Cheryl

48 year old female who went for knee surgery. She was given Dilaudid post-surgery. Eight months later, it is noted that she has been going to her doctor regularly for increasingly larger doses of Dilaudid.

Paul

23 year old male who was in a MVA two years ago and has been taking Percocet for his chronic back pain since that time. The pharmacy has observed that Paul has been coming in to get his prescription earlier and earlier.

Jeannine

72 year old widow who has a medical history of headaches and has used Tylenol #3 for the management of her headaches in the past. It has been noticed that she has been more frequently requesting T#3 since her adult son moved in with her a few months ago.

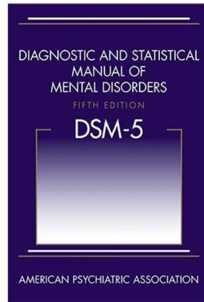
Jack

22 year old male who uses Fentanyl from the street along with cocaine, Xanax and marijuana. He plays in a band and skateboards in his free time. He is coming in with all sorts of sores and infections on his arms.

Recognizing Red flags for Opioid Addiction

- More frequent visits to physician
- Requests for early refills
- Increased tolerance - frequent requests for dose increases
- Irritable/angry behavior when requests are not met
- Double doctoring

Opiate Use Disorder



What is Opiate Agonist Treatment?

Opiate Agonist Treatment (OAT) is a medical approach used to help treat persons who have Opiate Use Disorder.

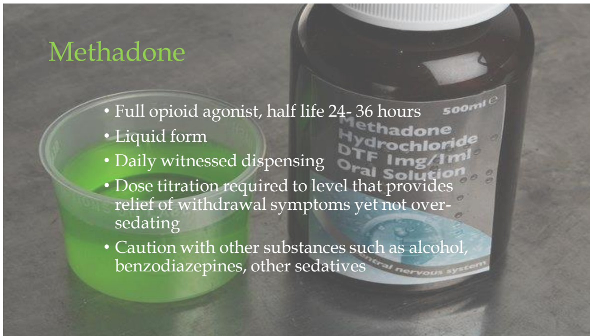
Opiate Agonist Treatment involves replacing the abused opioid – *codeine/percocet/oxycodone/morphine/dilaudid/fentanyl/heroin* – with a longer acting pharmaceutical opioid to provide stability.

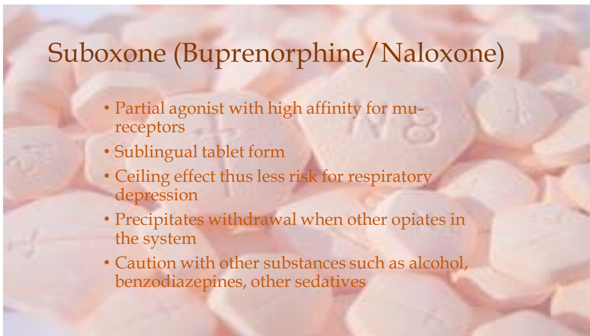
Opiate Agonist Treatment is most effective when combined with psychosocial support.

What is Opiate Agonist Treatment?

- longer acting opioid
- allows for more stability
- produces less euphoria
- reduces the risk of intoxication
- helps manage the symptoms of withdrawal
- allows time and stability to rebuild other aspects of their life (coping skills, etc)

In Manitoba this means: Methadone or Suboxone (Buprenorphine plus Naloxone).





	Buprenorphine	Methadone
Pharmacology	Partial agonist	Full agonist
Half-life	36-48h	24-36h
Dosing	Daily/alternate days	Daily
Abuse potential	+	+++
Overdose risk	Ceiling effect - safer	More risky
Effectiveness	Mild-mod. dependence	Severe dependence
Withdrawal	Mild	Moderate/severe protracted
Availability	Tablet – commonly includes naloxone	Oral liquid
Cost	Moderate/Expensive	Inexpensive

Help reduce the harmful and risky use of opiates
Help reduce the spread of infectious diseases like HIV and Hepatitis C
Help reduce crime rates associated with opiate use
Improve social functioning of clients (employment, education, personal relationships)
Lead to access of other services, including health care and rehabilitation
Improve overall health

Benefits evidenced by use of OAT

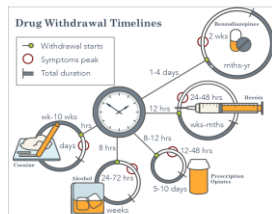
Compared with those OUD and NOT receiving treatment, OAT will:

- Reduce overall use of opioids;
- Decrease time involved in criminal activities;
- Reduce injecting and injection related risk behaviors;
- Reduce risk of getting or transmitting HIV, STIs & hepatitis;
- Improve physical and mental health;
- Improve relationships with others;
- Increase chances of getting a job or education;
- Improve quality of life; and
- Have a much lower death rate

Economic benefit

- Recent analysis of adult methadone clients - every dollar spent on methadone treatment produced $38 in related economic benefits.

Other Treatment Options



Detox & Abstinence based programs

- High rate of relapse
- High risk of overdose and fatalities due to reduced tolerance after only 3 days of abstinence

May be appropriate for a person with short history of oral use with low dose opiate and good social supports

Other Treatment Options in Manitoba

Detox
- Addictions Unit
- Main Street Project (women's and men's)
- Aurora

Abstinence Base Programs
- Residential (Addiction Foundation of Manitoba (AFM) Men's and Women's, Behavioral Health Foundation (BHF), Tamarack Recovery Centre, Anchorage (Salvation Army), Native Addictions Council of Manitoba, Rosarie House Addiction Centre)
- Community (AFM, NACM, Laurel Centre, St Raphael Wellness Centre)

Post-Treatment Programs - Esther House, Addictions Recovery, Two Ten

A large demand in Manitoba!

- Despite continued efforts to expand the OAT system across Canada, it has been estimated only 25% of opioid dependent individuals are enrolled in an OAT Program.
- Treatment utilization rates in Canada are lower than in most Western European countries.
- In Manitoba, wait times for programs vary – ie. the Winnipeg AFM's m.i.n.e. program wait times range anywhere from a couple days to a year, with a capacity of approximately 375-400.

Settings for OAT service delivery in Manitoba

OAT can occur in a number of different settings, including:
- **specialty addiction clinics**
- **methadone clinics**
- **community health centres**
- **general practice**
- **corrections**

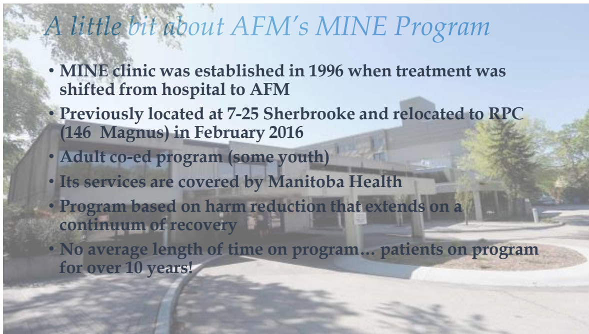
The choice of a particular setting depends largely on patient characteristics at intake (e.g., pattern/length of use, health needs).

Evidence indicates that patients can improve in any setting.

Continuity of treatment from setting to setting is essential.

Who is providing OAT in Manitoba?

- AFM
  - Winnipeg m.i.n.e. program
  - Brandon
- Clearview Addiction Rehabilitation Institute (CARI)
- Opiate Addiction Treatment Services (OATS)
- Manitoba Addiction Treatment Centre (MBATC)
- Private clinics & community physicians
  - Winnipeg
    - 601 Aikins
    - Nine Circles
    - Klinic
    - Access
    - Pheonix
  - Winkler
  - Swan Lake
  - ~40-45 physicians have exemption



A little bit about AFM's MINE Program

- **MINE clinic was established in 1996 when treatment was shifted from hospital to AFM**
- **Previously located at 7-25 Sherbrooke and relocated to RPC (146 Magnus) in February 2016**
- **Adult co-ed program (some youth)**
- **Its services are covered by Manitoba Health**
- **Program based on harm reduction that extends on a continuum of recovery**
- **No average length of time on program… patients on program for over 10 years!**

Services offered at MINE

- Team care approach (medical appointments with physician and nurse, daily nurse contact as required, on-site dosing, counseling, various therapy modalities, etc)
- on-site dispensary
- needle exchange program
- Group meetings, auricular acupuncture and other therapies including assitance in accesing traditional healing
- Psycho-social supports include a broad range of social and psychological interventions.

Services offered at MINE

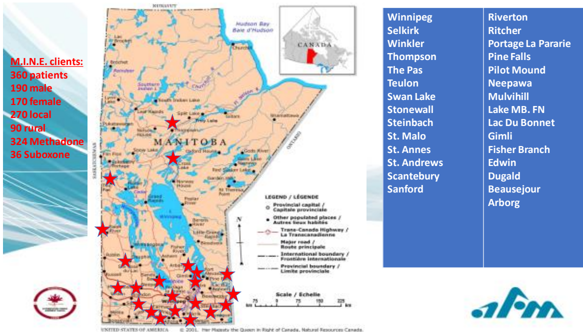
- Assistance with basic needs (food, clothing, housing, employment), life skills and coping skills as well support for legal, CFS related issues
- Access to mental health assessments (psychiatry)
- Training site for physicians, nurses, pharmacists
- Education sessions and resource site for other organizations
- Partnered with 174 pharmacies across the province

Typical Day at MINE…

Doctors' clinics (1-2 per am and pm with a usual max of 10 patients in each clinic) Monday through Thursday then Friday morning clinics only

Clients come to dose from 8:00-11:30am (M-F)

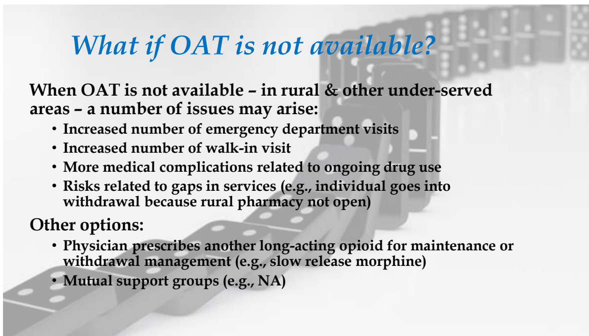
Counselor appointments, group sessions, individual appointments, acupuncture



Barriers to receiving OAT

A number of factors present barriers to accessing services:

- Wait times
- Travel (rural/remote communities)
- Limited number of prescribers
- No ORT services available in region
- Lack of child care
- Misconceptions about ORT
- Stigma



Working together…

Education and Awareness
Help change perceptions and breakdown stigma
Early identification and intervention
Increase access to services
Evidence Based Practices and Programs
Many of our systems work in silos - Building and increasing capacity for partnerships
Coordination, Transportation and Support