

# Building on the Patient Centered Care Approach: A CMAJ Collaboration

Matt Bonn & Tommy Brothers

CRISM Atlantic Conference

November 6, 2019

# Patient-centred care in opioid agonist treatment could improve outcomes

Thomas D. Brothers MD, Matthew Bonn

■ Cite as: *CMAJ* 2019 April 29;191:E460-1. doi: 10.1503/cmaj.190430

See related article at [www.cmaj.ca/lookup/doi/10.1503/cmaj.181506](http://www.cmaj.ca/lookup/doi/10.1503/cmaj.181506)

**O**pioid agonist treatment is life saving for people with opioid use disorder. Meta-analyses of observational studies find that the most common forms of opioid agonist treatment, methadone and buprenorphine, are associated with a 40%–70% reduction in mortality,<sup>1</sup> a 54% reduction in HIV infections<sup>2</sup> and a 50% reduction in hepatitis C virus (HCV) infections.<sup>3</sup> However, prescribing practices in opioid agonist treatment vary widely. Methadone and buprenorphine are often prescribed at lower dosages than those recommended by clinical guidelines,<sup>4,5</sup> and at dosages patients feel are inadequate.<sup>6</sup> Although randomized trial evidence suggests that higher dosages of opioid agonist treatment are more effective,<sup>5</sup> few studies have explored the importance of patient-perceived dosage adequacy of opioid agonist treatment on health outcomes.

In linked research, Artenie and colleagues<sup>7</sup> report findings from a prospective cohort study involving people who inject opioids who did not have HCV infection at study entry. Of 513 partici-

## KEY POINTS

- Opioid agonist treatment with methadone or buprenorphine reduces the risk of death and infection with HIV and hepatitis C virus (HCV) among people who inject opioids.
- Although clinical guidelines suggest minimum dosages for methadone and buprenorphine, some people engaged in opioid agonist treatment receive dosages they feel are inadequate.
- A linked cohort study involving people who inject substances showed that the incidence of HCV infection was reduced only when people were receiving dosages of opioid agonist treatment they felt to be adequate.
- Active patient involvement in treatment decisions may be essential to improving health outcomes associated with opioid use disorder, including transmission of HCV.

has described the negative effects of opioid agonist treatment

# Opioid agonist treatment dosage and patient-perceived dosage adequacy, and risk of hepatitis C infection among people who inject drugs

Andreea A. Artenie MSc, Nanor Minoyan MSc, Brendan Jacka PhD, Stine Høj PhD, Didier Jutras-Aswad MD MSc, Élise Roy MD MSc, Lise Gauvin PhD, Geng Zang MSc, Julie Bruneau MD MSc

■ Cite as: *CMAJ* 2019 April 29;191:E462-8. doi: 10.1503/cmaj.181506

See related article at [www.cmaj.ca/lookup/doi/10.1503/cmaj.190430](http://www.cmaj.ca/lookup/doi/10.1503/cmaj.190430)

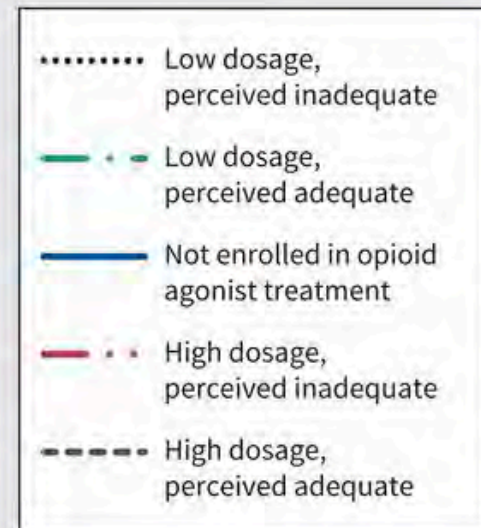
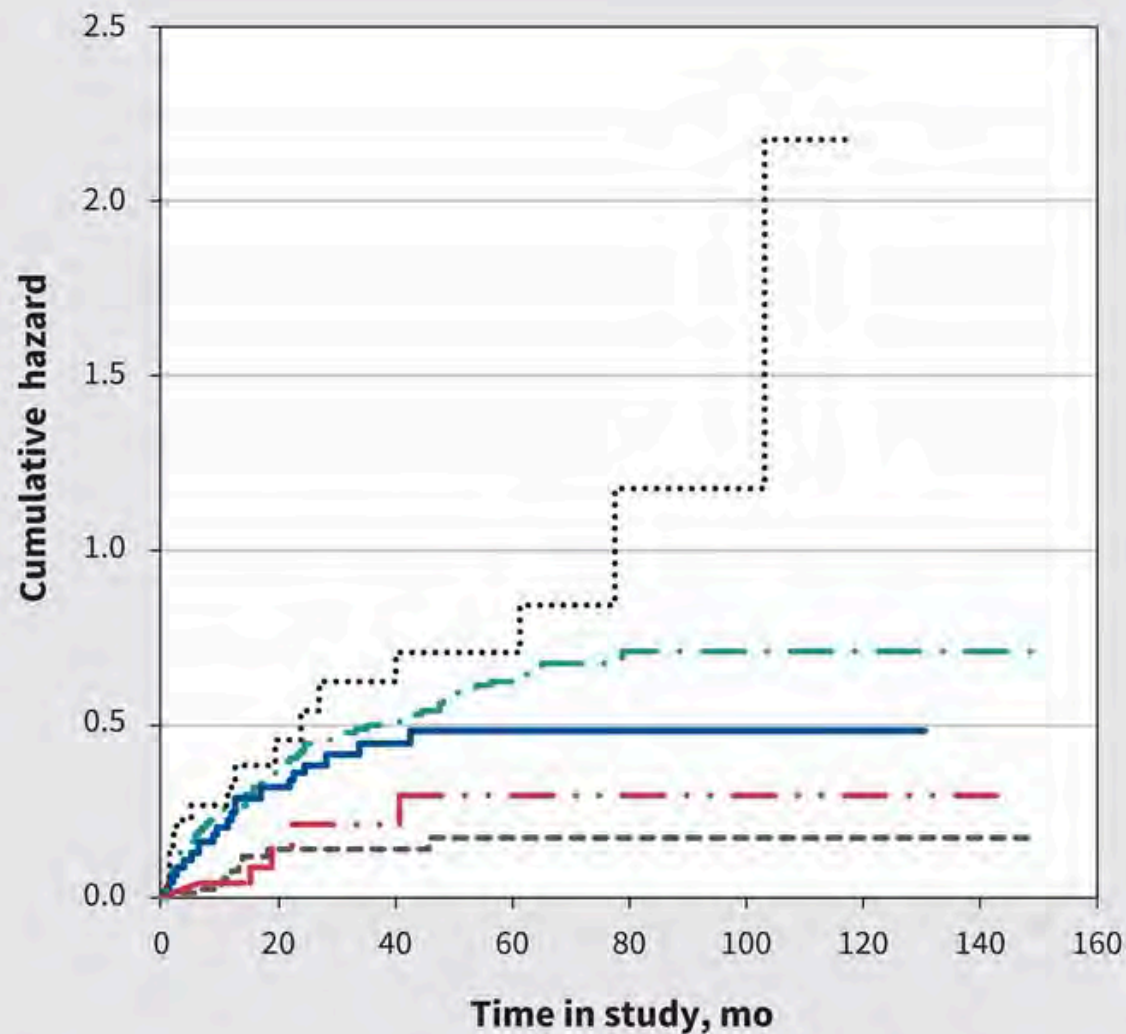
## ABSTRACT

**BACKGROUND:** Opioid agonist treatment is considered important in preventing acquisition of hepatitis C virus (HCV) among people who inject drugs; however, the role of dosage in opioid agonist treatment is unclear. We investigated the joint association of prescribed dosage of opioid agonist treatment and patient-perceived dosage adequacy with risk of HCV infection among people who inject drugs.

scribed dosage either high (methadone  $\geq 60$  mg/d or buprenorphine  $\geq 16$  mg/d) or low, and perceived dosage adequacy (adequate/inadequate). We then assigned participants to 1 of 5 exposure categories: no opioid agonist treatment, high dosage of opioid agonist treatment perceived to be adequate, high dosage perceived to be inadequate, low dosage perceived to be adequate or low dosage perceived to be inadequate. To estimate associations

observed a gradient in the relative risks of HCV infection across categories of opioid agonist treatment dosage. Compared with people who inject drugs not receiving opioid agonist treatment, adjusted hazard ratios were 0.43 (95% CI 0.23–0.84) for those receiving high dosages perceived to be adequate, 0.61 (95% CI 0.25–1.50) for those receiving high dosages perceived to be inadequate, 1.22 (95% CI 0.74–2.00) for those receiving low





High dosage:

- methadone 60 mg/d or greater
- buprenorphine 16 mg/d or greater

**No. at risk**    513    261    151    81    59    30    18    8

# Peer & provider perspectives

- Patients have expertise in their condition
- Clinical guidelines have not emphasized patient perception of dosage adequacy
- What about other forms of opioid agonist treatment (SROM, iOAT)?
- Other factors can contribute to improved outcomes:
  - Needle and syringe exchanges
  - Safe consumption sites
  - Peer outreach and education
  - Social and structural supports, stable housing and income, decriminalization, avoiding incarceration
  - COMBATING STIGMA
- Why is Hep C risk higher for people with inadequate doses?



**Taliesin Magboo Cahill**

@tmc\_RN

Replying to @tdbrothers @CMAJ and 3 others

FYI - we chatted about these papers today at our clinic meeting & as a result we're working on some ideas to get ppl to a good dose of OAT quicker (e.g., advocating for admission to inpatient OAT program, reminding ppl of appts with MD).

10:42 PM · May 9, 2019 · [Twitter for Android](#)



Canadian Network on Hepatitis C  
Réseau Canadien sur l'Hépatite C

ored by Altmetric

pants, 159 (31%) were engaged in opioid agonist treatment with methadone or buprenorphine. Of this group, 46% were prescribed dosages lower than those recommended by clinical

ibed the negative effects of opioid agonist treatment practices that are not meeting patients' needs,<sup>6,8</sup> the linked study is among the first to quantify this harm and link it to increased risk for HCV infection.





### A SAFE PLACE TO USE

I'M LUCKY TO BE HERE TODAY AND NOT BE DEAD. THE AMOUNT OF PEOPLE I KNOW THAT USED ALONE AND DIED, I CAN'T EVEN KEEP COUNT OF IN MY HEAD. ALL THE OBITUARIES THAT I HAVE READ. THE THINGS I WISH I COULD HAVE DONE; THE THINGS I WISH I COULD HAVE SAID.

THAT'S ONE OF THE REASONS WHY I'M HERE TODAY, TO SAY SOME OF THE THINGS THAT NO ONE ELSE WILL SAY. PEOPLE IN NORTH AMERICA ARE DYING EVERY SINGLE DAY. BECAUSE THEY MUST USE THEIR DRUGS IN AN UNCONVENTIONAL WAY, LOCKED IN A McDONALDS BATHROOM, WHILE ON THE FLOOR THEY LAY TRYING TO SHOOT UP, TO FEEL NORMAL IN EVERY SINGLE WAY.

HAVING A SAFE PLACE TO USE, NOT MIGHT, WILL SAVE LIVES. THAT'S MEANS THAT A FAMILY WON'T LOSE SONS OR DAUGHTERS, MOTHERS OR FATHERS, HUSBAND OR WIVES. THEY'LL BE ABLE TO SURVIVE, TO HOPEFULLY MAKE IT TO THE OTHER SIDE. THEY WILL BE USING WITH PEER SUPPORT, SOMEONE WHOM THEY CONFIDE. THEY WON'T HAVE TO HIDE, TO TAKE AWAY THAT FEELING OF EMPTINESS INSIDE.

VANCOUVER WAS NORTH AMERICA'S FIRST SAFE INJECTION SITE, AND IT DID NOT HAPPEN WITHOUT A FIGHT. I'M NOT HERE TO SAY WHO IS WRONG OR RIGHT. WITH THE MORE PEOPLE USING AT THESE SPOTS, THE LESS DISEASES THEY WILL CONTRACT. IF THEY OVERDOSE AND COLLAPSE, PROPER TREATMENT CAN BRING THEIR LIFE BACK. WHEN THEY WANT HELP, SOMEONE WILL BE THERE TO ASK, AND JUST MAYBE THEY WON'T FALL THROUGH THE CRACKS.

SEE ME AND YOU, WE'RE NOT THAT DIFFERENT. I MAY BE A DRUG ADDICT, BUT I'M STILL HERE LIVING, ADVOCATING FOR THE PEOPLE WHO NEED A NEW BEGINNING, AND IF THAT'S A SAFE PLACE TO USE THEN THAT'S WHAT THEY NEED TO BE GIVEN. I DON'T FIGHT FOR THINGS THAT I DO NOT BELIEVE IN, SO WHEN I SAY THAT THIS IS A WIN, PLEASE TRUST ME BECAUSE I HAVE LIVED IT AND WON. MY MOTHER STILL HAS HER SON. IT DOES NOT GET ANY MORE REAL THAN THIS, EVERYONE IS DYING FROM SOMETHING THAT CAN BE PREVENTED. AN OVERDOSE PREVENTION SITE IS WHAT WE'RE RECOMMENDING. NOW DO WE HAVE YOUR ATTENTION.

BY MATTHEW BONN





MB  
@m\_bonnxx

Speaking today at [@csam\\_smca](#) with the wonderful [@tousesy](#) & [@andreasereda](#) about prescribing "Safe Supply" in an Overdose Crisis! Thank you [@tdbrothers](#) for putting this together! [#SayYesToSafeSupply](#) [#EndStigma](#) [#EndOverdose](#)



You and 9 others

6:02 PM · Oct 24, 2019 from [Halifax Marriott Harbourfront Hotel](#) · [Twitter for iPhone](#)



Halifax Area Network of Drug Using People 🖐️  
@HANDUPhfx

HANDUP member Matt Bonn & CAPUD Atlantic Rep Natasha Touesnard share today at CSAM 2019...Fear, Conflict & Hope: Workshop & Discussion about Prescribing a Safe Supply in an Overdose Crisis! [#SafeSupply](#) [#EndTheWarOnDrugs](#) [#EndTheWarOnUs](#) [#EndStigma](#) [#StigmaKills](#) [#EndOverdose](#)



You and 9 others

6:17 PM · Oct 24, 2019 from [Halifax Marriott Harbourfront Hotel](#) · [Twitter for iPhone](#)

7 Retweets 24 Likes

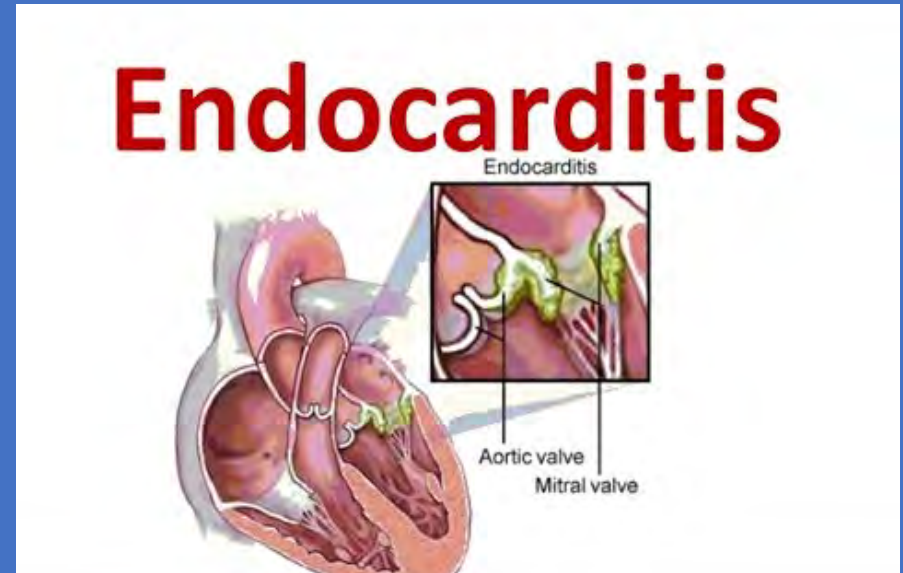
Matthew Bonn, president of HaliFIX.



# Upcoming Projects and Interested Areas of Research




**Peer Led POCT Events  
at the OPS**



**Interested in Research  
looking at the Endocarditis  
& Substance Use**

Peer  
Or

**PALS**  
Assisting and Lending Support



Peer Support Program that helps people who use substances.

You need support upon release  
HSCF contact PALS and they will  
help you and be able to help you with the  
following:

- Provide peer support
- Harm Reduction supplies
- Safe sex practice information
- Provide Naloxone kits
- Support to access: health services, income assistance, ID's & more.

If you are interested please contact your  
CMO.

**PALS: LENDING A HAND TO PEOPLE WHO USE SUBSTANCES  
TRANSITIONING OUT OF CENTRAL NOVA SCOTIA (CANADA)  
CORRECTIONAL FACILITY**

NOVA SCOTIA

NOVA Department of Drug Using Person Services, Nova Scotia, Canada

**BACKGROUND**

At Nova Scotia we have approximately 400 new inmates (NSCI) diagnosed annually, most of whom are actually. The Nova Scotia and Lending Support (PALS) Project has identified a gap in support for people who use substances and are transitioning from provincial correctional facilities into the community. PALS is aimed at closing this gap through a peer support program for NSCI being released from Central Nova Scotia Correctional Facility (CNSCF).



**IMPLEMENTATION**

The 22-month project began in January 2018 with the training of peers in individual supervision and resources, harm reduction, community, language and assistance. The objective is to reduce risk behaviour among NSCI who are being released from CNSCF, resulting in fewer substance use related health and social consequences, at least three individuals with a PALS peer.



**CONCLUSION AND REVISION**

PALS will continue to be revised and improved based on feedback from the community. The project is ongoing and will continue to be revised and improved based on feedback from the community. The project is ongoing and will continue to be revised and improved based on feedback from the community.

139

Peer  
Researcher

**INTEGRATED APPROACH TO COMMUNITY-BASED DRUG TESTING IN THE LAURENTIANS (QUEBEC) TO PREVENT DEATHS FROM SPEED OVERDOSES**

QUEBEC

Quebec Department of Health and Social Services, Quebec, Canada

**BACKGROUND**

The integrated approach to community-based drug testing (CBDT) in the Laurentians (Quebec) is a multi-sectoral initiative aimed at preventing deaths from speed overdoses. The project involves the collaboration of various stakeholders, including law enforcement, healthcare providers, and community organizations. The goal is to provide timely and effective intervention for individuals at risk of overdose.



**COMMUNITY-BASED SERVICES & DRUG TESTING**

The project includes the following components:

- Community-based drug testing (CBDT)
- Peer support
- Harm reduction
- Safe sex practice information
- Provide Naloxone kits
- Support to access: health services, income assistance, ID's & more.

138

# Lessons

Common goal, bigger picture

Collaborating, not consulting

Advocacy brought us together

Clinical work/service delivery kept us together

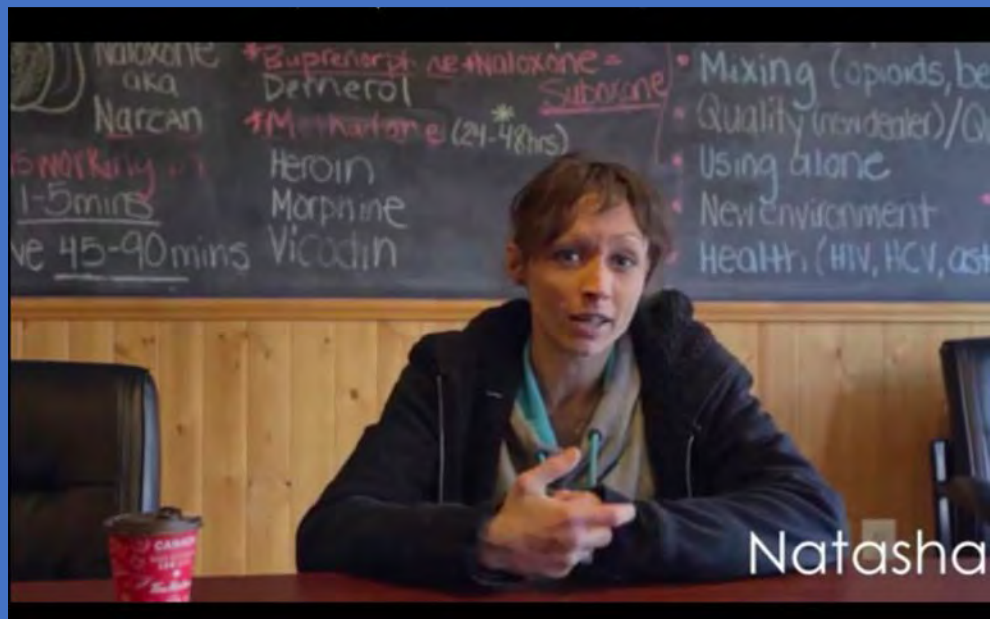
Research opportunities come from the relationship

Role of social media

**SELF CARE!**



# Dedicated to



Natasha Pace



Patti Melanson