

CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE
INITIATIVE CANADIENNE DE RECHERCHE EN ABUS DE SUBSTANCE



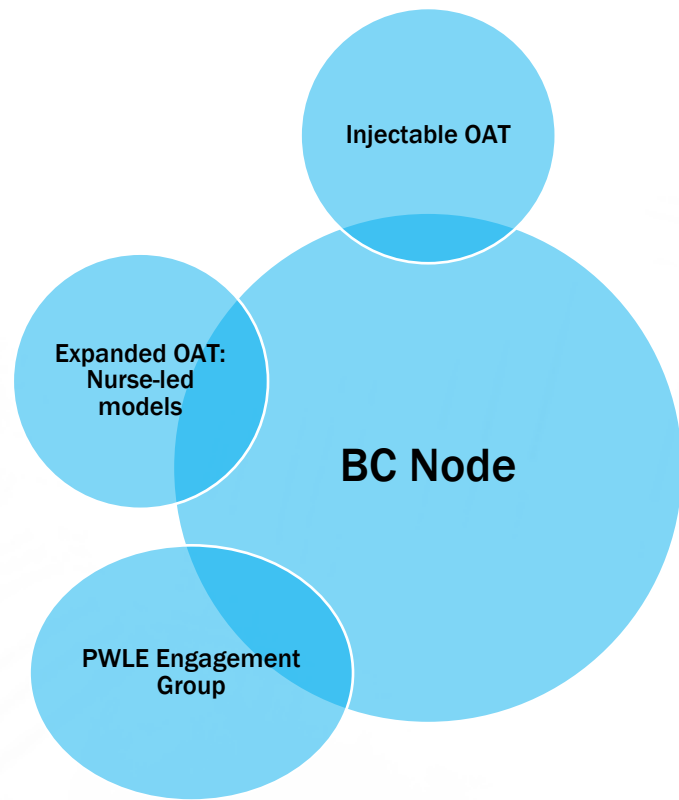
CIHR IRSC

 Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

Opioid Implementation Science Program

CRISM Atlantic Symposium
Tuesday November 5th, 2019

BC Node Coordination



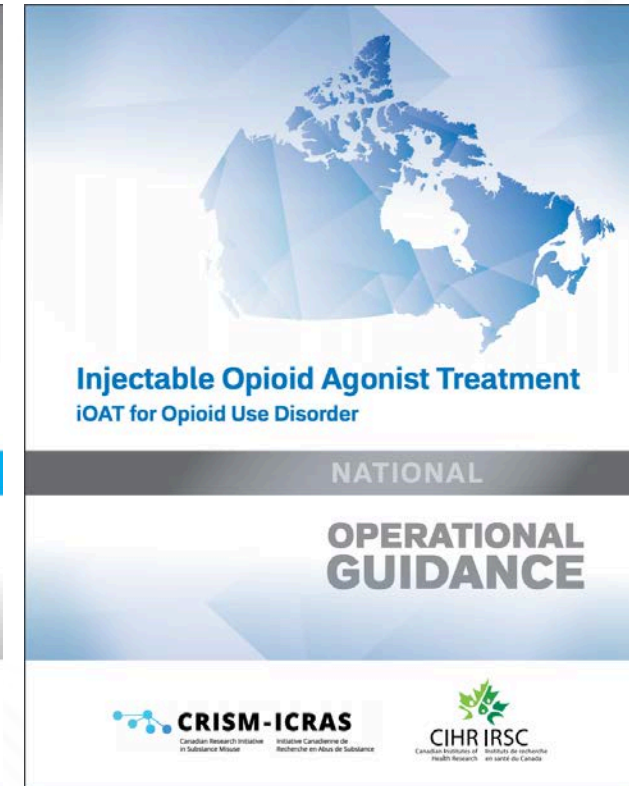
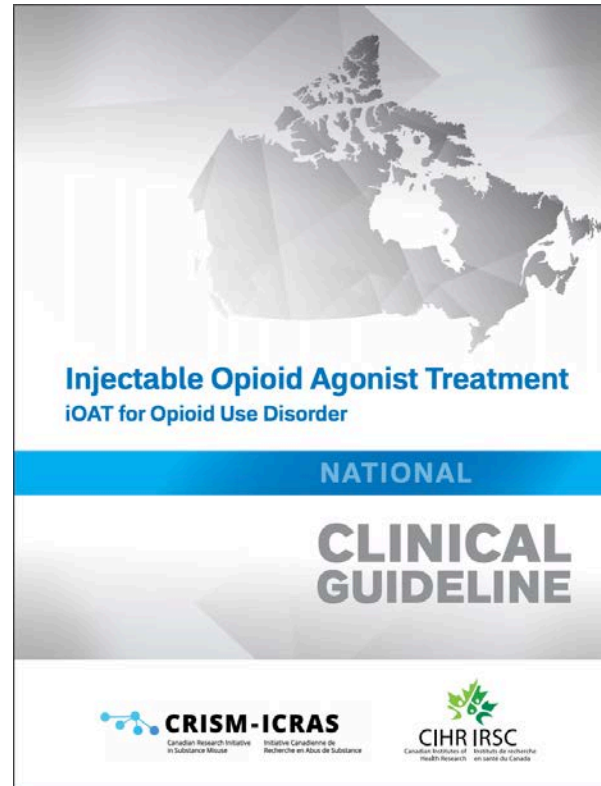
Injectable OAT project: Rationale & Team

- Assist regions with **current best practices and recommendations**, and **monitoring and evaluation** to ensure successful delivery of iOAT in Canada

Team Member	Node	Affiliation
Nadia Fairbairn (PI)	BC	Clinician Scientist, BCCSU; Assistant Professor, UBC
Karine Meador	AB	Assistant Director, Inner City Health and Wellness Program, Royal Alexandra Hospital and the ARCH team
Michael Trew	Prairie	Clinical Associate Professor, University of Calgary
Bernard Le Foll	ON	Clinician Scientist, Campbell Family Mental Health Research Institute
Jeffrey Turnbull	ON	Chief of Staff, The Ottawa Hospital
Michel Perrault	Qu-AT	Associate Professor, Douglas Research Centre, McGill University
Marie-Ève Goyer	Qu-AT	Quebec Regional Director, Canadian Society of Addiction Medicine

Injectable OAT: Projects & Progress

- National iOAT Guideline
 - Clinical Guideline & Operational Guidance Document
 - Release date: September 23, 2019
- Community of Practice
 - **Connect** healthcare professionals and service delivery leaders
 - **Share** resources, case studies, success stories and challenges
 - Launch Fall 2020



Injectable OAT: Projects & Progress

- National Environmental Scan
 - Map number of clinics, patient volume, medication type (HDM vs. DAM), service delivery model
 - Baseline scan: September 2018 (presented at CPDD)
 - Second scan: March 2019 (finalizing results)
 - Next scans: March 2020 and then annual scans for subsequent 4 years

Nurse-led Models of Care: Rationale & Team

4 Key Stages:

- National Scoping Review
- National Recommendations
- KT and Advocacy
- Pilot and Evaluate

Team Member	Node	Affiliation
Cheyenne Johnson (PI)	BC	RN, Interim Co-Executive Director, Founding Director, Addiction Nursing Fellowship, BC Centre on Substance Use BCCSU
Samantha Robinson	BC	RN, Interim Clinical Director, BCCSU
Danielle Cousineau	BC	RN, Clinical Nurse Specialist, Regional Addiction Program at Vancouver Coastal Health
Michael Lee	Prairie	NP, Edmonton Addiction Recovery and Community Health Clinic
Donna Cooke	Prairie	RN, Nursing Advisor, Saskatchewan Registered Nurses Association
Steven Wintoniw	Prairie	NP, Addictions Foundation of Manitoba
Emilie Lizotte-Chin	Qu-AT	RN, Nurse Clinician, Centre Hospitalier de l'Université Montréal
Suzanne Brissette	Qu-AT	MD, Associate Professor, Centre Hospitalier de l'Université Montréal
Lynn Miller	Qu-AT	RN, College of Registered Nurses of Nova Scotia
Mae Katt	ON	NP, Thunder Bay

Process to Date

National Scoping Review

1. Jurisdictional Scan
2. Literature Review
3. Key informant Interviews

Synthesis and Consultation

- In person and teleconference CRISM leadership group
- Results

Recommendation Development

- 8 recommendations

Results – Practice

Examples of innovative substance use nursing roles across Canada:

- RNs work in **emergency departments** to improve transitions in care for clients with OUD.
- Nurses work **autonomously** on healthcare teams,
- Nurses work with prescribers to facilitate access to iOAT in a **variety of settings** (i.e., corrections)

Results – Practice (cont'd)

Examples of innovative substance use nursing roles across Canada:

- Provide **mobile and outreach services** to facilitate client connection to care.
- Facilitate access to integrated primary care and OAT in **supportive housing**.
- Work within **correctional health services**:
 - To improve **transitions** between correctional facilities and community health services
 - Utilizing **telehealth** to increase access to OAT inductions and continuations.

Results – Substance Use Education

- **Curricula** for entry level practice **lacks education** on substance use, across all nursing disciplines
- Role for Canadian Nursing Association and future specialty nursing area
- Two online programs free of cost (i.e., the Addiction Care and Treatment Online Certificate (ACTOC), the Provincial Opioid Addiction Treatment Support Program (POATSP))
- Interdisciplinary Addiction Fellowship Program, includes an Addiction Nursing Fellowship stream (RNs and psychiatric nurses) and an Addiction NP stream

Results – Literature

Nurse Practitioner (NP) Prescribing

- **NP prescribing of OAT**, specifically buprenorphine/naloxone, **improves access** to OAT.^{1,2}

Registered Nurse (RN) Prescribing

- **RN prescribing** of buprenorphine/naloxone may result in **improved uptake and access** to OAT, given the documented utility of similar prescribing practices by other allied health professionals, including physician assistants.²

Care Coordination

- The nurse care manager role, which involves care coordination, delegation and advanced practice has been documented in the literature as **improving access to and retention** on OAT.³⁻⁶

1. Jenkinson J, Ravert P, 2013; 2. Andrilla CHA, Moore TE, Patterson DG, Larson EH, 2018; 3. LaBelle CT, Han SC, Bergeron A, Samet JH, 2016; 4. Alford DP, LaBelle CT, Kretsch N, et al., 2011; 5. Alford DP, LaBelle CT, Richardson JM, et al., 2007; 6. Chou R, Korthuis PT, Weimer M, et al., 2016

People with Lived Expertise Engagement Project: Rationale & Team

Rationale

- People with Lived Expertise (PWLE) of substance use are **critical to the success** of any intervention and service, but have been **historically excluded** from the planning of addiction treatment services

Approach

- Promote community-building by providing a platform to **exchange knowledge and experiences**
- **Advocate** for change on national, regional, and local scales

Team Member	Node	Affiliation
Jade Boyd (PI)	BC	Research Scientist, BCCSU; Assistant Professor, UBC
Monty Ghosh	Prairie	Physician, Alberta Health Services
Susan Kirkland	Qu-AT	Professor and Interim Head/Chief, Dalhousie University
Dean Wilson	BC	Peer Engagement Facilitator, BCCSU
Garth Mullins	BC	Crackdown Podcast; VANDU
Alex Sherstobitoff	BC	BC/Yukon Drug War Survivors; REDUN
Loretta Brown	BC	VANDU
Hugh Lampkin	BC	VANDU
Lorna Bird	BC	VANDU
Karen Turner	Prairie	Boyle Street Community; CAPUD
Brandi Abele	Prairie	CAPUD
Dawn Lavand	Prairie	The Manitoba Harm Reduction Network
Sean LeBlanc	ON	DUAL; Ottawa Inner City Health
Frank Crichlow	ON	Counterfit Harm Reduction Project; CAPUD
Michael Nurse	ON	Black Coalition for AIDS Prevention
Alexandra de Kiewit	Qu-AT	CAPUD
Julien Carette	Qu-AT	HANDUP
Jennifer Bowser	Qu-AT	HANDUP
Natasha Touesnard	Qu-AT	HANDUP; CAPUD

PWLE Engagement Project: Projects & Progress

- Regular monthly teleconferences with PWLE leadership group
- Group is pursuing a photovoice project to share their stories of harm reduction, advocacy, and the overdose crisis



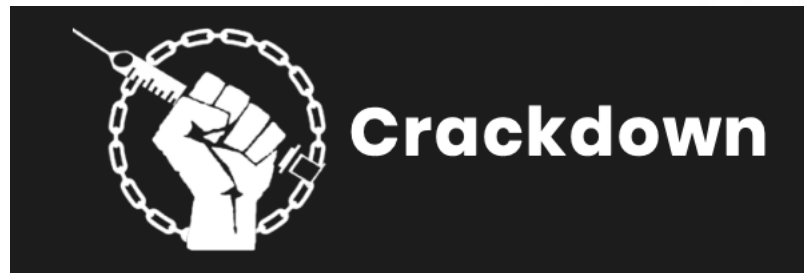
Photo credit: Dawn Lavand (Manitoba)



Photo credit: Frank Crichlow (Ontario)

PWLE Engagement Project: Projects & Progress

- Partnering with podcast project – first episode expected to be released in early 2020, focusing on rural perspectives on the opioid crisis
- **Crackdown** is an award-winning podcast hosted by a member of the group, Garth Mullins, and focuses on drugs, drug policy, and the drug war from the perspective of drug user activists and is supported by research



PWLE Engagement Project: Projects & Progress

BENEFITS OF WORKING IN HARM REDUCTION

KNOWLEDGE AND SKILL BUILDING

"Knowing that through [my work] that I saved a life...for people who have stigma to teach, to not feel like scum..." (Ottawa)



WORK VALUED EXPERTISE: AS A PWLE OF DRUG USE

"It wasn't too long ago that what I had to say was dismissed based by appearance and how I lived my life. Today I have a voice and am able to use it to speak for those who have not found their own voice yet." (Surrey)



EMPOWERMENT AND CONFIDENCE BUILDING

"I feel like I help people, I help change the status quo, normalize drug use, defend me and my comrades' rights." (Montreal)

NEGATIVES OF WORKING IN HARM REDUCTION

UNRECOGNIZED WORK/EXPERTISE AND WAGE INEQUITIES

"My peer work is valuable so I should be paid in money, not gift cards or stipends." (Ottawa)

"Low wages, no benefits!" (Toronto)



TOKENISM

"...Tokenistic engagement. Patronizing response from non-drug user 'experts'. Risks of being 'outed' to RCMP and MCFD (Ministry of Children and Family Development) in my community." (Abbotsford)

STIGMA AND DISCRIMINATION

"I don't often disclose my 'peerness' due to a concern of not being taken for what I am." (St. Johns)

RECOMMENDATIONS FOR CHANGE

1. Pay equity, employment and health benefits, and increased support and resources

"Meal support. I need understanding and support with transport to work but most employment won't or can't support bus fare." (Winnipeg)

"Equal pay for peer support. As peer support workers bring a different set of skills to the table as someone with lived experience." (Edmonton)



2. Address the tokenization and devaluing of people who use drugs (PWLE)

"Pay me much more. Let me use openly at work. Listen to me. Stop fetishizing/tokenizing me (I don't speak for all drug users so they should stop asking me). Acknowledge I'm a victim of the drug war and my colleagues are then more privileged." (Montreal)



3. Organizational restructuring that promotes equitable, anti-racist, feminist, and transparent practices and policies including increased leadership roles for PWLE

"[We need] to make the system set up more available for peer support and aboriginal individuals to be able to be managers and our team leads and to be treated with respect and valued for their lived experience and to be viewed as just as important." (Edmonton)

"... run on a model that lets everyone get a chance to facilitate, schedule, 'run the show'" (Nanaimo)



4. Increase in community services



Thank You