

Better Access for Islanders to Mental Health and Addictions Services and Supports

November 2013

Trends

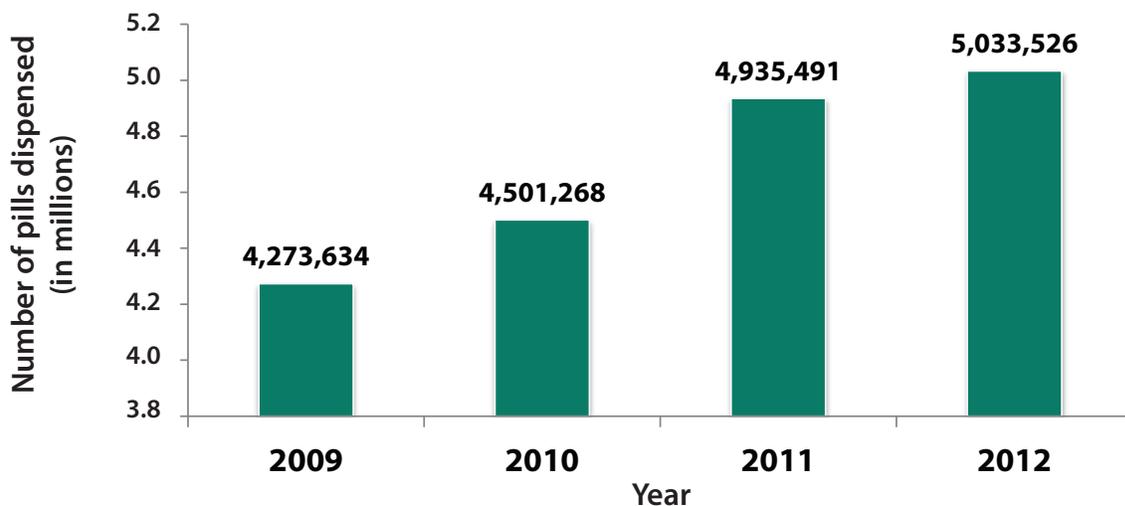
Everyone knows someone who struggles with mental health or addiction, whether it's a family member, friend or neighbor. In fact, one in five Islanders is impacted directly. Estimates suggest that one in five Canadians with a mental illness have a co-occurring substance abuse problem, while studies suggest that as many as half of those seeking help for an addiction have a co-occurring mental illness.

From 2000 to 2010, consumption of opioids in Canada grew by 203 per cent. Prince Edward Island has seen an increase of almost 18 per cent in opioid prescriptions and a 46.8 per cent increase in stimulant prescriptions in the 2009 to 2012 period alone. At the same time, the department has heard the growing concerns, harms and impacts of prescription drug abuse on the Island.

This trend has paralleled a rise in prescription drug abuse across the country. Canada is the second largest per capita consumer of opioids in the world. Opioids are narcotics and are used for pain management.

Examples of opioids include Dilaudid, Percodan and OxyContin.

Number of Opioid Tablets Prescribed on PEI 2009 -2012



In August 2012, the Department of Health and Wellness initiated a comprehensive, multi-department review of the province's mental health and addictions system. This review built on the findings of the 2012 Auditor General's Report, and followed through on a commitment made in the 2012 Speech from the Throne.

Significant consultations were undertaken with all involved government departments and more than 20 key organizations currently involved in the delivery of mental health and addictions services and supports. The Department of Health and Wellness also actively sought broad public input on this issue. More than 1,100 responses to a detailed public survey were received and integrated into the findings.

The Mental Health and Addictions Review Report was presented to government in February, 2013, and includes key findings and summary analysis, as well as high-level recommendations for the broad mental health and addictions system.

Since receiving the report, the Department of Health and Wellness has worked with Cabinet and inter-departmental committees such as Policy Board to review and assess the recommendations. The need for immediate action in the area of prescription drugs as well as the framework for the development of a long-term strategy was identified as a priority across government.

It was evident that there was a need to ensure the review was supported by a series of actions. In the past months, work has been undertaken to develop these actions, shaping the future of mental health and addictions services and supports in the province.

Mental health and addictions are 'everyone's business.' Governments, communities, organizations, and all Islanders have a responsibility to do more to help Islanders struggling with addictions or mental health issues while at the same time making sure harmful prescription drugs stay off our streets. A concerted effort and leadership across multiple departments and the greater Island community is required.

A new senior level position has been created to coordinate a long-term provincial strategy for mental health and addictions, drawing on the expertise and experiences of governments, community organizations and Islanders' firsthand experiences.

The newly-created **Chief Mental Health and Addictions Officer** (CMHAO) will work with all partners to develop a long-term strategy to provide better access and care through improved mental health and addictions services and supports.

Based on the need for immediate action, the Department of Health and Wellness has identified a series of initiatives to help combat prescription drug abuse. The Department also recognizes that more needs to be done in the areas of prevention and ensuring a more coordinated client-focused approach to mental health services and supports. The actions presented are the first steps in a long road to reducing the prevalence and harms of addictions in the province.

They strike a balance between ensuring that Islanders who struggle with addictions receive the care they require, while putting stronger controls in place to decrease inappropriate and sometimes illegal use.

The CMHAO will oversee immediate actions on addictions, focusing on the following areas:

- Oversight and Strategic Direction
- Prevention and Education
- Monitoring and Enforcement
- Access to Treatment
- Stigma Reduction and Community Support



About the CMHAO

Dr. Rhonda Matters, CPsych
Clinical Psychologist

- Over 20 years of experience in clinical psychology in community mental health, education and private sectors.
- Experience in both adult and child psychology with work in individual, family, play and group therapy.
- PhD in Clinical Psychology, University of Windsor
- M.A. in Clinical Psychology, University of Windsor
- B.A. in Psychology, University of Prince Edward Island

Guiding change

The CMHAO will have responsibility for mental health and addictions policy and planning in the province and will have this portfolio as their singular focus.

The CMHAO will develop a long-term provincial strategy, working with an Advisory Council. The council will have a patient-oriented focus and include a broad range of government and community representatives.

The strategy will ensure an improved, client-centred approach to promoting mental well-being, preventing mental illness and addictions, supporting recovery, and ensuring all aspects of the mental health and addictions system are integrated across the province.

The CMHAO will advocate for policies, programs, and actions that positively impact on the mental health and well-being of Islanders.

Roles and Responsibilities

- Establish goals for supporting and promoting the mental health of Islanders and reducing the prevalence of harms related to substance use;
- Create a long-term collaborative strategic plan for mental health and addictions that offers a vision and actions from prevention to treatment;
- Pursue cross-government policies that promote and support those goals from promotion, prevention, early intervention to treatment and recovery;
- Conduct a thorough review of mental health and addictions supports and services available to residents of community care facilities; and
- Work to eliminate stigma and discrimination relating to mental health and addictions.

Actions to Reduce Prescription Drug Abuse: Prevention and Education

Ensuring the appropriate use of prescription drugs requires working with the public and healthcare community to ensure a balance between prescribing narcotics for legitimate medical conditions and identifying alternative ways to manage pain.

Immediate action — Review of prescription drug practices

Prescription drugs play an important role in helping Islanders who experience pain, sleep disorders, anxiety, mental health disorders and those recovering from addiction. It is important for the province to strike a balance between curbing misuse and enabling access to pain management. Ensuring clear standards and expectations for prescribing practices for controlled substances is an urgent need.

It is well understood that there are important and useful indications for some of these medications in treating and managing chronic pain. However, through this process the Department of Health and Wellness hopes to ensure that doctors, dentists and pharmacists on the Island are:

- Familiar with evidence-based guidelines for the use of these medications;
- Understand the risks of patients developing dependence, especially when treating chronic pain;
- Complying with proper administration of controlled prescription drugs;
- Ensuring adequate oversight of clients while they are taking the medication; and
- Recognizing signs of dependence and taking appropriate actions when necessary.

The Department of Health and Wellness will work with Health PEI and the regulatory bodies that represent and govern physicians, nurses, and pharmacists to establish prescribing guidelines, as well as increase education around the prescription of commonly abused drugs and improve best practices.

Using data from the provincial Drug Information System, Health PEI's Drugs and Therapeutics Committee will be assigned responsibility to review the list of prescription drugs funded by the province for appropriate uses and, when necessary, establish new prescribing guidelines for controlled substances such as prescription painkillers like oxycodone and codeine.

Actions to Reduce Prescription Drug Abuse: Monitoring and Enforcement

The *Narcotics Safety and Awareness Act* was proclaimed in September 2013. The legislation enables the Minister of Health and Wellness to collect, use, and disclose information related to the prescribing and dispensing of prescription narcotics and other monitored drugs on Prince Edward Island.

By understanding how prescription narcotics are being prescribed and dispensed on Prince Edward Island, the department can help make the prescribing, dispensing and use of monitored drugs safer and more secure.

Immediate action – Initiating a monitoring and reporting framework

The newly-proclaimed *Narcotics Safety and Awareness Act* enables monitoring and action in instances of over-prescribing or problematic dispensing. Using Health PEI's Drug Information System, staff will regularly produce a "Watch List" (a report of how much and how often controlled substances are prescribed or dispensed in the province) for the Minister of Health and Wellness for the purpose of evaluating the prescribing and dispensing patterns and to identify instances of inappropriate practice.

Under the newly proclaimed Narcotics Safety and Awareness Act, the minister or an appointed inspector can investigate potential problems and identify issues of inappropriate practice.

Should inappropriate practices be found, options include notifying the regulatory college or body, filing a formal complaint with the regulatory college or body for investigation, and notifying law enforcement for investigation if necessary.

Every effort will be made to inform and facilitate action with the practitioner prior to initiating a formal investigation or involvement of legal authorities. The primary goal of the Inspector will be to improve the safety and health outcomes of Islanders.

The respective leadership bodies of prescribers and dispensers remain responsible for ensuring proper practice and continuing education requirements of their members.

Top Prescription Drugs seized by Prince Edward Island RCMP:

1. Hydromorh Contin ("Beads", "Caps", "Big Reds", "Reds")
2. Dilaudid ("D's")
3. Oxycocet and Endocet ("Percocet", "Percs", "P's", "Coffee", "Peter")
4. Oxycontin ("Oxy")
5. Codeine, including Tylenol #3 (T3's)
6. Methadone
7. Morphine
8. Methylphenidate, brand name Ritaline ("Rits")
9. Schedule IV Drugs Under the CDSA ie: Clonazepam, Ativan
10. Non-Controlled Drugs ie: Gabapentin

Actions to Reduce Prescription Drug Abuse: Access to Treatment

Methadone is the most effective treatment for opiate addiction. Compared to other options available for treating opioid addictions, methadone is the most rigorously studied and has yielded the best results.

Immediate action — Expanding methadone access

Methadone treatment can help:

- Reduce or stop the use of injection drugs (reducing risk of acquiring/transmitting diseases such as HIV, hepatitis C, or bacterial infections);
- Reduce risk of overdose;
- Reduce mortality;
- Reduce criminal activity;
- Improve family stability; and
- Improve employment potential.

Patients in a methadone program are prescribed the proper dosage of methadone from a physician that will ensure they do not suffer from the ill effects of withdrawal symptoms. This dosage also ensures they will not obtain a 'high.' Clients maintained on opioid replacement therapy are able to function in their day to day lives and obtain employment, care for their families and engage in healthy relationships.

The Department of Health and Wellness has expanded the existing Methadone Maintenance Program to include better access through the addition of one new administrator and one new registered nurse in Summerside.

In addition, the department will work with a private healthcare provider to create a community-based low-threshold access program.

In a low-threshold program, clients are required to see a physician for dose adjustment and monitoring but missing appointments or cycling in and out of treatment is not viewed as grounds for dismissal or transfer from the program. The core of low-threshold programs is that they make it easy for clients who are somewhat chaotic and unstable and not a good fit for more traditional programs but who would benefit from methadone maintenance to get the treatment they need (less hassle, easy access service). Clients can opt to move on to more structured programs if they wish to work toward take-home doses, for example. Low-threshold programs, while they generally have no time limit, are often a stepping stone to more traditional forms of Methadone Maintenance Treatment.

The goal of the low-threshold clinic is to offer methadone to clients in the community in which they live and work.

In keeping with best practices, a multi-disciplinary approach will be used in the clinic. There are similar low-threshold clinics in communities in British Columbia, Saskatchewan, Ontario, Nova Scotia, and New Brunswick. Service delivery models from these facilities have been used to inform the planning to date, and will continue to influence development of the clinic.

New research indicates that up to 30 per cent of people who use opioids could become addicted. It is important to have adequate treatment available. The road to recovery is different for everyone and there is a need for different treatment tools and supports.

Immediate action – Expanded access to Suboxone

Suboxone is an additional drug used to treat addiction to opioids. Similar to methadone, Suboxone prevents withdrawal symptoms so that a person can stop taking the opioid drug to which he or she is addicted.

Suboxone has been available to treat opioid addictions on Prince Edward Island since 2009. Until now, it has only been available for clients when methadone treatment resulted in a high risk of health complications.

Prince Edward Island is expanding access so that physicians at the Provincial Addictions Facility who are treating young people ages 18-24 for opioid dependence now have another drug option for treatment.

By expanding access to Suboxone, the Department of Health and Wellness is broadening the options available for Islanders requiring help. As with all medications, some work better for some people than others. A number of factors affect whether Suboxone will be a good choice for someone who has an opioid addiction. Some patients in this age group may have a better chance of success on this medication.

Prince Edward Island’s mental health and addictions staff working on the frontlines each and every day provide excellent care and support. The Department of Health and Wellness recognizes the need to improve access and assist Islanders in finding the right service or combination of services and supports at the right time.

Immediate action – Expanded access to frontline addictions services

Currently, Addiction Services offers counseling and withdrawal management services through a variety of formats – inpatient and outpatient, group and individual – but patient navigation, outreach and complex care coordination are not provided by dedicated positions. As a result, the province will create three new roles to add to the Mental Health and Addictions frontline.

This investment will help support Addictions clients at their most vulnerable, and hope to reduce the system challenges these folks face when entering and transitioning through treatment. The complex care coordination role also supports clients within the Mental Health system, and will improve service for complex clients who experience both mental health and addiction issues.

The type of positions being created are all centered around improving “case management” – a process which includes the designation of a primary worker whose responsibilities include the ongoing assessment of the client and his/her problems, ongoing adjustment of the treatment plan, linking to and coordination of required services, monitoring and support, developing and implementing the discharge plan, and advocating for the client.

The creation of a 10-bed transition unit will address the identified gap in treatment in order for clients completing detox to better transition to their next stage of treatment or back into the community.

Immediate action – Creation of an addictions transition unit

The Department of Health and Wellness is working with Health PEI to develop a 10-bed transition unit. In examining the typical client experience, wait times during their transition in treatment can represent a significant concern and high risk for relapse. Although relapse is a normal part of addictions treatment, the current high rates of readmission to inpatient withdrawal management is indicative of gaps within the current addiction treatment system. Wait times for counseling appointments can be upwards of several weeks, and clients sometimes wait several months to access an appropriate rehab group.

The new 10-bed transition unit is intended as a safe place for clients to stay when finished withdrawal management or discharged from a hospital stay. Programming, group and individual support, and case management services will be provided to help people transition back to the community with a recovery plan designed to help them meet their goals and remain connected to supports in the community.

Admissions will be managed by the program supervisor.

Life skills and recreational therapy, opportunity for personal reflection, and recovery planning will all be a part of the programming within the transitional unit. Programming would focus on relapse prevention and support for early recovery. Connection to community based and outpatient addiction services such as recovery community meetings and counseling services would also be an important part of helping people transition.

Actions to Reduce Prescription Drug Abuse: Stigma Reduction and Community Supports

Mental health and addictions services and supports extend beyond formal and specialized treatment. Government recognizes the need for improvements in the availability of aftercare or follow-up supports.

Immediate action – Support a youth addictions aftercare program

The Department of Health and Wellness is extending support to a newly incorporated foundation focused on building a network of supports for Island youth and their families who are transitioning from addictions treatment back to their community.

The Reach Foundation is a newly established non-profit organization based on the social enterprise model which is fiscally sustainable and committed to finding community solutions to social issues affecting children, youth and their families.

The foundation will build services that are family-focused, community-based, evidence-based, and are complimentary to existing government and community services.

The foundation's approach will focus on partnerships, innovation, flexibility and problem solving to work successfully with youth and families in our communities.