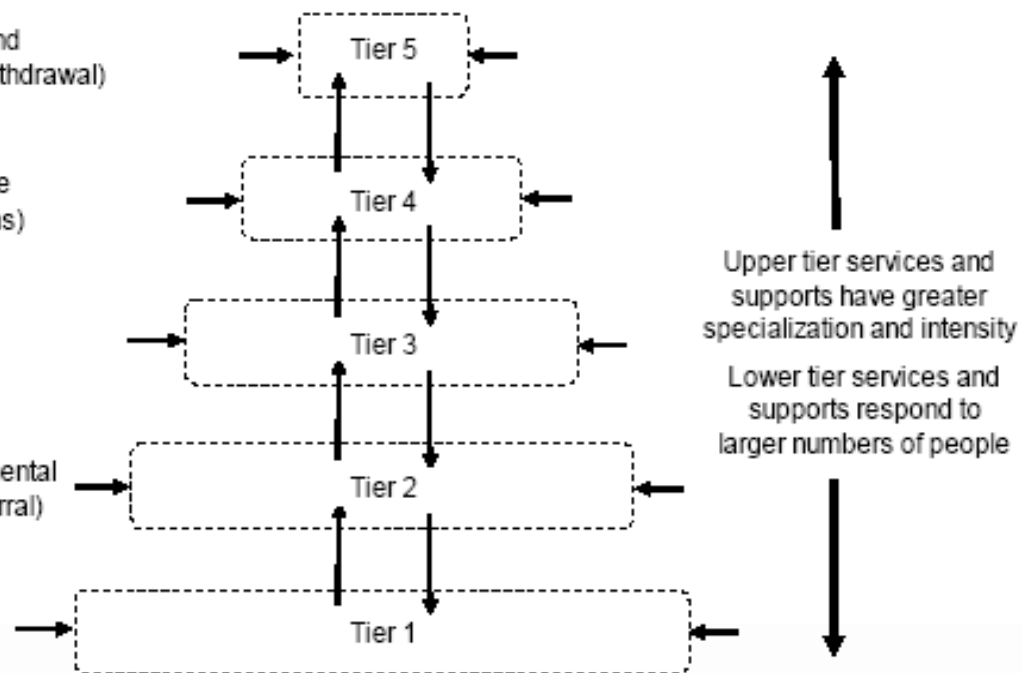
Tier 5: Residential services for substance use problems and intensive generalist services (e.g., medically supervised withdrawal)

Tier 4: Structured community-based services for substance use problems (e.g. structured outpatient/aftercare programs)

Tier 3: Open access services (e.g., walk-in centres, low threshold substitution)

Tier 2: Primary care, social, public health, emergency & mental health services (e.g., screening, brief intervention and referral)

Tier 1: Community level supports and resources (e.g., peer support, web-based resources)

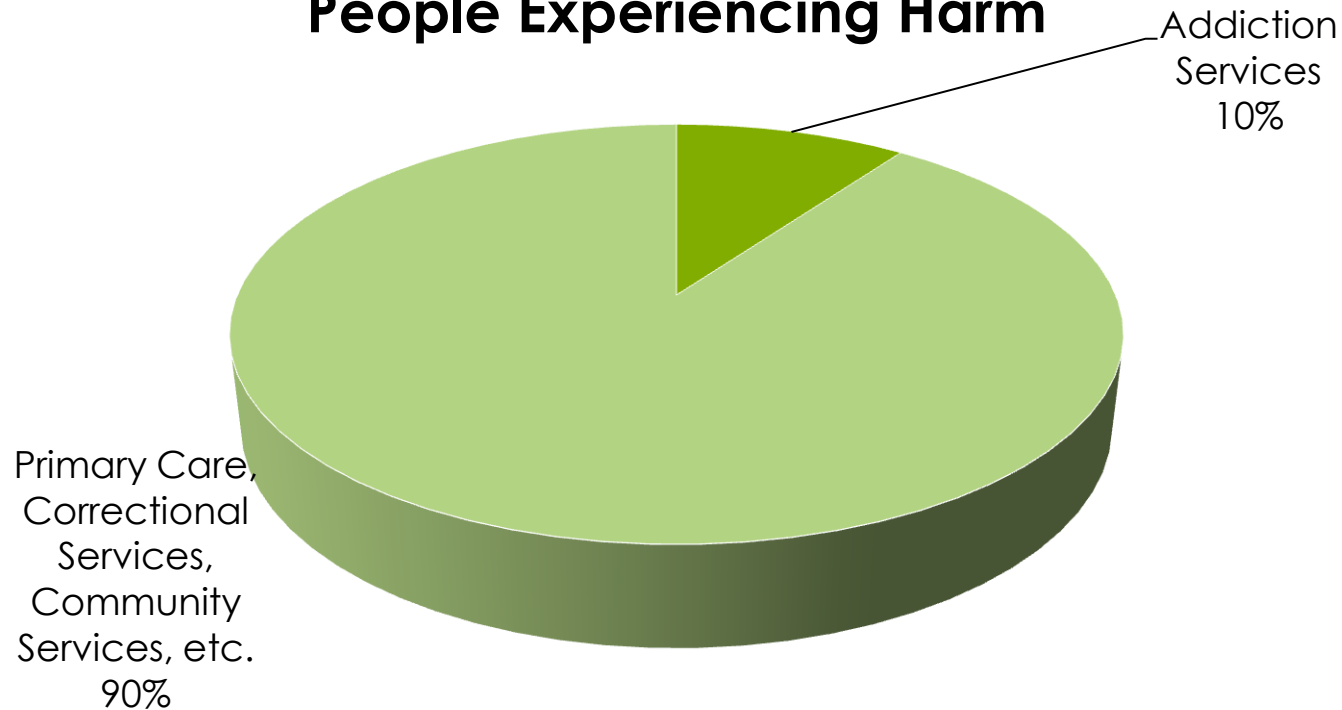


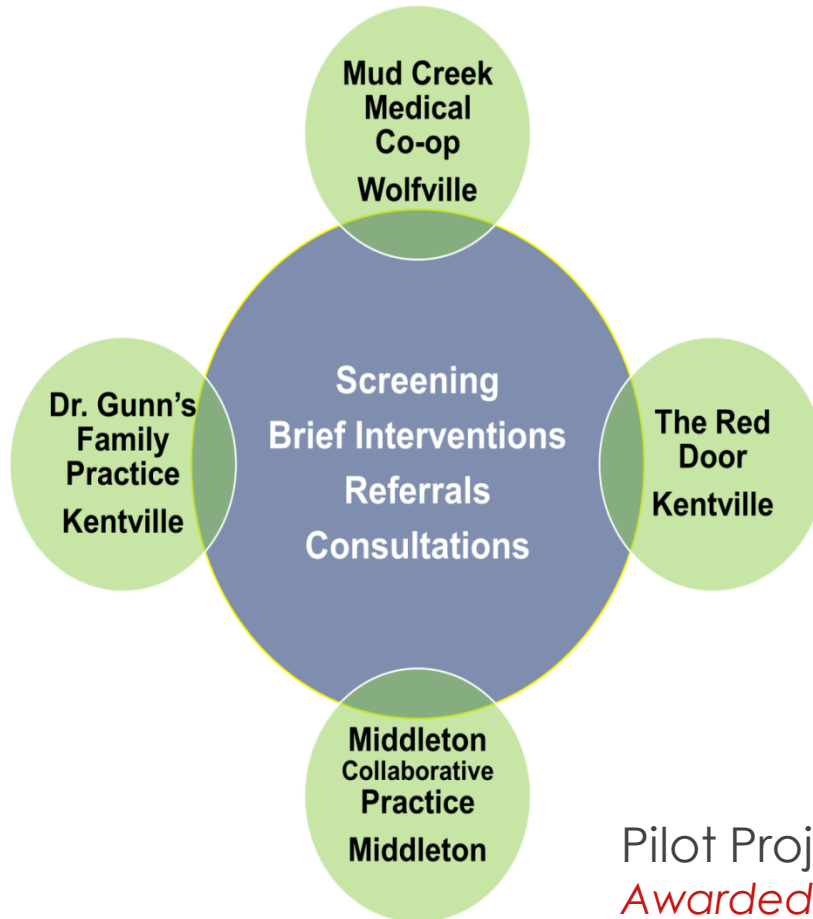
Systems Approach Guiding Concepts

- *Coordinated care*
- *Collaboration*
- *No wrong door*
- *Availability and accessibility*
- *Matching*
- *Choice and eligibility*
- *Flexibility*
- *Responsiveness*

Where are they all?

People Experiencing Harm





Addiction Services
Screening
Brief intervention
Consultation
& Referral

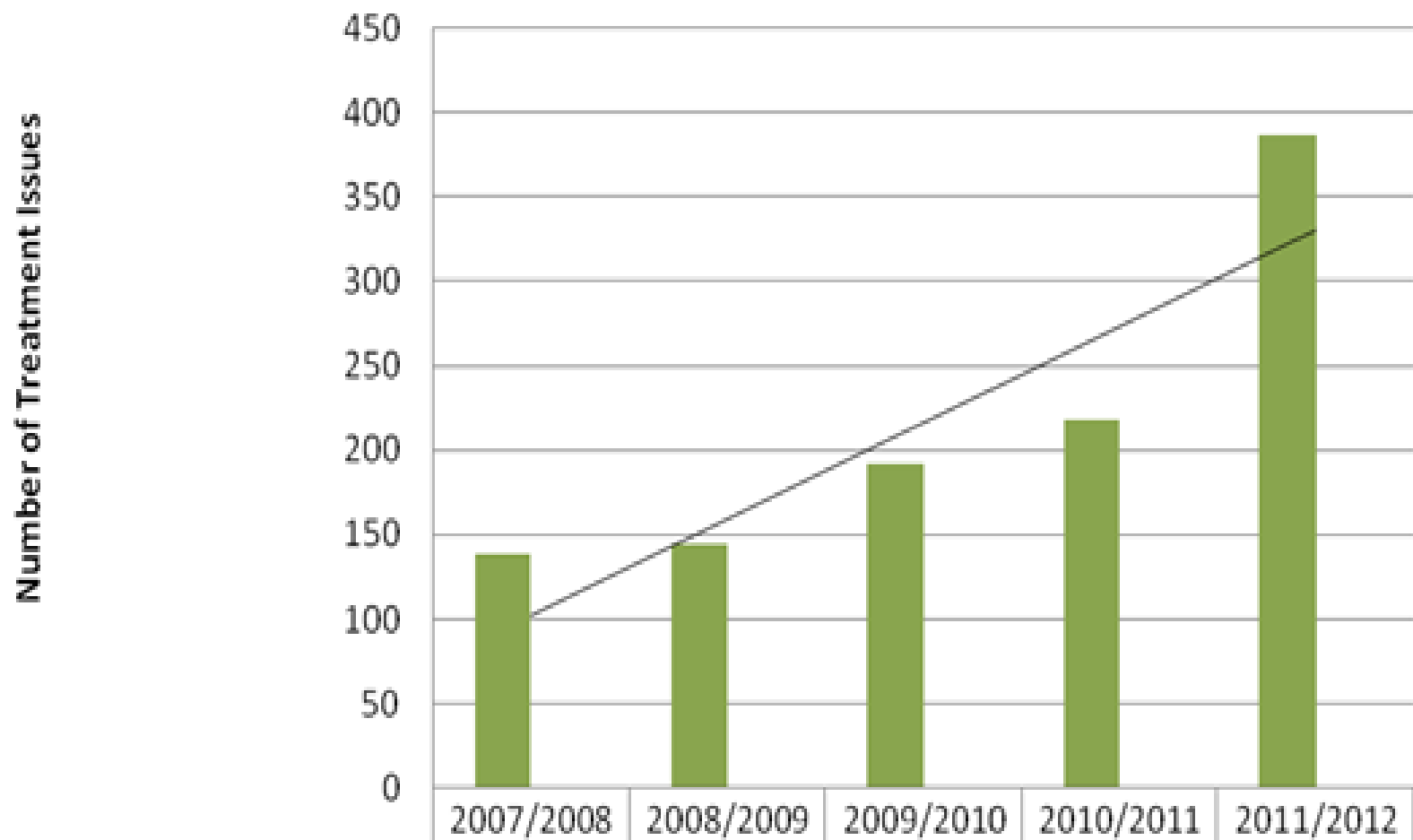
Pilot Project (2010)

*Awarded leading practice by Accreditation
Canada 2011*

March 2011, AVH Addiction Services began a review of opioid issues locally

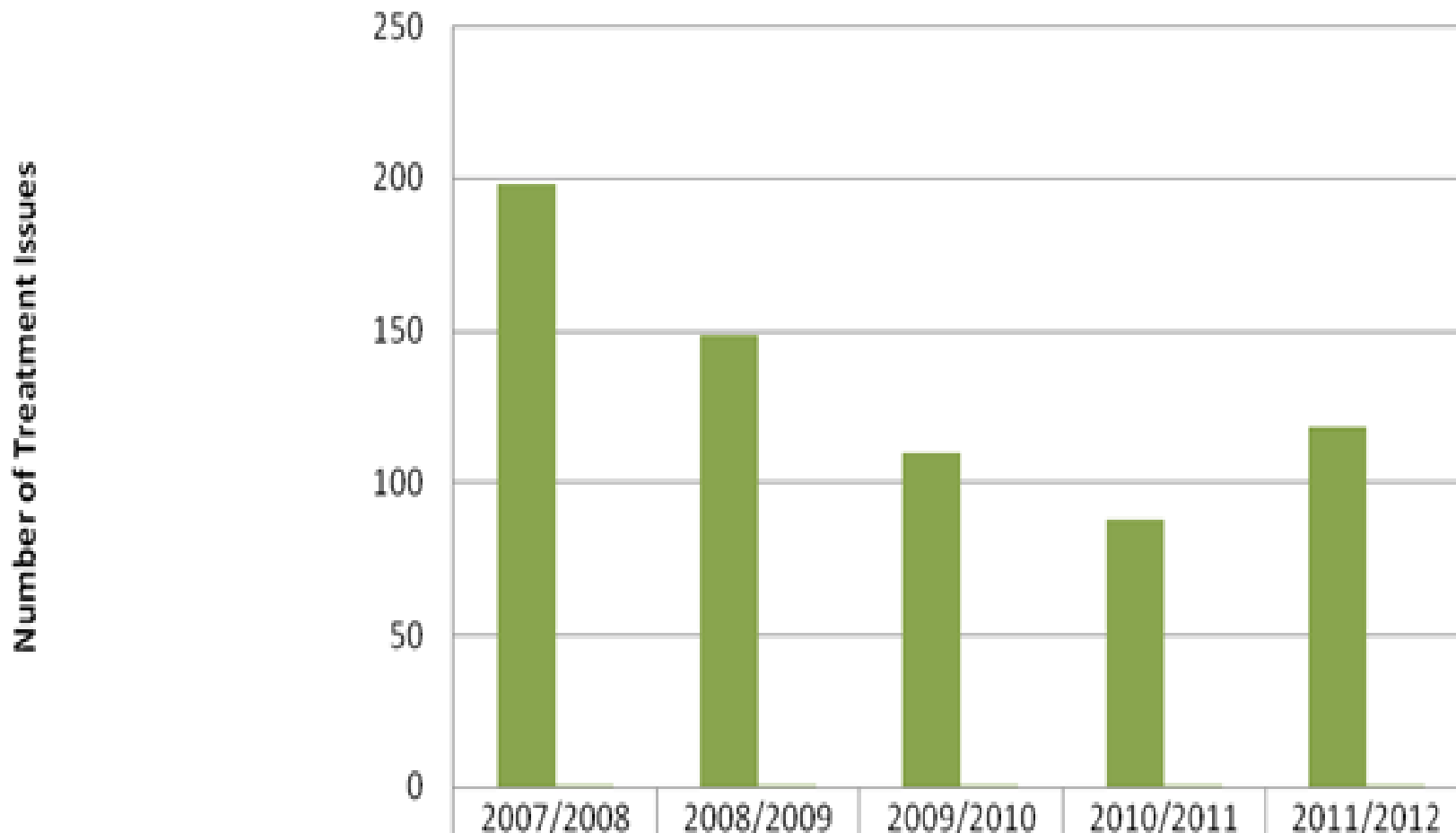
- Heightened public concern and community advocacy
- Occurrence of opioid-related deaths and escalating criminal justice concerns
- Spike in primary treatment issues (ASsist)

Total Opioid Treatment Issues by Year



# of opioid treatment issues	139	145	192	218	387
% of total treatment issues	6.38%	6.51%	11.05%	12.25%	20.28%

Total Cocaine Treatment Issues by Year



# of cocaine treatment issues	198	149	110	88	118
% of total treatment issues	10.01%	7.17%	8.02%	5.20%	6.59%

Other Sources of Data

- 349 clients receiving methadone for addiction at Mudcreek Coop
- 161 reside in district 3
- 116 not registered with AVH AS
- 100 on waiting list, 45 from district 3 waiting list discontinued

A Cross-Canada Scan of Methadone Maintenance Treatment Policy Developments (2010) Canadian Executive Counsel on Addictions

- Waiting lists are an issue
- Lack of prescribing primary care physicians
- Need for a continuum of MMT service delivery (low threshold, intensive and primary care)
- A coordinated MMT to match clients with appropriate intensity of treatment
- Stigma exists at every level of the addiction treatment system

AVH Values

- Integrity
- Respect
- Accountability
- Collaboration
- Continuous Improvement
- Innovation

AVH ORTP

- Best practice informed
- Intensity matching need
- Continuum of services
- Community partnerships
- Expandable and retractable
- Adaptable and portable

AVH ORTP

- Concurrent disorder informed
- CCSA Guiding Concepts
- Quality dimensions
- Physician engagement
- Multidisciplinary team-based
- Shared-Care

Needs-based planning

3 priority areas

- Internal and external readiness and competency development
- Improve communication, collaboration and service coordination among service providers especially community physicians & pharmacists
- Engage community to address broader issues (Opioid Issues Council)

Decentralized, Community-Based Model of Service Delivery

- Designed to accommodate rural realities
- Dispersed service locations (Kentville, Berwick, potentially Middleton)
- Transition back to primary care

Multi-Disciplinary team-based

- Comprised of a Clinical Therapist, Community Outreach Worker, Community Health Worker, Licensed Practical Nurses, Psychiatrist, 5 Family Physicians, Program Coordinator, Admin. Support and manager.
- Team decision making
- Reduces burden on client
- Efficiencies

Shared-Care Approach

- Provides service coordination and continuity among multiple partners (e.g. community physicians, pharmacies, Community Services, lab services, Mental Health Services)
- Addresses stigma (team shadowing)
- Efficiencies
- Builds capacity

Enhanced Collaboration with Primary Health Care

- Foundation laid by 2010 'Screening, Brief Intervention, Referral and Consultation Pilot Project'
- 16 physicians Trained
- Currently in 7 Primary Health Care Settings:
Partnering to enhance capacity, manage wait lists and reduce stigma for **mental health, substance use and gambling**

Program Coordination

- Building relations with physicians, pharmacists, specialized health services and community partners
- Community education
- Monitoring and supporting staff competencies
- Following up on complex cases
- Developing policy and protocols

- **Total clients 82**
- Current clients in **stabilization – 69**
- Current clients in **maintenance – 13**
- Discharges – 9
 - Most clients registered are male, and 19-24 years of age
 - The majority of female clients are 19-24 years of age
 - 76% are unemployed/on income assistance
- **Total Waitlist - 42**
 - AVH – 7
 - SSH – 13
 - SWH – 5
 - Other districts - 17

Recent developments

- Structured Relapse prevention groups
- 'Concerned others' information support sessions
- Training for community Pharmacists
- New policy for prescribing narcotics in ER and clinics
- Prescription return campaign
- Evaluation Framework
- Nova Scotia Health Research Foundation Team Development Grant

It's all about
relationships