Rural Addictions

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RURAL ADDICTIONS & CHRONIC PAIN

RURAL FAMILY MEDICINE / EMERGENCY

SITE MEDICAL DIRECTOR; FRASER CANYON HOSPITAL, HOPE

DISCLOSURES

I have received an educational honorarium from Novo Nordisk regarding Ozempic/Victoza/Rybelus for Diabetic & Weight loss medications.

Nothing pertaining to the current material being presented today

Will use Brand name terms such as Suboxone, Kadian as they are shorter than Buprenorphrine/naloxone and Slow release oral morphine SROM)

Hope, BC

- Population 6,686
- Fraser Canyon Hospital
  - 10 bed community hospital
  - Emergency stabilization & care
  - General medicine & ambulatory services
- Fraser Hope Lodge - Long Term Care
  - 49 LTC beds 1 Hospice
- Hope Public Health Unit
- Hope Medical Centre
  - Primary Care Clinic
  - Serves several Indigenous and remote communities (Yale, Boston Bar, Spuzzum, Sunshine Valley, Manning Park)

Transportation Nexus


AMBULANCE
2,272 people died from toxic drugs in BC in 2022

Overview of Addictions Support

Acute Care: Rural Inpatient & Rural ER

- ❑ Overdose support by Phone
- ❑ Critical Care discussions
- ❑ Rapid titration of Buprenorphrine
- ❑ changes/optimization while inpatient
- ❑ Education to staff for withdrawl (COWS)
- ❑ involved in discharge planning
- ❑ to go kits/Narcan/SW relationship

Community:

- ❑ excellent clerical support
- ❑ ideally not a shared space with Family medicine
- ❑ involving integrated services to come to your clinic 1-2 times a week (IHART, SUSAT)
- ❑ counselling/Harm reduction with ability to refer to treatment. Working in Harmony
- ❑ Establish excellent relationship with Pharmacies, hours of operation, deliveries

Challenges

College / unpredictable timing

- ❑ Duplicate PAD prescriptions
- ❑Unreliable timings & presentations
- ❑ cancellations of scripts mid week
- ❑Strict prescribing rules
- ❑ agreements and contracts to be signed
- ❑ uncomfortable situations

Education/Academics:

- ❑ very quickly evolving field
- ❑ keeping up with illicit supply
- ❑ changing management strategies
- ❑ despite knowing best options settling with less than ideal management due to HHR and lack of rescources
- ❑ forms & lack of PCP

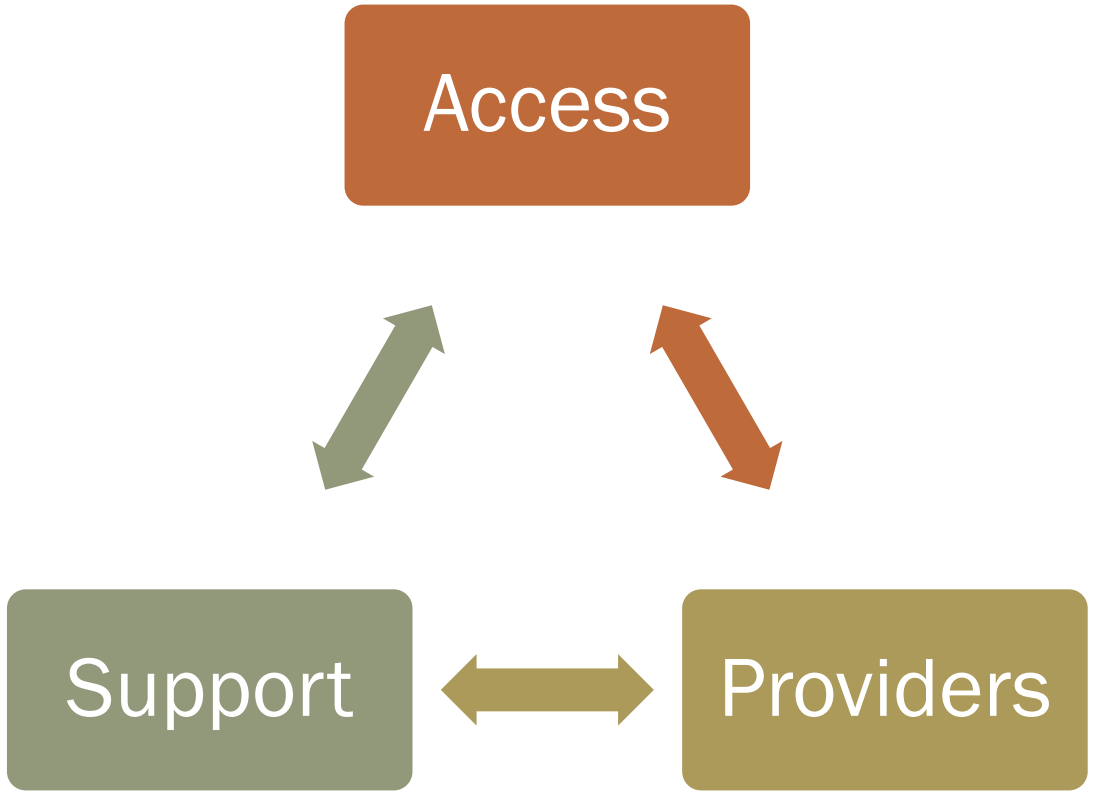
Key Learning 1: **Pharmacy**

- Plan B, C
- After hours planning: Low barrier for emergency dose or support
- re-affirm the ER is not the place to get the medications (conditioning)
  - Goal is to reduce ER visits for funding models
- Catch up DUPLICATE prescriptions to appease colleges
- Mistakes Happen: learn from them
- Relflect on overdose deaths: >95% are not medication prescriber related

Key Learning 2: **Retention**

- Trauma informed lens
- Availability of Specialist MOA/designated specialist MOA
- Following up post Acute Care
- Rural communities: also will have to provide an ounce of Primary care
- Collaborate with Community services to bring in services
- Bring in services into a central Hub
- Offer human experiences: Christmas/Halloween/Easter

Key Learning 3: **Consistency**



Key Learning 4: **Everyone on Board**

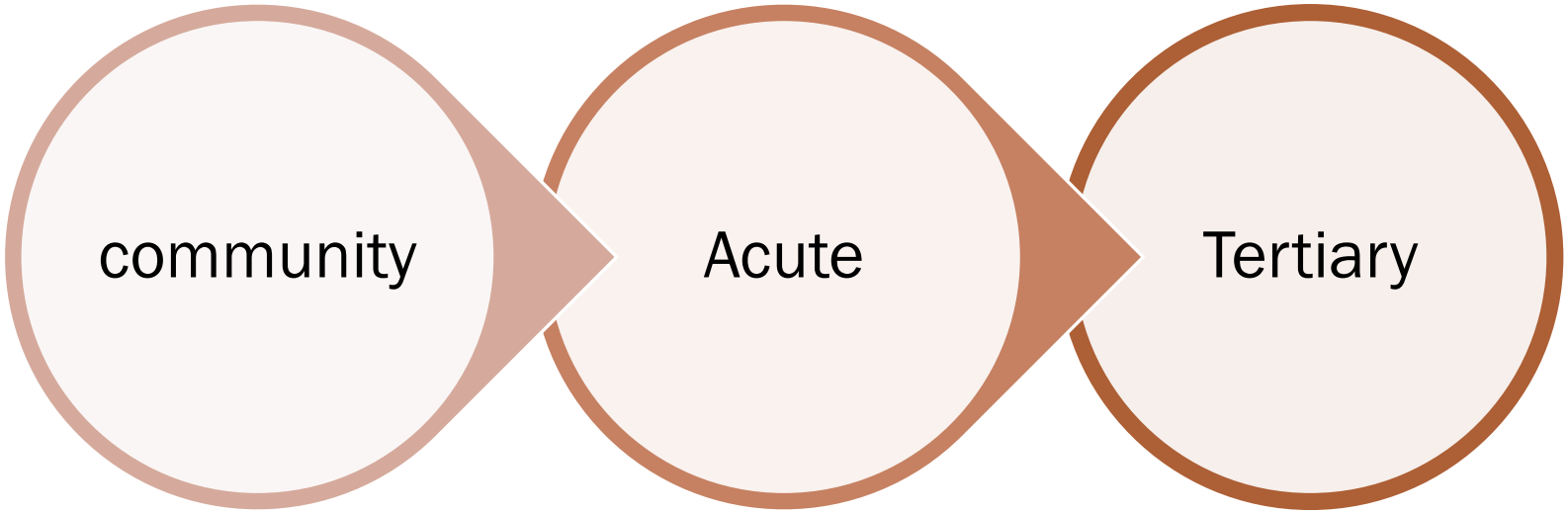
- Inpatient services: SW and Allied Health
- Emergency Room: HIV/Hep C/Imaging
- Hospital Administration: Medical Director for bed utilization of those failing community induction
- Introduce yourself to specialists where your acute detox beds are located
- Look to receive educational support & network
- Connect with BC Centre of Substance (BCCSU) to support your Journey
- Ask other PCP to help out with other aspects of care

ROAD MAP

Realistic Discussion

- Considerable amount of time to initiate all this
- Champion: should be renumerated and compensated well for his/her time
- Look at Overdoses/Morbidity & Mortality discussion to improve education and growth
- MLA/mayor will need to be on board to support your initiative:
  - To bring in integrated housing teams/EWS/Shelters/Low barrier housing
- Outreach team being the spoke of the HUB
- Utilizing resources made available to FNHA to connect with your team to avoid duplication
  - Grants and funding could look different

Simplify



If you only remember 4 things…

- Pharmacy Hours/operations/Stat Holiday closures
- Invest in an MOA who is also wanting to make change in the community
- ongoing education/relationship with specialists to lean on for advice/support
- Team engagement huddles weekly: most vulnerable list. Who is declining this week
  - establish on site shelter DWI

Easier to get high than to get access and get help

THANK YOU