

An integrated interdisciplinary model of opiate agonist treatment to address accessibility to prescribed safer supply in a rural setting

Category: Oral Presentation

Abstract Body

Issue:

Despite rural and remote regions being disproportionately impacted by toxic drug deaths (BC Coroner, 2023), access to pharmaceutical safer supply (PSS) to the toxic drug supply remains inconsistent outside larger urban centres (Bardwell & Lappalainen, 2021). The BC Ministry of Mental Health and Addictions has prioritized access to PSS through policy development, however on-the-ground implementation in rural or remote settings face several challenges including: limited community pharmacy resources particularly for delivery, few prescribers willing or able to prescribe PSS, restrictive federal regulatory controlled drug policies, stalled readiness among stakeholders, and risk of treatment interruption when transitioning between community and acute care settings.

Setting:

qathet Region is a remote, coastal community with a population of est. 21,000 people spanning over 5000 square kilometers on the northern edge of the Sunshine Coast. During 2021, qathet (colonially known as Powell River) had a toxic drug death rate that was over double that of the overall Vancouver Coastal Health authority region. Prior to September 2021 people who access unregulated opioids only had access to oral opioid agonist treatment (OAT) options.

Project:

With funding support from Vancouver Coastal Health, Lift Community Services a not-for-profit organization planned and implemented a nurse-led injectable opioid agonist treatment (iOAT) / Tablet injectable opioid agonist treatment (TiOAT) clinic. The clinic has since expanded to offer fentanyl patch.

Outcomes:

This presentation offers a solution-focused perspective on how to achieve sustainability in rural PSS programs through community-pharmacy partnerships, inclusion of people with lived and living experience as employees, and implementation of an integrated interdisciplinary model of opioid agonist treatment (IIMOAT) dispensing model. This presentation focuses on how the qathet iOAT clinic adapted nurse-initiated Transaction Medication Updates (TMU) function in PharmaNet (BC's province-wide network that links all BC community pharmacies to a central data system) helps to resolve communication gaps and improve patient access, safety and retention.

Key Words

- Advocacy
- Caring in Crisis
- Education
- Legislation
- Novel Therapeutics
- Opiate Agonist Therapy
- Opioids/Opiates
- Pharmacologic Interventions
- Prevention/Harm Reduction
- Quality Improvement
- Rural
- Safe Supply
- Sedatives
- Substance Use Disorder (general)
- Treatment Models/Programs

Learning Objective # 1

Develop an understanding of the barriers rural and remote populations face (within professions and with participants) when accessing pharmaceutical alternatives to the toxic drug supply.

Learning Objective # 2

Identify clinical tools (e.g., TMU function) that provide opportunities to overcome PSS implementation barriers with a goal of improving patient access, safety, and retention

Reference # 1

British Columbia Centre on Substance Use. (December 2022). Practice Update: Integrated, interdisciplinary model of opioid agonist treatment (IIMOAT). https://www.bccsu.ca/wp-content/uploads/2022/12/IIMOAT-Practice-Update_December2022.pdf. Accessed 27 April 2023.

Reference # 2

Bardwell G, Lappalainen L. The need to prioritize research, policy, and practice to address the overdose epidemic in smaller settings in Canada. *Can J Public Health*. 2021 Aug;112(4):733-736. doi: 10.17269/s41997-021-00504-9. Epub 2021 Mar 29. PMID: 33782915; PMCID: PMC8225779.

Co-Author

Kate Hodgson

Nurse Educator | Lift Community Services