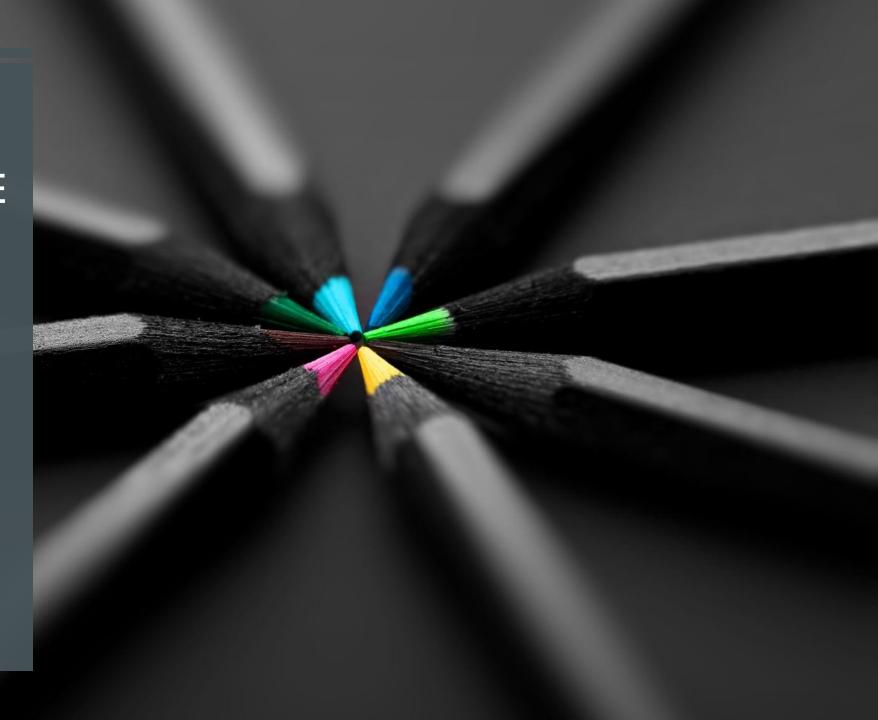
NAVIGATING THE
SYSTEM: WHERE
DO WE GO IN
TIMES OF
STRUGGLE; AND
HOW DO WE
GET THERE?

PRESENTED BY:

SUZIE ST DENIS, RSSW, B.A SOCI



CONTINUUM OF ADDICTION



Social Use to Problematic Use

No Use to Experimenting

PHARMACEUTICAL AND PSYCHOSOCIAL INTERVENTIONS

Social/Experimental Use

Pharmacology:

None Required

Psychosocial Intervention: Education on safe using



Alcohol:

Problematic Use

Naltrexone, Baclofen, Acamprosate

Opioids:

Suboxone or Methadone

Withdrawals from Alcohol or Benzodiazepines often require medical intervention via Emergency Department and/or Family Doctor/Nurse Practitioner

Brief Solution Focused Therapy

Development of Coping Skills

Exploring Mental Health

Low Risk Drinking Guidelines

Out-Patient Services

Possible Detox

Dependence or Addiction

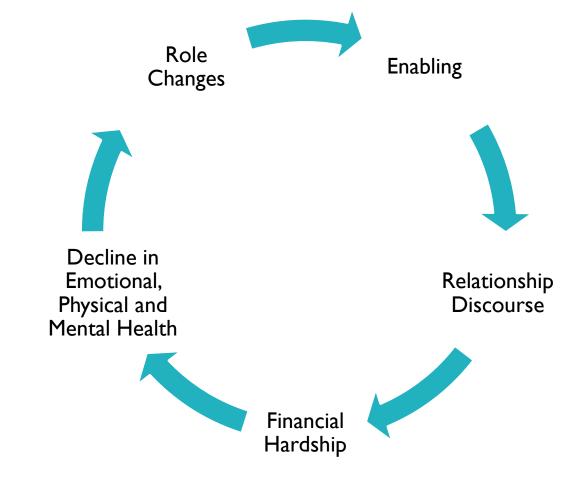
Exploring Mental Health-Referrals to Psychiatry

Same interventions as listed above; however, may be higher doses of each medication

Individual Counselling in MH
In-Patient Services, ranging from 28 days – 12 months

Detox is likely

IMPACT ON THE INDIVIDUAL AND FAMILY



CONCURRENT DISORDERS

What are they?

- Concurrent disorders are co-occurring addiction and mental health problem/diagnosis (CAMH, 2015)
 - Example: Depression and Alcohol Use
 - Schizophrenia and Cannabis Dependence
 - Bipolar Disorder and Problem Gambling

Obstacles people may face:

- Substance use (SU) can make mental health (MH) problems worse
- SU can mimic or hide an underlying MH problem
- SU becomes a coping mechanism
- SU can make MH medications less effective
- Concurrent Disorders can often worsen medical, social and emotional problems
- Treatment options can become limited

(n.d.). Concurrent Disorders. Retrieved from https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/concurrent-disorders

COMMUNITY SUPPORTS

Self-Referral

- Out-Patient services for Addiction counselling such as: South Cochrane Addictions Services, Timmins Native Friendship Centre, RAAM Clinic, OATC Clinics
- In-Patient Addiction Services: Smooth Rock Falls Detox
- Peer Support: Self-Help meetings such as A.A, N.A or G.A
- Out-Patient services for Mental Health counselling and/or support such as: Canadian Mental Health Association*, Timmins Native Friendship Center, Timmins Family Counselling, Private Counselling via benefits
- In-Patient Mental Health Services: Timmins and District Hospital, Mental Health Unit (In-Patient)*

Physician and/or Agency Referral

- In-Patient services for Addiction such as:
 Residential Treatment Centers, Long-Term
 Treatment Centers and Medical Detox facilities.
- To access residential treatment throughout
 Ontario, a standardized assessment called the
 GAIN-Q3 is required.
- Access to pharmacology interventions requires a Physician or Nurse Practitioner to oversee patients
- In-patient psychiatry services require referral from Psychiatrist

RAPID ACCESS ADDICTION MEDICINE CLINIC

Medical Interventions

- Pharmacology:
 - Opioid Use
 - Alcohol Use
- Access to Psychiatry:
 - Assessments completed by psychiatrist from the Royal Ottawa Hospital via OTN
 - Medications explored and recommendations provided for ongoing support
- Active involvement of Patients Primary Care Provider if attached (referred if not)
- Naloxone kits provided and education from medical professionals on safe using and physical consequences

Psychosocial Supports

- Access to Brief Solution focused therapy
- Referrals to community agencies that fit with care plan
- Assessments provided on a case-by-case basis
- Safe Using practices explored
- Involvement of family in care plan is encouraged by staff
- Fast access: Patients seen same day or within 5 business days for initial appointment
- Self-referrals accepted, aim to reduce barriers of access.

QUESTIONS

- Contact information:
 - susans@scasinc.ca
 - Office 705-264-5202
 - RAAM Clinic 705-531-7226

