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Stakeholder Consultation on CAMH's OpiATE Project

Backgrounder

November 23, 2007

A PAHO/WHO
Collaborating Centre

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Why a consultation on CAMH's Methadone Maintenance Treatment (MMT) work?

On July 26, 2007, Ontario Health Minister, George Smitherman released the report of the Methadone Maintenance Treatment Practices Task Force. At the same time, the minister announced \$2 million to increase access to MMT for people with opioid addictions. A portion of these funds will be provided to CAMH. The purpose of this document is to brief key stakeholders on CAMH's draft plan, and to seek their advice on the recommended activities.

CAMH has submitted a project plan to the Ministry, with the proviso that we will be seeking stakeholder input. We request that you review the project objective, principles and descriptions, and consider the questions posed at the end of each section. While written responses are welcome, this document is primarily intended to stimulate discussion at a meeting of MMT/opioid dependence stakeholders on November 30, 2007. If you have questions about the project or the November 30, 2007 meeting, please contact Interim Project Coordinator, Christine Bois at (613) 256-7625, Christine_Bois@camh.net or Janine Luce, Manager, Public Policy at (416) 535-8501 ext. 4457, Janine_Luce@camh.net.

The MMT Task Force

The Methadone Maintenance Treatment Practices Task Force was struck in the summer of 2006. For over six months, the Task Force collected information, conducted community consultations, and produced a report. The Task Force concluded that the Ontario government must take steps to improve access to MMT, and that reform of primary care represents an opportunity to improve access to services. It recommended a range of improvements to standards and guidelines for professional care – both for MMT specifically, and for opioid dependence, more generally. Public resistance to MMT was identified as a barrier to sustained access to MMT, and the Task Force recommended greater awareness of MMT and more intensive engagement of communities in the development of MMT services. The complete report is available on-line at:

http://www.health.gov.on.ca/english/public/pub/Ministry_reports/methadone_taskforce/methadone_taskforce.pdf.

Significantly, the Task Force urged the Government of Ontario to develop a provincial strategy to ensure equitable access to comprehensive MMT services, and recommended that such a strategy address the broader question of the roots of the opioid dependence problem. In the view of the Task Force, this must include the critical issue of the abuse and diversion of pharmaceutical opioids, and “serve as a first step towards the development of a comprehensive long-term drug strategy for the province that includes health promotion and prevention strategies, treatment programs, enforcement activities for public safety and harm reduction messages” (p.88).

The CAMH project will begin to address the issues of opioid dependence in a way that builds on the work of the Task Force's report. We believe that the province's investment in professional supports, increased awareness and community engagement are critical first steps in the development of an effective provincial response. CAMH is determined to build on these investments by working collaboratively with the government and stakeholders to develop a provincial strategy on opioid dependence.

CAMH's Draft Project Goal

The goal of the project is to improve services for those with opioid dependence by strengthening three elements that are critical to increasing and sustaining access to MMT and other treatments: Professional training and supports; greater awareness of opioid dependence and appropriate treatments; and community acceptance of treatment as part of the continuum of health services we provide for all those in need of care.

Project Principles

CAMH's approach to this project is guided by four key principles:

- Ontario requires a comprehensive approach to addressing the problem of opioid dependence – an approach that brings together treatment, enforcement, prevention and harm reduction strategies.
- The most effective treatments for those with opioid dependence must integrate bio-medical and psychosocial models into one client-centred continuum of care.
- Treatments depend on enhanced inter-professional collaboration across the continuum of care.
- Consumers and other key stakeholders must be involved in planning clinical, system and policy supports to those with opioid dependence.

Question: Are there any principles missing?

Strategy A – Expanding Training and Professional Supports

Goal of strategy: Provide clinical training on prescription opioid use, opioid addiction and bio-psychosocial interventions, and inter-professional collaboration in order to strengthen the Ontario health care workforce delivering MMT and other treatments for opioid dependence.

Key Activities

The Task Force noted that a comprehensive range of integrated services “depends on interdisciplinary teams of providers with the right training giving the right advice and appropriate services” (p. 40). That is why the Ministry is investing in professional training and supports. CAMH is not the only recipient of funds in this area; the Registered Nurses Association of Ontario and the College of Physicians and Surgeons is also receiving funds. CAMH will work with these organizations and other professional bodies and associations to ensure that training is appropriate, accessible and effective.

CAMH will be expanding particular training initiatives targeting health professionals involved in the treatment of opioid dependence, including:

- Workshops and online courses to build skills and knowledge among clinicians to provide effective treatment for opioid dependence, including non-MMT treatments, as well as increase the effectiveness of case management services.
- The development of best practice guidelines for counsellors and pharmacists

In addition to providing training, the Ministry has identified the need to provide professional supports to those who deliver MMT and other treatments. CAMH will be investing in the following supports:

- Telephone-/video-based consultations, and on-demand telephone supports.
- Start-up kits for health care teams (office materials, forms, guidelines).

Strategy B – Engage The Community

Project goals: Reduce stigma and marginalization of addiction clients; promote collaborative, coordinated models of care; improve community and clinician acceptance of various treatment options in local communities (i.e., MMT, withdrawal management, counselling, buprenorphine).

Key Activities

The Task Force noted that the integration of MMT practices into residential communities “is generally not well done” (p. 72), and that MMT providers need to engage with communities more effectively. That is

why the Ministry has provided funds to CAMH to resource more effective ways to assist in the introduction of MMT into local communities, including the development of local citizen engagement committees.

CAMH will work closely with the Ministry and with the College of Physicians and Surgeons of Ontario (CPSO) to identify a number of communities that do not have MMT service provision or where access is limited. Some of the draft criteria used to select the target communities may include:

- Local MMT needs;
- Community readiness;
- Coalition support;
- Community resources; and
- Planning opportunities.

Within a small group of targeted communities, CAMH will work to establish local committees or utilize existing coalitions and identify local champions who are able to publicly articulate the need for opioid dependence treatment in the local area. These champions can be clients, clinicians, and community leaders. CAMH will also update its MMT Community Resource Guide, which includes critical stages in the development of MMT services, along with practical information on engaging with local communities, and will make this resource document widely available. CAMH staff in offices in Ontario will also provide consultative support to help guide the coordination of bio-psycho-social services across various health care professionals and between primary care providers and addictions services.

Questions:

- 1. What criteria should be used in the selection of the target communities?**
- 2. Describe the community planning issues that impact the development and/or expansion of MMT services?**
- 3. Are there models of existing community committees that have been successful in addressing community concerns while improving access to MMT services?**

Strategy C – Raising Awareness

Project goals: Increase awareness of the benefits of treatment for opioid dependence; improve understanding of treatment options for those who are dependent on opioids; and initiate greater awareness about changes to policy, regulation and prescribing activity that will address the problem of dependency on pharmaceutical opioids.

Key Activities

We believe our first activity is to identify the key messages that must be communicated. While the emphasis may change depending on the audience, we must have concise information whose widespread knowledge and acceptance would lead to improved services for those who are opioid dependent.

The following are draft key messages:

- In Ontario, thousands of people are dependent on opioids. They deserve our support to find the right treatment.
- MMT works. It saves lives, and is a cost-effective way of addressing opioid dependence.
- We must work to develop safer prescribing practices. Many Ontarians have an opioid dependence problem that was initiated through the prescribing of legally produced pharmaceutical products.
- MMT is one treatment for opioid dependence – others include abstinence, and other pharmacological treatments, such as buprenorphine.

Question: Do these draft key messages make sense to you?

Audience: Health Professionals and Administrators

The MMT Task Force identified many within the health care system who must be playing key roles in responding to the treatment needs of those who are opioid dependant. This includes primary care clinicians, particularly those in new family health teams and Ontario's expanded network of community health centres that work outside the restrictions of OHIP fee-for-service model. It also includes those working within the specialized addiction treatment system; their methadone literacy will make it easier for the opioid-dependant client to find the right clinical service. We should also include the LHINs, as they are now accountable for funding both addictions treatment agencies and an important component of primary care – community health centres.

Potential tactics:

- Educative mailings directed at primary care clinicians in areas that are under-served.
- Education sessions directed at clinicians working within the specialized addictions treatment sector and needle exchange programs.
- Website providing accessible information about treatments for the opioid dependent.
- Partnership with organizations such as the Ontario College of Family Practice, CPSO, Ontario Association of Family Health Teams, Association of Ontario Health Centres, and others in targeted outreach, e.g. conferences.
- Advertising directed at primary care clinicians.

Audience: Communities – Particularly Communities Targeted For New MMT Services (see Strategy B above)

Ultimately, access to MMT in a publicly funded health care system depends on the willingness of the public to fund the treatment. At the local level, neighbourhood opposition can make it challenging to initiate a new clinic or MMT program. This means that public support for a continuum of medical and psychosocial supports for the treatment of opioid dependence is critical.

Recent experience in the area of mental health would suggest that no message delivered by a health care provider could match the power of a story of direct experience, simply told. That is why the most effective public messaging about the need for opioid-dependence treatment would be the facilitation of personal stories of opioid dependence and treatment. Communities identified for public awareness work would, as a first priority, be those communities selected for targeted expansion of MMT services and physician recruitment. Tactics might include:

- Web-based stories of opioid dependence and treatment.
- Pitching of personal stories – earned media.
- Development of a “dream team” concept – developing the capacity of individuals to tell their stories in public forums, particularly to residents and business improvement associations.
- Greater promotion and updating of *Prescription for Addiction*, the Ontario film about addiction to prescription pharmaceuticals and accompanying discussion manual produced by the Ontario Federation of Mental Health and Addiction Programs

Audience: Clients Considering MMT

The Task Force identified the need to improve the information that is available to people who are considering entering into methadone treatment. At this critical juncture, the most important clinical intervention is a comprehensive assessment to determine whether MMT is the most appropriate treatment. Information on various treatment options is critical to the ability of the client to make an

informed choice about the most effective way to address his or her opioid dependence. Tactics might include:

- Reprinting/updating the *Client Guide To Methadone Maintenance Treatment* (including French-language version).
- Development of web resources on treatment of opioid dependence, and publicity promoting the website.

Question: Have we identified the key audiences, and the best ways to reach them?

Where do we want to be at the end of the project?

CAMH believes that those with opioid dependency problems require timely and accessible services, including access to a range of services and supports. This includes treatment options that are most appropriate to the person themselves: Withdrawal management, methadone maintenance treatment, or other pharmacological treatments, such as buprenorphine. All services must integrate medical services with access to psychosocial supports, as required. We believe that the volume of services for this population – and, in many cases, the range of services available to MMT clients themselves – needs to be strengthened and improved. That is why CAMH sees this project as a way to engage key stakeholders and government in a discussion about a central recommendation of the MMT Task Force: the development of a province-wide strategy to address the problem of opioid dependence in Ontario, the accessibility of services, and strategies to address the root causes of the problem.