



CONCURRENT DISORDERS

— CAPACITY BUILDING TEAM —

August Newsletter

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The impact of PTSD on service access among people who use drugs in Vancouver, Canada

Areas in the United States and Canada have seen continuously high levels of opioid overdoses largely fueled by the increased presence of synthetic fentanyl and related substances, including in Vancouver, British Columbia, Canada. Increasingly high rates of drug-related overdoses in Canada has prompted efforts to actively engage people who use drugs (PWUD) in treatment and care. The authors of this report aimed to assess whether trauma, expressed by a provisional post-traumatic stress disorder (PTSD) diagnosis, is associated with difficulties in access to health and social services among PWUD in Vancouver, Canada. While co-morbid mental disorders among PWUD and can create challenges for access to services, the impact of PTSD on access is unknown.

A total of 810 individuals were included in the analysis, and the study found that a significant portion of these participants self-reported difficulties with accessing services (39%), and more than a third met the provisional PTSD diagnosis evaluated (14.4%). There was a positive association between inability to access services among PWUD with a provisional PTSD diagnosis. Factors such as PTSD, homelessness, recent incarceration, overdose, daily crack use and daily methamphetamine use were found to contribute to individual's inability to access services.

The findings of this study, a relationship between the inability to access services among PWUD and a provisional PTSD diagnoses, demonstrate the need for trauma-informed approaches to service delivery for PWUD. The authors suggest that service providers might benefit from education and training in trauma-informed care (TIC) approaches.

[Click Here](#) for the full report.

Pandemic-Induced Mental Health Distress

[A survey conducted](#) by the Centre for Addiction and Mental Health (CAMH) and Delvina found that one year after the COVID-19 pandemic had begun, about one-in-five Canadians reported high levels of mental distress. Individuals with no history of serious mental distress could now be experiencing episodes, given the amount of isolation, financial stress, restrictions of activity, and uncertainty tied to the pandemic.

This article by eDIALOGUE highlights how three simple words can assist physicians in treating patients who seem like they may be in distress. Dr. David Gratzer, an attending psychiatrist and the co-chief of the General Adult Psychiatry and Health Systems Division at CAMH, believes that asking "How are you?" is a very powerful tool for physicians during this time.

Opening the floor for conversation can help create a comfortable environment for patients to share how they are feeling and what they are dealing with. Dr. Gratzer highlights the need for an open, welcoming approach when providing patients with help and counselling surrounding mental health issues. This might include the use of motivational interviewing and asking open-ended questions.

In addition to patients, physicians may also be managing their own mental health struggles during this time, and are reminded that they also need to recognize when they might be struggling. Whether a patient or a fellow physician, it is important to start the conversation.

[Click here](#) for the full article

*"It does not matter how slowly you go as long as you do not stop."
- Confucius*



Cannabis Column:

Cannabis use in patients treated for opioid use disorder pre- and post- recreational cannabis legalization in Canada

Recreational cannabis legalization is increasingly prevalent and its impact can be examined. The authors of this study took a closer look at the changes to cannabis use patterns in patients getting medication-assisted treatment (MAT) for opioid use disorder (OUD) following cannabis legalization in Canada on October 17, 2018.

Past-month cannabis use was self-reported by 54.8% of participants pre-legalization and 52.3% post-legalization. These rates are consistent with previously documented rates of cannabis use in patients with OUD. Prior to legalization, most participants reported that legalization would not impact their cannabis use, and this was similar to what was reported by participants post-legalization.

Ultimately, there was no significant change in the prevalence or patterns of cannabis use observed following legalization amongst patients treated for OUD. However, there was a notable increase in rates of cannabis use.

The authors pose several explanations for their findings, one being that individuals with OUD often have a history of contact with the illicit drug market and legalization may be less likely to impact these patterns of obtaining drugs and drug use. A number of participants also reported using cannabis for medical purposes prior to its recreational legalization. Finally, use patterns may have risen and flattened prior to legalization as the fear of prosecution for possession was lessened.

[Click Here](#) to view the full article

Clinical Corner: Methadone treatment for people who use fentanyl: Recommendations

Challenged to find effective ways to use opioid agonist therapy (OAT) to manage withdrawal, reduce cravings, and reduce overdose rates, a group of addiction physicians in Ontario came together with Mentoring, Education, and Clinical Tools for Addiction: Partners in Health Integration (META:PHI) to create new guidelines for prescribing methadone in the current opioid crisis. The current policies in Ontario for prescribers of methadone were created prior to the availability of high-grade opioids such as fentanyl. Fentanyl has been increasingly present in the street drug supply and is much stronger than other opioids such as heroin or prescription opioids. Because it is stronger, people who use it regularly often have a high tolerance, meaning they would need to use more in order to control withdrawal and cravings. When methadone is prescribed according to current policies to individuals who use fentanyl, the dose is not usually enough control withdrawals and cravings.

The suggestions made by these addiction physicians are meant to help prescribers across Ontario adjust their current practices with patients who use fentanyl when prescribing methadone. The guidelines include new suggestions and how they are different from the previous methadone policies:

1. **When to start a patient on methadone.**

- Prescribers should offer patients a choice of medications, rather than buprenorphine as the first choice.

2. **Methadone doses.**

- Starting at 30mg recommended, and increased by 10-15mg every three-five days.
- Slow-release oral morphine (SROM) may be co-prescribed with methadone.
- For patients who use fentanyl or heroin regularly, methadone doses of 100mg or higher are often needed.

3. **Harm reduction and helping patients stay in treatment.**

- Include prescription management practices that promote treatment retention, including phone assessments and extending prescriptions.
- Take-home doses after at least one month of observed daily doses.
- Patient education, take-home naloxone, and advice on harm reduction.

4. **Patients in the hospital.**

- Prescribers who are not addiction experts should offer methadone to patients who use fentanyl who are in hospital.

5. **Pregnancy and methadone.**

- Prescribers should start pregnant patients who use fentanyl on methadone as soon as possible.

[Click here](#) to view the full study

META:PHI Conference 2021 – September 24-25, 2021 (Online)

Registration for the Monitoring, Education, and Clinical Tools for Addiction: Partners in Health Integration (META:PHI) 2021 conference is now open, and the event will take place online September 24-25. META:PHI works to support clinicians across Ontario in delivering high-quality care to patients with substance use disorders in all care settings.

The conference offers two full days of virtual presentations, workshops and panels covering topics from clinical pearls to program innovations and the impact of COVID on OAT care.

[Click here](#) for full event details

PROSPR: Program for Substance Use in Pregnancy at the Maternity Centre in Hamilton

PROSPER is an integrated prenatal and substance use care program for pregnant people with substance use disorder; a drop-in service that will ensure prenatal care, addictions care and primary care are made available all in one place. Addictions care, mental health support, and prenatal care can be addressed in a single visit.

In order to make PROSPR more accessible they have moved towards a drop-in model for pregnant patients with substance use disorders (including alcohol, cannabis, stimulants and opioids) as well as those patients stable on methadone and buprenorphine. The program can also assist to facilitate rapid stabilization on methadone or buprenorphine for patients that are actively using opioids (regardless of their gestation).

Individuals can self-refer via phone (905-528-5553) or in-person or visit for drop-ins on Wednesday afternoons between 1-4 PM on the 3rd floor of the David Braley Health Sciences Centre (100 Main Street West).

[Click here](#) for pamphlet

Your CD Capacity Building Contacts

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Catherine McCarron (RSW, MSW, Manager)	Ext. 34388
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Stephanie Penta (Lab Coordinator)	Ext. 39872
Melissa Bond (Administrative Assistant)	Ext. 39343
Sarah Michaelson (Community Support Counsellor)	Ext. 34901
Jonathan Paul (Community Support Counsellor), West 5 th & Charlton Site	Ext. 36287; Pager 5799
Michelle Sanderson (Addiction Specialist), West 5 th & Charlton	Ext. 36868; Pager 5707
Bill Baker (Mental Health Worker) Charlton Site	Ext. 32801; Pager 5799
BreAnne Dorion (Community Support Counsellor) Charlton Site	Ext. 35324; Pager 5799
Opioid Replacement Therapy consultations available through Addiction Medicine Service Team	Contact Paging

***Updated evening/night coverage for ED/PES: Monday to Thursday 8:00pm-6:00am, Saturday and Sunday 12:00pm-12:00am.**

SJHH Intranet: <http://mystjoes/sites/Depts-A-L/concurrent>

External Website: <https://www.cdcapacitybuilding.com>

Virtual Drop-In Group Information

We are happy to have all of our drop-in groups now running virtually through ZOOM!
Below are the times and a brief description of the group offered by the Community Psychiatry team at W5th
All ZOOM links found at cdcapacitybuilding.com

Mondays 1:30-2:30pm – Moving Forward Skillfully * No Referral Required *

- A weekly drop-in class with 6 different modules
- Start any week
- Learn skills from DBT including emotion regulation, distress tolerance, and mindfulness

Tuesdays 1:30-3:00pm – SMART Recovery * No Referral Required *

- A drop-in self-help group for recovery from any type of addictive behaviour
- Groups are led by a clinician and volunteer with lived experience
- Limit of 10 participants per group

Wednesdays 1:30-2:30pm – Steps to Recovery * No Referral Required *

- A drop-in self-help group with 6 modules to increase motivation to decrease substance use

Last Wednesday of Every Month 6:30-8:30pm – Friends and Family Night

- A group for loved ones of those with substance use, mental health or concurrent disorders
- Contains 4 modules on supporting loved ones, creating boundaries, and self-care

Thursday 1:30-3pm – ACT

- A weekly drop-in class with 4 different modules.
- Start any week
- Available to all clients in the Community Psychiatry Clinic with any mental health diagnoses
- Topics from ACT therapy include: mindfulness, clarifying values, committed action, fusion vs. diffusion, control vs. willingness, acceptance as an alternative, and action planning

Monday 10-11:30am – PAWS

- Pick up a package and join any week!
- 6 different topics to help support and strengthen recovery: 1) education around post-acute withdrawal syndrome 2) Physical health exercise and nutrition 3) Mindfulness 4) Sleep hygiene 5) Budgeting and financial security 6) Self-care, balance and resiliency
- These 6 sessions provide us an opportunity to pause, reflect and build on our own foundations of recovery

Wednesdays 11am-12pm and 1-2pm, Thursdays 11am-12pm – Drop-In DBT

- A weekly drop-in group that runs in 8-week cycles
- This "drop-in" is designed to provide a brief sampling of DBT skills - not a formal DBT group
- Start any week
- Focuses on the skills of: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.
- Log in several minutes before start time



CONCURRENT DISORDERS FAMILY NIGHT

LAST WEDNESDAY OF EVERY MONTH: 6:30- 8:30PM

The Concurrent Disorders Family Night series is a 4-session group (Does Not have to be attended in order) that focuses on supporting families and loved ones of individuals with co-occurring substance use and mental health disorders. Family Night is largely based upon the therapeutic interventions of CRAFT (Community Reinforcement and Family Training) and ACT (Acceptance and Commitment Therapy).

**No Referral Required* Do not need to attend in order!*

St. Joseph's
Healthcare  Hamilton

**All loved ones, friends
and family members
welcome!**

**Week 1: Values, Recovery
and Acceptance**

**Week 2: Supporting
Yourself while Supporting
Someone with a
Concurrent Disorder**

**Week 3: Effective
Communication and
Support**

**Week 4: Motivating to
Make a Change**

**MORE INFORMATION AND
ZOOM LINK AT**

<https://www.cdcapacitybuilding.com/online-group-link>