

Sociodemographic Profiles and Clinical Outcomes for Clients on Methadone Treatment in Prince Albert, Saskatchewan: Implications for Practice

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Introduction



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Methadone treatment in Canada

- Methadone is regarded as the gold standard in the treatment of clients with opiate use disorders
- Methadone interrupts the cycle of intoxication and suppressing the withdrawals symptoms associated with OUD
- Methadone is also useful in
 - a) helping clients at risk of treatment dropout
 - b) significantly reducing HIV risks, by reducing sharing of needles, risky sexual practices, drug-related deaths,
 - c) restores social and family functions, and
 - d) reduces crime

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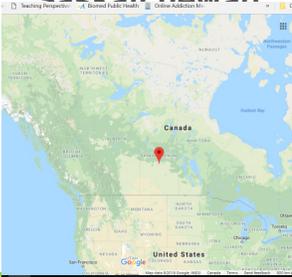
Methadone attrition rates

- Although methadone is a mainstay in the treatment of OUD, it has high attrition rates
- Determinants of attrition
 - a) Type of model
 - b) Patient characteristics and factors
 - c) Treatment characteristics
 - d) Support available

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Addiction in Prince Albert, Saskatchewan



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Methadone treatment in Prince Albert



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Aim of the study

- Anecdotally, the attrition rates of clients attending methadone program in Prince Albert is 70%
- The research team wanted to understand
 - a) The sociodemographic characteristics and clinical profiles of clients on methadone treatment in a Prince Albert, Saskatchewan clinic
 - b) Health care providers' perspectives of caring for clients on methadone in the city
 - c) The implications on programming, development of psychosocial interventions and service provision to improve clinical outcomes

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Methods

- This study entailed analysis of electronic medical records and interviews with health care providers
- Electronic medical records mined
 - a) Sociodemographic data
 - b) Patient observation data
 - c) Intake assessment
 - d) Medical/psychological/social history
 - e) Treatment information
- Interviewers with health care providers focused on their experiences providing care to clients on methadone program.

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Demographics variables

- a) Average Age: 35.5 years (range 21-58)
- b) Gender: 54% female
- c) Marital status: 61% single
- d) Education: 54% had incomplete secondary education
- e) Ethnicity: 85.9% Indigenous
- f) Socioeconomic: 66% living with family, 36.6% engaged in gainful employment

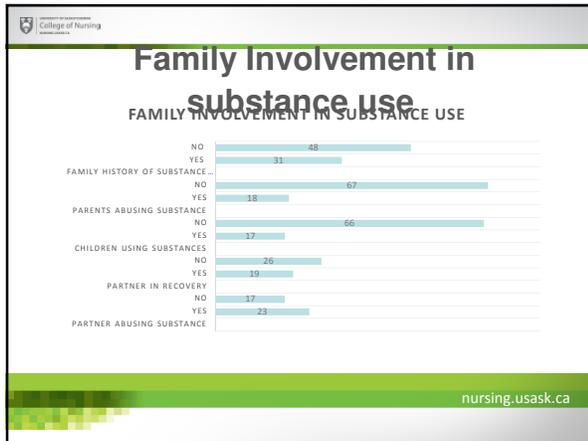
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History of Substance Abuse

Drug	Mean Age	Min. Age	Max. Age	Total	Percentage
Alcohol	14.25	6	25	97	96.0
Marijuana	14.88	7	40	95	94.1
Morphine	26.90	11	49	89	88.1
Dilaudid	26.64	11	48	89	88.1
Cocaine	21.62	11	47	88	87.1
CrystalMeth	30.75	16	56	63	62.4
Gabapentin	28.54	14	49	57	56.4
Codeine	22.26	11	47	47	46.5
Ritalin	24.01	8	48	46	45.5
Restoril	25.79	15	48	44	43.6
Valium	22.64	13	48	35	34.7
Heroin	26.75	16	42	16	15.8
Talwin	22	12	35	13	12.9
Demerol	22.33	13	33	9	8.9

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- ## Mental Health issues on admission
- Clients presented with diverse mental health symptoms at the time of enrollment
 - a) Depression: 52.5%
 - b) Anxiety: 55.4%
 - c) Suicidal thoughts: 36.6%
 - Clients also reported various forms of abuse:
 - a) Physical: 49.5%
 - b) Emotional: 41.6%
 - c) Sexual: 33.7%
 - d) Other: 35.6%
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Reasons for treatment enrollment

Reason of Enrollment	Frequency	Percentage %
Lifestyle Change	21	21%
Family/Partner and Children Related	18	18%
Pregnancy Related	13	13%
Doctor Referral/Started Detox	12	12%
Transferred from Another City or Province	11	11%
Other	8	9%
Tired of Using, Poor Health, Sickness	6	6%
Wants to Return to School/Work	5	5%
Wants to Quit Using Drugs	5	5%

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Prior Addiction Treatment

- 45.7% of clients had a history of methadone treatment
- Previous treatment ranged from 0-15 years
- Reasons for discontinuation
 - a) Transportation
 - b) started taking other drugs
 - c) relocation and starting other treatment
- Additional treatment sought:
 - a) detox (62.4%)
 - b) inpatient (43.5%)
 - c) outpatient (51.5%), and
 - d) counselling services (29.7%)

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Client Treatment Goals

- Clients identified goals they wished to pursue as a marker of progress:
 - a) Career: 44.6%
 - b) Relationship: 29.7%
 - c) Spirituality: 16.8%
 - d) Independence: 13.6%

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Clients Treatment Outcomes

Recovery Step	Frequency	Percent
1. Stabilization	65	65%
2. Early Recovery	19	19%
3. Middle Recovery	13	13%
4. Late Recovery	2	2%
5. Maintenance	1	1%

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Health Care Providers Perspectives

- Aim of the interviews
 - a) explore their experiences of providing care to clients on a methadone program
 - b) discuss the factors that may impede on clients' treatment outcomes
- For these presentation, we focus on factors that impacted clients' outcome to treatment
- Two themes
 - a) Systemic factors
 - b) Personal factors

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Systemic factors

- The methadone program employs a high threshold model of care which requires
 - a) Clients to abide by treatment contract
 - b) Abstinence from substance use and compliance with random urine drug screening are significant components of this contract.
 - c) Provide random urine drug screening to monitor compliance
- Most clients are unable to abstain from substance use and treatment is not available
- This model of care was not working

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Impossible model of care

- *The biggest challenge they have is to stop taking the street drugs and then come to the pharmacy regularly for their methadone or their drink. However, they are so addicted for the first three months they feel that oh they can take other stuff on top of the methadone. Moreover, I have patients ending up in E.R. just because they used some street drugs plus they were on methadone. Yes, taking methadone without the illicit drug use, it is hard for them (methadone coordinator).*

Deficient health care system

- *The backed up mental health system is another barrier to, because like you said what comes first right? You have to treat them both [mental health and addiction], and so there's too much time I feel because it is backed up right, it is hard to get that dealt with lots of times... Moreover, then just like I said for barriers is helping them understand that methadone is not standalone... Moreover, we lost a lot of them. By the time we got a hold of them, they are transient. They no longer live there, their cell phone is disconnected, they have died, and we were not able to catch them right so wait lists are not, we lost too many people that way (methadone coordinator).*

Personal factors

- Poverty- most clients on methadone treatment have dire socioeconomic challenges that impede compliance
- Complex health care needs- due to chronic use of polysubstance
- Untreated concurrent disorders and physical illnesses

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Personal factors- poverty

- *What I noticed when I first started working here and what was so impactful to me is that the majority of our clients are coming in and applying for the [methadone] program with a backpack. In that backpack is everything they own, and the majority are homeless, and consequence of drug use has caused that (Methadone coordinator).*

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Complex health care needs

- *They're very complex [clients]. Anytime you're dealing with a late stage IV drug user; we know that IV drug use there isn't an area that hasn't been touched in their lives. Their health has been... their children have been taken away, they are in the correctional system, they do not have a home... so yeah and they are very complex because there are mental health issues, there are other health issues you know when they come on the program because their use has affected their health and yeah you're looking at all these different complexities right to their care (methadone coordinator)*

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Untreated concurrent issues

- *The average opiate addict is spending about two hundred a day on their opiates. That is not to get high. That is to keep from being sick right. So the consequence of that is that I mean I could not afford two hundred a day right? So they are doing the crime, they are prostituting, they are kids have been taken away, they do not have money to eat, they do not have money for housing, they are in and out of jail because of engaging in illegal activities.*

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Discussion

- Clients attending methadone clinic had early exposure to alcohol, marijuana, opioids and other substances.
- The impact of chronic polysubstance use leads to complex physical and mental health issues
- Indigenous people are overrepresented in the methadone program with more than 85% self-identifying as such

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Discussion contd.

- The complex mental and physical health issues and continued polysubstance use is an impediment to treatment success .
- Lacks of comprehensive programming, limited linkage support and mistrust in the health care system impact their engagement with healthcare
- Unresolved trauma, grief, negative past care experiences might be invisible barriers that clients face

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Implications for practice

- Prevention initiatives
- Supportive interventions to promote retention and enhance recovery
 - a) peer mentorship
 - b) culturally safe programming
 - c) collaboration with reserve communities
 - d) incorporation of Indigenous health practices
 - e) interventions for youth
- Rethinking how methadone model is organized and run e.g. making it non punitive for lack of compliance.

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Questions

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Reference

- Lum, F. (2018 March 16). Northern Shore Pharmacy Propriator in North Bay, Ontario. The Globe and Mail by Retrieved from <https://www.theglobeandmail.com/canada/article-dna-on-drugs-how-genetic-tests-could-make-prescriptions-more-precise/>.
- Sheer Recovery (2018). Photograph of opioid drugs. Retrieved from <https://www.sheerrecovery.com/opioid-side-effects-that-you-may-not-know-about-but-should/>.
- Francavillan, F. (2018). Prescription pad illustration. From the New York Times Magazine. Retrieved from https://www.nytimes.com/interactive/2018/05/02/magazine/money-issue-insys-opioid-kickbacks.html?utm_source=ifttt.
- Fischer, B., Kurdyak, P., Goldner, E., Tyndall, M., & Rehm, J. (2016). Treatment of prescription opioid disorders in Canada: looking at the 'other epidemic'? Substance Abuse Treatment, Prevention, and Policy, 11(1), 12
- Connery, H. S. (2015). Medication-assisted treatment of opioid use disorder: review of the evidence and future directions. *Harvard Review of Psychiatry*, 23(2), 63-75.
- Stotts, A. L., Dodrill, C. L., & Kosten, T. R. (2009). Opioid dependence treatment: options in pharmacotherapy. *Expert Opinion on Pharmacotherapy*, 10(11), 1727-1740
- Timko, C., Schultz, N. R., Cucciare, M. A., Vittorio, L., & Garrison-Diehn, C. (2016). Retention in medication-assisted treatment for opiate dependence: A systematic review. *Journal of Addictive Diseases*, 35(1), 22-35

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