CAMH OpiATE Project

A DISCUSSION PAPER: Opioid Abuse Issues and Treatment Needs in Thunder Bay

3/31/2009

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Thunder Bay OpiATE Project Working Group

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Acknowledgements:

Thank you, to the consumers who attended the focus groups and spoke passionately about the challenges and the supports needed for people struggling with opioid abuse issues.

Thank you, to the Thunder Bay OpiATE Working Group members who despite some concern that this may be yet "just another report" did accept the tasks at hand, with the belief that there is value in perseverance.

Thunder Bay OpiATE Working Group

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EXECUTIVE SUMMARY

Opioid addiction is a complex issue that has multiple negative social implications: unemployment; homelessness; family disruption; social instability; and drug-related criminal activity. There are also increased risks of infection with Human Immunodefiency Virus and Hepatitis B and C. Thunder Bay and communities in the Northwest have been negatively impacted by what service providers, community members and community leadership refer to as "a devastating epidemic of opioid abuse and misuse".

The Centre for Addiction and Mental Health embarked upon a Provincial Project (OpiATE Project) to develop sustainable bio-psycho-social treatment models for people with opioid dependence by engaging communities, raising awareness and expanding training and professional supports.

Thunder Bay was one of four communities across the province identified as meeting the criteria to participate in the CAMH OpiATE Project. In April 2008, the Thunder Bay Working Group was established and was comprised of addiction treatment and allied services representatives within the city of Thunder Bay. The Working Group focused on exploring a comprehensive treatment model and facilitating education and awareness events in the community to address stigma and misinformation with regards to Methadone Maintenance Treatment. Consumers informed the work through their participation in panel discussions at community education and awareness events, and in focus groups that explored the treatment needs and gaps in service. Their wisdom is woven into the paper and informs the concepts that are put forward in the paper.

This discussion paper is divided into 4 sections:

- A historical accounting, from service providers' perspectives, of the ongoing efforts to respond to the negative impact of opioid misuse;
- Methadone services currently available in the city of Thunder Bay;
- A statistical snapshot of the demand for services from those struggling with opioid abuse issues and seeking support;
- The vision of a comprehensive opiate treatment model;
- Identification of priority areas and first step recommendations.

HISTORY OF THE OPIOID CRISIS IN THUNDER BAY

The following is the Thunder Bay Community OpiATE Working Group members accounting of key events in the evolving and unrelenting opioid crisis in Thunder Bay and the attempts made to respond in an effective manner. Some of the recounting is anecdotal and noted as such. Most of the key events are found in supporting documents and cited in the bibliography of this discussion paper.

Early 1990's First Methadone Clinic

In the early 1990's, there was one Addiction Psychiatrist practicing in the Northwest Region. He recognized and responded to the need of those struggling with opioid dependence by establishing a private methadone practice. His practice grew to include ninety-six people living within the city of Thunder Bay and the surrounding area. Case management services were not included as part of his clinic practice. When possible and with limited resources, community service providers offered support to some of the clients on methadone.

1999 Data Indicates Significant Opioid Abuse

The Ontario Substance Abuse Bureau hosted a provincial conference inviting delegates from the six communities identified as being significantly impacted by opioid addiction. Thunder Bay was one of six communities invited. In the subsequent report, *A Report on the Provincial Conference on Methadone Treatment*, delegates from Thunder Bay had identified a need for additional resources in the following areas: case management, education of providers to address stigma, social housing and recruitment of additional prescribing doctors. However, no additional resources to the system were forthcoming.

2002 Significant and Alarming Growth in the Illicit Use of Opioids

Front line addiction service providers reported a metamorphosis of the use of illicit opioids into an epidemic of use/misuse. In response to the growing crisis, St Joseph's Care Group in partnership with twelve addiction related agencies put forward a proposal titled, "*Shared-Care Model for Opiate Dependence".* The proposal described a collaborative community response that included: a psychiatrist, several doctor's willing to become licensed and provide care to ten methadone clients and the reallocation of community funds for one case management position. The proposal requested funding from Ministry of Health and Long -Term Care for a nurse practitioner to provide the support necessary to complete the model. The proposal was not approved for funding and it did not proceed.

2003 Community Responds to the Only Methadone Provider Leaving Town

In 2003, the only methadone maintenance provider accepted a position in Southern Ontario leaving approximately ninety-six individuals without a prescribing physician. A 2004 discussion paper, *Methadone Maintenance Treatment: A Community in Need,* detailed the community response. A

community meeting with addiction providers and mental health service providers was held with the Ministry of Health and Long -Term Care. All providers reported an inability to rededicate existing resources to create a methadone program to meet the need. They were willing to put forward a proposal to the Ministry for the necessary funding and resources to establish a methadone program. However, there were no funds available at that time. In order to respond to the community crisis, St. Joseph's Care Group reallocated resources from the Lakehead Psychiatric Hospital site to create a methadone program - the Lakeview Clinic. Staffing from the Northwestern Ontario Concurrent Disorder Program was rededicated and the Ministry of Health and Long Term care provided one time, funding for six months to establish case management services. Three community physicians and one psychiatrist came forward to offer their support. Sessional fees were covered on an interim basis by the reallocation of resources from other Mental Health Programs within St. Joseph's Care Group. It was hoped that annualized funding would be granted. It was not. By the end of the year, there were 80 clients on the wait list and an estimated 500 individuals in need of MMT in the Northwest Region of Ontario.

2004 Community Services Lead Opioid Awareness Initiative

Thunder Bay Drug Awareness Committee, a coalition of various organizations and interested individuals working to promote drug awareness activities and events formed an opiate subcommittee to focus on the issues. The group received a grant in 2004 from the Thunder Bay Community Foundation that offset the cost of the media campaign targeting recreational opioid use among youth. The media campaign ran in 2005.

St. Joseph's Care Group in partnership with Ontario Federation of Community Mental Health and Addiction Programs submitted a proposal to Canada's Drug Strategy. The proposal, *Opiates: A Community Awareness Initiative,* sought to develop and distribute an educational resource to enhance community awareness and early identification of opiate misuse. Funding was received and resulted in the production of the DVD, "Prescription for Addiction".

2004- 2005 Dramatic Increase in Crime and Opioid Abuse

In February of 2005, some of the pharmacies in Thunder Bay responded to the rash of robberies by refusing to carrying OxyContin.

"Drug Stores Prime Targets for Robbers: Incidents Spiral Up Due To Growing Intravenous Drug Use In City: Police"
Thunder Bay Newspaper Headline 2004-02-04

"Drugstore robbery: bandit points gun at worker; chain bans sale of OxyContin"
Thunder Bay Newspaper Headline
2005-02-05

2005 Drug Related Suicides Increase

> ***"Hillbilly heroin takes its toll"***
> Thunder Bay Newspaper Headline 2005-01-16

The devastating ripple impact of opioid addiction widened. There was an increase in suicides related to opioid abuse. Anecdotally, service providers recount the profound impact the losses had on front line addiction providers and of the memorial service providers held for those who had died.

2005 Arrival of Ontario Addiction Treatment Centre in Thunder Bay

Ontario Addiction Treatment Centre Thunder Bay opened two methadone clinics in Thunder Bay in 2005. The enormous unmet need was evidenced by the estimated two hundred people who lined up to enrol in methadone program.

2005 Community Service Providers Lead Opioid Awareness Initiatives

In 2005, the Drug Awareness Committee hosted a community information session regarding opioids, featuring speakers from the Centre for Addiction and Mental Health. Also, in that year, the committee put together a media campaign to raise awareness among youth of the risks of recreational opiate use. They worked in partnership with Matawa First Nations to produce materials for First Nations adults and youth on opiate use.

2005 Methadone Case Management Funds Annualized

The Ministry of Health and Long -Term Care annualized funds for the equivalent of 2.0 FTE methadone case management positions within Lakeview Clinic. (St.Joseph's Care Group, 2005)

2006 Changes in Legislation

In response to methadone related deaths in the province, legislation was passed that limited who could dispense methadone. The change in the legislation now required a regulated health professional to dispense methadone. This has had negative impact on clients attempting to access residential withdrawal management and, or residential substance abuse treatment facilities. Intensive addiction services in Thunder Bay are not staffed with the medical resources the new legislation requires. A barrier now exists for clients in need of intensive, non medical addiction services but not stable enough to travel off site to a pharmacy for methadone.

In March, Thunder Bay Counselling Centre hired a .5 FTE methadone maintenance case management staff to support methadone clients in the city of Thunder Bay, with funds provided by the Ministry of Health and Long -Term Care.

In April 2006, the Minister of Health and Long -Term Care created the Methadone Maintenance Practices Task Force to review the issues, treatment needs and recommend best approaches in the provision of Methadone Maintenance in the province. The task force conducted hearings across the

province. Approximately, twenty-four stakeholders (organizations and consumers) from Thunder Bay and District made presentations to the Task Force.

Present Impact of Opioid Abuse in Thunder Bay and the District

Services in Thunder Bay continue to struggle with the ripple impact of opioid abuse.

> ***Senior home drug thefts a growing concern for police:*** prescription patch was pulled off an elderly man's arm at Roseview Manor earlier this week." TB News Source Web Posted:

> ***"Seizure just the tip of the iceberg: police say trafficking of prescription medicine a problem across the region"***
> Thunder Bay Newspaper Headline
> *2007-10-30*

In March 2008, the North West Regional Opiate Task Force (facilitated through Thunder Bay Regional Health Sciences Centre) was created in response to identified issues and concerns regarding a marked increase in the use and misuse of opiates reported throughout the region. "The Task Force is comprised of representatives from multiple sectors who are working in collaboration to develop strategies and recommendations designed to reduce the misuse and abuse of opiates throughout North Western Ontario. " (Task Force Mandate)

Present The Northwest

The negative impact of opioid addiction has rippled into rural and northern communities.

> ***"Nishnawbe Aski Police made a $12,000 drug seizure, consisting of percocets, oxycontin and marijuana, in Eabametoong First Nation"*** Wawatay News 2008-11-11

> ***"Band To Tackle Drug Abuse: White Fish"***
> Thunder Bay Newspaper Headline
> 2007-*02-26*

> ***"Opiate Abuse under attack" Fort Francis"*** Thunder Bay Newspaper Headline *2008-08-20*

> ***"Long Lake needs help, chief says"***
> Thunder Bay Newspaper Headline
> *2006-03-12*

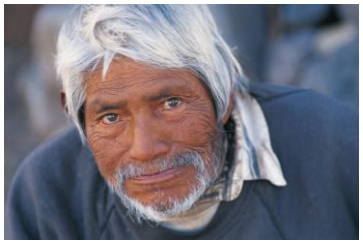
> "Over the last three to five years, the abuse of certain prescription drugs and more specifically, Oxycontin, has become the predominant health problem among our People. In spite of all our combined efforts to confront this growing problem, it has now reached epidemic proportions." ***Mike Morris Health Director Kitchenuhmaykoosib Minoyawin Services Published in Wawatay Online, November 27, 2008, Volume 35, No. 24***

First Nations Working On Prescription Drug Abuse Strategy

Despite inadequate resources First Nations communities are responding to the crisis. In February 2009 a three day Chiefs forum, *Answering the Call for Help: Reducing Prescription Drug Abuse in Our Communities*, brought together close to 200 First Nations community leaders. Focusing on solutions, Nishnawbe Aski Nation (NAN) Chiefs from the Sioux Lookout Zone, together with a group of Chiefs from Grand Council Treaty 3 emerged with a signed declaration:

> *"We recognize that the roots of this problem lie in our history, the failure of governments to honour their obligations to us, the policies and laws, which have limited exercise of our rights to our political development, the residential school experience and other negative consequences of colonialism," write the Chiefs in their declaration. The First Nations take ownership of this problem and recognize that the solutions and answers are within our culture and our communities." (http://nationtalk.ca/modules/news)*

First Nations communities and leadership in the Northwest have identified the need for training, consultation and resources to build the communities capacity to respond to prescription drug abuse.



METHADONE MAINTENANCE CLINCS IN THUNDER BAY

LAKEVIEW CLINIC:

Lakeview Clinic is an outpatient program of the Northwestern Ontario Concurrent Disorders. The clinic is a comprehensive model whose team members include physicians, a psychiatrist, registered nurses and a program manager providing services to clients with concurrent disorders and/or complex medical issues such as pregnancy, Hepatitis or HIV. There are 4 part-time physicians; two having specialty areas – one in infections diseases and one in co-occurring disorders; and four registered nurses. The nurses provide case management support, counseling, advocacy and assistance with accessing community services.

As of December 2008 there were:

- 96 clients enrolled: 60/40 ratio female to male
- 12 people on the wait list
- Approximately 8-12 people/month walking in looking for services
- Daily phone calls requesting service

Clients tend to have complex needs including co-occurring mental health and addictions disorders.

ONTARIO ADDICTION TREATMENT CENTRE:

The country's largest network of methadone clinics operates two clinics in the City of Thunder Bay, with one in Thunder Bay South and one in Thunder Bay North. As of December 2008:

- The South side Clinic reported 293 clients enrolled
- The North side Clinic reported 313 clients enrolled
- Daily: 1-2 people requesting methadone
- Monthly: 2-5 new clients entering the program. There is no reported wait list.

The Clinics are staffed by physicians, registered nurses and clinical case managers. The clinic on north side has three prescribing physicians and the clinic on the south side has one. The physicians are based in Southern Ontario and provide support primarily through the Ontario Teleconference network and, at times, through visits to the community. Two Clinical Case Managers at each site provide the primary support for clients for issues related to urine results; health issues; emotional support and related issues: housing, legal etc. Four nurses at the respective locations focus on health-related issues. One nurse in the total nurse staffing is designated for Hepatitis C issues. There is a total of 5 support staff that provide initial assessment and the processing of urine screens.

IMPACT: Statistical Snapshots

There is no one statistical data source that captures the number of people struggling with opioid abuse. The following section presents several statistical snapshots of services that are at the front end of the service continuum: St Joseph's Care Group - Balmoral Withdrawal Management Services, Thunder Bay Regional Health Sciences Centre - Emergency Department and Thunder Bay Counselling Centre -Substance Use Services. It is representative only of those individual seeking services. Although, the information is not definitive some inferences can be made regarding the impact on services, the clients' needs and the priority of needs.

BALMORAL WITHDRAWAL MANAGEMENT SERVICES

Balmoral Withdrawal Management Services of St. Joseph's Care Group is a 15 bed, non-medical withdrawal management centre. Services include essential crisis withdrawal management, "day detox" services, and pre-treatment stabilization services. The Centre also facilitates access to treatment services across the continuum of care. Opioid withdrawal while typically not life threatening is extremely uncomfortable, and there is an increased risk of suicidal ideation and depression. The length of withdrawal is often longer than for other substances and individuals tend to stay in the crisis beds longer. This has created a bottle neck in the movement of clients to stabilization beds and an increase in the number of clients the service is unable to admit.

During the period January 1, 2008 to December 31, 2008, 1,363 people were admitted. Three hundred and thirteen (30%) men and 136 (43%) women identified opiate abuse as an issue. The Centre was unable to serve 927 people. Thirty-three percent of those they were unable to serve reported opioid abuse issues. The reasons and the associated numbers were:

- Beds Full – 791: 567 men; 360 women
- No Opiate Bed – 136: 40 men; 96 women

Referrals from Balmoral Withdrawal Management Services to Thunder Bay Regional Health Science Centre (TBRHSC):

Balmoral must refer all medically compromised clients to TBRHSC due to the lack of available clinical resources on site to provide assessments and medical care. Annually, 369 people are transferred from Balmoral to the TBRHSC - Emergency Department for the following reasons:

- Primary Care Issues - 236 referrals
- Emergency Issues - 25 referrals
- Opioid Withdrawal - 116 referrals

Referrals from Thunder Bay Regional Health Science Centre (TBRHSC) - Emergency Department to Balmoral Withdrawal Management Services:

Six hundred and twenty-six referrals are made annually resulting in 398 admissions. Forty-six per cent of these admissions identified opioid abuse as an issue. Balmoral was unable to serve 228 of the referrals, for the following reasons:

- No Beds Available
- Medical clearance required - Mental Health Issues
- Medical clearance required - Opioid Abuse Needs
- No Opioid Beds available

THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE - EMERGENCY DEPARTMENT

Thunder Bay Regional Health Sciences Centre is an acute care facility serving the healthcare needs of people living in Thunder Bay and Northwestern Ontario. The Emergency receives approximately 95,000 annual visits. (www.tbrhsc.net) During the period April 1, 2008 to December 31, 2008, there were 1,374 substance use related visits to the Emergency Department and 117 or 9% of the total substance use visits were identified as primarily due to opioid use/abuse. It is important to consider that these numbers reflect those cases where substance abuse has been identified as the primary reason for the ED visit. It does not include cases where opioid use/abuse was identified as a secondary issue.

THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE - IN-PATIENT

During the period April to December 2008, there were 91 in-patient visits (a total of 997 days), with a diagnosis of mental and behavioural disorders due to use of opioids and poisoning by opioids. This number includes all in-patients but excludes the adult mental health unit. The numbers would likely be higher if this unit were included.

THUNDER BAY COUNSELLING CENTRE – SUBSTANCE USE SERVICES

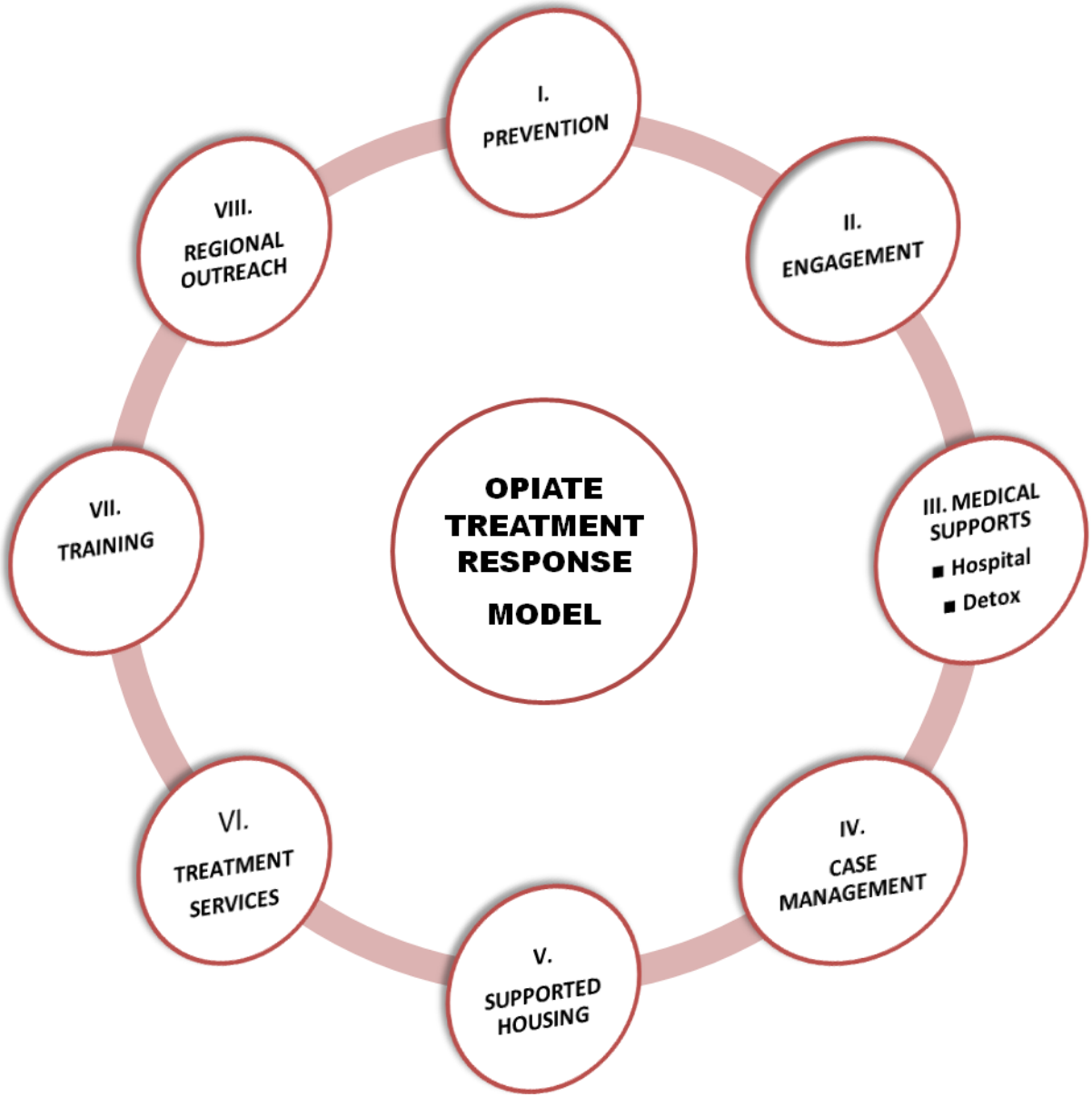
Thunder Bay Counselling Centre, Substance Use Services includes; Alcohol and Other Drugs Program offering assessment and community treatment; Addiction Services Initiative, providing outreach service to Ontario Works clients; and Pregnancy and Health Program, supporting women who are pregnant or parenting. During the period April 1, 2008 to December 31, 2008 the number of opioid admissions were 375. An age, gender breakdown (see Appendix - Table VI) provides information that is particularly concerning. In the three age categories; “Under 16”, “16-24” and “35-44” the percentage of women in each of the groups is startling, ranging from 76% to 57%. Particularly alarming is the “under the age of 16” category, in which 76% of young women report struggling with opioid abuse issues.

THE VISION: A Comprehensive Opiate Treatment Response

Research indicates that mental health issues are to be expected in opioid dependent individuals. (Saskatchewan Health, 2004, Minkoff, 2001, Health Canada, 2002, Alberta Alcohol and Drug Commission, 2007). A comprehensive, collaborative model is needed to respond effectively to the complex issues that people with opioid addiction often struggle.

This section outlines the vision of a comprehensive opiate treatment response model for the city of Thunder Bay. Given the short time lines to complete the work, the Working Group focused on identifying and developing a brief description of the key components of the model. Specific resources and linkages required to achieve a comprehensive treatment model are for future work. Priority first steps and recommendations are identified, should further resources become available.

A Comprehensive Opiate Treatment Response Model



Model Components:

I. PREVENTION: is a fundamental part of the model. Community services - addiction and non-addiction, provide information and education about opioids, the benefits and the risks. Adopting a first point of contact approach significantly increases the system's capacity for providing early interventions - engagement and health promotion.

II. ENGAGEMENT: occurs at first point contact a person has with community services i.e. Correction Services, Child Welfare, Education or Hospital and is not confined to a specific system. Providers demonstrate a comfort level and knowledge base that allows for screening and identifying those in risk of opiate misuse; determining an individual's needs and supporting them in navigating the system. The approach is welcoming, accessible and includes efforts to positively effect determinants of health such as housing, access to food, social supports.

III. MEDICAL SUPPORTS: in the model provide for client stabilization and address the full continuum of complex health care needs by utilizing a step up/step down model between hospital based detox and community withdrawal management services.

Hospital Based Detoxification: is comprised of dedicated beds and intensive medical support for clients with life threatening care issues by staff that has expertise in addictions and has access to mental health resources.

Withdrawal Management Services: is a key entry point to the addictions treatment system. The services include an onsite nurse practitioner and consulting physician monitor and provide support for people experiencing withdrawal symptoms and primary care issues (but not in need of hospital admission). The linkages between the levels of medical supports are formalized through service agreements (based on evidence based best practices) outline referral protocols and expectations of the step up, step down model of care.

IV. CASE MANAGEMENT: is a collaborative process of planning, facilitating and advocating for options and services to meet the individual's needs. The model offers two levels of case management support; community case management and specialized case management. Community case management addresses determinates of health (housing, food etc.), coordinates appropriate services and provides on-going support as needed by the client. Case mangers possess a level of comfort and understanding of opiate addiction related issues. This type of support is available throughout the model, at the first point of contact an individual has with a provider. The second type of case management, specialized case management provides clients with specific addiction and mental health supports and supports referrals to treatment.

V. SUPPORTED HOUSING: in this model includes a range of housing options based on a client's willingness and ability to address their substance use and related issues. It supports client choice and acknowledges housing as a fundamental human right. The provision of Wet, Damp, Dry supported housing options for clients with mental health and substance use problems (including relapse) reduces the threat of homelessness. Housing options and accompanying supports include:

- Dry Housing Option - abstinent based environment with on site supports;
- Damp Housing Option - abstinence is encouraged but not required and on site supports are provided;
- Wet Housing Option - individuals who continue using substances and are provided with services and supports.

These supported housing options are the realization of partnership arrangements between community housing providers and addiction treatment resources.

VI. TREATMENT OPTIONS: are based on the recognition that people recover from addiction in a variety of ways. In addition to Methadone Maintenance Treatment other options include; Buprenorphine (added to drug benefits coverage), tapering from opioids and a peer support model to encourage efforts to change.

VII. TRAINING: is ongoing and builds a consistent level of skills, knowledge and comfort level amongst service providers. Two levels of training are required; an introduction to opioid abuse and treatment issues and advanced clinical counseling skills. The entry level training focuses on developing service providers understanding of opioid abuse, Methadone Maintenance Treatment Best Practices (MMT) and exploring their underlying assumptions regarding MMT. The second level of training develops clinical counseling skills; support strategies in helping clients stabilize and addressing complex care issues.

VIII. REGIONAL OUTREACH SUPPORT: provides training, consultation and support to service providers in the Northwest Region through the use of Telehealth and, or video conferencing technology. Using a mentoring approach, outreach support enhances the competency of those in primary health care and allied services to stabilize and provide support for people with opioid abuse issues in their communities.

FIRST STEPS: Identified Priority Areas

The following section identifies priority areas for development should additional resources become available. The areas have been selected based on services currently available, information presented in the statistical snapshots, and the vision of a comprehensive opiate treatment response model.

IDENTIFIED PRIORITY AREAS

Resources to help clients stabilize are crucial to addressing the needs of the most vulnerable, to making effective use of existing resources, and to promoting integrated, coordinated care. The priority resources identified to address current gaps are;

- a nurse practitioner at Balmoral Withdrawal Management Services;
- additional community case management positions;
- training and education of service providers.

Balmoral Withdrawal Management Services: Nurse Practitioner

In a one year period, Balmoral Services made 396 referrals to Thunder Bay Regional Emergency Department due to the level of care clients required and an absence of onsite medical support. Referrals from Balmoral Services to Thunder Bay Health Sciences Centre are often for primary care health issues that do not require the level of care offered in a hospital setting. A nurse practitioner at Balmoral Centre will better meet the needs of those individuals at the Centre, lower the number of referrals to TBRHSC- Emergency Department and meet the legislation requirements of methadone dispensing on site.

1. **RECOMMENDATION:** A nurse practitioner position (with the support of a consulting physician) be added to Balmoral Management Withdrawal Services to conduct, as required; a nursing assessment on admission, oversee the monitoring of a client's progress and administer methadone.

Note: The need for additional resources for Withdrawal Management Services has been identified in a provincial (Cathexis, 2005) and a regional (Penny, 2006) review. Medical resources and women's beds were highlighted in these reports as areas requiring further attention and action. In the statistical snapshot provided in this paper, the number of people Balmoral is unable to serve, and the number of women struggling with opioids they are unable to serve is significant. It requires further discussion and exploration on how best to respond to the issue.

ADDITIONAL COMMUNITY CASE MANAGEMENT POSITIONS:

For people not able or willing to access Balmoral Withdrawal Management Services, and for those unable to enter because the beds are full, case management is an important option. Lack of case management supports in Thunder Bay has been cited by physicians and service providers as a significant barrier to recruitment of additional methadone prescribers. Consumers have identified that a lack of case managers; a person to advocate, support, link to the treatment system, negatively impacts their efforts to engage with needed services. Increasing case management positions may increase the number of physicians willing to become methadone prescribers and, or the number of clients current prescribers are willing to accept. It also provides clients with increased access to advocacy and support in linking with needed services.

Case management can be especially useful in meeting the needs of young women or women with children who are not able or willing to access Balmoral Centre or other treatment services.

2. **RECOMMENDATION:** There is agreement that additional case management positions are required. However, further discussion is needed amongst addiction service providers to determine specifically the level of need, the number and type of case management positions required, and the placement of these positions in the system.

OPIOID TRAINING AND EDUCATION OF PROVIDERS: City and District

There is an ongoing need for training and education of service providers regarding opioid abuse. This training is also needed in the District of Thunder Bay, as evidenced by the frequent requests from the District to Thunder Bay providers for this type of support. The needs range from introductory information about opioids and opioid addiction, to more advanced clinical skills training.

Consumer focus groups continue to highlight experiences of shame and stigma when attempting to access addiction and non addiction services. Opioid training and education of providers must include opportunities to explore their values, attitudes and beliefs regarding addiction.

3. **RECOMMENDATION:** Further discussion with community and district partners and the Centre for Addiction and Mental Health is required, to develop a coordinated approach in responding to the needs, and to identify the type and extent of resources required to meet the training needs.

APPENDICES

BALMORAL WITHDRAWAL MANAGEMENT SERVICES

Reporting Period: January 1, 2008 to December 31, 2008

TABLE I: Opioid Issues - Unable to Serve

Total Unable To Serve	**927**
Percentage Opioid Abuse Issues	**33%**

TABLE II: Unable to Serve: Reasons and Gender

Beds Full	**791**	
	Male (n= 474) 60%	**Females (n= 317) 40%**
No Opioid Beds	**136**	
	Male (n= 40) 30%	**Females (n= 96) 70%**

TABLE III: Referrals to Thunder Bay Regional Health Sciences Centre - Emergency Department

Number Of Referrals	**396**	
	Males (n= 266) 67%	**Females (n= 130) 33%**

TABLE IV: Reason for Referrals to Emergency

PRIMARY CARE	**236**	
	Male (n= 146) 62%	**Females (n= 90) 38%**
EMERGENCY	**25**	
	Male (n= 19) 76%	**Females (n= 6) 24%**
OPIOID WITHDRAWAL	**116**	
	Males (n=80) 68%	**Females (n= 36) 32%**

Data Source: St. Joseph's Care Group

BALMORAL WITHDRAWAL MANAGEMENT SERVICES

Reporting Period: January 1, 2008 to December 31, 2008

TABLE V: Referrals from TBRHSC - Emergency to Balmoral Withdrawal

Number Of Clients Referred	**626**	
Total Admissions	**398 (64%)**	
Total Number With Opioid Abuse	**183 (46%)**	
	Males (n=120)	**Females (n=63)**
	66%	**66%**

Data Source: St. Joseph's Care Group

THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE - EMERGENCY DEPARTMENT

Reporting Period: April 1, 2008 to December 31, 2008

TABLE VI: Emergency Department - Substance Use Related Visits

Total Number of Substance Use Related Visits	**1,374**
Percentage of Visits With Opioid Abuse The Primary Issue*	**9%**

THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE - IN-PATIENT

TABLE VII: Inpatient - Opioids and Poisoning By Opioids

Total visits 97*	**Total 997 days**

*excluding adult mental health unit Data Source: TBRHSC

THUNDER BAY COUNSELLING CENTRE - SUBSTANCE USE SERVICES

Reporting Period: April 1, 2008 to December 31, 2008

TABLE VIII: Age and Gender Opioid Admission n= 375

Age	Male	% within age category	Female	% within age category	Total
Under 16	4	24%	13	76%	17
16-24	46	36%	83	64%	129
25-34	54	43%	72	57%	126
35-44	39	53%	34	47%	73
45-54	18	72%	7	28%	25
55-64	5	100%	0	0	5
Over 65	0	0	0	0	0
TOTAL	166	44%	209	56%	375

Data Source: TBCC – Substance Use Services

BIBLIOGRAPHY

Cathexis Consulting Inc. (2005 June). *A Review of the Withdrawal Management System in Ontario Final Report.* Cathexis Consulting:Author

Center for Addiction and Mental Health. (2000). *Methadone Maintenance Treatment: A Community Planning Guide.* Retrieved on November 20, 2008 from http://www.camh.net/education/ Resources_communities_organizations/MMT_Community_Guide/mmt_cguide.pdf

Health Canada. (2002). *Best Practices Methadone Maintenance Treatment.* Ottawa: Minister of Public Works and Government of Canada.

Ontario Health Ministry of Health and Long -Term Care. (2007, July). Methadone Maintenance Treatment Practices. Retrieved on November 20, 2008 from http://www.health.gov.on.ca /english/public/pub/ministry_reports/methadone_taskforce/methadone_taskforce.pdf

Meyers Norris Penny LLP, (2006, July). *A Provincial Review of Withdrawal Management Services In The North West Region For: Lake Of The Woods District Hospital.* Lake of the Wood District Hospital: Author

St. Joseph's Care Group. (2002, December).*Proposed Service "A Shared-Care Model For Opiate Dependence".* Unpublished

St. Joseph's Care Group. (2004, February 14, 2004). Methadone Maintenance Treatment: A Community in Need "Discussion Paper". Unpublished

St. Joseph's Care Group. (2005, October 31). *Proposal to Enhance Methadone Services.*

St. Joseph's Care Group. (2007, January 19). *Ontario Methadone Maintenance Treatment Practices Task Force Submission. Unpublished*

Ontario Federation of Community Mental Health and Addiction Programs in partnership with St. Joseph's Care Group. (2004, July 6). *Opiates: A Community Awareness Initiative.* Unpublished

Ontario Federation of Community Mental Health and Addiction Programs in partnership with St. Joseph's Care Group. (2005, February 28). *Opiates: A Community Awareness Initiative Phase II.* Unpublished

Sieswerda, L.., Starkes, J., Adlaf, E., (2005). *Northwestern Ontario Student Drug Use Survey.* Thunder Bay District Health Unit: Author