

Opioid Dependency Program

North Zone

Objectives

- Review what addiction is
 - Examine the principals of harm reduction for Opioid Use Disorder (OUD)
 - Identify 4 Opioid Dependency Programs(ODP) in North Zone (NZ)
 - Outline the process for referrals into the Opioid Dependency Program (ODP)
 - Review the medications currently utilized for Opioid Use Disorder (OUD)
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What is Addiction?

- Addiction is a disease of the mind, body and spirit because it involves the physical and psychological craving or compulsion to use a mood-altering substance.



The Three “C’s” of Addiction

Control

- Early social & recreational use can lead to eventual loss of emotional and behavioral control
- Cognitive distortions (i.e. denial, minimization)
- Tolerance and withdrawal

Compulsion

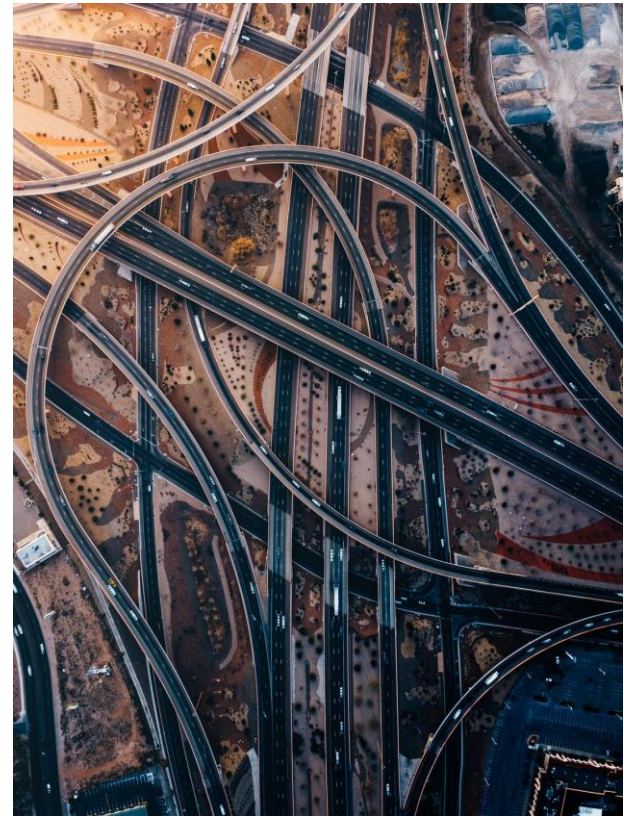
- Craving and drug-seeking activities
- Irresistible urge

Consequence

- Continued use despite adverse consequences
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What is Dependence?

- **Physical dependence** occurs when the body becomes used to the substance and can't function without it
- **Psychological dependence** can also occur and often looks like, anxiety, agitation and sometimes panic



What is a harm reduction approach?

A harm reduction approach aims to reduce the negative consequences of using psychoactive substances, without necessarily reducing substance use itself.

Through policies, programs, and practices, a harm reduction approach:

- Accepts that abstinence may not be a realistic or desirable goal for a person
 - Emphasizes that stopping substance use is not required to access health or social services
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What does harm reduction look like?

Interventions may be targeted at the person, family, community, or society. They can target the health, social, or economic consequences of substance use.

Harm reduction interventions may include:

- Community-based naloxone programs
 - Peer support programs
 - Supply distribution and recovery programs
 - Supervised consumption services
 - Opioid dependency treatments
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Harm Reduction

Myth vs. Fact

Autonomy



MYTH

Harm reduction promotes and enables drug use and is anti-abstinence.

FACT

Harm reduction embraces abstinence but does not enforce it. It empowers people with education, support to make decisions about their health. Without harm reduction, substance use would still occur.

Choice



MYTH

People can always choose to stop using substances.

FACT

Addiction is not a choice.

There is a psychological component to problematic use that drives repeated use (in order to avoid withdrawal) and also brain structure changes. This takes time to recover from and is difficult to do without support and management of withdrawal symptoms.

Impact on the Community



MYTH

Having a harm reduction program in a community means there will be more needle debris putting the community members at risk.

FACT

Research done following development of harm reduction programs in Europe and Vancouver show reduced substance use and number of used syringes in public places.

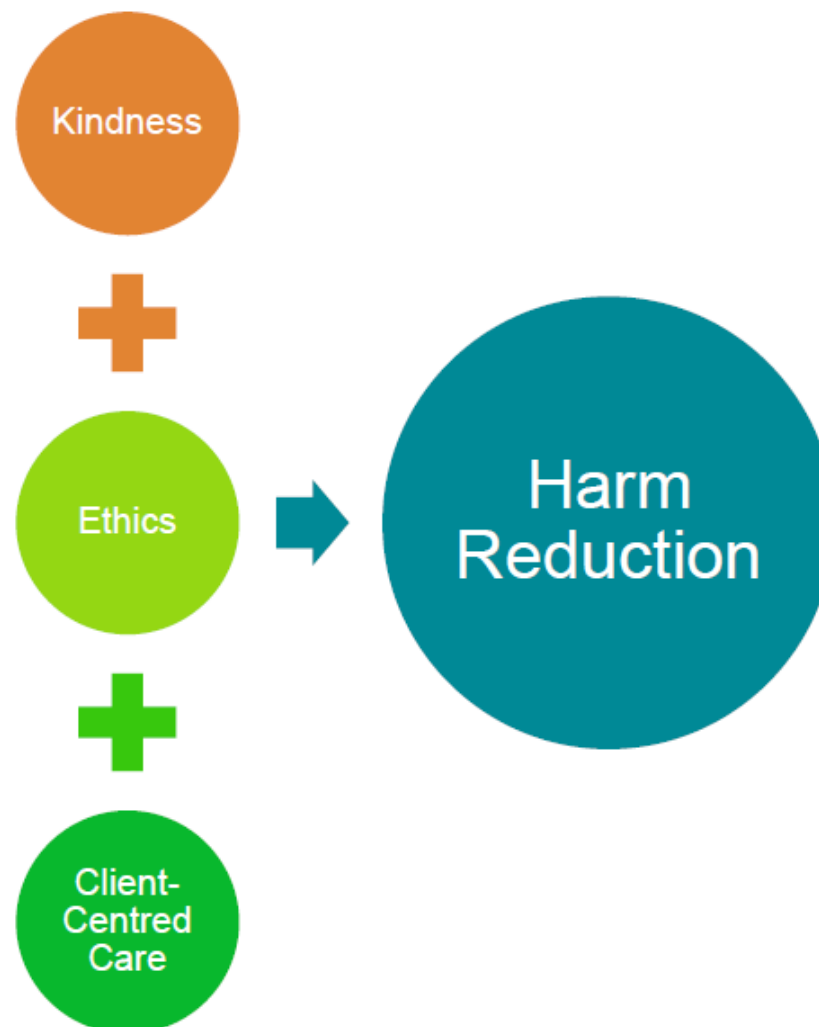
Pragmatism

MYTH

Harm Reduction is complicated and needs special training.

FACT

Harm reduction is simple and pragmatic. It is founded on kindness, compassion, and ethics. There are many ways one might already practice and can practice harm reduction without cost, training or effort.



Cost



MYTH

Harm reduction is expensive.
Tax dollars are being wasted
on harm reduction.

FACT

The cost of treatment and
emergency interventions as a
result of substance use and
STBBIs is far greater than the
cost of prevention efforts.
Harm reduction initiatives has
been linked with lower health
care costs for the community.

Can you test for street drugs?

- No test strips have been designed specifically for street drugs

Why not?

- Many factors can interfere with the accuracy of the test
 - Detect only certain substances
 - Drugs can be mixed unevenly
 - Other substances can be mixed in
 - Amount may be too limited
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Safer Use

- Access to sterile supplies
 - Call your local pharmacy
 - Call your local AHS Addiction Office
 - Call the Addiction Helpline: 1-866-332-2322
- Supervised Consumption Sites



Safer Use

- Use the buddy system.
 - Be careful when changing routes (like injecting when you are used to smoking).
 - Know your source and ask around.
 - Do a small amount.
 - Avoid mixing drugs.
 - Use less and go slow if it has been a while.
 - Be familiar with signs and symptoms of poisoning.
 - Carry a naloxone kit and access help.
 - Know community supports and resources.
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Signs of Opioid Poisoning

- Breathing very slowly or not at all.
- Unresponsive (can't wake them).
- Difficulty walking, talking, or staying awake.
- Limp body.
- Pale face.
- Cold and damp skin.
- Blue lips or nails.
- Gurgling or snoring sounds.
- Choking or throwing up.
- Narrow (constricted) pupils.
- Stiff body or seizure-like movement.

What is Opioid Use Disorder?

- Opioid Use Disorder (OUD) is often a chronic, relapsing condition
- It is associated with increased morbidity and death
- Detox alone is associated with elevated risk including death and increased relapse
- Treatment is focused on individual needs and can change over time

Bruneau et al, 2018

Why Opioid Dependency Program (ODP)?

- Evidence-based program utilizing a harm reduction philosophy
 - Client-centered and promotes clients directing their own treatment
 - Offers wrap-around support and care
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ODP Clinics AHS

- Bonnyville: 780-826-8034
 - Fort McMurray: 780-793-8300
 - Grande Prairie: 780-833-4991
 - High Prairie: 780-536-2136
 - Virtual ODP: 1-844-383-7688
- Cardston: 403-653-5283
 - Calgary: 403-297-5118
 - Edmonton: 780-422-1302



Patient Virtual ODP Experience

- [2020 HQCA Patient Experience Awards - Virtual Opioid Dependency Program - YouTube](#)



What is Virtual ODP?

- access to those in need, wherever they live in Alberta
 - utilize technology/telehealth/Zoom to facilitate care
 - practice acceptance and patience
 - awareness that clients often come from difficult circumstances
 - advocate for clients to help them rebuild their lives
 - see empowerment as a powerful tool for wellness
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ODP Process & Role

- All programming can be virtual or in person
 - Physician support is primarily done virtually (Zoom) or by phone
 - Dosing initially occurs at pharmacies
 - ODP Clinics will help you locate a pharmacy in your community
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ODP Process & Role

- Support clients to find access to technology in their home community if they lack technological support
 - Access to Addiction Counselors
 - Help increase supports (i.e. Mental Health Therapist and Nurse Practitioner)
 - Provide more holistic care (i.e. STI and Hep. C testing)
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How do I access ODP?

- Clients can initiate their own service
- Counsellors and therapists also can provide a referral
- Your healthcare provider can provide a referral

Virtual ODP

- Clients can call this number to initiate service: **1-844-383-7688**
 - Clients can also visit Alberta's virtual opioid dependency program website: **vodp.ca**
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What medications are used?

- There are many different medications used by ODP to manage opioid use disorder
 - **Suboxone (Buprenorphine + Naloxone)**
 - **Methadone**
 - **Kadian**
 - **Sublocade**
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Suboxone (Buprenorphine + Naloxone)

- Preferred first-line treatment for OUD
- Has been available in Canada for over 10 years and frequently prescribed in ODP
- Prevents significant cravings/withdrawals
- Blocks the effects of other opioids
AHS, ESCN, 2019



Methadone

- Consider if client not responding to Suboxone
 - Potentially better treatment retention for those with higher-intensity opioid use disorder such as long history, IV heroin use, high tolerance, or high risk of dropping out.
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Other medications in ODP

- **Kadian** is the only long-acting oral morphine formulation with clinical trial evidence for the treatment of opioid use disorder
 - **Sublocade** (extended-release injection) given Subcutaneous(under the skin) and lasts up to 7 days
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Everyone is Impacted

“Critical Condition: The Opioid
Crisis in Grande Prairie” Trailer
- YouTube

Call For Help On The Phone

Addiction Helpline: **1-866-332-2322**

Mental Health Helpline: **1-877-303-2642**

Distress lines

Edmonton: **(780) 482-4357**

Calgary: **(403) 266-1601**

Rural: **1-800-232-7288**

Family Violence Information line: **310-1818**

Health Link: **811**



Question & Answer

Resources

PACES

<https://www.albertahealthservices.ca/info/Page16083.aspx>

Developmental Pathways Addiction and Mental Health

<https://www.albertahealthservices.ca/info/Page15972.aspx>

Opioid Dependency Programs

<https://www.albertahealthservices.ca/info/Page3086.aspx>

Staying Alive: Opioid + Harm Reduction

<https://www.norquest.ca/research-innovation/research/research-projects-at-norquest/staying-alive-surviving-opioids.aspx>

**Thank you. For any
questions contact**

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