

SPRING 2019 ISSUE 13

HealthMatters

Family healthcare information
and services for you

albertapcns.ca

LIFE BEYOND OPIOIDS

HOW FAMILY DOCTORS ARE HELPING
THEIR PATIENTS WITH TREATMENT

PrimaryCare
Networks
CALGARY AND AREA

▶ Your HealthMatters

Health Matters is published by Calgary and area Primary Care Networks (PCNs) to give you information about the programs, services and health teams available to you through your family doctor.

Founded more than 10 years ago, PCNs work with teams of other healthcare professionals, as well as offer programs such as Prescription to Get Active and Find-a-Doctor.

Health Matters, Spring 2019 Issue publication team:

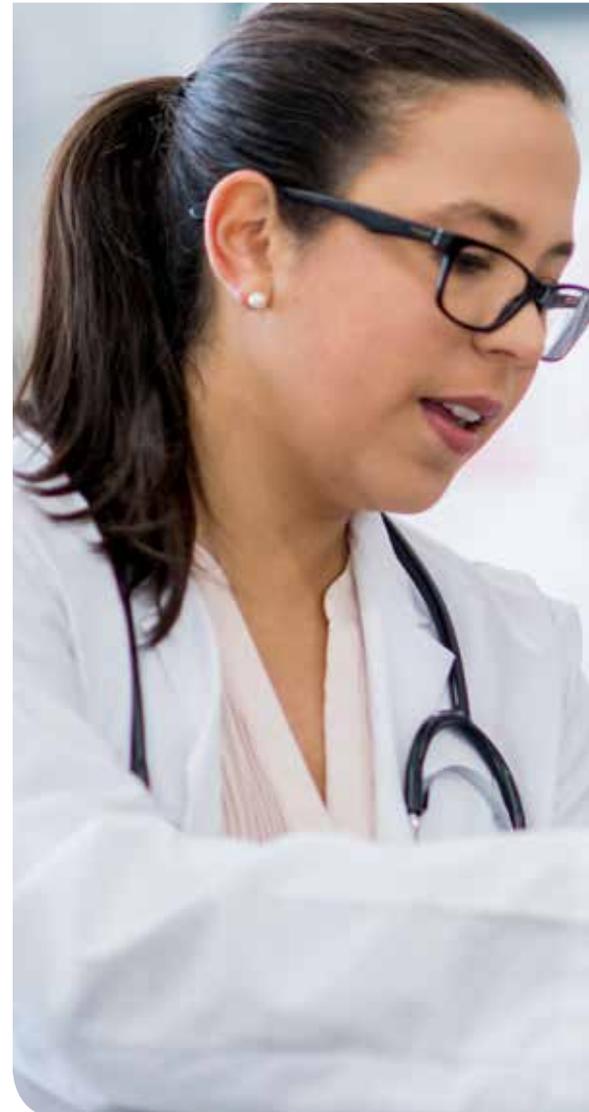
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Cover photo of Laura Pope by George Webber

Continuous use of opioids, including for medical purposes, may lead to opioid use disorder



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Getting help

Family doctors to provide much-needed opioid treatments and support

WRITTEN BY DAN JAMES AND COLLEEN SETO

Albertans from every walk of life struggle with opioid dependency. They are your neighbours, your friends and your co-workers. They're not just those who have struggled with chronic mental health issues or homelessness.

It doesn't matter if opioids are prescription medications or street

drugs; opioid use disorder can affect people taking either.

Consequences may include strained or broken relationships, injury, disease transmission and death.

Almost half of those whose deaths are linked to opioids are over 39 years old. Sixty per cent had a

prescription from a pharmacy in the past year. In 2016 in Calgary, 88 per cent of those who died from an opioid overdose lived outside of the downtown core.

An opioid dependency can have devastating effects on individuals, their families and their communities. It is not a drug issue. It is a health issue.



That's why the Calgary-area Primary Care Networks have introduced new resources and training for family doctors to provide increased treatment and support for their patients.

Opioids are drugs used primarily to treat pain. Some, such as codeine, morphine and oxycodone, are prescribed medications. Others, such as heroin or illicit fentanyl, can be produced or obtained illegally. Continuous use of opioids, including for medical purposes, may lead to dependence or opioid use disorder (OUD), especially if taken for an extended period.

"It's a matter of keeping in touch with what your patients' health needs are and responding to them. You have to recognize if you have somebody struggling with a substance use issue and then figure out what needs to happen," says Dr. Bonnie Larson. She is a family doctor with CUPS in downtown Calgary and member of the Alberta College of Family Physicians' Opioid Crisis Response Task Force.

"There is a huge opportunity for primary care to respond to this crisis and to do it well."

Family doctors can be the starting point for getting help

New resources for better treatment

Through a three-year, \$9.5-million provincial grant, primary care providers will be trained to treat patients and families affected by OUD.

"We are putting structures in place over the next 18 months so the medical home can meet these needs for patients," says Dr. Christine Luelo. She's a family doctor in south Calgary and physician lead for the Calgary Zone primary health care opioid response initiative grant. "We're not just training how to safely prescribe. We're building the teams needed to support these patients."

Patients and their families need to feel comfortable speaking about opioid use with their family doctors, and know that they will get appropriate treatment and support.

Alongside training, a mentorship program matches interested doctors with experienced colleagues. Larson, for instance, runs outreach clinics in addition to her practice. She often sees OUD in her practice, and she shares her experiences with colleagues, paramedics, pharmacists and nurses. "It's often about helping folks who take too many Tylenol 3s or have gotten in a sticky spot with pain medications."

Talk to your doctor

"If you don't tell your doctor you're struggling with opioids, they can't help you. Have that conversation," Luelo says. "When more patients talk to their family doctors about opioids, more doctors will get the training to support their patients."

Prevention has a role to play, too. New opioid-prescribing guidelines help to keep patients safe. Prescribing smaller doses to be taken at regular intervals is a way for pharmacists to check in with patients regularly. And doctors will closely monitor their patients to ensure the medication is meeting their needs, and to adjust accordingly.

The opioid crisis is a highly complex problem that requires a response at every level of the healthcare system—family doctors, community-based agencies, support groups, hospitals and addiction treatment programs. Not everyone who takes an opioid will become addicted, but patients who develop a dependency need understanding and treatment for underlying causes as well as the addiction. Family doctors can be the starting point for getting help.

"Addictions are chronic relapsing diseases," Larson says. "And they require a lifetime of therapy." **HM**

Describing addiction

A simple way of describing addiction is the presence of the four Cs:

- **Craving**
- Loss of **control** of the amount or how often you use
- **Compulsion** to use
- Use despite **consequences**

Help close to home

Patients can now get treatment for opioid dependency from family doctors

WRITTEN BY COLLEEN SETO

When Chris*, 29, took his first hit of fentanyl from a friend, he didn't think much about it. Four months later, opioids consumed his life.

"The only thing on my mind was getting drugs," he says. At first, he thought he could quit and manage withdrawal on his own. "I thought it'd be like a flu or hangover. But it was so much worse. It's a real mental game. You just want it."

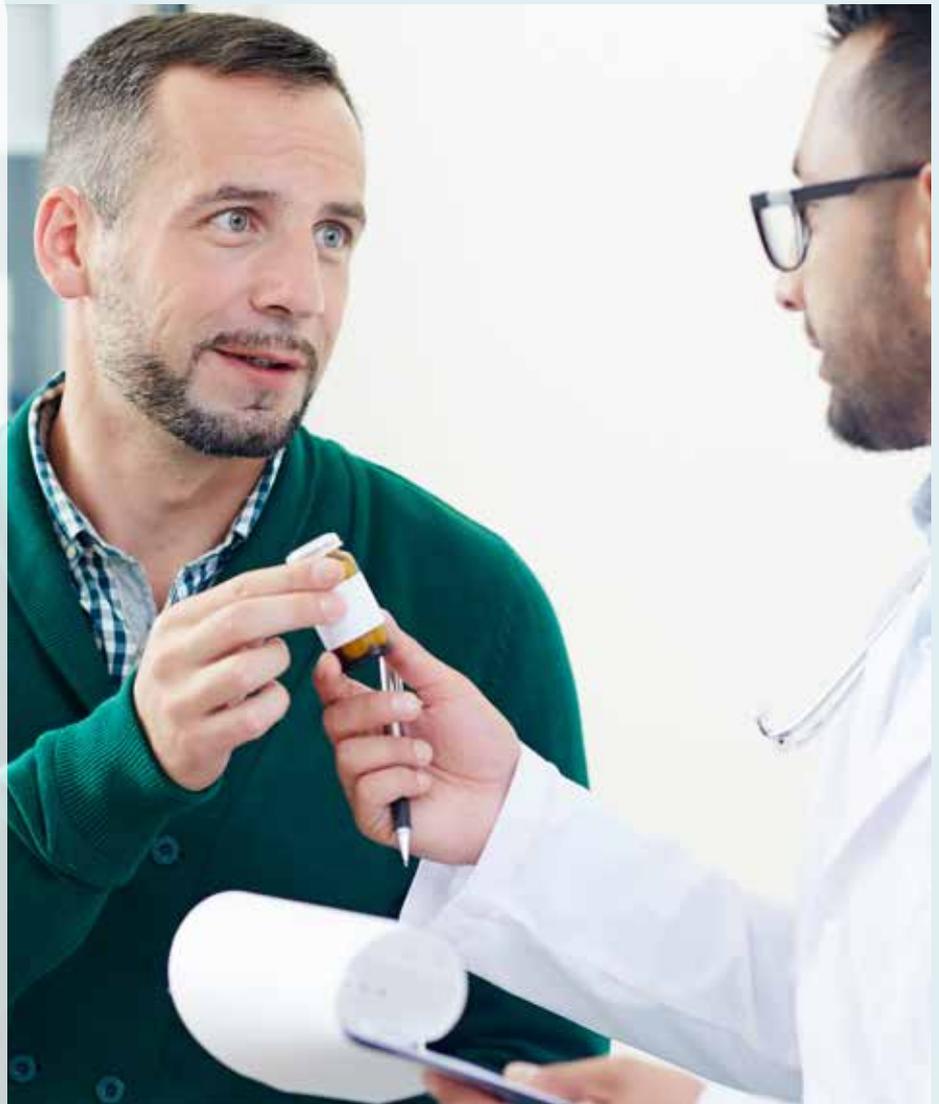
He knew he needed help so he went to see Dr. Christine Luelo with the South Calgary PCN, his family doctor since childhood. He asked her to prescribe Suboxone to treat his opioid dependency.

At the time, certification was required to prescribe it, and Luelo didn't have it. "I felt awful," she says. "I thought, 'This is not right. I should be able to help him with this.'"

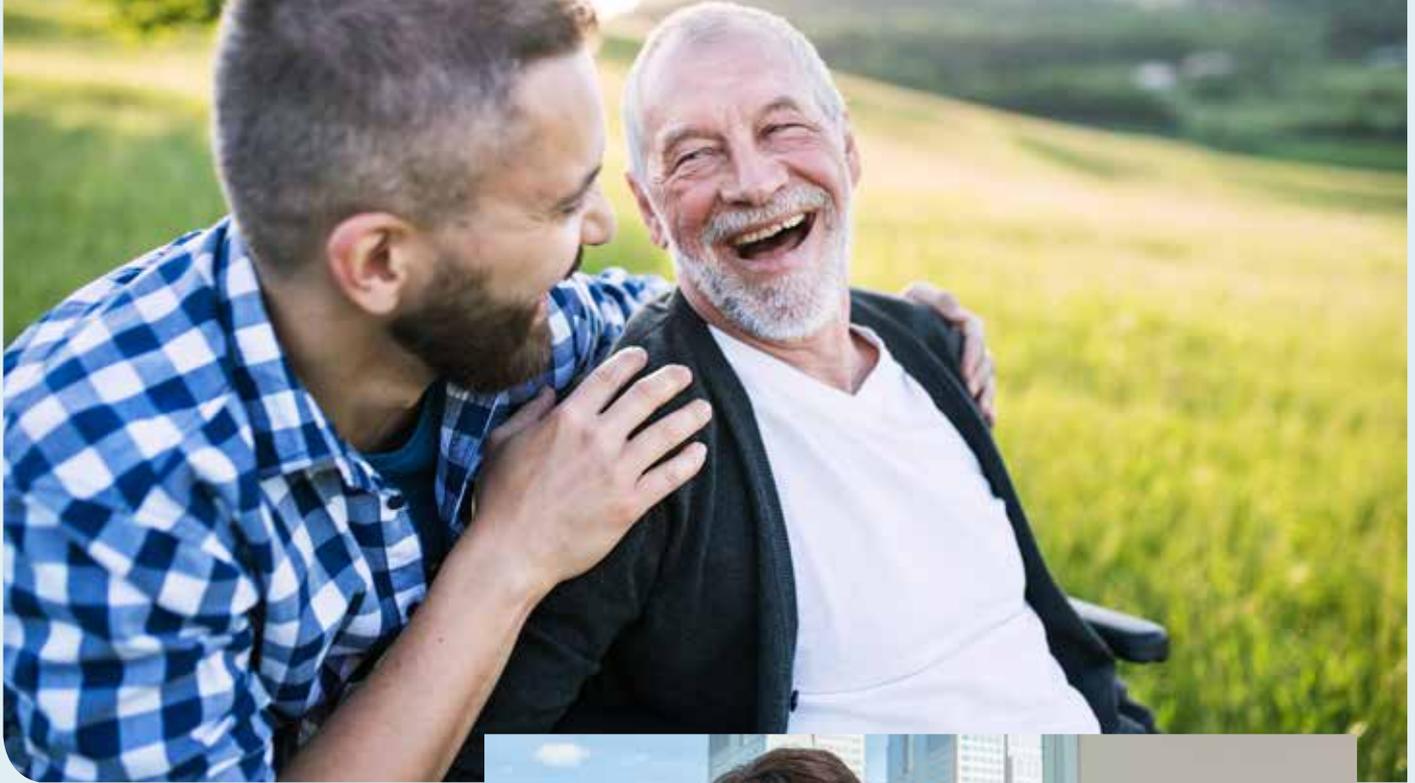
Family doctors step up

Luelo is now the medical lead for the Calgary Zone primary health care opioid response initiative. The group is working with primary care networks across the city to change how family doctors help patients with opioid dependency. She and fellow doctors are changing how they prescribe opioids to reduce the number of patients with opioid use disorder.

**last name withheld by request*



We're not just training how to safely prescribe. We're building the teams needed to support these patients



"I just think about Chris and how we can do better," she says.

As well, Alberta's family doctors can now prescribe Suboxone, and new training helps them do so confidently and safely.

"Family doctors need to be as comfortable prescribing Suboxone for treating opioid dependency as they are prescribing opioids for pain," Luelo says. "We need to support smarter use of opioids in the medical home."

Chris currently gets Suboxone treatment at the Sheldon Chumir Opioid Dependency Program in Calgary. He has not used opioids of any kind since February 2018.

Like many people with a drug dependency, Chris did face a wait time for treatment.

"Opioid addiction is a big problem," Chris says. "When someone is trying



Dr. Christine Luelo is the medical lead for the Calgary Zone primary health care opioid response initiative.

to get help, they really need help right then. When you have to wait a week, you wind up finding a fix instead of getting help."

With family doctors providing treatment and support, more help is available when it's needed most, when those in need are in crisis. Some treatment programs have waiting lists and family doctors can help support patients while they wait to access specialty care.

The goal is to ensure patients feel safe seeking help from their family doctors, and remove the stigma of addiction that may prevent them from getting help.

Even though he's no longer using, Chris still feels judged. "Some people think that if you're on Suboxone, you're still an addict," he says. "But it's not the same. Suboxone helps me to stay straight. And, it's definitely safer to be on Suboxone than opioids." Suboxone is a prescribed treatment and not just one drug replacing another.

Once Luelo completes her opioid treatment training, she plans to manage Chris' Suboxone treatment. "Having a doctor who knows me help me with this would be awesome," Chris says. "It will be so much better when people can get help in their communities." **HM**

Talk to your doctor about opioids

As with all medications, opioids have risks and side effects. Ask your healthcare provider if an opioid medication is right for you, and how to use it safely.

It's recommended to use the lowest dose you can tolerate and for the shortest amount of time possible to control your pain. Discuss whether it's working for you, and if you

need a plan to stop taking it. When prescribed and taken properly, opioids are legitimate medications used to help manage pain.

"Patients don't need to be scared that if they have questions about their opioids, their doctor will stop prescribing," says Dr. Tina Hoang with the Calgary Foothills PCN. "It's never recommended to suddenly

stop if you've been on opioids for a long time. There may be withdrawal symptoms and there are ways to manage them. Changes in prescription involve a conversation. It's based on what the patient can tolerate and what's safe."

If you need help with opioid dependency, tell your doctor. **HM**

Frequently asked questions

What are opioids?

Opioids are drugs used primarily to treat pain. They can be prescribed medications including codeine, morphine and oxycodone. Like fentanyl and heroin, they can also be produced or obtained illegally.

What is opioid use disorder?

Long-term opioid use can result in an increased tolerance, meaning an increased dose is needed to achieve the same effect. Increasing doses can lead to an increased dependence. Opioid use disorder (OUD) affects people's ability to function in everyday life. It affects jobs and relationships. It can also lead to accidental overdose and even death. People with OUD have high risks of relapse. OUD is a chronic medical condition, sometimes referred to as a disease.

What is Suboxone?

Suboxone is made of both buprenorphine, an opioid medication, as well as naloxone, a drug that can temporarily stop the effects of opioids.

It's prescribed as a way to treat opioid use disorder. Suboxone is placed under the tongue to dissolve, where the buprenorphine is quickly absorbed. The naloxone is not absorbed and can either be swallowed or spit out.

So, if you're just spitting it out, why bother adding it? Naloxone is part of the medication because it has no effect if taken orally, but if injected, causes an abrupt, powerful withdrawal. We're talking nausea, vomiting, diarrhea, muscle cramps, etc. Pretty good deterrent, right? When it's in a pill form, the naloxone

can't be separated from the buprenorphine, so no one is tempted to inject it. If they inject it, they will get those horrible withdrawal symptoms.

But in pill form, the buprenorphine can just do its work. It is a strong painkiller—similar to other opioids such as morphine, codeine, and heroin—but it produces fewer euphoric effects. It also reduces physical cravings, and withdrawal effects are minimal.

Because there isn't the same "high" with Suboxone as there is with other opioids, people getting treatment don't usually need to be hospitalized. They don't need daily visits to a clinic and they don't need to leave home for inpatient rehabilitation treatment. In other words, Suboxone doesn't typically interfere with work, school, or family.

What is naloxone?

Naloxone is a medication that temporarily reverses the effects of an opioid overdose. It's available in Alberta without a prescription, at more than 1,700 registered sites, including community pharmacies. Naloxone kits are free to people at risk of an opioid overdose and those likely to respond to an overdose. To learn more, search opioids at ahs.ca.

A woman with short grey hair, wearing a dark jacket, is holding a small, fluffy brown and white dog. She is looking off to the side with a gentle expression. The background is a soft-focus outdoor setting with trees.

Primary Objective

Written by Colleen Seto
Photographed by George Webber

Name: Laura Pope, 63

Health condition: Fibromyalgia and chronic pain. She ended up in hospital, where she had to deal with her continued pain as well as prescription opioid dependency. She was referred to the Calgary Foothills PCN's Extended Health Team for pain management and to reduce her opioid dependency. She was discharged from the team's care in 2018 and now sees her family doctor monthly to quit using opioids completely.

Health goals: Manage pain. Regain more function.

"I was in terrible shape. The team gave me tremendous life-saving help. I worked hard at tapering off opioids. It's a gradual, horrendous process. My husband had to take care of me. I had unbelievable withdrawal symptoms—chills, diarrhea, fatigue, and burning pain, but I had to keep going. It's taken two years of hardcore work. I'm still working on it, but it's better. I walk my dog and meditate every day to help manage the pain. I'm hoping to get stronger and return to work and life. I'm a fighter."

Dr. Tina Hoang, Medical Lead, Extended Health Team:

"Laura came to us after years of taking increasingly higher doses of opioids to treat pain, pain that wasn't just physical. Laura was determined to come off opioids so we helped her address underlying stressors. It was about balancing factors such as sleep, mood and pain management. Early on, she recognized that her mood and stress affected her pain. Making that connection was huge, and it continues to be key in managing her pain." **HM**