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Best Practices Across the Continuum of Care for the Treatment of Opioid Use Disorder

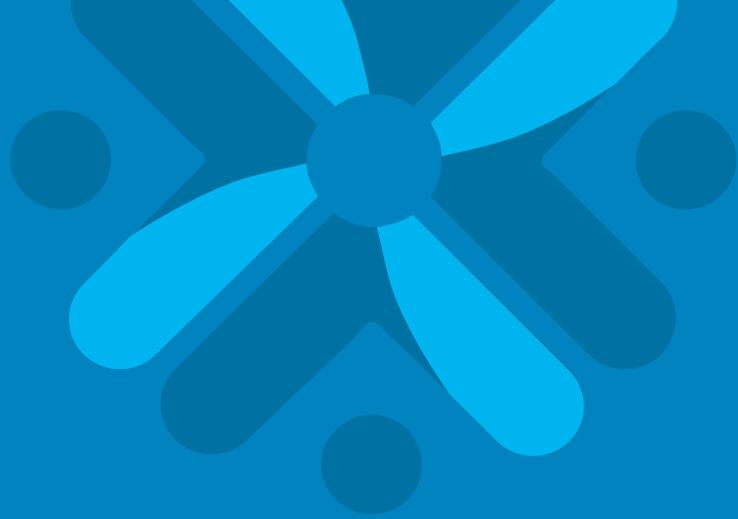
Public Health 2019

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May 2, 2019

Disclosure Statement

- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

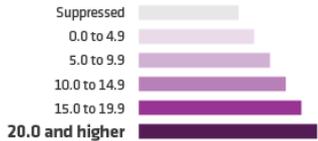


Opioid Crisis

Opioid Crisis in Canada

● Number of deaths in 2018 (Jan to Jun)

RATE PER 100,000 POPULATION^d

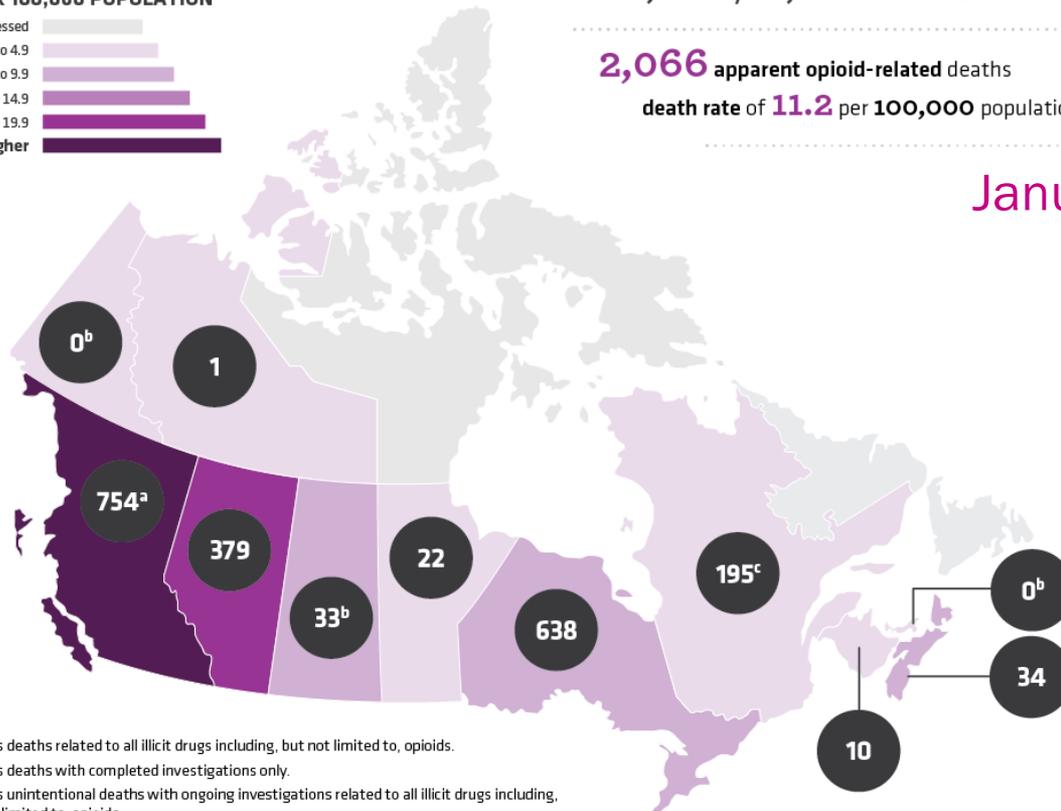


From January to June **2018**

2,066 apparent opioid-related deaths
 death rate of **11.2** per 100,000 population

January 2016–September 2018

>10,300
 lives lost



a Includes deaths related to all illicit drugs including, but not limited to, opioids.
 b Includes deaths with completed investigations only.
 c Includes unintentional deaths with ongoing investigations related to all illicit drugs including, but not limited to, opioids.
 d The estimated annual rate for 2018 is based on available data from January to June 2018.



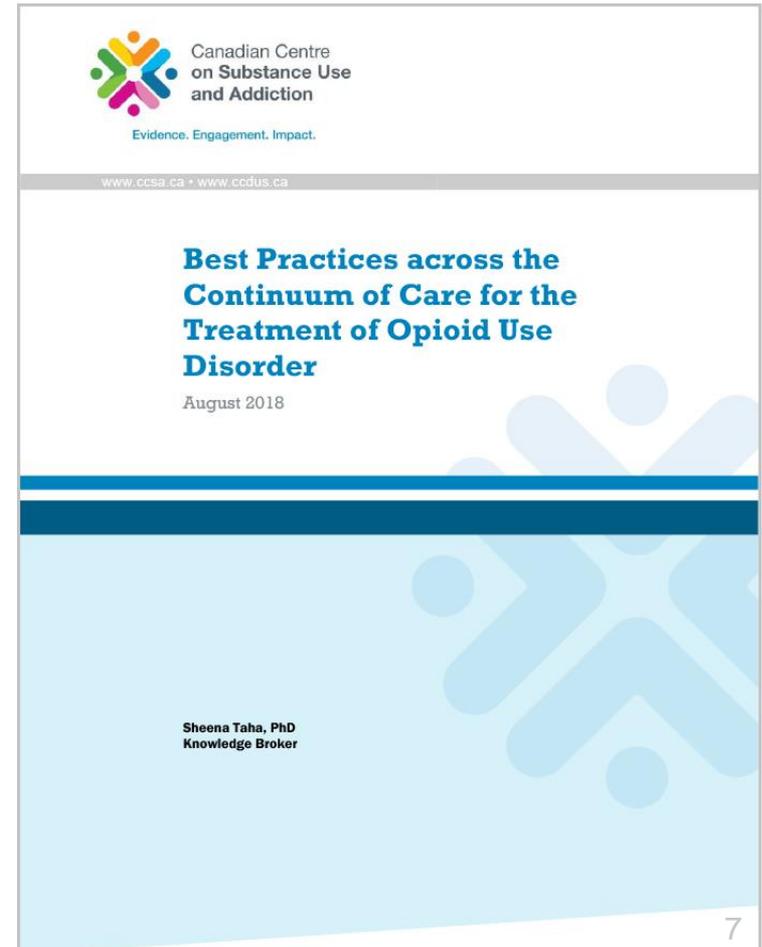
Response

Comprehensive Response



Health Canada Treatment Task Group

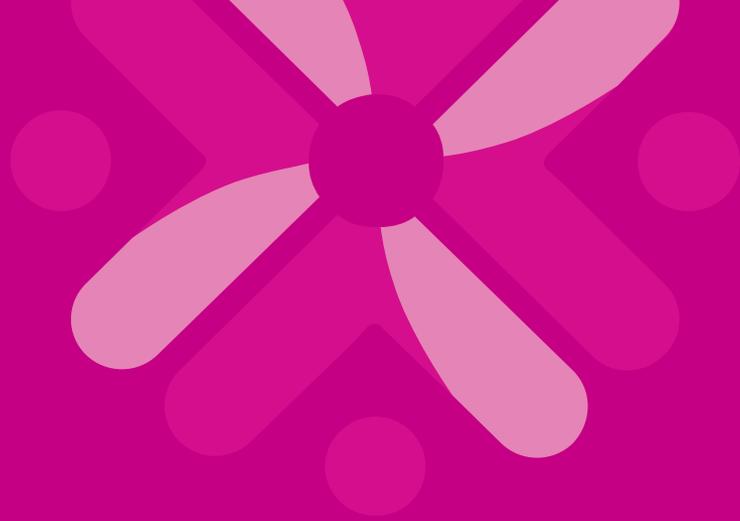
- Objectives
 - Define continuum of care
 - Better understand best practices
 - Inform policy development and implementation of services



Overarching Principles



1. Client chooses desired outcome
2. Customized treatment plan
3. Address all components of well-being
4. Culturally safe, trauma- and gender-informed
5. Eliminate stigma
6. Peer-engaged or led services
7. Recovery oriented



Continuum of Care

Continuum of Care



Harm Reduction

Screening	Assessment	Brief Intervention	Withdrawal Management	Pharmaco. Interventions	Psychosocial Interventions	Recovery
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- * Rapid Access Addiction Medicine Clinics
- * Community Outreach

Harm Reduction

- Administering naloxone reduces overdose mortality
- Supervised consumption sites prevent harms and provide connection to support services
- Needle exchanges reduce HIV
 - Results related to HCV are mixed



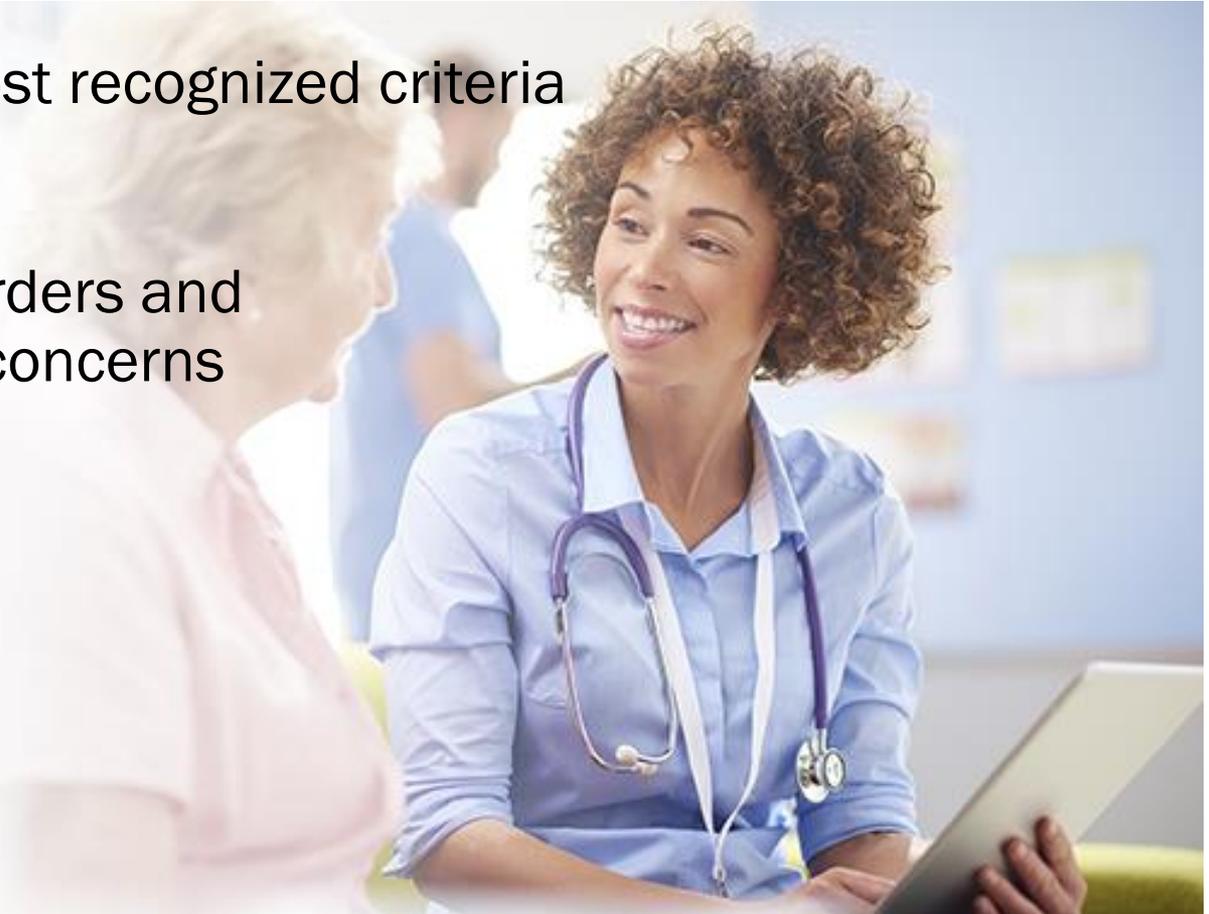
Screening

- Multiple tools available
— no consensus on best practice
- Should address polysubstance use, mental and physical health



Assessment

- DSM-5 provides most recognized criteria
- Should include:
 - Concurrent disorders and physical health concerns
 - Recovery capital
- Repeat throughout treatment



Brief Interventions

- No harms → education and reinforcement
- Moderate to high risk → brief intervention
- Severe risk or current harms → referral to treatment

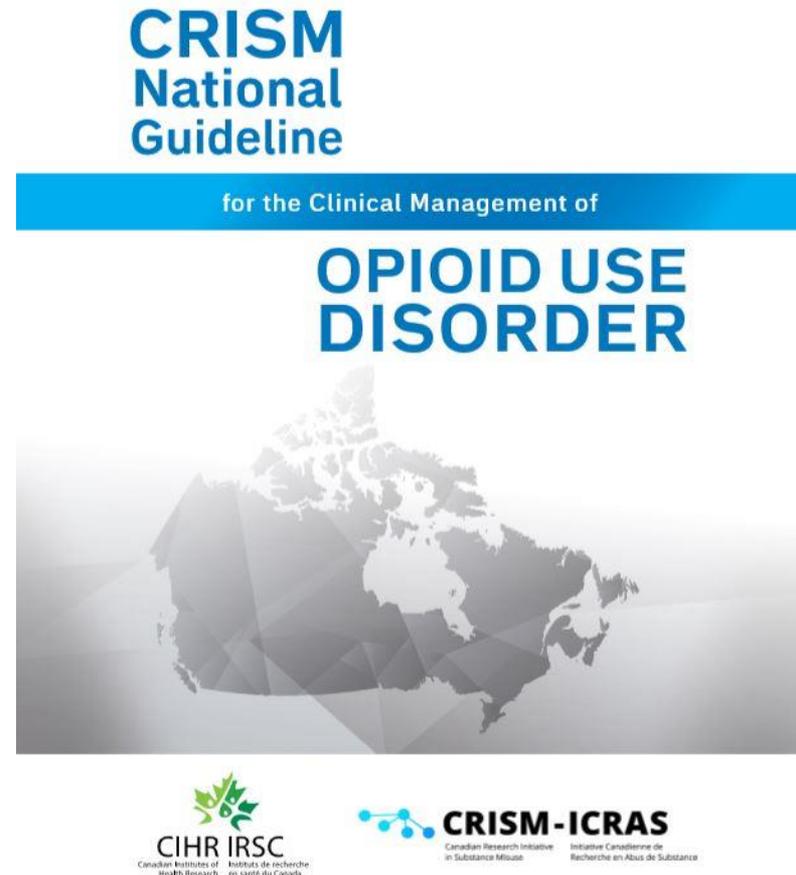
Withdrawal Management

- Not recommended as a stand alone treatment
- Behavioural therapies can support abstinence



Pharmacological Interventions

- CRISM guidelines:
 1. Buprenorphine
 2. Methadone
 3. Slow-release oral morphine



Psychosocial Interventions

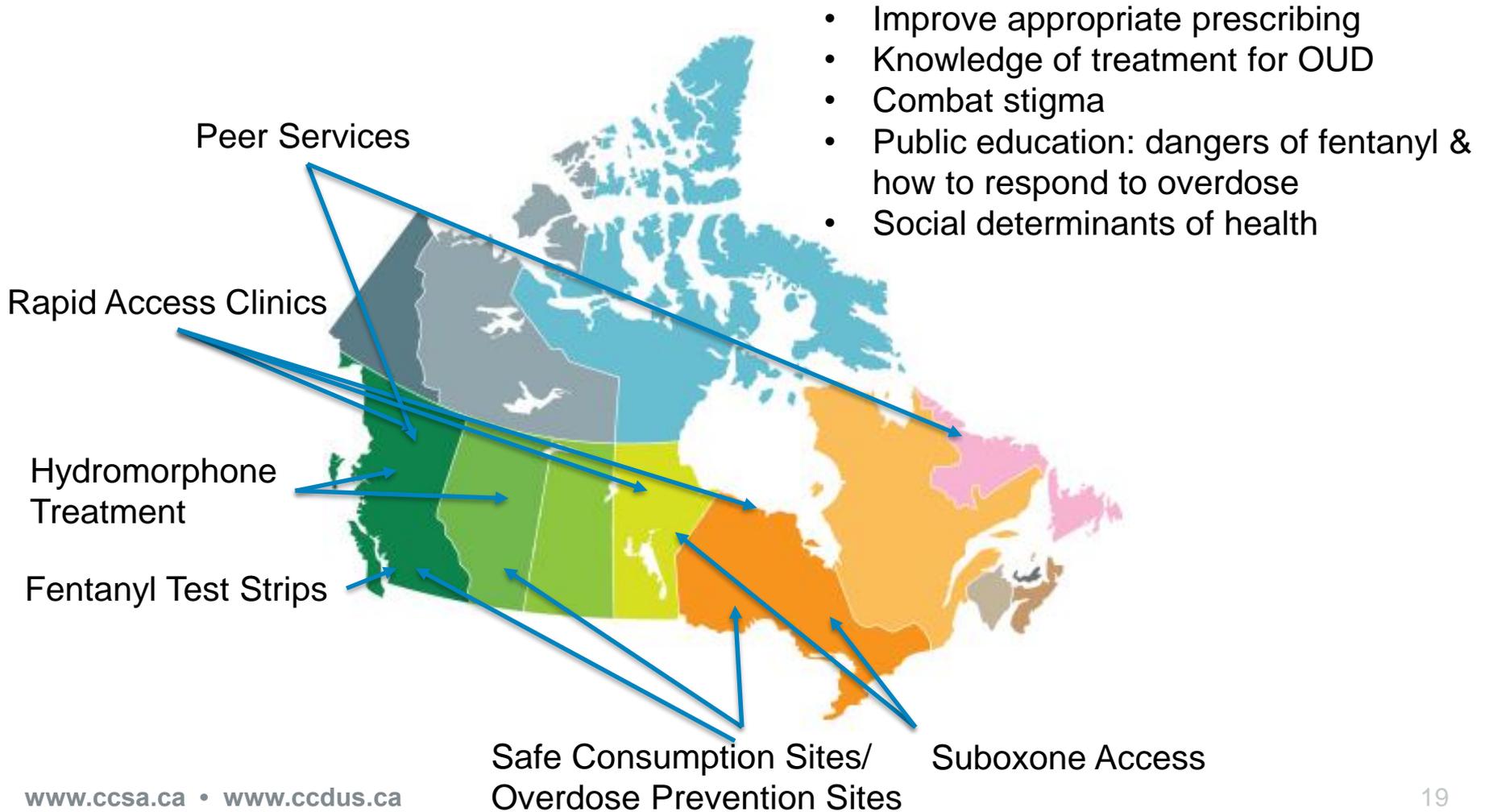
- At a minimum: psychosocial needs assessment, supportive counselling and link to family support and community services



Recovery



Actions Across Canada



CCSA's Issues of Substance 2019



Evidence and Perspectives, Compassion and Action.

- CCSA's Issues of Substance is Canada's premier conference for the substance use and addiction field
- Registration opens March 2019
- #CCSAConference

Questions and Comments



Contact Information



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