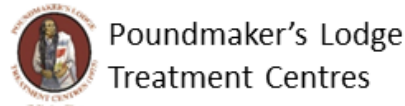


Supporting Care in the Community for Clients with Methamphetamine Concerns

The Methamphetamine Client Transitions to Primary Care Project



Financial contribution from



Public Health
Agency of Canada

Agence de la santé
publique du Canada

First Nations and Inuit Health Branch – Alberta Region Telehealth Session

June 16, 2021

Learning Objectives

- Introduce the *Methamphetamine Client Transitions to Primary Care* project and share helpful tools and resources developed for care providers working with clients with methamphetamine concerns.
- Recognize facilitators and challenges in providing care for clients with methamphetamine concerns in First Nations settings.
- Identify approaches that have been successful in other communities.
- Connect with other providers caring for clients with methamphetamine concerns in First Nations settings.

Why Methamphetamine?



Emergency department visits for methamphetamine intoxication have more than **quadrupled** in the past five years.

(Alberta Health Services, 2020)



Methamphetamine use is closely linked to the use of opioids. Methamphetamines are present in **more than half** of all opioid-related deaths.

(Government of Alberta, 2020)

The proportion of clients who presented at the Alberta Health Services Addiction Recovery Centre due to methamphetamine concerns was **second to only alcohol**.

(Alberta Health Services, 2019)



The number of people seeking treatment for methamphetamine use at addiction and mental health clinics has increased by **~9x** in the past five years.

(Alberta Health Services, 2020)



Methamphetamine and First Nations People

From January 1, 2016 to December 31, 2018, rates of emergency department visits and hospitalizations related to opioids and other drugs, opioid dispensing, and EMS responses to opioid events per 100,000 population were all higher among First Nations people compared to Non-First Nations people.

(Government of Alberta, 2019)



Among First Nations people, carfentanil, methamphetamine, and fentanyl saw the largest increase as a substance causing drug poisoning death from 2016 to 2018. This coincided with a decrease in pharmaceutical substances (i.e. codeine, benzodiazepines) causing poisoning death.

(Government of Alberta, 2019)

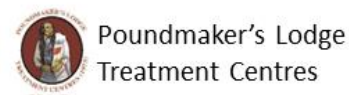


Methamphetamine Client Transitions to Primary Care Project



The project seeks to support clients through the development of:

- Pathways and tools to support clients with methamphetamine concerns transitioning from **hospitals (emergency or inpatient care)** to primary care.
- Pathways and tools to support clients with methamphetamine concerns transitioning from **detoxification/recovery centres** to primary care.
- An attachment protocol for clients with methamphetamine concerns who are not connected to a regular primary care provider.
- An eLearning course that provides foundational education for healthcare providers on methamphetamine use and treatment.



Collecting Data

Jurisdictional Scan

- To identify related pathways and resources that might inform the development of the three pathways
- No existing pathways were identified
- Numerous recommendations and considerations to inform pathway development

Client Consultations

- Focus groups with 65 Individuals with Lived Experience
- Identify challenges, facilitators, and opportunities within current experiences
- Support pathway development

Baseline Evaluation

- Surveys with practitioners and Individuals with Lived Experience
- Interviews with key informant practitioners
- Support development of pathways
- Baseline for the post-implementation evaluation in 2022

Barriers and Facilitators to Healthcare

Barriers

- **Individual:**
 - Transportation
 - Poverty and homelessness
 - Lack of access to phone and/or internet
 - Lack of identification
 - System navigation/access
- **Service Level:**
 - Communication gaps
 - Unclear protocols
 - Lack of experience with addiction and mental health issues
 - Judgement and stigma
 - Trusting providers

Barriers and Facilitators to Healthcare

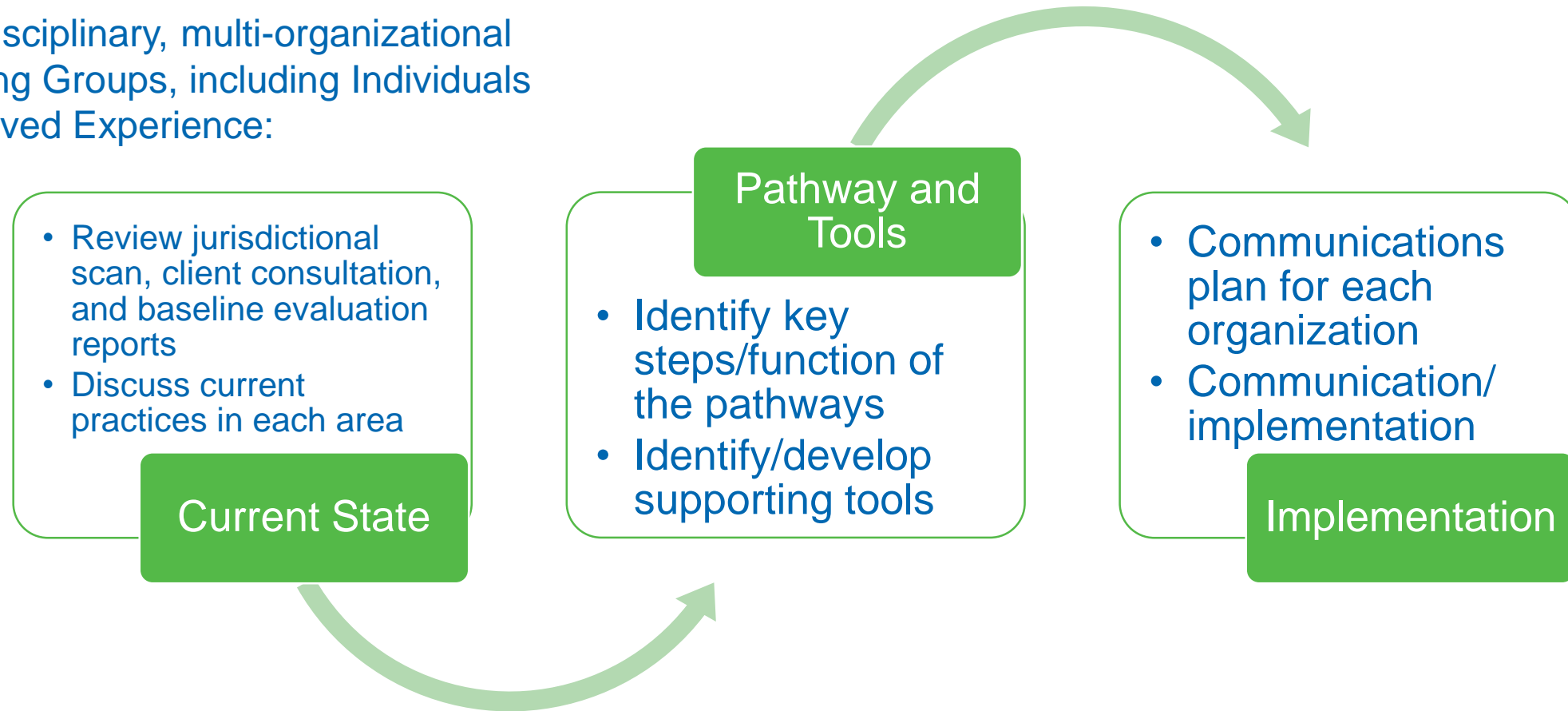
Facilitators

- Key organizations
 - Organizations that support homeless individuals
 - Social service organizations
 - Addiction and mental health organizations
- Effective transitions between organizations
- Practitioner support
- Regular primary care provider
- Family, peer and community support



Pathway Development and Implementation

Multidisciplinary, multi-organizational Working Groups, including Individuals with Lived Experience:



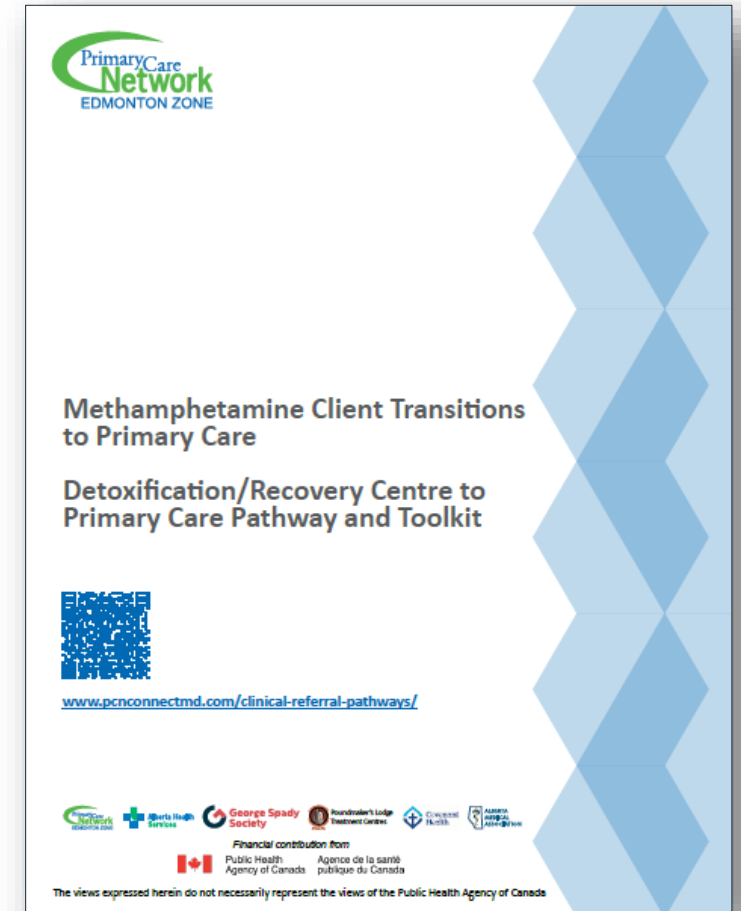
Hospital to Primary Care Pathway and Toolkit

- Supports clients with methamphetamine concerns who are transitioning from an **emergency room or inpatient unit** back to primary care in their community.
- Includes tools for substance use screening, admission and discharge notifications, and identification of potential barriers to discharge.
- This pathway is intended for clients who are already connected with a primary care provider.



Detoxification/Recovery Centre to Primary Care Pathway and Toolkit

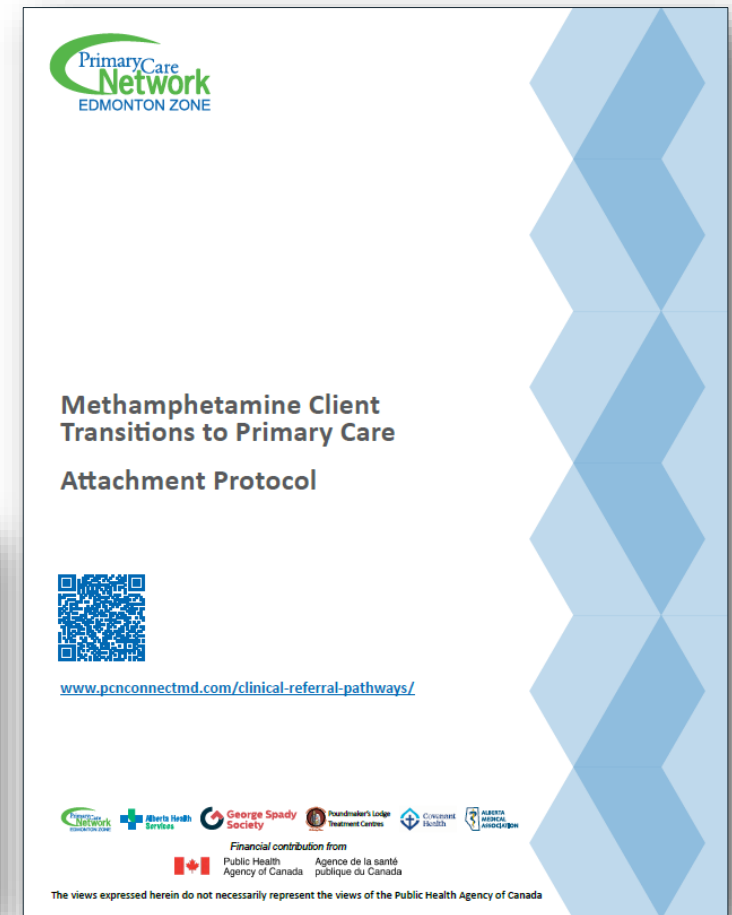
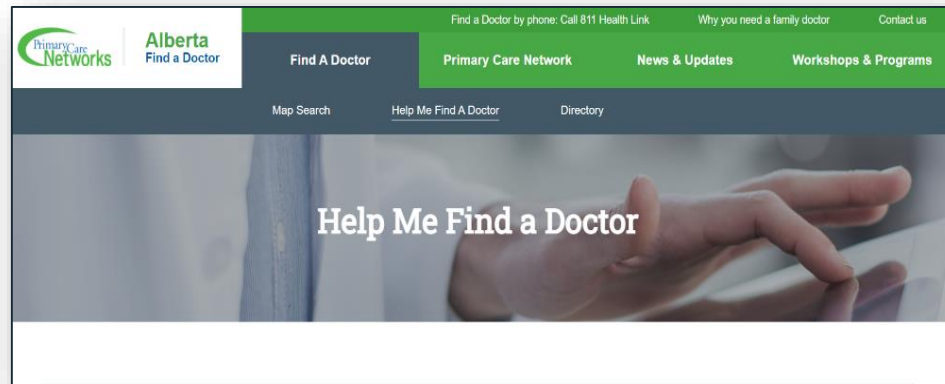
- Supports clients with methamphetamine concerns who are transitioning from a **detoxification/recovery centre** back to primary care in their community.
- Includes tools for admission and discharge notifications, information about caring for clients with methamphetamine concerns in primary care settings, and guidance for team-based care.
- This pathway is intended for clients who are already connected with a primary care provider.



Attachment Protocol

- Supports clients with methamphetamine concerns who are **not connected** to a regular primary care provider and would like to be connected with one.
- Utilizes the **Alberta Find a Doctor** registry and Primary Care Network Patient Attachment Assistants

www.albertafindadoctor.ca



Pathway

- Provides quick overview of the steps involved.
- Color helps to easily identify who/where is involved in each step.
- Can be used separately or as a complementary document to the chart and tools.
- Intended to be reviewed quickly right before a client visit/encounter.



Chart

- Follows the steps outlined in the pathway with colors matching each process.
- Provides further details and considerations for each process, including who is involved and supporting resources or training
- Can be used separately or as a complementary document to the pathway and tools.

PROCESS	DETAILS	WHERE/WHO IS INVOLVED?	SUPPORTING RESOURCES OR TRAINING
At admission, Detoxification/ Recovery Centre (D/RC) Team Member asks client if they have a Primary Care Provider (PCP)	<ul style="list-style-type: none"> • If the client does not recall information about their PCP, it is important to remember that they may be overwhelmed and feeling unwell at admission and may not be able to provide this information when asked. It is recommended that this question be asked again at a later date when the client is more stable. • Consider using language that may be more familiar to the client. You could use terminology such as family physician, general practitioner (GP), nurse practitioner (NP), health care worker, most responsible provider (MRP) or you could ask about the clinic or health centre where they access services. 	<ul style="list-style-type: none"> • Detoxification/Recovery Centre » Client » D/RC Triage or Admission Team Member » May be asked by another team member if asked at a later opportunity 	<ul style="list-style-type: none"> • First Nations Community Health Centre: http://informalberta.ca/public/services/healthcare/10007311 • College of Physicians and Surgeons of Alberta - Find a Physician website: http://search.csa.ca/
Client has a PCP?	<ul style="list-style-type: none"> • If the client has a PCP, but they cannot remember the PCP or clinic name: <ul style="list-style-type: none"> - Consider checking other sources such as previous charts, available EMRs (Netcare, ConnectCare, etc.) or contact the client's pharmacy to obtain information on their PCP. - It is recommended to ask again at a later date as clients who are seeking detoxification or stabilization services are likely unwell and/or anxious and may be unable to recall this information at admission. • If the client has a PCP, but they do not feel comfortable disclosing: 	<ul style="list-style-type: none"> • Detoxification/Recovery Centre » Client » D/RC Triage or Admission Team Member » May be asked by another team member if asked at a later opportunity 	<ul style="list-style-type: none"> • Appendix A - FAQ: The Importance of Primary Care and the Patient's Medical Home for Clients with Methamphetamine Concerns • College of Physicians and Surgeons of Alberta - Find a Physician website: http://search.csa.ca/ • Alberta Find A Doctor website: http://albertafindadoctor.ca/ • Methamphetamine Client Transitions to Primary Care - Attachment Protocol http://www.pcmconnection.com/wp-content/uploads/2013/04/MethAttachmentProtocol.pdf

Forms

Detoxification/Recovery Centre Admission Notification and Primary Care Provider Confirmation

Please be advised that your client, _____ [name]

DOB (mm/dd/yyyy): _____ PHN: _____

Has been admitted to:

_____ [facility name] on _____ [mm/dd/yyyy]

Reason for admission:

Alcohol use Stimulant use Opioid use Other: _____

Please confirm that you are the Primary Care Provider (family physician/nurse practitioner/physician's assistant) of the client identified above and return this form to _____ [fax number]

Yes, I am the Primary Care Provider for this client

No, I am not the Primary Care Provider for this client

Note: If we do not hear back regarding the above inquiry, we will interpret it as confirmation that you are the client's the Primary Care Provider.

Should you have further questions or concerns, please contact our facility at _____ [phone number]

- Forms to support communication upon admission and discharge
- Detoxification/recovery centre discharge summary
- Client appointment reminder
- Barriers to discharge or long-term management
- Simple substance use screening tool

Resources and Tools

Quick Reference Guide for Assessment and Management of Clients with Methamphetamine Concerns

- What methamphetamine is and the short and long term effects
- How to identify and respond to intoxication, overdose, withdrawal and psychosis
- Additional resources and training on substance use

APPENDICES
APPENDIX H
QUICK REFERENCE GUIDE FOR ASSESSMENT AND MANAGEMENT OF CLIENTS WITH METHAMPHETAMINE CONCERNS

METHAMPHETAMINE
Methamphetamine is a strong stimulant that can be smoked, injected, snorted or swallowed. Some common slang terms for it include 'ice', 'speed' or 'pink'. Methamphetamine causes the brain to release a large amount of certain chemical messengers, which make people feel alert, confident, social and generally great. They are also responsible for the "fight or flight" response. The problem is that there are only so many of these messengers stored at any one time. Over time, neurotransmitters become depleted, leading to poor concentration, low mood, lethargy and fatigue, sleep disturbances and lack of motivation.

SHORT-TERM EFFECTS:
During intoxication: sense of well-being or euphoria, energetic, extremely confident, sense of heightened awareness, nervous, fidgety, and dilated pupils.
At Higher Doses: tremors, anxiety, sweating, palpitations (racing heart), dizziness, irritability, confusion, teeth grinding, jaw clenching, increased respiration, auditory, visual or tactile illusions, paranoia and panic state, loss of behavioral control, or aggression.

LONG-TERM EFFECTS:
Weight loss, dehydration, extreme mood swings, depression, suicidal feelings, anxiety, paranoia, psychotic symptoms, cognitive changes including memory loss, difficulty concentrating, impaired decision-making abilities, dental decay, skin infections, and increased cardiac and stroke risk.

TREATMENT:
The evidence for pharmaceutical therapies to supplement methamphetamine addiction treatment is not strong enough, nor consistent enough to be introduced as a standard of practice.
• Benzodiazepines or atypical antipsychotics, such as olanzapine, are useful in the short term for reducing acute psychotic symptoms and agitation associated with methamphetamine use. There is a risk of dependence and misuse associated with benzodiazepines so they should be used cautiously.
• There is currently no strong evidence to support medications specific to craving or withdrawal symptoms for clients with methamphetamine concerns. Treatment is highly individualized and tailored to the client's symptoms.
• The evidence for psychosocial and behavioral interventions for methamphetamine addiction treatment is mixed though contingency management combined with cognitive behaviour therapy may help with abstinence.

ADAPTED FROM:
Jennex L. & Lee, N. (2008). Treatment Approaches for Users of Methamphetamine: A practical guide for frontline workers. Australian Government Department of Health & Ageing, Canberra.

WITH EXCERPTS FROM:
Alberta Health Services. (2018). Managing Methamphetamine Use. Edmonton, AB: Author.

REDUCING RISKS AND HARMS:
Ask what clients already know and what they would like to know so harm reduction advice can be tailored, appropriate, and engaging.
Clients may be encouraged to:
• Drink plenty of water and eat a balanced diet.
• Brush and floss teeth regularly and chew sugar free gum, encourage clients to follow-up regularly with their dentist.
• Get adequate rest – encourage regular users to have regular non-using days each week or plan a 'crash' period when they can rest and sleep undisturbed for several days to 'come down'.
• Be clear about individual signs and symptoms of psychosis. If psychotic symptoms are experienced, take a total break from using and seek professional help from the person's Primary Care Provider, local emergency department, or local mental health service.
• Call on friends or family who are stable supports in the person's life.
• Plan for the week ahead and brainstorm alternatives to using.
• Avoid driving when intoxicated or 'coming down'.
• Provide clients with Naloxone Kits. Clients may be using multiple substances or their methamphetamine may unknowingly contain opioids. If your practice area does not have Naloxone Kits available, clients can obtain one for no charge at their local pharmacy.

INTOXICATION:
Remember that an intoxicated person has impaired judgment and will probably view the interaction differently than you do.
What to look for:
• Rapid, pressured speech or dissociated speech
• Repetitive movements
• Clenched jaw, teeth grinding (bruxism)
• Suspiciousness or paranoia
• Anger, irritability, hostility
• Restlessness, agitation, pacing
• Impulsivity or recklessness
• Sweating
• Large (dilated) pupils

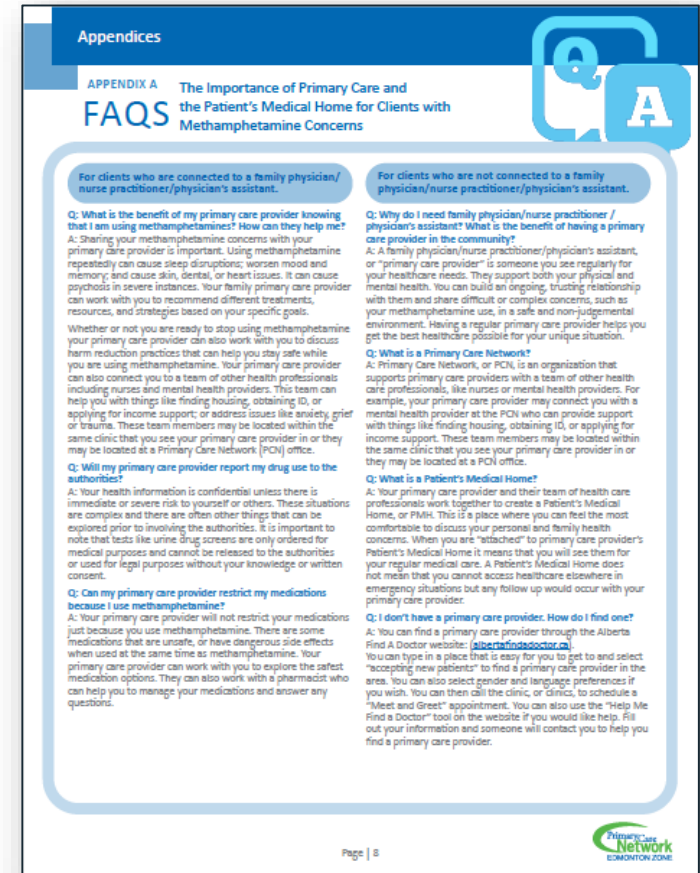
RESPONDING TO INTOXICATION:
• Attempt to steer an intoxicated person to an area that is less stimulating while ensuring the client and practitioner both have an easily accessible exit.
• Maintain a calm, non-judgmental, respectful approach.
• Listen and respond as promptly as possible to needs or requests. Do not argue with the person and try not use "no" language. If you cannot provide what they are asking for, be clear about what you can provide (e.g., I hear what you are saying, so let me see what I can do to help).
• Allow the person more personal space than usual.
• Use clear communication (short sentences, repetition, and ask for clarification if needed).

PrimaryCare Network EDMONTON ZONE

Resources and Tools

FAQs: The Importance of Primary Care and the Patient's Medical Home

- Why is it important to have a primary care provider?
- Why would they need to know that someone is using methamphetamine, even recreationally?
- Can medication be restricted or refused if someone discloses using methamphetamine
- Will the authorities be notified if someone discloses using methamphetamine



Appendices

APPENDIX A The Importance of Primary Care and the Patient's Medical Home for Clients with Methamphetamine Concerns

FAQs

For clients who are connected to a family physician/nurse practitioner/physician's assistant.

Q: What is the benefit of my primary care provider knowing that I am using methamphetamines? How can they help me?
A: Sharing your methamphetamine concerns with your primary care provider is important. Using methamphetamine repeatedly can cause sleep disruptions; worsen mood and memory; and cause skin, dental, or heart issues. It can cause psychosis in severe instances. Your family primary care provider can work with you to recommend different treatments, resources, and strategies based on your specific goals.

Whether or not you are ready to stop using methamphetamine your primary care provider can also work with you to discuss harm reduction practices that can help you stay safe while you are using methamphetamine. Your primary care provider can also connect you to a team of other health professionals including nurses and mental health providers. This team can help you with things like finding housing, obtaining ID, or applying for income support; or address issues like anxiety, grief or trauma. These team members may be located within the same clinic that you see your primary care provider in or they may be located at a Primary Care Network (PCN) office.

Q: Will my primary care provider report my drug use to the authorities?
A: Your health information is confidential unless there is immediate or severe risk to yourself or others. These situations are complex and there are often other things that can be explored prior to involving the authorities. It is important to note that tests like urine drug screens are only ordered for medical purposes and cannot be released to the authorities or used for legal purposes without your knowledge or written consent.

Q: Can my primary care provider restrict my medications because I use methamphetamine?
A: Your primary care provider will not restrict your medications just because you use methamphetamine. There are some medications that are unsafe, or have dangerous side effects when used at the same time as methamphetamine. Your primary care provider can work with you to explore the safest medication options. They can also work with a pharmacist who can help you to manage your medications and answer any questions.

For clients who are not connected to a family physician/nurse practitioner/physician's assistant.


Q: Why do I need family physician/nurse practitioner / physician's assistant? What is the benefit of having a primary care provider in the community?
A: A family physician/nurse practitioner/physician's assistant, or "primary care provider" is someone you see regularly for your healthcare needs. They support both your physical and mental health. You can build an ongoing, trusting relationship with them and share difficult or complex concerns, such as your methamphetamine use, in a safe and non-judgemental environment. Having a regular primary care provider helps you get the best healthcare possible for your unique situation.

Q: What is a Primary Care Network?
A: Primary Care Network, or PCN, is an organization that supports primary care providers with a team of other health care professionals, like nurses or mental health providers. For example, your primary care provider may connect you with a mental health provider at the PCN who can provide support with things like finding housing, obtaining ID, or applying for income support. These team members may be located within the same clinic that you see your primary care provider in or they may be located at a PCN office.

Q: What is a Patient's Medical Home?
A: Your primary care provider and their team of health care professionals work together to create a Patient's Medical Home, or PMH. This is a place where you can feel the most comfortable to discuss your personal and family health concerns. When you are "attached" to primary care provider's Patient's Medical Home it means that you will see them for your regular medical care. A Patient's Medical Home does not mean that you cannot access healthcare elsewhere in emergency situations but any follow up would occur with your primary care provider.

Q: I don't have a primary care provider. How do I find one?
A: You can find a primary care provider through the Alberta Find A Doctor website: albertafindadoctor.ca. You can type in a place that is easy for you to get to and select "accepting new patients" to find a primary care provider in the area. You can also select gender and language preferences if you wish. You can then call the clinic, or clinic, to schedule a "Meet and Greet" appointment. You can also use the "Help Me Find a Doctor" tool on the website if you would like help. Fill out your information and someone will contact you to help you find a primary care provider.

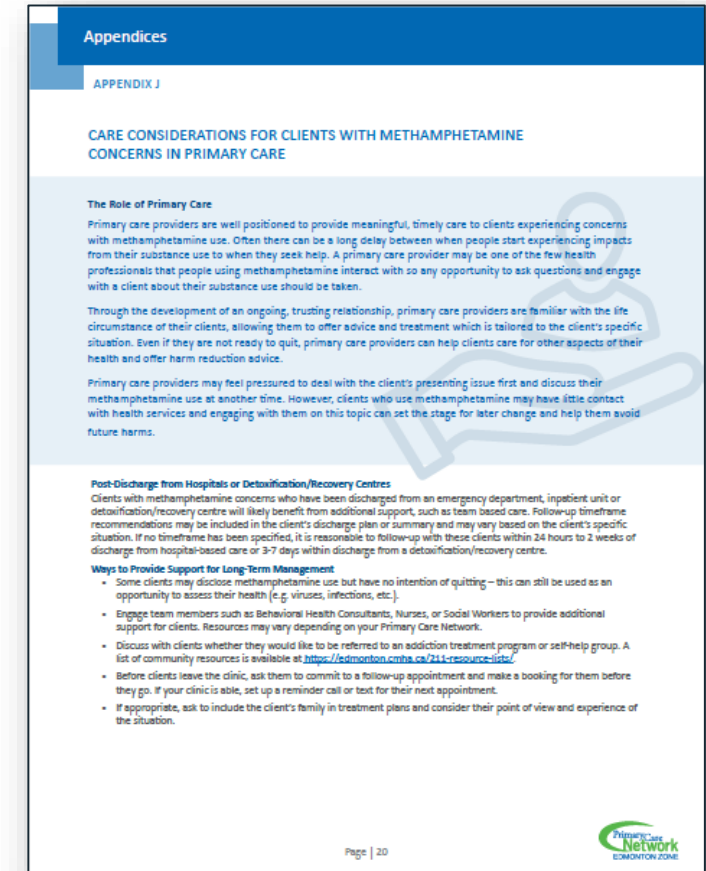
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Resources and Tools

Care Considerations for Clients with Methamphetamine Concerns

- The role of primary care
- The importance of follow up care after discharge from an acute facility
- Ways to provide support
- The importance of providing trauma informed, culturally sensitive care and discussing harm reduction with all clients



Resources and Tools

Team Based Care for Clients with Methamphetamine Concerns

- Identifies roles within interdisciplinary teams in primary care
- Provides specific examples of how they can support clients with methamphetamine concerns

Appendices

APPENDIX K
TEAM BASED CARE FOR CLIENTS WITH METHAMPHETAMINE CONCERNS

Clients with methamphetamine concerns often have complex needs that can fall outside the realm of medical treatment. Various primary care team members can support the client's mental health, socioeconomic, lifestyle, and pharmaceutical care. A team based care approach can help more effectively address client's needs.

Membership with a Primary Care Network (PCN) allows clients to access multiple providers within a medical home. As each PCN may offer different programs and services, it is important to connect with your PCN representative to inquire about which providers your clinic has available for client care.

Position	Role	How they can support clients with methamphetamine concerns
Physician/Nurse Practitioner/Physician's Assistant (Primary Care Provider)	<ul style="list-style-type: none"> Provides diagnosis, treatment, and ongoing care of illnesses and medical conditions. Addresses all health needs and develops a plan that may involve further testing, specialist referral, and medication, therapy, and diet or lifestyle changes. 	<ul style="list-style-type: none"> Screening for substance use concerns. Counseling and education on harm reduction techniques. Referral to other roles within the PCN or specialists as required.
Behavioral Health Consultant (BHC) <small>* Some BHCs may also be Registered Social Workers</small>	<ul style="list-style-type: none"> Works with clients and health care teams to support individuals who are experiencing mental health or addiction concerns, life stress, motivational issues, or other concerns. Provides brief interventions and can provide support with emotional or behavioral issues such as anger, anxiety, depression, stress, and bereavement. 	<ul style="list-style-type: none"> Developing plans to reduce or abstain from substances and assist with other lifestyle changes.
Social Worker	<ul style="list-style-type: none"> Provides guidance, information, advocacy, help, counseling, and support when applying for and accessing a range of services relating to various socioeconomic needs. 	<ul style="list-style-type: none"> Provide support with applying for financial and/or health benefits. Provide information on food hampers and community meals. Support with finding emergency shelter or short term/permanent housing. Provide information on where to apply for jobs and job placements. Provide information on abuse, domestic violence and safety planning if client is a victim of abuse. Provide informational resources on common legal issues. Provide information on recreation programs, events and services.

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CHANGING HOW WE TALK ABOUT SUBSTANCE USE*

The language we use has a direct and profound impact on those around us. The negative impacts of stigma can be reduced by changing the language we use about substance use.

TWO KEY PRINCIPLES INCLUDE:

- Using neutral, medically accurate terminology when describing substance use
- Using "people-first" language, that focuses first on the individual or individuals, not the action (e.g. "people who use drugs")

It is also important to make sure that the language we use to talk about substance use is respectful and compassionate.

TOPIC	INSTEAD OF	USE
People who use drugs	Addicts Junkies Users Drug abusers Recreational drug user	People who use drugs People with a substance use disorder People with lived/living experience People who occasionally use drugs
People who have used drugs	Former drug addict Referring to a person as being "clean"	People who have used drugs People with lived/living experience People in recovery
Drug use	Substance/drug abuse Substance/drug misuse	Substance/drug use Substance use disorder/opioid use disorder Problematic [drug] use [Drug] dependence

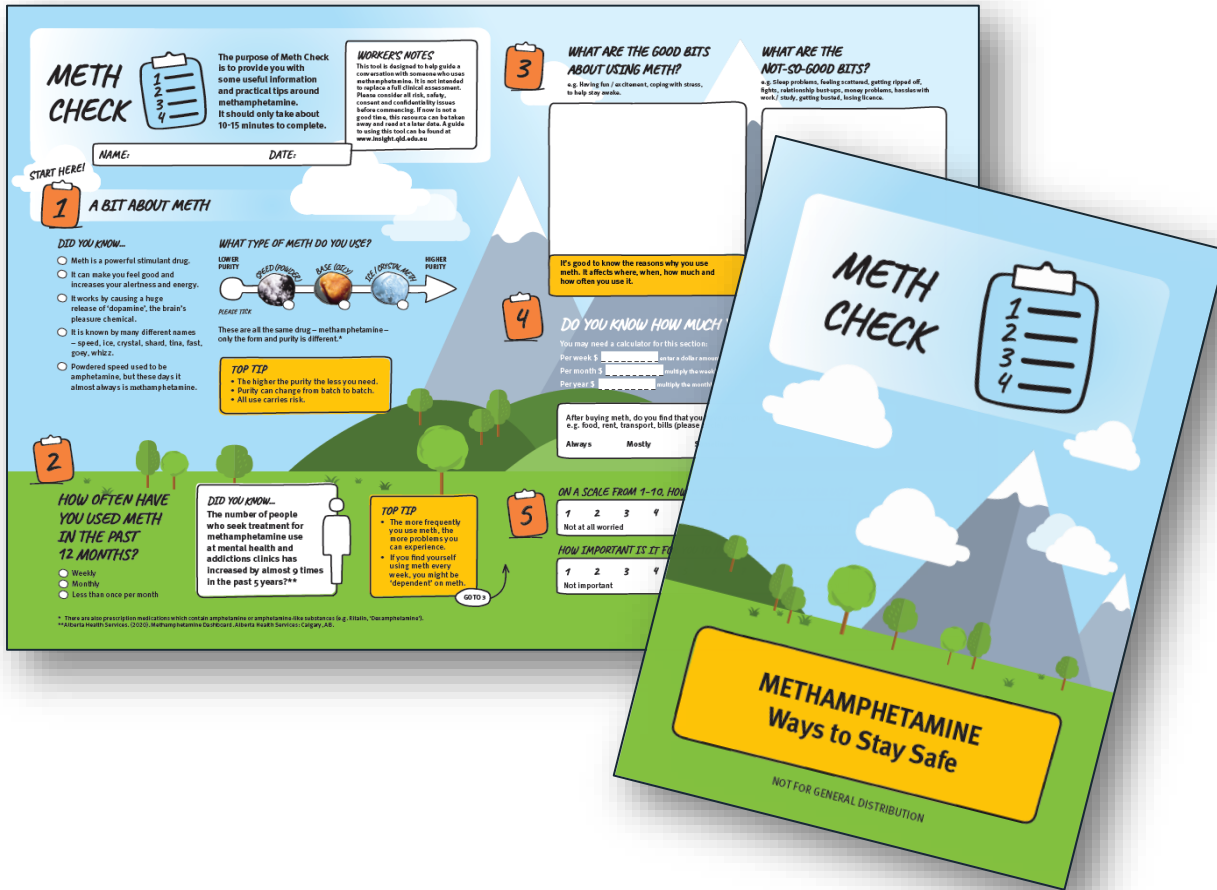
* This document was created in discussion with people with lived and living experience, through writing research and documentation from other organizations trying to address stigma. This is not an exhaustive list. Furthermore, as a result of the evolving discussion around the best language to use to accurately discuss substance use, this list will likely be revised.
CA: #95-822038-001 (EN) 950-640-2720 | 1-800-387-5878

Government of Canada / Gouvernement du Canada

Changing How We Talk About Substance Use

- The language we use when talking about substance use should be respectful and compassionate.
- Encourages using neutral, medically accurate terminology.
- Encourages using “people first” language that focuses on the individual and not the action (ie. people who use drugs instead of addict or user).

Resources and Tools

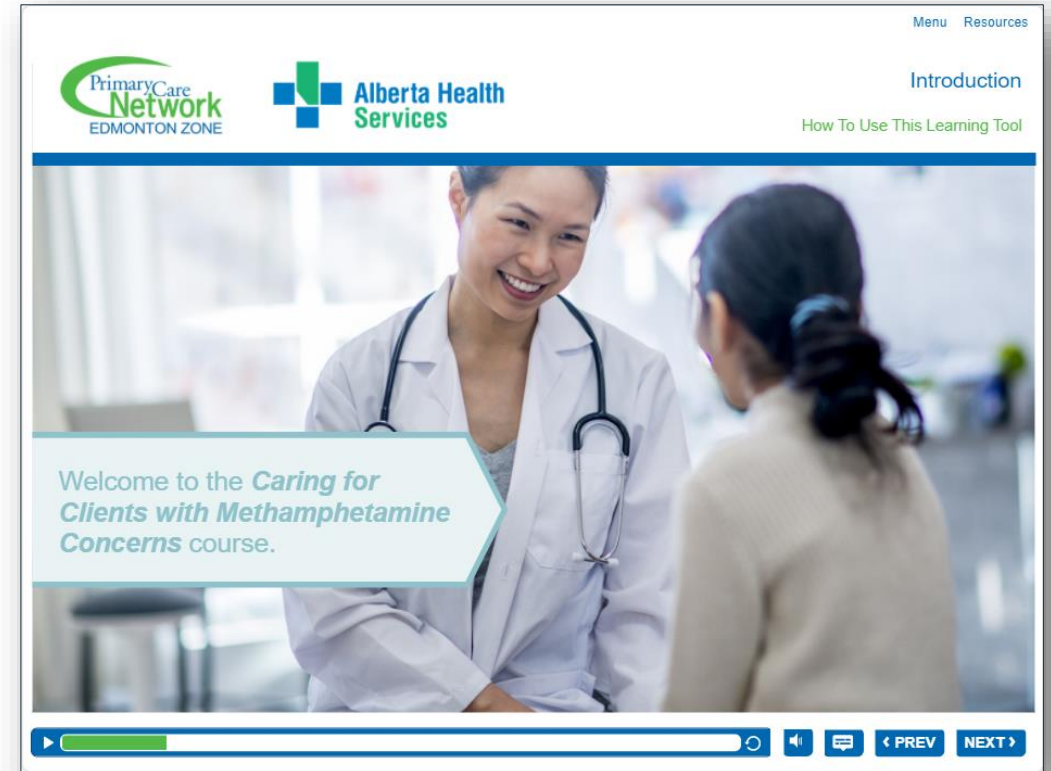


Meth Check Resources

- Ultra Brief Intervention Tool
- Ways to Stay Safe Booklet
- Harm Reduction Wallet Cards
- Factsheet for Families/Friends

Education Module

- A 45-minute eLearning module that provides foundational education for healthcare providers on methamphetamine use and treatment.
- Provides evidence-based information and leading practices.
- Features interviews with physicians and an individual with lived experience.
- Accredited for CME



Pathways and Education Module Locations

- Pathways and Protocol as well as Meth Check resources can be found on the Connect MD website on the Clinical Referral Pathways page under the Methamphetamine heading.

<https://www.pcnconnectmd.com/clinical-referral-pathways/>

- The education module is available on the [AHS Primary Health Care Learning Portal](#) (accessible to anyone) and My Learning Link (Alberta Health Services staff)

Identifying Challenges from the Perspective of a Provider in First Nations Settings

- Many providers are unaware their client has received care in a hospital, detox centre or treatment centre.
- Confusion in the language used when talking about a primary care provider.
 - Connection to a healthcare centre, rather than a specific provider.
- Difficulty with following up with or relaying information to clients.
 - Often requires creative solutions
- Not wanting to returning to same high-risk environment after discharge

Discussion

- What challenges have you experienced/observed with clients with methamphetamine concerns returning from hospitals or detoxification centres back to your communities?
- What resources or approaches in your communities have been successful in addressing these challenges?

Questions?

Contact

methpathways@ewpcn.com

Julie Willer, Addiction and Mental Health Consultant juliew@sherwoodparkpcn.com

Holly Durdle, Project Assistant holly.durdle@ewpcn.com



Poundmaker's Lodge
Treatment Centres



Covenant
Health



ALBERTA
MEDICAL
ASSOCIATION

Financial contribution from



Public Health
Agency of Canada

Agence de la santé
publique du Canada