CONCURRENT DISORDERS
CAPACITY BUILDING TEAM

February Newsletter

Vancouver to offer opioid pills in latest effort to prevent overdose deaths

Last year in Vancouver there were 1,380 drug overdoses (not including December). Fentanyl was detected in 85% of the overdoses. On January 8th, 2019, a new harm-reduction strategy came into effect with hydromorphone pills becoming available to opioid users as a means to combat the opioid crisis. At Vancouver's largest social-service provider, 50 patients at a time are able to access hydromorphone in tablet form and ingest them on site while a staff member is present.

The idea to offer the drug in pill form came from the patients themselves who were not satisfied with the injectable program as they felt better after using the tablets. This program is designed to meet people where they're at, to be less restrictive, and to take a public-health response, rather than a medicalized, clinical approach. Within a few months, the program will transition from requiring staff to distribute the pills and patients to use the drug in a clinical setting to dispensing the pills using an ATM-style machine featuring biometric scanners, real-time monitoring, and alarm systems. Lastly, this initiative is highly cost-effective. Injectable therapy requires a patient to visit the clinic two to three times a day to inject under supervision, which can cost up to $25,000 a person each year. In comparison, an eight-milligram hydromorphone pill costs 32 cents which, if a patient used two pills, three times a day, would cost $700 per patient, for the year.

Click here to read the full news story and here to view a report of Vancouver's overdose statistics.

Upcoming Workshops/Training + Additional Resources

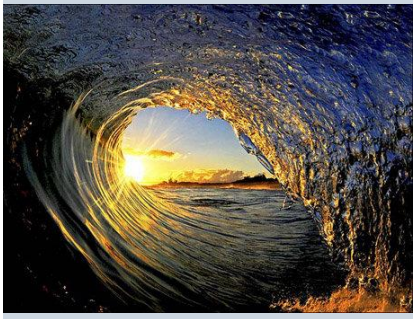
1. Ontario Prescription Opioid Tool Webinar
The Ontario Drug Policy Research Network is hosting a webinar on Tuesday February 19th from 2:00pm-3:00pm on the application of the Ontario Prescription Opioid tool, which allows public access to data related to opioid prescribing in the province, for policy and practice. For more details and to sign up, click here!

2. Psychology Month 2019, free talk series
Throughout February, "Psychology month", mental health and wellness experts from St. Joseph's Healthcare Hamilton will conduct talks at numerous public libraries in Hamilton. See page 4 for the list of talks, speakers, dates and times.

3. Monitoring, Education and Clinical Tools for Addiction: Primary Care- Hospital Integration (META:PHI) Newsletter
See page 9 and 10 to view the newsletters first issue, January 2019, and click here to view the META:PHI website where future newsletters will be featured.

"I cannot change the direction of the wind but I can adjust my sails to always reach my destination.

-Jimmy Dean



Cannabis Corner

Cannabinoid Hyperemesis Syndrome (CHS) is associated with cannabinoid overuse and typically includes vomiting, abdominal pain and relief with hot showers. The incidence of CHS and other marijuana-related emergency department visits has increased significantly in states where marijuana has been legalized. CHS is rare and occurs in daily long-term users of cannabis. In the brain, cannabis helps prevent nausea and vomiting while in the digestive tract, cannabis seems to make users more likely to have nausea and vomiting and with repeated use, certain receptors in the brain stop responding to cannabis in an anti-nausea manner and may actually cause repeated bouts of vomiting.

The first stage is the prodromal phase. In this phase, people experience early morning nausea, abdominal pain and a fear of vomiting. This phase may last months to years. The hypermetric phase is next which includes symptoms such as nausea, episodes of vomiting, abdominal pain, decreased food intake, weight loss, and dehydration. During this phase, many take several hot showers throughout the day as they find it eases their nausea and many seek medical care. This phase continues until the person completely stops using marijuana. Once the individual ceases use, they begin the recovery phase in which symptoms go away and normal eating is possible. Symptoms are likely to return if the individual resumes cannabis use.

Researchers are still investigating the causes, diagnosis and possible treatments for CHS.

Click here for more information on CHS.
Click HERE & HERE to read recent research on CHS.

Capacity Building Team

Upcoming Education Opportunities: MI and ACT Community of Practice
Beginning in April 2019, on the third Thursday of each month from 4:30pm to 6:30pm, the Concurrent Disorders Capacity Building Team will be hosting a Motivational Interviewing/Acceptance and Commitment Therapy Community of Practice at St. Joseph's Healthcare Hamilton, Charlton Site. In preparation, we invite you to email aburkitt@stjosham.on.ca with topic ideas that you would be ineresting in learning more about and practicing.

Trend of the Month
A trend that the Capacity Building Team noticed this month was an increase in patients with alcohol use disorder. As a result, we also noticed an increase in patients being receptive to exploring and receiving pharmacological interventions for alcohol use disorder. Below are two commonly used medications. If you are working with individuals with alcohol use disorder and require additional supports regarding exploring pharmacological interventions, contact the RAAM clinic here.

Vivitrol (Naltrexone) helps ward off cravings by taking away pleasure. While on this medication, the client will feel drunk, but the pleasure that usually comes with drinking/being intoxicated will not be present and the relationship between thinking about alcohol and experiencing pleasure is uncoupled. Complete abstinence does not have to be the goal as this medication can help to reduce the number of drinks and the total number of days a client drinks on. **Campral (Acamprosate)** works by easing withdrawal symptoms, such as insomnia, anxiety, restlessness, and feeling blue. It does so by balancing and stabilizing the chemical messenger systems in the brain.

Website Highlight
The "In the News" section of the Concurrent Disorders Capacity Building Team's website features current articles regarding mental health, substance use disorders, policy, emerging evidence, new treatments, and much more. Check this section to keep up to date regarding what is happening in the field locally and nationally. Click here to visit this page now!

Most Commonly Abused Over-the-Counter Medications

Medications that are obtained by patients for treatment of common ailments, without a prescription are known as over-the-counter (OTC) or non-prescription medications. OTC medication abuse is the use of non-prescription medications for non-medical purposes.

1. **Codeine-based medicines**
The effects of codeine include euphoria, apathy, drowsiness and relaxation. Codeine is for in some pain and cough relief medications. However, there is a lack of evidence that medications containing codeine are more effective than other medications that treat the same aliments and there is high-awareness surrounding the misuse, tolerance and dependence potential of products with codeine so pharmacists are vigilant for unusual requests. Health Canada is moving towards requiring all medications that contain codeine to require a prescription just as Australia, Japan, the U.S, and many European countries have done.
2. **Sedative antihistamines**
Many antihistamines, such as Benadryl, were originally marketed for their anti-allergy properties are also used as sleeping aids. These medications cause sedation and euphoria but also short-term memory loss, nausea, excitability, anxiety, among other side effects. Most start taking them because they have trouble sleeping but then find themselves unable to stop and needing higher doses due to their increased tolerance.

Click here for a comprehensive list of commonly abused OTC medications.

Evidence-Informed Treatment for Substance Use Disorders: Contingency Management Interventions/Motivational Incentives

Research has demonstrated that treatment approaches using contingency management (CM) principles are effective. CM involves giving patients tangible rewards to reinforce positive behaviors, in this case reduction in or abstinence from substance use. Voucher-Based Reinforcement (VBR) has been shown to be effective for adults who use opioids or stimulants, or both and are undergoing methadone detoxification. In VBR, the patient receives a voucher for every drug-free urine sample provided. The vouchers have monetary value that can be exchanged for food items, movie passes, etc. The value is low at first and increases with the number of consecutive drug-free urine samples while positive urine samples reset the value of the vouchers to the initial low value.

Prize Incentives CM apply similar principles as CM but use chances to win cash prizes instead of vouchers. Participants who supply negative urine or breathe tests draw from a bowl to win anywhere from $1 to $100. Participants also receive draws for attending counselling sessions and completing weekly goal-related activities.

For more information, click here to read the full journal article.

Staff and Service Spotlight

St. Joseph's Healthcare Hamilton- Drop-in Low Barrier Groups

1. DBT (Low Barrier) Drop-In: DATE and LOCATION change

Starting February 7th, Drop-in DBT will be held every Thursday from 11:00am to 12:00pm at St. Joseph's Healthcare Hamilton, Charlton campus on Level 2, Room T2203, Miller Amphitheatre. This group is a sample of skills taught in Dialectical Behavior Therapy, focusing primarily on the skills of mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. There are 8 sessions which continuously restart. See the poster on page 7 for more information.

2. Steps (Low Barrier) Drop-In: NEW Saturday group

From January 19th to April 13th, there is a pilot of the STEPS group being held on Saturdays from 2:00pm to 3:00pm at St. Joseph's Healthcare Hamilton, Charlton campus on Level 2, Room T2208, Classroom B. There are 6 sessions, each focusing on different topics such as values, goal setting, identifying triggers and coping skills, relapse prevention, wellbeing, and more. The main objective of the group is to work with clients to increase their motivation to decrease substance use. See the poster on page 8 for more information.

Celebrity Recovery Story

Russell Brand began using substances when he was 19 years old. He says he hit rock bottom in 2003 after abusing heroin for four years, which cost his job at MTV, a radio show, friends, and girlfriends. With the support of his friend and manager, he went to a 12-step program. In 2017, he wrote a book called "Recovery: Freedom From Our Addictions". The book is his interpretation of the 12-step method, except more liberal and with the religious aspect broadened to include the need for any undefined higher power, which he says could be God, science, a home group, loved ones, or the music of Mozart, for example. Brand emphasizes that medication, exercise and having a sense of community and connectedness were all vital in his recovery.

Click here to read the interview with Russell Brand from Los Angeles Times.

Click here to read a piece written by Russell Brand about the grip of addiction and the importance of support.

Mental Health in the Balance

The Canadian Mental Health Association is calling for new legislation to bring mental health into balance with physical health. More than half of Canadians consider anxiety and depression to be an epidemic in Canada. Despite this, 85% of Canadians agree that mental health services are one of the most underfunded services in healthcare and that the Government of Canada should fund mental health at the same level as physical health.

These perceptions are not wrong. Over 1.6 million Canadians report unmet mental health needs each year. Furthermore, although mental health accounts for about 23% of the total disease burden, Canada dedicates only 7.2% of its health-care budget to mental health. An increase in funding is needed, along with improved coordination, treatment, research, access and better choices regarding how best to spend mental health-care dollars.

Despite specialized care, such as addiction counsellors, psychologists and social workers, being the foundation of mental health response in other developed countries, 80% of Canadians rely on their family physician for their mental health needs, whose services are limited. By working towards ensuring that the health care system matches people to the right services at the right time, individuals won't have to suffer from conditions that are preventable or manageable with the right supports.

For more information, click here to read the full article.

Your CD Capacity Building Contacts

SJHH - West 5th Site: R151	Fax: (905-381-5620)
Elisha Dekort (Manager)	36280
Sarah Fuller (R.N.), West 5th Site, 9 & 10 AMH	39271; Pager 5738
Tammy Lebel (Mental Health Worker, BSW, RSW), West 5th Site	36287
Catherine McCarron (Mental Health Worker, BSW, RSW), Charlton Site	34901; Pager 5799
Michelle Sanderson (Addiction Specialist), West 5th & Charlton	36868; Pager 5707
Candice Brimner (Addiction Specialist) *Weekend coverage from 1 – 9 PM	Pager 5799
*Opioid Replacement Therapy consultations available upon request	
Alicia Burkitt (Concurrent Disorders Intern)	39124
Isaac Beech (Research Assistant)	39872
Melissa Bond (Administrative Assistant)	39343

Note: Availability from 8am – 8pm on weekdays

SJHH Intranet: http://mystjoes/sites/Depts-A-L/concurrent
External Website: https://www.cdcapacitybuilding.com

Psychology Month

2019 Speaker Series at Hamilton Public Library

Sat. Feb 2, 11:00 a.m. – **Being Mindful: The Basics of Mindfulness Meditation** | *Speakers: Rachelle Pullmer and Joanna Bhaskaran* | Central Library, 55 York Blvd, Register at 905-546-3200

Sat. Feb 2, 2:00 p.m. – **Tackling Anxiety: Strategies for Managing and Coping With Anxiety** | *Speakers: Jesse Renaud and Jenna Boyd* | Ancaster Branch, 300 Wilson St. E. 905-648-6911

Thur. Feb 7, 7:00 p.m. – **Being Mindful: The Basics of Mindfulness Meditation** | *Speakers: Katherine Holshausen, Ph.D., C.Psych., and Hanna McCabe-Bennett, Ph.D., C.Psych. (Supervised Practice)* | Terryberry Branch, 100 Mohawk Rd. W. 905-546-3921

Sat. Feb 9, 11:00 a.m. – **Taking Control of Chronic Illness: Strategies for Managing and Coping with Chronic Illness** | *Speaker: Matilda Nowakowski, Ph.D., C.Psych.* | Central Library, 55 York Blvd, Register at 905-546-3200

Sat. Feb 9, 2:00 p.m. – **Managing Big Emotions** | *Speakers: Jenna Boyd, Katrina Bouchard, and Anita Hibbert* | Turner Park Branch, 352 Rymal Rd. E. 905-546-4790

Wed. Feb 20, 7:00 p.m. – **Tackling Anxiety: Strategies for Managing and Coping with Anxiety** | *Speaker: Matilda Nowakowski, Ph.D., C.Psych.* | Turner Park Branch, 352 Rymal Rd. E. 905-546-4790

Mon. Feb 25, 6:30 p.m. – **Assertiveness** | *Speakers: Matilda Nowakowski, Ph.D., C.Psych., and Karen Zhang, Ph.D., C.Psych.* | Sherwood Branch, 467 Upper Ottawa St. 905-546-3249

Wed. Feb 27, 6:30 p.m. – **Understanding and Dealing with Excessive Clutter and Hoarding** | *Speaker: Hanna McCabe-Bennett, Ph.D., C.Psych. (Supervised Practice)* | Sherwood Branch, 467 Upper Ottawa St. 905-546-3249

Presented in partnership by:

Hamilton Public Library
FREEDOM TO DISCOVER

St. Joseph's Healthcare Hamilton

Concurrent Disorders (CD) Family Night Series: Being Partners in Change

Drop-in information group for support people of individuals who are struggling with mental illness and addiction problems, concurrently

4 rotating session topics including:

Values, Goals and Recovery

Supporting Yourself While Supporting Someone with CD

Effective Communication, Boundaries and Limits

Motivating to Make a Change

Coming in September… Additional online resources including:

Substance Use 101, Mental Health 101, Understanding Relapse, Medications, Resources and Treatment Options, How to Talk to Your Loved One about Getting Help, Supporting Your Loved One in Change and more!

https://www.cdcapacitybuilding.com/family-resources

Last Wednesday of every month, 6:30 – 8:30 pm (excluding December)

St. Joseph's Healthcare Hamilton

West 5th Campus, 100 West 5th Street

Seminar Room 2 (A210), Level 2

Tel: 905-522-1155 ext. 39343 or 36287

St. Joseph's Healthcare Hamilton

Withdrawal Services: MASH and Womankind

Presented by: Teammates of MASH and Womankind

Men's Addiction Service Hamilton (MASH) and Womankind Addiction Service (WAS) offer safe, caring, and supportive environments for men and women experiencing substance use problems. Both programs offer many services including crisis telephone support, residential withdrawal management, relapse prevention, recovery programming, a day program and more.

Join us on February 19th or 20th to learn all about St. Josephs Healthcare Hamilton's withdrawal services from the program supervisors and team members, including who they serve, the referral processes, the programs available and more.

Attend one of the following sessions in-person or remotely:

Tuesday, February 19th @ 12:00 - 1:00 pm
@ Upper Auditorium, West 5th Site

OTN ID: 99797213 or Webcast: http://webcast.otn.ca/mywebcast?id=99797213

Wednesday, February 20th @ 12:00 - 1:00 pm
@ Upper Auditorium, West 5th Site

OTN ID: 99797241 or Webcast: http://webcast.otn.ca/mywebcast?id=99797241

Please CLICK HERE to register online!

If you have any questions, please contact Alicia Burkitt at aburkitt@stjoes.ca.

St. Joseph's Healthcare Hamilton

DBT (Low Barrier) Drop-In

NEW DATE AND LOCATION!
Starting February 7th

Thursdays from 11am to 12pm
Charlton Campus, Miller Amphitheatre, Room T2203

Bus Tickets available upon request.

- Group will focus on learning skills to deal with strong emotions and difficult situations.
- Skills taught in this group are a small sample of the skills taught in Dialectical Behaviour Therapy (DBT).
- Only requirement is that participants are able to participate in a group without disrupting the learning of others.
- The group is 8 sessions and continuously restarts. Ideally, participants will attend all 8 sessions, but there is no requirement on the number of sessions attended.
- No preregistration required.
- Call 905-522-1155 ext. 33243 (PES Care Desk) if you have any questions

St. Joseph's Healthcare Hamilton

Steps (Low Barrier) Drop-In

Pilot program from
January 19th until April 13th (inclusive)

Saturdays from 2pm to 3pm
Charlton Campus, Classroom B (T2208)

Bus Tickets available upon request.

- Group will focus on increasing motivation to decrease substance use.
- Only requirement is that participants are able to participate in a group without disrupting the learning of others.
- Suitable for individuals living with a concurrent disorder
- Ideally, participants will attend all 6 sessions but there is no requirement on the number of sessions attended.
- No preregistration required.

St. Joseph's Healthcare Hamilton

META:PHI

NEWSLETTER

ISSUE #01

JANUARY 31, 2019

MENTORING, EDUCATION, AND CLINICAL TOOLS FOR ADDICTION: PRIMARY CARE–HOSPITAL INTEGRATION (META:PHI)

PROGRAM INNOVATIONS

York Region Mobile RAAM Pilot

In February 2019, Addiction Services for York Region, the largest addictions service provider in the Central LHIN, will embark on a groundbreaking initiative to make traditional RAAM services even more accessible. Operating out of a bus, the new, mobile RAAM will aim to overcome common barriers to care, such as lack of transportation and high hospital parking costs, by bringing quality addiction medicine services right to the communities that need them.

As in the existing RAAM model, the mobile RAAM will be staffed by workers with experience in addictions medicine, including a nurse practitioner, nurses, case managers, and peer support workers. The clinic will operate three days a week starting February 4, with the potential to increase its services to 5 days a week, until the pilot ends on March 31. ASYR is already working to ensure the pilot's extension into the spring.

Tina Colarossi, nurse practitioner and coordinator of the Central LHIN RAAM network, reports that "the aim of this pilot is to provide care to diverse and vulnerable populations in the Central LHIN where accessing services and treatments may be a challenge."

Client satisfaction, number of individuals served, types of treatments and services provided, and medications prescribed will all be tracked to ensure that the quality of care offered through the mobile RAAM is consistent with the best practices in place at RAAMs across the province.

If you're interested in learning more about the mobile RAAM model, contact Tina Colarossi at tcolarossi@asyr.ca.

CLINICIAN SPOTLIGHT

Helen Manohararaj
BScN MScN NP-PHC ENC (C)
Nurse Practitioner Lead
Rapid Access Addiction Medicine (RAAM) Clinics
Lakeridge Health, Oshawa

As I reflect on the past year since we opened our Rapid Access Addiction Medicine (RAAM) clinics here at Lakeridge Health in Oshawa, I am reminded of the overwhelming need that exists in our community and region. I have been truly inspired by the people each day who walk through our doors with the desire to seek change and transform their lives in a positive way.

Developing the nurse practitioner (NP) addiction role has been very rewarding as it offers challenging and innovative medicine, while our NP-led team approach adds to the unique ability to engage many clients in their most vulnerable state. As a full-time RAAM clinician, I am often able to provide continuity of care beyond the RAAM operational hours by offering follow-up appointments, close monitoring, and treatment for both outpatients and those admitted into the residential withdrawal program. This model of care has proven to be invaluable, as clients are better engaged in their treatment and a trusting rapport is built over a short period of time.

Additionally, in 2017 the government approved the expansion of the NP role to include prescribing controlled substances. Enabling NPs to offer opioid treatment such as buprenorphine/naloxone has been an integral component in combatting the opioid crisis.

This regulatory change has significantly improved access to treatment across the province, especially in rural and remote communities. I am encouraged and more hopeful that people will have rapid and quality access to evidence-based addictions care closer to home.

Although there remains a lot of work ahead of us, together we can influence a more positive and lasting impact on the lives of those who have been affected by addiction.

META:PHI WEBSITE

http://www.metaphi.ca

META:PHI BLOG

The META:PHI blog aims to provide insight into the evolving issues of substance use and treatment in Ontario. To read our latest blog post "METAPHI: 2018 Recap", please visit the blog at http://www.metaphi.ca/blog/.

Dr. Vincent Lam, Medical Director, Coderix Medical Clinic, Lecturer, University of Toronto, Department of Family and Community Medicine (photo by Barbara Stoneham)

Key Points

- *In many contexts, monitoring makes perfect sense. In others, it may not be needed. Different clinics will have different local issues, and will make different choices.*
- *Other urine verification methods, such as assessing urine temperature and pH, can also be employed.*
- *Patients should not be denied care if unwilling to provide monitored urine samples.*
- *The prescriber can make a judgment in terms of what accommodations are appropriate for an individual patient, given their knowledge of and therapeutic relationship with that patient.*

EVENTS

RAAM Monthly Videoconferences:

➢ Prescribers	12/2/2019 & 13/3/2019
➢ Nurses	13/2/2019 & 14/3/2019
➢ Counsellors	15/2/2019 & 17/3/2019
➢ Administrative	22/2/2019 & 25/3/2019

To request videoconference details or that your event be featured here next month, contact kate.hardy@wchospital.ca.

PERSPECTIVES

Is it important that urine samples be observed? Is it justifiable to deny care to a patient if they refuse to be monitored when leaving a sample? What are the human rights issues?

By: Dr. Vincent Lam

It might be worth taking a step back and thinking about our reasons for doing urine samples and our reasons for having them observed. Of course, there is pharmacological information that is derived from the urine samples, and there are specific safety issues, such as the concomitant presence of methadone and benzodiazepines, which UDS results help us to address. Meanwhile, a common point of tension that arises from UDS results is that we employ a contingency management system premised upon clear UDS. There is evidence to support contingency management, and I think it is useful. However, we should remember that in creating this system, we have incentivized both clear urines and the act of tampering with urine samples. Our awareness of this incentive has led many clinics to use monitored urine collection as a routine practice.

From a human rights perspective, patients being asked to do something intrusive in medicine is not a human rights violation. Patients can, of course, refuse to do something they don't feel comfortable with – and that is a human right. Access to health care is a human right. So, it may be worth separating those things out. For context and comparison: A pelvic exam is a common and intrusive procedure. However, an individual patient may have perfectly reasonable reasons to refuse it, and we don't refuse health care as a result. We find a work-around to address their clinical issue. In my practice setting, we usually monitor urines using CCTV. However, when my patients have objected, we have discussed their reasons for doing so and found work-arounds by talking it through with the patient. For some patients, this means that there are never any carry doses with urines "brought from home". This arrangement removes the incentive to tamper, so then we have some assurance that the samples are genuine. In other cases, there are patients who have difficulty providing observed samples for reasons of mobility or for reasons of bowel control, and they bring samples from home to manage the carries. We should be clear with these patients that the standard in the clinic is that urines are observed – and that we are making an individual accommodation.

In many contexts, monitoring makes perfect sense, and in others it may not, so different clinics will make different choices. Your clinical judgment on the specifics of any possible work-around probably depends a great deal on how well you know the patient. I just think that in most of these situations, it doesn't have to be an all-or-nothing equation.

IN THE NEWS

Cannabis firms in conflict of interest for owning both pot producers and marijuana clinics, critics charge
https://nationalpost.com/news/cannabis-firms-in-conflict-of-interest-for-owning-both-pot-producers-and-marijuana-clinics-critics-charge

U.S. doctors have a new opioid addiction treatment in their arsenal — it could be here next
https://www.cbc.ca/news/canada/british-columbia/injectable-addiction-treatment-sublocade-1.4981219

Is marijuana as safe as we think?
https://www.newyorker.com/magazine/2019/01/14/is-marijuana-as-safe-as-we-think

Drugs that stop alcoholics from drinking
https://www.cbc.ca/listen/shows/ontario-today/episode/15664000

META:PHI | ISSUE #01 JANUARY 31, 2019 | EDITORS | KATE HARDY META-PHI MANAGER | HODA HASSAN META-PHI PROJECT COORDINATOR