

OAT Outreach and Support - 2022/23 Year End Report

Erin Thomson, April 1, 2022 to March 31st, 2023

Overview of my role/work:

My role as Oat Outreach/Support worker include variety of roles which include and not limited to OAT outreach and support services. I work my Wednesday and Thursday outreach days at the Hub (The Coordinated Access Hub – an interagency service drop in centre in downtown Nelson on Vernon Street). I am a part of the Coordinated Access Team where we meet weekly to have a multi-agency team discussion and approach to coordinating the most vulnerable persons of our community (those who access coordinated access system and participate in VAT's) into housing (currently just the North Shore Inn and occasionally referred to Ward Street Place).

I participate in VAT interview/intakes and submit them into the coordinated access system; I was trained in early months of 2022 to do the Vulnerability Assessment tool interviews. Inclusively, I support the Hub Drop in space and support the Hub attendants when it gets busy and provide a support role to the team.

I also assist in the Good Neighbour policy at the Hub, where I support the Hub space and the service users whereupon managing dynamics of Hub guests who are outside the building with encouragement of the good neighborhood policy. The good neighbor policy holds the Hub guests in a code of conduct asking folks to engage in the neighbourhood in a peaceful, safe, and respectful way.

About the Hub:

The Hub drop in is open 7 days a week from 1 to 5pm daily. The Hub service users include some of the most vulnerable people in our community. Many people who rely on the Hub to warm up or cool down from the elements, find dry socks/warm clothes, have a good snack and coffee. Hub service users can also access some essential services and supports including; Street Outreach, ANKORS OPS & Harm Reduction services, Peers Employment, Ministry of Poverty & Social development, OAT outreach, and some nursing outreach and services. In winter months, blankets, tarps, and warm clothes are offered. People can also engage in an art project and enjoy social interactions with staff and other Hub guests. Every week, the Nada circles are offered, where ear acupuncture and seeds are offered to the guests and workers.

In heat waves, the Hub has opened for longer hours serving as a cooling centre for folks to escape the intense heat. In winter cold snaps, the Hub has opened up longer hours for folks to access warmth and protection from the cold.

Some Stats of The Hub: We lost about 9 people over the last year who were regular Hub guests. The people we lost in our community have all touched our hearts as people who we really cared about.

On average, the Hub serves a range of 35 to 50 people a day. On hot and cold days, the numbers are often very high and we rotate people in and out of the space so others can access services and a safe space.

Challenges of the Coordinated Access System/Vat system/Other: The Vat interview is often analyzed as not being trauma informed as people are asked very vulnerable life questions about their health, substance use, background, and living situation, often leaving people with relived trauma experience and without a direct answer to their housing request. Moreover, the coordinated access system has some challenges; for example, there are not enough housing providers that accept the VAT system; this is currently being worked on in order to meet the needs of housing people in our community. At this time, the VAT/coordinated access system are used for the North Shore inn which is run by Nelson Cares, but there are limited numbers of vacant rooms for people to move into.

OAT/Rise Clinic: It has been another full year in the OAT (Opioid Agonist Therapy) outreach and support position. ANKORS on Baker continues to host the Rise Clinic for about 3 Fridays a month, which is Dr. Joel Kailia's practice. Zak Matieschyn is Nurse practitioner prescriber within the clinic and works most of the Rise clinic shifts.

Within the clinic, we continue to prescribe opioid agonist therapy such as Kadian, methadone, and suboxone, working with the OAT stabilization model of care for opioid use disorder. The Rise clinic now offers sublocade, a once a month injection that treats opioid use disorder; many folks who have been stable on suboxone find freedom with the sublocade injection as it holds their needs for up to a month.

Occasionally, the clinic will prescribe hydromorphone, often called a safe supply medication. In December of 2022, the clinic began prescribing and introducing the fentanyl patch program for the community. The clinic will also prescribe stimulant replacement therapies, including dextro-amphetamine an apo-methylphenidate (ritalin) for folks asking for therapeutic stimulant use stabilization or to treat attention deficit disorder.

The Rise Team:

Our amazing team of ANKORS and Rise administration staff provide a low barrier, person first, social support system that get people settled in the ANKORS office space in a calm, supportive manner. Thanks to David Nixon, operations manager who works on Fridays, oversees operations on our busy clinic days with ease and direction. Laura Buchanan, the social worker/counsellor who works for Rise clinic on Fridays, responds to OAT client needs and check ins, along with myself, advocating and communicating the client's prescription needs to the prescriber. Laura also provides extra counselling in one on one OAT session, providing support for PWD form narratives as well as supporting the team in the oftentimes complex personal or social nuances that may arise. Aleta Varney is the administration person for Rise clinic/Oat clinic and Rachel is the amazing new administration team member.

How the clinic flows on Fridays:

Folks who want to access the clinic for first time visits can just show up on Friday clinic days and be received for OAT appointments. Folks who may be on and off the OAT program can also just show up on clinic dates and get a renewal to their prescription. Fridays are super busy, we fit in a lot of folks in one day. Oftentimes when we don't have a 4th clinic day in a month but I see the need for folks in our community who could really use OAT clinic services more than 3 times a month.

My role as OAT outreach and support: I work within the psycho-social model of care, advocate for patients in the Rise clinic setting, as well reminding people of their appointments, refer them to other agencies and supports if requested, refer them to appropriate medical care and intervention, as well providing social and emotional supports. Importantly, I work closely with Nelson's Street Outreach team, the Ministry of Poverty and Social development, Mental Health and Substance Use outreach social workers /nurses who provide wrap around mental health health/substance use supports and social supports all working for the wellbeing and stabilization of the people we serve.

Challenges of the OAT model of care and the continuum of Safe supply:

Key Points: Many folks in the living and lived experience and drug user community continue to challenge the boundaries and conversation of the OAT model of care. People who use drugs and pwllle are asking for safe supply/prescription alternatives as an alternative to the toxic drug supply. People are asking to have expanded prescription options, as the current OAT model does not always mange people basic needs like chronic pain or to mitigate precipitated withdrawal. Choice, self sovereignty and more prescriptive options are needed, as not one size/modality fits all; people want options and choice other than illicit supply or restrictive oat medical model.

For many folks who live outside of Nelson in rural locations who are on the OAT program, it can be very difficult for some folks to come into town for their daily script OAT pick ups, or even to pick up 3 times a week. Many folks move in and out of the OAT program as a result of rural barriers in order to travel to their pharmacy. It is common for many folks to get socially isolated and not able to access OAT medication requirements on a regular basis. Barriers includes limited bus routes/rides, access to phone/technology, financial restrictions as a person on social assistance of disability is on limited income to be able to afford transportation.

UDS expectations or "peeing clean" can be a challenge for folks to meet the requirements of a clean urine screen as they enter into the OAT program requirements. Many people are frustrated that the dosage of their OAT

(kadian/methadone) doesn't titrate up fast enough to stabilize them, therefore they will continue to use illicit substances to fulfill their needs (stop withdrawal systems or pain reduction). Many folks often feel punished if they don't meet the requirement of a clean uds, requiring the patient to pick up more regularly/daily..

The Power of OAT Stabilization:

OAT stabilization can be an impactful piece of a person's journey to wellness and recovery. I witness many people in the clinic living fulfilled lives, work, parent, and overall enjoy a quality of life. The social connection and quality of care in the outreach and support can make all the difference in a person's wellness journey. The outreach that is connected to the prescriber team is essential for smoothing over the gaps of missed appointments, communicating to the doctor on behalf of the patient needing script titration.

Fentanyl Patch Program:

For many of the Rise clinic patients, the fentanyl patch is proving to be excellent option for people. For many, the fentanyl provides pain relief to many people's medical and chronic conditions. In addition, patients are finding that the fentanyl patch will hold them longer, meaning, less withdrawals, and therefore, their illicit use pattern will go down significantly as a result. Some people are on both the fentanyl and regular OAT, depending on what the prescriber and patient have agreed upon to manage their use, pain, or withdrawals. The fentanyl patch is now being considered to be a part of the OAT prescription options, but not all clinics/physicians adhere to offering the patch as a prescription alternative as of yet; more education and anti-stigma work is needed in the medical model overall.

Key Points of 2022:

I continue to participate in the greater discourse of safe supply on a local, provincial, and national level.

I participated as a presenter in the CAT (Community Action Team) Safer Supply Project Webinar; which was a provincial wide discussion into breakout rooms, discussing how safer supply models are being implemented across B.C. Different communities are trying different approaches. Portland hotel society offers injectable and smokable medical grade fentanyl.

Len Pierre Webinar : De-colonizing and anti-stigma workshop through an de-colonizing lens within Harm Reduction. **Learnings:** Moving away from the good/bad binary. People are interwoven in communities. Harm reduction improves quality of life. Substance use is on a spectrum place within a medicine wheel - from abstinence, medicinal use, recreational use, to addiction and circling back in and around again within the spectrum. Dismantling judgments regarding substance use and bringing in an Indigenous worldview within a cultural safety lens.

Empowering Choice: Expanding Options for Safer Supply in Rural and Remote community. I participated as a webinar panelist. Panelists included Redun, Holly and Amber, Imagine Safer Supply, MHSU's Dr. Vance, Dr. Thomas Kerr BCCSU Department of Medicine. The webinar focused on the continuum of safe supply options and how to build a collaborative response in the ever evolving needs of people who use drugs in rural communities, to remain connected to care, whilst being offer alternatives to the current toxic drug supply.