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Knowledge Bites Lunch 'n' Learn

November 9, 2022

AMH Knowledge Exchange: **Blackfoot Confederacy Partnered Research on Opioid Use Disorder Treatment involving Strategic Clinical Networks and Two Universities**



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Patrick McLane, Emergency SCN AHS, University of Alberta

November 9, 2022



Opioid Use Disorder Care during COVID-19 Disruptions



Bonnie Healy, Blackfoot Confederacy

Patrick McLane, Emergency SCN AHS, University of Alberta

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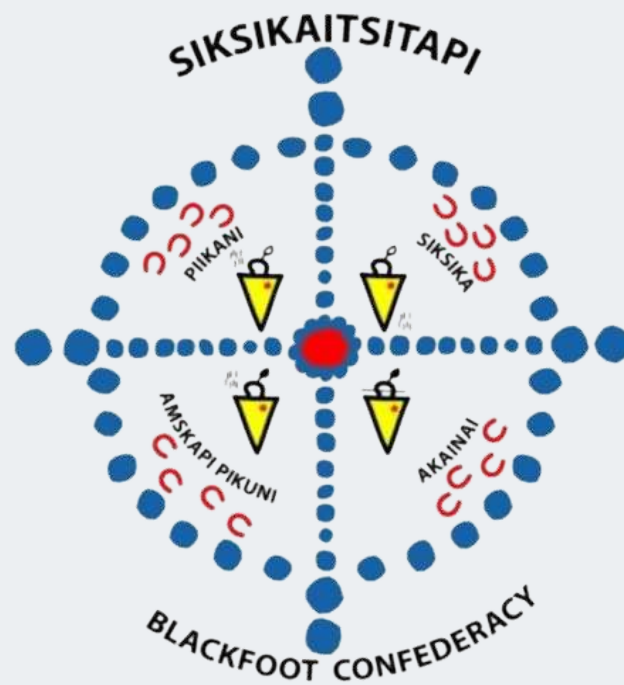
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PARTNERS



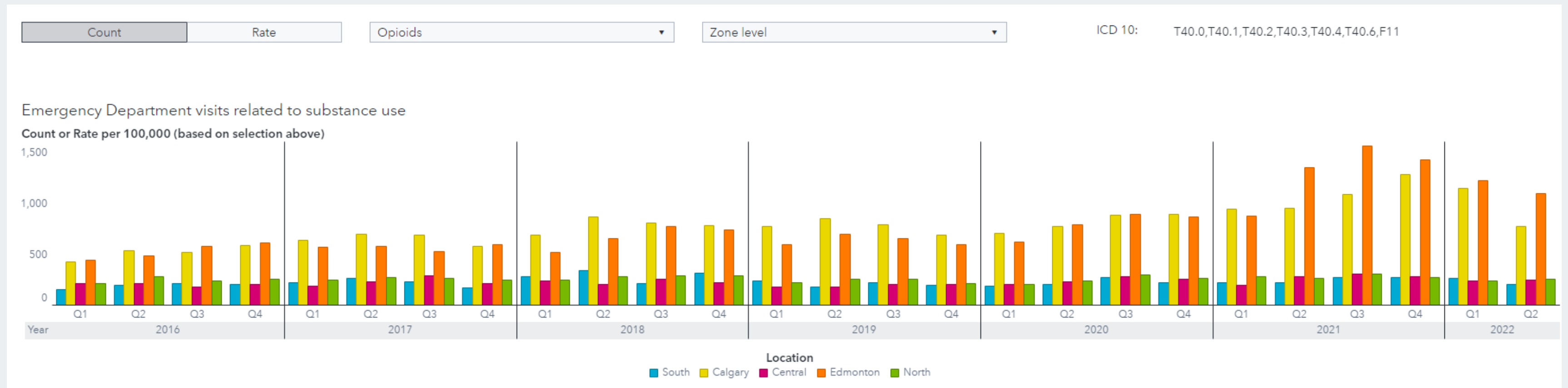
Canadian Institutes
of Health Research

Instituts de recherche
en santé du Canada

BACKGROUND

- During the pandemic, Alberta reported an upsurge in overdose-related ambulance responses (Tait, 2020), and overdose deaths (AHS, 2020).
- Some community addiction treatment clinics have limited their operating hours, stopped accepting new patients, or closed (Desmarais, 2020).
- While Alberta emergency departments (EDs) also support opioid use disorder (OUD) care through initiation of opioid agonist therapy (OAT) with buprenorphine/naloxone, Alberta has seen a marked decrease in overall ED presentations during COVID-19 (McLane, 2020).
- Understanding the impact of healthcare disruptions on OAT is particularly important for underserved groups, including First Nations partners whose members are disproportionately affected by pandemic-related barriers to travelling for care.
- No ED or addiction clinic is located within the Nations, although Metro City Medical Clinic (MCMC) does provide some outreach services.

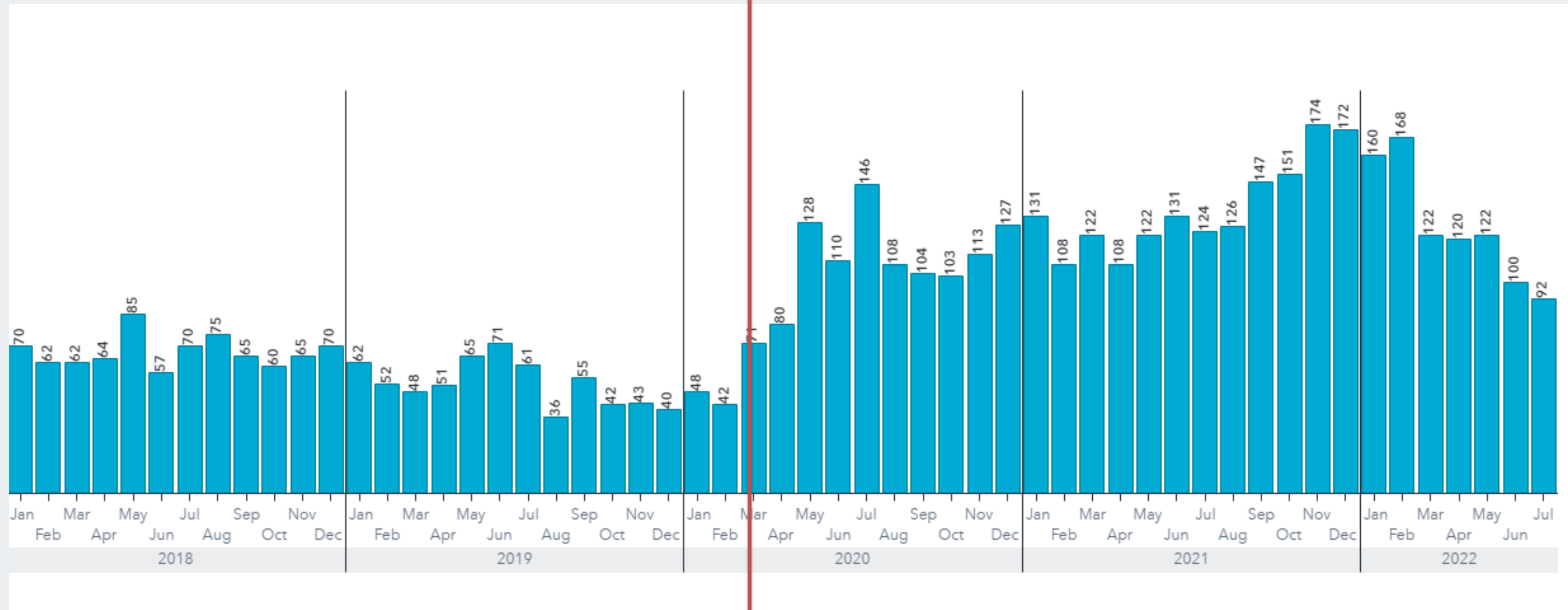
Provincial Data on ED Visits Related to Opioid Use



Source: Alberta substance use surveillance system Updated October 2022 at <https://healthanalytics.alberta.ca/>

Alberta Opioid Deaths

COVID-19



Alberta Opioid Deaths: Counts

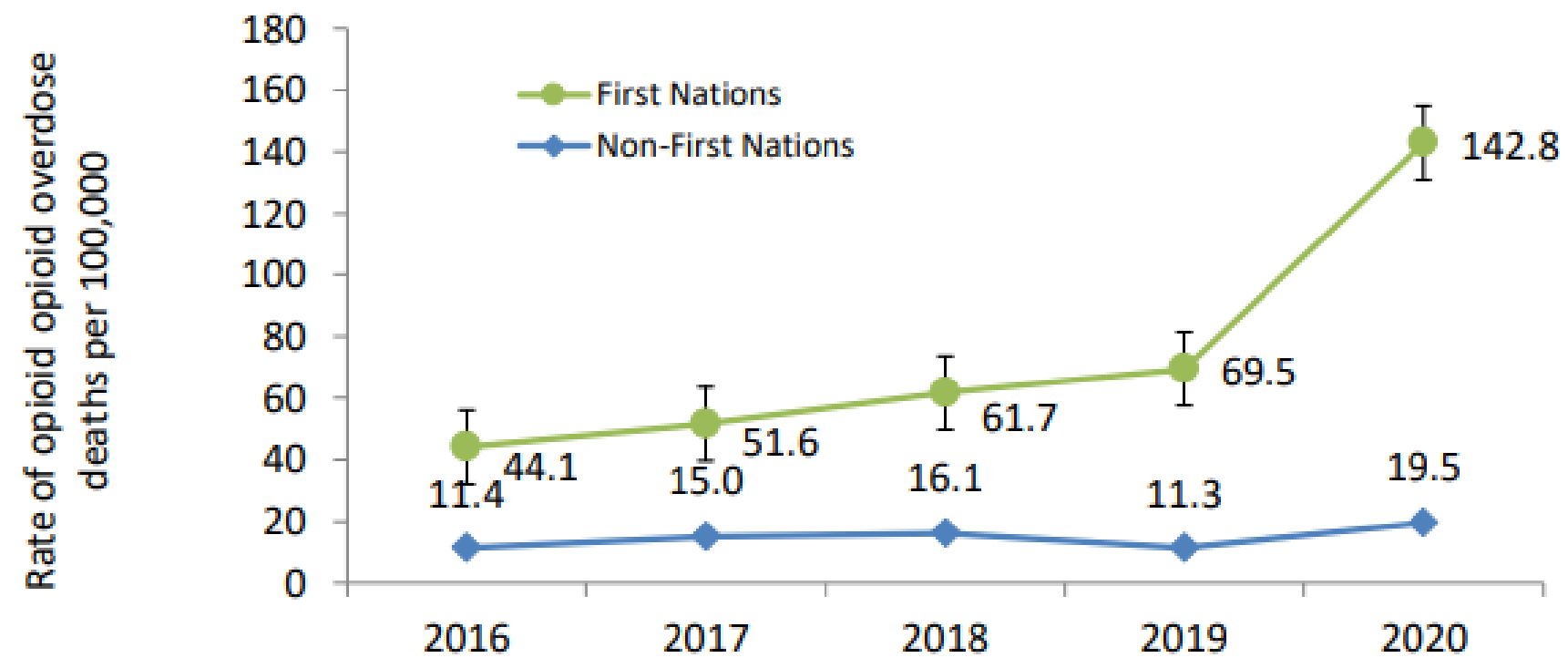
1616 people died of apparent accidental opioid poisoning in Alberta in 2021, compared to 1180 in 2020.

First Nations Opioid Deaths

Mortality data

Apparent accidental opioid poisoning deaths (fentanyl & non-fentanyl opioids)

Figure 1: Rate of apparent accidental opioid poisoning deaths per 100,000 by First Nations status and year. January 1, 2016 to December 31, 2020.

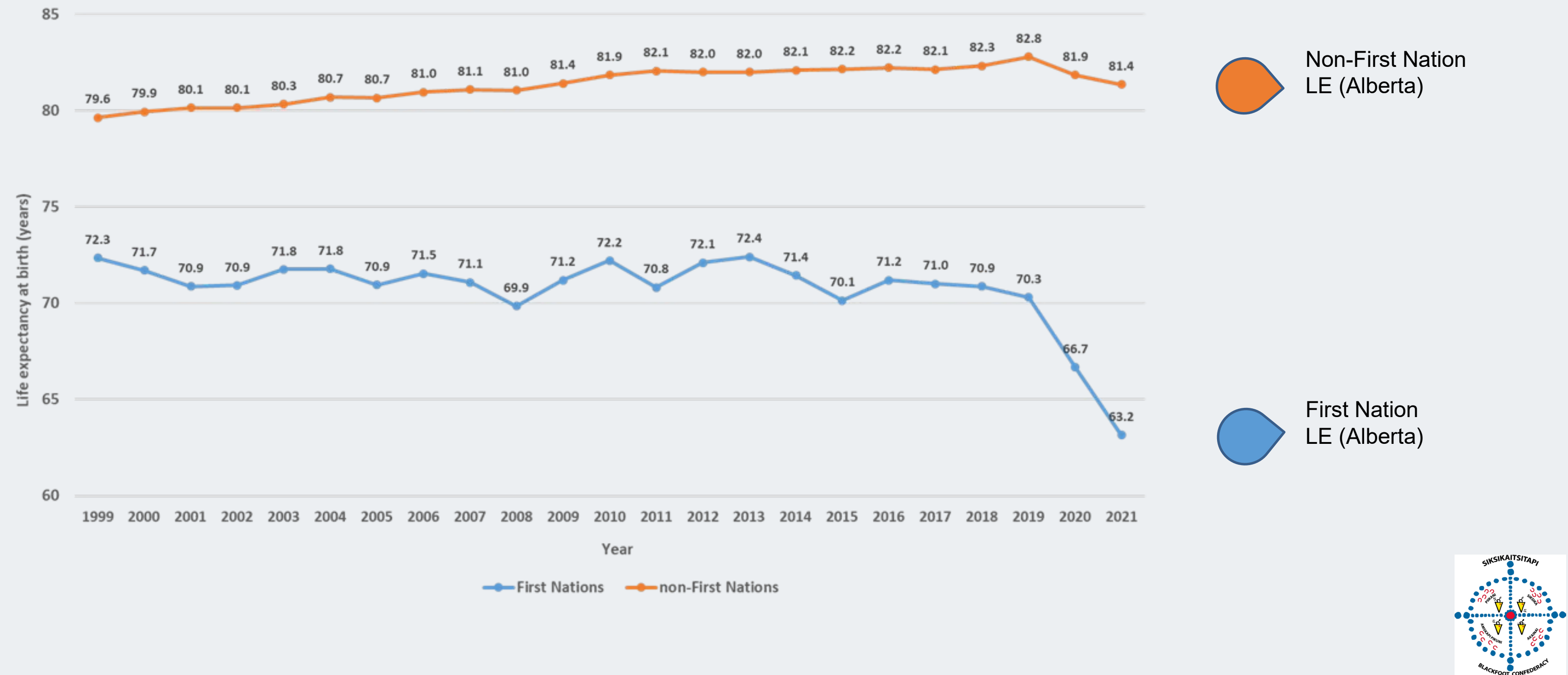


First Nations Opioid Deaths

Table 2: Count and percentage of opioid poisoning deaths by First Nations status and municipality. January 1, 2020 to December 31, 2020.

	FN		Non-FN	
	Count	Proportion of FN deaths	Count	Proportion of Non-FN deaths
Calgary	85	35%	289	34%
Edmonton	72	30%	297	35%
Red Deer	5	2%	43	5%
Fort McMurray	2	1%	11	1%
Grande Prairie	8	3%	21	3%
Lethbridge	23	10%	23	3%
Medicine Hat	0	0%	10	1%
Other AB locations, by Zone				
North Zone	9	4%	27	3%
Edmonton Zone	<5	1%	28	3%
Central Zone	6	3%	57	7%
Calgary Zone	13	5%	20	2%
South Zone	15	6%	12	1%
Total	240	100%	838	100%

Life Expectancy First Nations in Alberta: 1999-2021



Source: HCoM Committee Meeting Update: First Nation Life Expectancy in Alberta. Blackfoot Confederacy. October 26, 2022

In 2020 and 2021, Life Expectancy has dropped for both Non-First Nations and First Nations people:

- **Non-First Nations:** LE dropped from 82.8 years in 2019, to 81.4 in 2021 (2021: 84.2 for females, 78.7 for males)
- **First Nations:** LE dropped from 70.3 years in 2019, to 63.2 in 2021 (2021: 66.0 for females, 60.4 for males)
- **The gap in LE between these populations has now increased to 18.2 years (2021)**



“Persons with opioid use disorder may be more impacted than the general population by common COVID-19 stressors including loss of income, isolation, lack of rewarding activities, housing instability, as well as fear and anxiety. They may also face unique challenges including threats to drug supplies, stigma, difficulty accessing clean substance use supplies, and closure of substance use treatment centres.

(Henderson et al., 2021)

Racist Stereotyping around Substance Use

“ I would definitely see a bias against the First Nations... you have this [terminology of] ‘drunk Indian’... ‘What's in Bed 6 ? It's a drunk Indian, you don't need to go in.

~Physician 3

(McLane et al., 2022 see Appendix 1)

“

...if there's a patient who's agitated and has a history of being here and they may be immediately seen by security and sedated and put into a secure holding room. And I would say that we often don't take the time to try to understand exactly what's going on with that patient, whether its, you know, they're intoxicated, whether they're, for some reason there's a mental health concern, that sort of thing. We don't have the time to try to understand that. And I think when race comes into that, we may even make a more quick judgment, unfortunately.”

~Physician 15

(McLane et al., 2022 see Appendix 1)

“If you have an intoxicated First Nations [patient], its usually not a big deal, they usually disappear. So people just almost ignore them, or if you literally are kind to them and give them a sandwich they are so grateful, they leave.”

~Physician 3



Emergency Care is not Equally Accessible to All

Example from our First Nations ED Care Research

25% of FN emergency visits are by patients whose residence is ≥ 24 km from an emergency facility. For non-FN people the same statistic is ≥ 8 km (McLane et al., 2021)

Many Nations may have no provider coverage or limited coverage in community when emergencies arise or for after care (McLane et al., 2022)

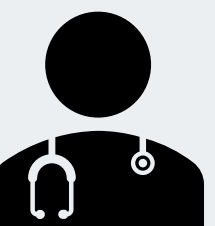
OBJECTIVES for the Present Study

In order to understand the impacts of pandemic-driven healthcare disruptions for OAT we aim to:

1. Describe pandemic-driven changes to populations served in clinic and ED settings;
2. Explore how First Nations members with OUD have been differently impacted by COVID-19 disruptions to OAT; and
3. Identify health systems opportunities for enhancing access to OAT

Opioid Agonist Treatment

- Preferred first-line treatment for addiction to opioid drugs (Bruneau, 2018;CAMH, 2016)
- Involves taking opioid agonists (methadone or buprenorphine) (CAMH,2016)
- Helps prevent withdrawal and reduce cravings for opioids for 24-36 hours (CAMH, 2016)
- More effective than nonpharmacological treatments in terms of suppressing illicit opioid use and keeping people in treatment (Wood et al., 2018)
- Effectively reduces morbidity and mortality (Wood et al., 2018)



HOW?

WE WILL COLLATE PROVINCIAL ADMINISTRATIVE DATA FROM ED SETTINGS AND TWO SPECIALTY ADDICTION CLINICS WITH PROVINCIAL REACH TO:

Compare the quantity, demographics, and OAT prescription characteristics of patients receiving OAT before and during the COVID-19 period

Compare the quantity, demographics, and OAT prescription characteristics of patients who continue in treatment, and those who do not, in each setting and time period

Develop predictors of continuity in care before and during the pandemic by setting, using regression analysis

Explore findings and develop health system recommendations through nominal group technique.

Data Sources

MCMC and AHS (for EDs and ODP) complied data for patients receiving OAT during each period of interest, assigning each an anonymized unique identifier.

AHS linked data from datasets in its control (i.e., NACRS, DAD, PIN, postal code, comorbidities) to MCMC, ED and ODP clinic records and de-identified the data.

MCMC = Metro City Medical Clinic
AHS = Alberta Health Services
ODP = Opioid Dependency Program

CONFIDENTIAL



OCAP

The First Nations principles of **ownership, control, access, and possession** – more commonly known as OCAP® – assert that First Nations have control over data collection processes, and that they own and control how this information can be used.

Source: FNIGC Website at <https://fnigc.ca/ocap-training/>

- 1 Required in recognition of First Nations sovereignty.
- 2 Improves quality and accuracy because First Nations communities can validate the data
- 3 Promotes coherent First Nations analyses and perspectives and minimizes the biases and misinterpretations stemming from other cultural frameworks.
- 4 Contributes to community empowerment, self- determination, and healing activities.
- 5 Produces more relevant and useful results, which lead to change.

(Schnarch, 2003)

Expected Outcomes

1

REPORTS

Final reports will be provided to AHS leaders within operations in all zones and in the province's Strategic Clinical Networks.

2

WEBINARS

3-5 educational webinars will be held to engage clinician and decision maker networks with a focus on First Nations decision makers.

3

PUBLICATIONS

We hope for publication of 2-3 manuscripts in open access journals on:

- 1) Changes to populations receiving OAT across settings
- 2) Predictors of continuity in care during COVID-19
- 3) First Nations specific findings



Thank you!

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Opioid Knowledge-to-Action Hub Update on Getting Started

November 2022



Website: www.iphcpr.ca
Email: rihender@ucalgary.ca

Spring/Summer 2022 Opioids Hub Start-Up

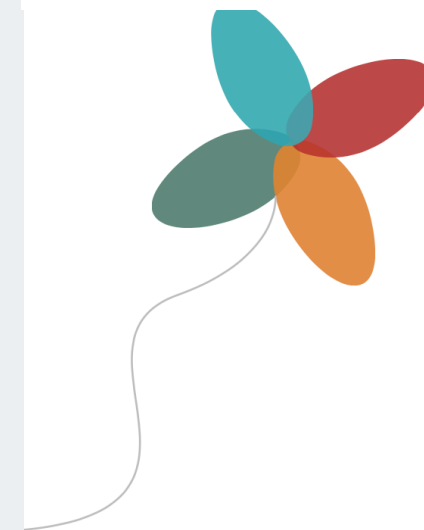
- Synthesized prior work in Alberta
- Explored gaps & identified priority areas of focus
- Mobilize personnel

Guiding Principles for the Overdose Crisis

- 1 **Colonization and its resulting traumas directly impact wellness** among Indigenous people, including addictions and mental health.
- 2 **The opioid crisis is more than an issue of physical addiction**, but also one of social disconnection and systemic harm against certain people.
- 3 **Health and other service providers have much to learn from Indigenous people** whose communities have extensive experience and wisdom with healing from addiction.
- 4 Opioids are a relatively new drug that first entered Indigenous communities as prescription painkillers, meaning that **medical and health systems have a responsibility** in helping communities to heal from opioids.



Title goes here



Research & Policy

1. Agenda-
Setting &
Action
Gatherings

2. Strategic
Program
Evaluation

Workforce Development

3. Knowledge
Platform

4. Community
of Practice

Community Connection

5. Seed Grants with
Community Training

6. Student & Provider
Training Grants

Research & Policy

1. Agenda setting & Action Gatherings on Strategic Topics

Aim: Define priorities and pathways forward for strategic research and policy to reduce impacts of drug poisoning crisis on First Nations in Alberta

Actions

Convene sequential stakeholder gatherings

focused on topics identified in prior engagements as strategic topics for research & policy advocacy

Each topic may convene **2-4 sequential gatherings of 8-14 people closely connected** to the topic to identify, advance, and track impacts in action areas, champions, policy, data/research.

Strategic Topics

- Treatment pathways
- First Nation access to FN health data
- Sober/after-care housing
- Inter-cultural communications, language
- Neuroscience & addictions research
- OAT
- Safe injection, safe supply, needle exchange & other strategies
- Trauma Recovery Centres addressing SDoH
- Multi-agency collaboration models (e.g., policing, CFS, health, youth support)

Research & Policy

2. Priority Program Evaluation

Aim: Deepen understanding of what works, how, and with what evidence of desired results through systematic reporting of process, components, strengths & impacts of strategically coordinated interventions to address the drug poisoning crisis with Alberta First Nations stakeholders

Actions

Prepare annual formative and end-of-project summative evaluation reports on priority programs

Convene informal conversations in CoP & mobilize knowledge with release of each report through bulletins, on webpage, etc.

Strategic Programs:

ISC 2022 Nasal Naloxone Distribution

Workforce Development

Community Seed Grant & Training Opportunities

Workforce Development

3. Knowledge Platform

Aim: Grow multi-sector workforce capacity to integrate evidence-informed practices into their efforts to mitigate effects of the drug poisoning crisis

Actions

Mobilize theory and best practices from industrial organization to shift knowledge and behaviour change among multi-sector workforce on First Nations interfacing with addictions prevention and care.

Track user engagement for quality improvement of content and engagement.

Evaluate impact of distinct strategies for mitigating impacts of drug poisoning crisis in Alberta First Nations.

Formats

- Website (with our reports/pubs; lit summaries; tools)
- Podcasts, TikToks, Vimeo/Youtube video links
- Interactive outreach (e.g., quizzes, games, etc)
- Newsletter/bulletin

Content Areas

- Research & policy across harm reduction spectrum
- Events, training, standards
- Examples & reporting of initiatives from First Nations perspectives

Workforce Development

4. Community of Practice

Aim: Foment networks of support and communication for exploration of new opportunities, identification of emergent needs, and growth of evidence-informed practices

Actions

Convene bi-monthly or monthly 1-hour virtual meetings with similarly located practice situations across agencies, Nations, communities

Bring in experts or guests to share on topics desired by participants.

Facilitate longitudinal exchange through discussion threads on a project management platform that promotes exploration of relevant resources and tools

Functions

- promote mutual support
- explore ideas & approaches
- invite knowing inputs from experts or guests
- grow ideas for community & training grants

Community Connection

5. Seed Grants with Community Learning

Aim: Support community activities focused on connection, healing, and culture with embedded harm reduction learning opportunities for grassroots knowledge mobilization

Actions

Through seed grants, invite applications for community-driven activities, events, programs, or strategies that advance multiple components of the regional priorities.

Support potential applicants in preparing their pitch for funds, transferring funds, and reporting on outcomes.

Feature summaries of funded initiatives on Knowledge Platform.

Key considerations

- Prioritize applications aligned with multiple strategic priority areas
- Provide assistance in filling out application forms and preparing final reports through telephone and email check-ins with interested applications
- Elicit feedback from applicants and funded teams on how to improve access to opportunities and better support

Community Connections

6. Student & Provider Training Grants

Aim: Fund evidence-informed training opportunities for research and service provider innovation to build capacity in systems-thinking, data and evaluation for strategic coordination and impact.

Actions

Fund research and service provider training

opportunities through training grants to build capacity across diverse First Nations contexts in all regions of Alberta

Support applicants in preparing their pitch for funds, mobilizing funds, and reporting on applications in their research or practice.

Feature learning summaries of funded trainees on Knowledge Platform to promote evidence-informed training opportunities.

Key considerations

- Prioritize applications for training that is justified by evidence-informed practice
- Provide a buffet of potential options for training or research priorities to advance, as means of promoting access to new knowledge
- Elicit feedback from applicants and funded teams on how to improve access to opportunities and better support

Recruiting for advisory group for Oct. 2022-April 2023

Provide guidance on:

- Seed, travel, meeting grant calls
- Templates for reporting on activities
- Measures for tracking impacts



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