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Health through wellness

OAT Access Programming: Walking Alongside Communities

Health & Wellness Summit
May 8th, 2024





Land Acknowledgement

Traditional and unceded territory of the Coast Salish Peoples, including the territories of the x^wməθkwəy'əm (Musqueam), Skwxwú7mesh (Squamish), and Səl'ílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations



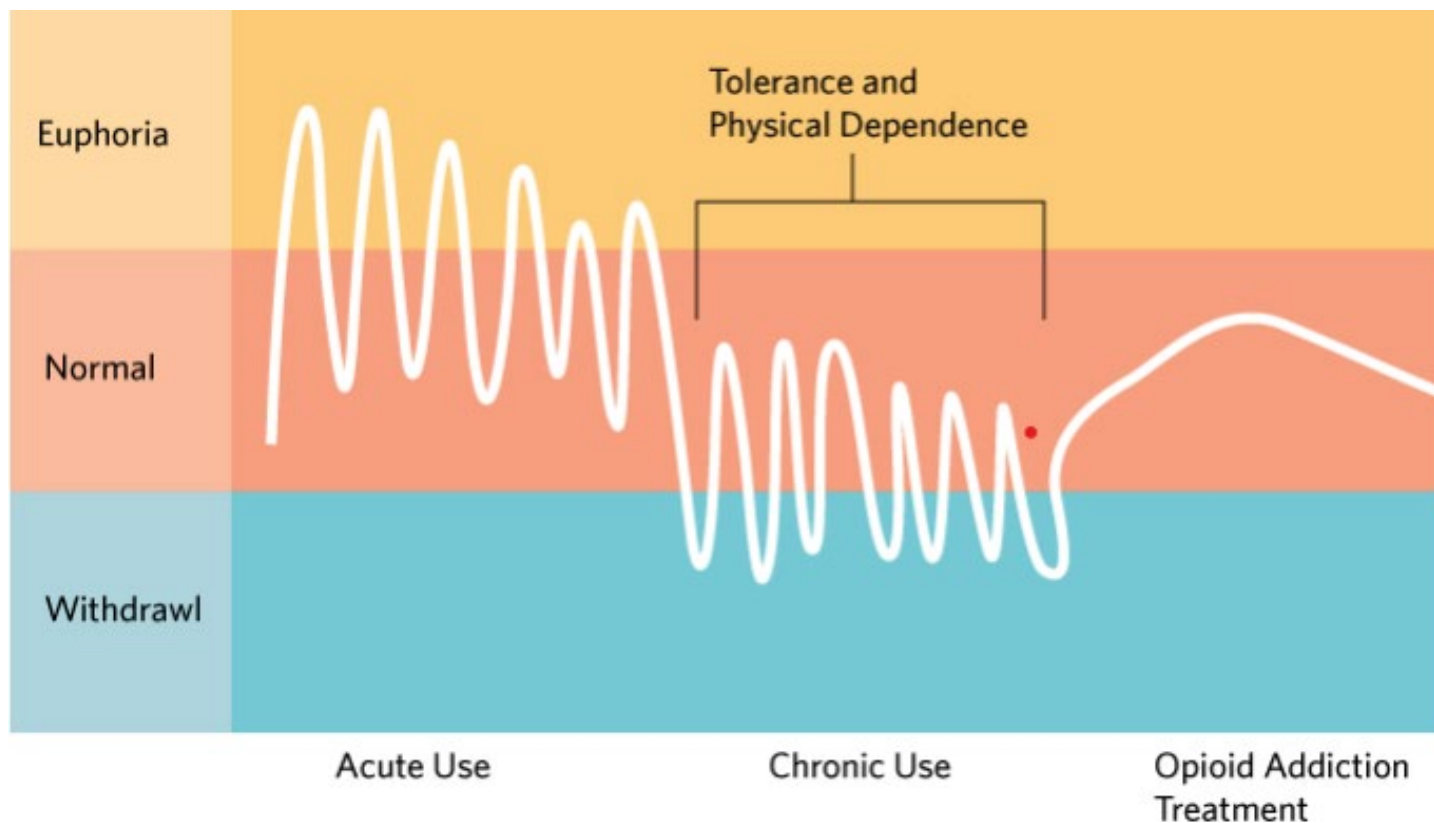
What is OAT?



- Opioid Agonist Therapy refers to medications that provide relief from the cycle of withdrawal and getting un-sick that characterize Opioid Use Disorder
- OAT frees people to engage in activities and services that foster connection, community, culture, and healing by offering relief and stability
 - **Suboxone**
 - **Methadone**
 - **Slow Release Oral Morphine (Kadian)**
 - **Injectable OAT (IOAT)**



When does OAT get prescribed?





- “I have overdosed many times getting who know what from who knows where. Being in the IOAT program has taken away that fear, and the chase. I now have time to think about life and discover things about myself that I didn’t know before. I didn’t know that a year ago. That is really great. I feel happy and satisfied and can go about things in my day.”
- -IOAT Client (Opioids Survivors Guide)



- “Eventually, I got on a program. It was a bit of a pain in the ass. I kept using dope at the same time for years. But eventually I grew to trust the methadone and slowly cut out heroin. I am alive today only because of this decision. And if I’m on methadone for the rest of my life, then so be it. It’s way better than the alternatives I had before me: misery or death.”
- -OAT Client Opioids Survivors’ Guide



What is OAT Access Programming?

- Understanding Community
- Supportive Services
- Dispensing Services
- Prescribing Services





OAT in Community

- In 2021, I began working as a Community Health Nurse (CHN) in a remote First Nations community of approximately 800 members.
- New to the community and services are having to be built from scratch with a brand new team.
- No dedicated role or position allocated for Mental Health, Substance Use or Outreach Nursing.
- There was limited capacity to take on more work with CHN responsibilities and workload.





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The process of preparing to take action, in the form of OAT programming, against the community health issue of toxic drug poisonings.

Blending Medicines



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Community Member: “Do you feel high right now by helping me?”

Peer: “Higher than a kite”



- Hired an Indigenous Peer Worker through grant money to:
 - Support OAT clients
 - Outreach services (wellness checks, appointment reminders)
 - Provide harm reduction services
 - Alleviate nurse workload
 - Provide culturally safe and comprehensive care



OAT in Community: Successes

- 10 clients on a given day accessing OAT in community with varying degrees of stability in their lives
- All 10 clients received screening and treatment for other health concerns, including mental wellness services
- All clients accessed HR supplies and had Narcan. Several of them saved the lives of community members using their THN
- 2 clients attended treatment centers
- 5 clients previously unable to provide care to their children able to resume parenting in their homes
- 8 clients eventually on maintenance doses
- 7 clients (are still) providing care for their families and children, engaging in culture and community, advocating for people who use substances, returning to work, accessing MH&W services

■ **ALL 10 CLIENTS ARE STILL WITH US**





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Substance Use, Harm Reduction, and OAT Spectrum of Care

Community's can have substance use beliefs that fall anywhere along this circular spectrum of care.

As health care providers we can **“meet the community where it is at”** anywhere along this spectrum



Understanding where a community is at in relation to...



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Matching interventions to a level of community climate is essential for successful programming.

- Existing community supports
- Cultural beliefs and practices
- Leadership
- Community Climate
- Community Knowledge About the Issue
- Resources Related to the Issue





Brainstorming Questions

1. What were your initial thoughts about the scenario?
 - Where would you start?
2. What has your experience been in community having conversations about substance use or implementing SU/HR Programming?
 - What barriers do PWUS face in accessing care?
3. How can you better understand community beliefs and values about substance use in your every day work?



Tools & Resources: Walking Alongside

- Talking Circles or Story Sharing
- Community Events with Q&A sessions
- Educational sessions
- Informal survey
- In-person or small group interviews or discussions





Tools & Resources: FNHA Supports

- 4 Directions Team
 - Mental Health
 - Harm Reduction
 - Opioid Agonist Therapy
- Regional Nurse Practice Consultants Harm Reduction & Substance Use
- Regional Community Practice Consultants
- Mental Health and Wellness & Youth Mental Health & Wellness
- Harm Reduction Educators & Community Engagement Coordinators





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Thank you!

Gayaxsixa (Hailhzaqvla)

Kw'as ho:y (Halq'eméyem)

Mussi Cho (Kaska Dena)

Huy tseep q'u (Stz'uminus)

Huy ch q'u (Hul'qumi'num)

Tooyksim niin (Nisga'a)

Haa'wa (Haida)

Kwuk^wstéyp (Nlaka'pamux)

Kukwstsétsemc

(Secwepemc)

Gila'kasla (Kwakwaka'wakw)

ᑕᑦᑕᑦᓱᓱᓱᓱᓱ (Ayajuthem)

Kleco Kleco (Nuu-Chah-Nulth)

HÍSWKE (Sen'cōten)

Sechanalyagh (Tsilhqot'in)

Snachailya (Dakelh)

T'oyaxsim nisim (Gitxsan)