

# Methamphetamine Client Transitions to Primary Care

## Hospital to Primary Care Pathway and Toolkit



[www.pcnconnectmd.com/clinical-referral-pathways/](http://www.pcnconnectmd.com/clinical-referral-pathways/)



# Methamphetamine Client Transitions to Primary Care Hospital to Primary Care Pathway and Toolkit



# Methamphetamine Client Transitions to Primary Care

## Hospital to Primary Care Pathway and Toolkit

### PROCESS

Client presents in Emergency Department (ED) and is identified as using methamphetamines

ED will discharge client to home

**OR**

ED will discharge client to a Detoxification/Recovery Centre

**OR**

ED will admit client to Inpatient Unit

ED gets consent from client to contact PCP

**OR**

Inpatient Unit gets consent from client to contact PCP

### DETAILS

- A client may disclose their methamphetamine concerns or this may be discovered through routine lab tests. In either situation, it is important to maintain a non-judgemental approach to avoid stigmatizing the client.

- Emergency Department:
  - If the client will be discharged to home, the ED asks the client if they have a Primary Care Provider (PCP).
  - If the client will be transferred from the ED to a Detoxification/Recovery Centre, staff at that facility will follow the [Detoxification/Recovery Centre to Primary Care Pathway](#) to connect the client to their PCP in the community after completion of the program.
- Inpatient Unit:
  - If the client will be admitted, the Inpatient Unit asks the client if they have a PCP.
- Consider using language that may be more familiar to the client. You could use terminology such as family physician, general practitioner (GP), nurse practitioner (NP), health care worker, most responsible provider (MRP) or you could ask about the clinic or health centre where they access services.

- If the client has a PCP, the ED team or Inpatient team would seek consent from the client to notify their PCP that the client is either in the ED or has been admitted to hospital.
  - Clinicians are encouraged to ask consent for this notification as a courtesy to the client. However, there are limited circumstances where consent may not be needed to provide information to another health care provider. It is important to follow organizational processes regarding sharing client information with other care

### WHERE/WHO IS INVOLVED?

- Emergency Department
  - » Client
  - » ED Team Member/Physician

- Emergency Department
  - » Client
  - » ED Team Member/Physician
  - » If transferred to a Detoxification/Recovery Centre, Detoxification/Recovery Centre Team Member
- Inpatient Unit
  - » Client
  - » Inpatient Unit Team Member/Physician

- Emergency Department
  - » Client
  - » ED Team Member/Physician
- Inpatient Unit
  - » Client
  - » Inpatient Unit Team Member/Physician

### SUPPORTING RESOURCES OR TRAINING

- Appendix A - Screening Tool
- Appendix B - Quick Reference Guide for Assessment and Management of Clients with Methamphetamine Concerns
- Appendix C - Changing How We Talk About Substance Use (Government of Canada)

- Appendix D - Detoxification/Recovery Centre Information
- Methamphetamine Client Transitions to Primary Care - Detoxification/Recovery Centre to Primary Care Pathway <https://www.pcnconnectmd.com/wp-content/uploads/2021/04/MethDetoxificationRecoveryCentretoPrimaryCarePathway.pdf>

- Appendix E - FAQs: The Importance of Primary Care and the Patient's Medical Home for Clients with Methamphetamine Concerns
- Appendix F - Hospital Admission Notification
- Methamphetamine Client Transitions to Primary Care - Attachment Protocol <https://www.pcnconnectmd.com/wp-content/uploads/2021/04/MethAttachmentProtocol.pdf>
- Health Information Act <https://www.alberta.ca/health-information-act.aspx>

## PROCESS

ED gets consent from client to contact PCP

OR

Inpatient Unit gets consent from client to contact PCP  
(Continued)

## DETAILS

- providers
- If the client agrees that the ED team or Inpatient team can contact their PCP, the team can provide notification and confirm the relationship using the *Hospital Admission Notification* (Appendix F) via preferred communication methods (i.e. fax, email, telephone).
- Primary care clinics participating in CII/CPAR will receive an automated e-notification in their EMR that their paneled client is in the ED or has been admitted to the hospital. It may be helpful to remind clients that even if they do not consent to involving their PCP in their care planning their PCP may be informed they accessed care at the hospital.
- Not all primary care clinics are participating in CII/CPAR and they will not receive an e-notification, therefore it is recommended that the *Hospital Admission Notification* (Appendix F) be sent in a timely manner.
- If the client has a PCP, but they cannot remember the PCP or clinic name:
  - Consider checking other sources such as previous charts, available EMRs (Netcare, ConnectCare, etc.) or contact the client's pharmacy to obtain information on their PCP.
  - It is recommended to ask again at a later date as clients who are seeking emergency services are likely unwell and/or anxious and may be unable to recall the information at the time.
- If the client has a PCP, but they do not feel comfortable disclosing their name or they do not consent to sharing information with their PCP:
  - Clients may have a variety of reasons why they do not feel comfortable disclosing or providing consent to share information. It may be helpful to provide information on why it is beneficial to involve their PCP in their care and reassure clients that it is their decision whether their PCP is involved. If possible, ask again at a later

## WHERE/WHO IS INVOLVED?

## SUPPORTING RESOURCES OR TRAINING

- Community Information Integration (CII) - Patient Brochure  
[https://actt.albertadoctors.org/file/CII\\_Patient\\_Brochure\\_HI\\_RES.pdf](https://actt.albertadoctors.org/file/CII_Patient_Brochure_HI_RES.pdf)
- CII/CPAR - Technology for Integration and Continuity eNotifications Info Sheet  
[https://actt.albertadoctors.org/file/CII-CPAR\\_eNotifications\\_Info\\_Sheet.pdf](https://actt.albertadoctors.org/file/CII-CPAR_eNotifications_Info_Sheet.pdf)

PROCESS	DETAILS	WHERE/WHO IS INVOLVED?	SUPPORTING RESOURCES OR TRAINING
<p>ED gets consent from client to contact PCP</p> <p>OR</p> <p>Inpatient Unit gets consent from client to contact PCP (Continued)</p>	<p>date as the client may feel more comfortable disclosing at a later opportunity.</p> <ul style="list-style-type: none"> <li>- Primary care clinics participating in CII/CPAR will receive an automated e-notification in their EMR that their paneled client is in the ED or has been admitted to the hospital. It may be helpful to remind clients that even if they do not consent to involving their PCP in their care planning their PCP may be informed they accessed care at the hospital.</li> <li>• Clients may prefer to disclose their involvement with an alternate health care provider who they feel more comfortable sharing this information with. The nature of this relationship may allow for the topic of sharing information with a PCP to be revisited in the future.</li> <li>• If the client does not have a PCP, the <a href="#">Methamphetamine Client Transitions to Primary Care Attachment Protocol</a> provides guidance on how to connect clients to a primary care provider. Information can be shared with the client to explore on their own or an ED or Inpatient team member can assist the client to register on the <a href="http://albertafindadoctor.ca">albertafindadoctor.ca</a> website.</li> </ul>		
<p>Client agrees to include PCP in discharge plan?</p>	<ul style="list-style-type: none"> <li>• If the client agrees to include their PCP in their discharge plan, the Inpatient Unit would contact the PCP to collaboratively develop a discharge plan and identify social resources to address potential barriers to care. This can also be completed by the ED team, although this may not occur due to time restrictions.</li> <li>• If a client does not agree to include their PCP in their discharge plan it may be helpful to explore their concerns and provide information that can address the importance of involving primary care in substance use management and treatment.</li> <li>• If the client still does not agree to include their PCP in their discharge plan, the client's preference should be respected except in limited situations where organizational policy dictates that information be shared.</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient Unit <ul style="list-style-type: none"> <li>» Client</li> <li>» Inpatient Unit Team Member/Physician</li> <li>» Inpatient Unit Social Worker</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Appendix E - FAQs: The Importance of Primary Care and the Patient's Medical Home for Clients with Methamphetamine Concerns</li> <li>• Appendix F - Hospital Admission Notification</li> <li>• Appendix G - Barriers to Discharge or Long-Term Management</li> <li>• Appendix H - Meth Check: Ultra Brief Intervention Tool</li> <li>• Community Resource List <a href="https://edmonton.cmha.ca/211-resource-lists/">https://edmonton.cmha.ca/211-resource-lists/</a></li> <li>• Meth Check: Ways to Stay Safe booklet (Insight) <a href="https://www.pcnconnectmd.com/wp-content/uploads/2021/03/MethCheckBooklet.pdf">https://www.pcnconnectmd.com/wp-content/uploads/2021/03/MethCheckBooklet.pdf</a></li> <li>• Meth Check: Harm Reduction Wallet Cards (Insight) <a href="https://www.pcnconnectmd.com/wp-content/uploads/2021/03/MethCheckHarmReductionCards.pdf">https://www.pcnconnectmd.com/wp-content/uploads/2021/03/MethCheckHarmReductionCards.pdf</a></li> </ul>

PROCESS	DETAILS	WHERE/WHO IS INVOLVED?	SUPPORTING RESOURCES OR TRAINING
<p>ED team or Inpatient team sends discharge summary to PCP</p>	<ul style="list-style-type: none"> <li>• The <i>Hospital Discharge Notification</i> (Appendix I) and the <i>Short Stay Discharge Summary</i> can be sent to the PCP via preferred communication methods.</li> <li>• Primary care clinics participating in CII/CPAR will receive an automated e-notification in their EMR that their paneled client has been discharged from the ED or Inpatient Unit.</li> <li>• Not all primary care clinics are participating in CII/CPAR and thus may not receive automated discharge notifications, therefore it is recommended that discharge information be sent in a timely manner.</li> <li>• Upon discharge from ED or Inpatient Unit, clients should be provided with resources and/or linked to social supports if appropriate.</li> <li>• The <i>Barriers to Discharge or Long-Term Management</i> document (Appendix G) can be completed to provide additional information about non-medical issues that may impact care.</li> <li>• If the client's discharge plan includes a follow-up appointment with their PCP, it is encouraged to schedule this appointment prior to discharge. Clients may need support or resources to facilitate this step (i.e. a telephone or a quiet room). Some clients may request a clinician to schedule this appointment on their behalf. Client preference should be accommodated as much as possible.</li> <li>• Clients may benefit from a written reminder with details of their follow-up appointment with their PCP as well as any other follow-up appointments with care providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Department               <ul style="list-style-type: none"> <li>» ED Team Member/Physician</li> <li>» ED Social Worker</li> <li>» Primary Care Provider</li> </ul> </li> <li>• Inpatient Unit               <ul style="list-style-type: none"> <li>» Inpatient Unit Team Member /Physician</li> <li>» Inpatient Unit Social Worker</li> <li>» Primary Care Provider</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Appendix G - Barriers to Discharge or Long-Term Management</li> <li>• Appendix I - Hospital Discharge Notification</li> <li>• Appendix J - Client Appointment Reminder</li> <li>• CII/CPAR - Technology for Integration and Continuity eNotifications Info Sheet <a href="https://actt.albertadoctors.org/file/CII-CPAR_eNotifications_Info_Sheet.pdf">https://actt.albertadoctors.org/file/CII-CPAR_eNotifications_Info_Sheet.pdf</a></li> </ul>

## PROCESS

Primary care team contacts client within 24 hours to 2 weeks to set up a follow-up visit (if not already scheduled) and identify needs

Client attends follow-up appointment with Primary Care Provider

## DETAILS

- Some primary care teams have processes in place that identify clients recently discharged from an ED or Inpatient Unit for follow-up. It is recommended to advise clients that they may be contacted by clinic staff prior to their appointment with their PCP.
- Guidance for follow-up is outlined in the discharge summary but may differ depending on clinic protocol.
- Some primary care teams may also have a process for appointment reminders. It is encouraged to ask clients if they would like a reminder if your clinic is able to provide one.

- Consider providing clients the option of in person, virtual, or telephone appointments as appropriate. Clients may be experiencing barriers with transportation, finances, or internet/telephone access and providing appointment options may increase their ability to attend.
- If clients are experiencing barriers to care, consider involving team members such as a Social Worker, Behaviour Health Consultant, or Mental Health Navigator to provide support to clients to address these concerns. Resources may vary based on your PCN.
- Should a client miss their appointment, it is recommended to follow-up with them prior to instituting any no show fees or other punitive measures. These measures can inadvertently increase barriers for clients or discourage them from seeking care.

## WHERE/WHO IS INVOLVED?

- Primary Care Clinic or Primary Care Network (PCN)
  - » Primary Care Team Member
  - » Client

- Primary Care Clinic
  - » Client
  - » Primary Care Provider
  - » Primary Care Team Member

## SUPPORTING RESOURCES OR TRAINING

- Appendix K - Team Based Care for Clients with Methamphetamine Concerns
- Appendix L - Care Considerations for Clients with Methamphetamine Concerns in Primary Care

### Provider Resources:

- Appendix B - Quick Reference Guide for Assessment and Management of Clients with Methamphetamine Concerns
- Appendix C - Changing How We Talk About Substance Use (Government of Canada)
- Appendix K - Team Based Care for Clients with Methamphetamine Concerns
- Appendix L - Care Considerations for Clients with Methamphetamine Concerns in Primary Care
- Community Resource List <https://edmonton.cmha.ca/211-resource-lists/>
- Caring for Clients with Methamphetamine Concerns ([My Learning Link](#) and [PHC Learning Portal](#))

### Client Resources:

- Appendix H - Meth Check: Ultra Brief Intervention Tool
- Meth Check: Ways to Stay Safe booklet (Insight) <https://www.pcnconnectmd.com/wp-content/uploads/2021/03/MethCheckBooklet.pdf>
- Meth Check: Harm Reduction Wallet Cards (Insight) <https://www.pcnconnectmd.com/wp-content/uploads/2021/03/MethCheckHarmReductionCards.pdf>
- Meth Check: Factsheet for Families (Insight) <https://www.pcnconnectmd.com/wp-content/uploads/2021/03/MethCheckFactsheetforFamilies.pdf>
- Family and Caregiver Resources (British Columbia Centre on Substance Use) <https://www.bccsu.ca/family-and-caregiver-resources/>
- Community Resource List <https://edmonton.cmha.ca/211-resource-lists/>

## APPENDIX A

### Substance Use Screening Tool

The following brief screen can be completed with clients upon presentation at an Emergency Department when concerns with methamphetamine use are identified. One or more affirmative responses indicates a need for further assessment. Consider engaging social work and/or addiction and mental health support within your department to provide in-depth assessment and links to community resources for clients.



In the last year, have you ever used methamphetamine or other substances?

☐ Yes

☐ No

Have you felt you wanted or needed to cut down on your methamphetamine or other substance use in the last year?

☐ Yes

☐ No

*Adapted from: A Two-Item Conjoint Screen for Alcohol and Other Drug Problems. March-April 2001. Volume 14(2):95-106. Copyright American Board of Family Medicine.*



### QUICK REFERENCE GUIDE FOR ASSESSMENT AND MANAGEMENT OF CLIENTS WITH METHAMPHETAMINE CONCERNS

#### METHAMPHETAMINE

**Methamphetamine** is a strong stimulant that can be smoked, injected, snorted or swallowed. Some common slang terms for it include 'ice', 'speed' or 'pint'. Methamphetamine causes the brain to release a huge amount of certain chemical messengers, which make people feel alert, confident, social and generally great. They are also responsible for the "flight or fight" response. The problem is that there are only so many of these messengers stored at any one time. Over time, neurotransmitters become depleted; leading to poor concentration, low mood, lethargy and fatigue, sleep disturbances and lack of motivation.

#### SHORT-TERM EFFECTS:

**During Intoxication:** sense of well-being or euphoria, energetic, extremely confident, sense of heightened awareness, talkative, fidgety, and dilated pupils.

**At Higher Doses:** tremors, anxiety, sweating, palpitations (racing heart), dizziness, irritability, confusion, teeth grinding, jaw clenching, increased respiration, auditory, visual or tactile illusions, paranoia and panic state, loss of behavioral control, or aggression.

#### LONG-TERM EFFECTS:

Weight loss, dehydration, extreme mood swings, depression, suicidal feelings, anxiety, paranoia, psychotic symptoms, cognitive changes including memory loss, difficulty concentrating, impaired decision-making abilities, dental decay, skin infections, and increased cardiac and stroke risk.

#### TREATMENT:

**The evidence for pharmaceutical therapies to supplement methamphetamine addiction treatment is not strong enough, nor consistent enough to be introduced as a standard of practice.**

- Benzodiazepines or atypical antipsychotics, such as olanzapine, are useful in the short term for reducing acute psychotic symptoms and agitation associated with methamphetamine use. There is a risk of dependence and misuse associated with benzodiazepines so they should be used cautiously.
- There is currently no strong evidence to support medications specific to cravings or withdrawal symptoms for clients with methamphetamine concerns. Treatment is highly individualized and tailored to the client's symptoms.
- The evidence for psychosocial and behavioral interventions for methamphetamine addiction treatment is mixed though contingency management combined with cognitive behaviour therapy may help with abstinence.

#### ADAPTED FROM:

Jenner, L. & Lee, N. (2008). *Treatment Approaches for Users of Methamphetamine: A practical guide for frontline workers*. Australian Government Department of Health & Ageing, Canberra.

#### WITH EXCERPTS FROM:

Alberta Health Services. (2019). *Managing Methamphetamine Use*. Edmonton, AB: Author.

#### REDUCING RISKS AND HARMS:

Ask what clients already know and what they would like to know so harm reduction advice can be tailored, appropriate, and engaging.

Clients may be encouraged to:

- Drink plenty of water and eat a balanced diet.
- Brush and floss teeth regularly and chew sugar free gum, encourage clients to follow-up regularly with their dentist.
- Get adequate rest – encourage regular users to have regular non-using days each week or plan a 'crash' period when they can rest and sleep undisturbed for several days to 'come down'.
- Be clear about individual signs and symptoms of psychosis. If psychotic symptoms are experienced, take a total break from using and seek professional help from the person's Primary Care Provider, local emergency department, or local mental health service.
  - Call on friends or family who are stable supports in the person's life.
  - Plan for the week ahead and brainstorm alternatives to using.
  - Avoid driving when intoxicated or 'coming down'.
  - Provide clients with a Naloxone Kit. Clients may be using multiple substances or their methamphetamine may unknowingly contain opioids. If your practice area does not have Naloxone Kits available, clients can obtain one for no charge at their local pharmacy.

#### INTOXICATION:

Remember that an intoxicated person has impaired judgment and will probably view the interaction differently than you do.

#### What to look for:

- Rapid, pressured speech or dissociated speech
- Repetitive movements
- Clenched jaw, teeth grinding (bruxism)
- Suspiciousness or paranoia
- Anger, irritability, hostility
- Restlessness, agitation, pacing
- Impulsivity or recklessness
- Sweatiness
- Large (dilated) pupils

#### RESPONDING TO INTOXICATION:

- Attempt to steer an intoxicated person to an area that is less stimulating while ensuring the client and practitioner both have an easily accessible exit.
- Maintain a calm, non-judgmental, respectful approach.
- Listen and respond as promptly as possible to needs or requests. Do not argue with the person and try not use "no" language. If you cannot provide what they are asking for, be clear about what you can provide (e.g. "I hear what you are saying, so let me see what I can do to help").
- Allow the person more personal space than usual.
- Use clear communication (short sentences, repetition, and ask for clarification if needed).

## WITHDRAWAL:

Many methamphetamine users will experience what is referred to as a 'crash' or a brief recovery period when they stop using, which might last for a few days up to a few weeks and is likely to include prolonged sleep, increased appetite, some irritability and a general sense of feeling flat, anxious or out of sorts.

Clients may experience:

- A range of feelings from general dysphoria to significant clinical depression, anhedonia
- Mood swings, anxiety
- Irritability or anger, agitation
- Aches and pains
- Sleep disturbance, lethargy, exhaustion, insomnia
- Poor concentration and memory
- Cravings to use methamphetamine

## RESPONDING TO WITHDRAWAL:

- Tell the person what to expect, including probable time course and common symptoms.
- Determine what was and was not helpful during any previous withdrawals.
- Recommend adequate diet, rest and fluid intake and prepare by having a supply of nutritious food/drink.
- Schedule follow up visits to assess mood, sleep, and any other symptoms and support the client to create a relapse prevention plan.
- Identify key social supports and educate the family/carers about withdrawal and what to expect.
- Refer to an addiction medicine specialist or psychiatrist, especially if symptoms extend past 1-2 weeks, and recommend ongoing interventions such as counselling to prevent relapse.

## OVERDOSE:

**What to look for:**

- Hot, flushed, sweating
- Severe headache
- Chest pain
- Unsteady walking
- Muscle rigidity, tremors, spasms, fierce jerking movements, seizures
- Severe agitation or panic
- Difficulty breathing
- Altered mental state (e.g. confusion, disorientation)

## RESPONDING TO AN OVERDOSE:

- Call 911
- Apply basic first aid principles while waiting for emergency care to arrive

## PSYCHOSIS

Psychosis can be fleeting and last for hours, days or a couple of weeks. For a small number of clients it can be chronic. Consultation with an addiction medicine specialist or psychiatrist may be helpful to determine the best approach to care.

**What to look for:**

- Suspiciousness, hyper vigilance (constantly checking for threats)
- Erratic behaviour (often related to overvalued or paranoid ideas, e.g. arguing with bystanders for no apparent reason, talking or shouting in response to "voices")
- Delusions (e.g. believing others have malicious intentions, or they are under surveillance)
- Hallucinations (e.g. hearing voices, feeling of bugs crawling under the skin, etc.)
- Illogical, disconnected or incoherent speech

## RESPONDING TO PSYCHOSIS:

- Choose only one worker who will communicate with the person. Have another staff member present to observe or step in only if required (have a code word to call for assistance from the communicator to the observer).
- Check for a history of violence or aggression.
- Attempt to steer the person to an area that is less stimulating while ensuring both you and the client have an easily accessible exit.
- Mirror body language signals from the person (e.g. sit with a person who is seated, walk with a person who is pacing, etc.) to show empathy.
- Monitor and use appropriate eye contact and always appear confident.
- Use a consistently even tone of voice, even if the person's tone becomes hostile or aggressive.
- Use the person's name if known, or the communicator should introduce themselves by name.
- Carefully call the person's attention to their immediate environment (e.g. "You're in the hospital and you are completely safe now").
- Use careful, open ended questioning to determine the cause of the behaviour or the person's needs and communicate your willingness to help.
- Do not agree with or support the unusual beliefs, simply say "I can see that you're scared, how can I help you?".
- Try not to use 'no' language, which may prompt further agitation, rather use statements like "This is what I can do for you".

## RESOURCES

### METHAMPHETAMINE/SUBSTANCE USE

#### Resources and Training:

- Management of Substance Use in Acute Care Settings in Alberta: Guidance Document – Canadian Research Initiative in Substance Misuse <https://crismprairies.ca/management-of-substance-use-in-acute-care-settings-in-alberta-guidance-document/>
- Concurrent Disorders Playlist – Alberta Health Services <https://www.albertahealthservices.ca/info/page14397.aspx>
- Addiction Care and Treatment Online Certificate – British Columbia Centre for Substance Use <https://www.bccsu.ca/about-the-addiction-care-and-treatment-online-certificate/>
- Caring for Clients with Methamphetamine Concerns – Methamphetamine Client Transitions to Primary Care Project ([My Learning Link](#) and [PHC Learning Portal](#))

### TRAUMA INFORMED CARE

#### Resources and Training:

- Trauma Informed Care – Canadian Centre on Substance Use and Addiction <https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Trauma-informed-Care-Toolkit-2014-en.pdf>
- Developmental Pathways of Addiction and Mental Health – Understanding ACEs and Being Trauma Informed – Alberta Health Services ([My Learning Link](#) and [PHC Learning Portal](#))
- Brain Story Certification – Alberta Family Wellness Initiative <https://www.albertafamilywellness.org/training>

### MOTIVATIONAL INTERVIEWING

#### Resources and Training:

- Motivational Interviewing Techniques – Facilitating behavior change in the general practice setting – McGill University [https://www.mcgill.ca/familymed/files/familymed/motivational\\_counseling.pdf](https://www.mcgill.ca/familymed/files/familymed/motivational_counseling.pdf)
- Developmental Pathways of Addiction and Mental Health – Motivational Interviewing and Stages of Change – Alberta Health Services ([My Learning Link](#) and [PHC Learning Portal](#))

### CULTURALLY APPROPRIATE CARE

#### Resources and Training:

- Multicultural Mental Health Resource Centre <https://multiculturalmentalhealth.ca/training/>
- Developmental Pathways of Addiction and Mental Health – Infusing Culture and Equity – Alberta Health Services ([My Learning Link](#) and [PHC Learning Portal](#))

### HARM REDUCTION

#### Resources and Training:

- Harm Reduction Guidelines – BC Centre for Disease Control <http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction>
- Harm Reduction and Recovery in Primary Care – Alberta Health Services [https://ahamms01.https.internapcdn.net/ahamms01/Content/AHS\\_Website/modules/phc-opioid-response-initiative/story\\_html5.html](https://ahamms01.https.internapcdn.net/ahamms01/Content/AHS_Website/modules/phc-opioid-response-initiative/story_html5.html)
- Harm Reduction: Making a Difference in Practice – Alberta Health Services [https://ahamms01.https.internapcdn.net/ahamms01/Content/AHS\\_Website/modules/amh/amh-harm-reduction-difference-practice/story\\_html5.html](https://ahamms01.https.internapcdn.net/ahamms01/Content/AHS_Website/modules/amh/amh-harm-reduction-difference-practice/story_html5.html)

## APPENDIX C

# CHANGING HOW WE TALK ABOUT SUBSTANCE USE\*

The language we use has a direct and profound impact on those around us. The negative impacts of stigma can be reduced by changing the language we use about substance use.

## TWO KEY PRINCIPLES INCLUDE:

- Using neutral, medically accurate terminology when describing substance use
- Using “people-first” language, that focuses first on the individual or individuals, not the action (e.g. “people who use drugs”)

It is also important to make sure that the language we use to talk about substance use is respectful and compassionate.

TOPIC	INSTEAD OF	USE
People who use drugs	Addicts Junkies Users Drug abusers Recreational drug user	People who use drugs People with a substance use disorder People with lived/living experience People who occasionally use drugs
People who have used drugs	Former drug addict Referring to a person as being “clean”	People who have used drugs People with lived/living experience People in recovery
Drug use	Substance/drug abuse Substance/drug misuse	Substance/drug use Substance use disorder/opioid use disorder Problematic [drug] use [Drug] dependence

\* This document was created in discussion with people with lived and living experience, through existing research and documentation from other organizations trying to address stigma. This is not an exhaustive list. Furthermore, as a result of the evolving discussion around the best language to use to accurately discuss substance use, this list will likely be revised.

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Government  
of Canada

Gouvernement  
du Canada

Canada

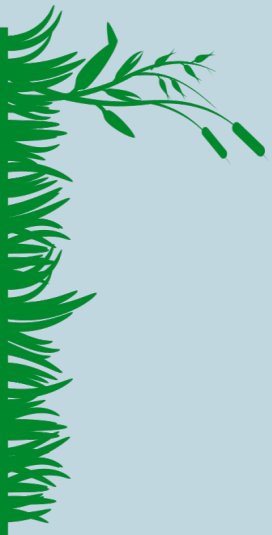
<https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/problematic-substance-use/substance-use-eng.pdf>

## APPENDIX D - DETOXIFICATION/RECOVERY CENTRE INFORMATION

Healthy Albertans.  
Healthy Communities.  
**Together.**

### Our Mission

The Addiction  
Recovery Centre  
provides a therapeutic  
environment for all  
people to safely  
withdraw from  
substances and  
transition to a healthy  
lifestyle.



For more information  
on addictions and  
mental health services  
call:

➤ Health Link Alberta  
811

➤ Addiction Help Line  
1-866-332-2322

➤ Mental Health Help Line  
1-877-303-2642

➤ Access 24/7  
780-424-2424

**In the event of an  
emergency, call 911.**



**Addiction & Mental Health**  
Edmonton Zone

### Addiction Recovery Centre

**Medical Detoxification and  
Stabilization Facility**

#### Contact Information:

10302 107 Street NW  
Edmonton, AB T5J 1K2  
Phone: (780) 427-4291  
Fax: (780) 422-2881  
[www.albertahealthservices.ca](http://www.albertahealthservices.ca)

Revised October 12, 2017



## APPENDIX D - CON'T

### What is the Addiction Recovery Centre?

The Addiction Recovery Centre (ARC) is a 42 bed inpatient medical detoxification centre providing supervised substance withdrawal management. Services are free of charge.

Clients may access this service directly from the community through daily triage intake from 09:30 a.m. -10:30 a.m., or through referral from a healthcare provider in the community or hospital.

ARC offers services that are client-centred, culturally sensitive, and holistically based.

ARC is a non-smoking facility. Nicotine Replacement Therapy is provided.



### What to Expect?

- Admission is voluntary
- Clients are triaged and admitted according to medical need and bed availability
- Substance withdrawal symptoms are supported by 24-hour nursing staff and a consulting physician
- Length of stay averages 5 days and varies depending on severity of physical withdrawal, health status, and treatment plans
- Dorm style accommodation
- Meals and snacks are provided
- To protect confidentiality, staff will not confirm or deny client attendance

### What to Bring?

- Healthcare Card/ ID/ Medical Insurance Card
- 3 changes of clothing, toiletries, and prescribed medication
- Spending money for vending machines



### Additional Services Available During Admission

- Assessment of suitability for Suboxone® initiation and referral for ongoing community support
- Take-Home Naloxone kits are available free of charge with opioid overdose education
- Opportunity to connect with on-site addiction counsellors and review discharge planning
- Structured daily activities and recovery support groups





### APPENDIX D - CON'T



#### POUNDMAKER'S LODGE TREATMENT CENTRES

(Mailing Address)  
Box 34007, Kingsway Mall PO  
Edmonton, AB T5G 3G4

(Physical Address)  
#25108 Poundmaker Road  
Sturgeon County, AB T8T 2A2

Website: [www.poundmakerslodge.ca](http://www.poundmakerslodge.ca)

Phone: (780) 458-1884 Fax: (780) 459-1876

#### Poundmaker's Lodge Treatment Centres Detox

In the provision of residential addictions treatment, the role of detoxification is important; detoxification provides supervised safe withdrawal from a drug of dependence and/or alcohol so that the severity of withdrawal symptoms and serious medical complications are kept to a minimum.

At Poundmaker's Lodge Treatment Centres (PLTC) some clients arrive for residential addiction treatment and the initial assessment determines the individual requires detoxification services to better prepare for the treatment program. PLTC has recognized this need and now offers 5 detox beds. The detoxification program is designed with a wholistic approach to the detoxification process which is inclusive of Best and Wise practices.

Best practices inform the withdrawal reducing regime which involves nurses and medical staff monitoring 24/7; a pharmacist is on site 7 days a week and is able to provide medical tapers to assist in the withdrawal process and/or support with Opioid Agonist Therapy starts. The aim is to reduce withdrawal symptoms in a safe environment while coming off of alcohol and/or drugs.

Wise practices are inclusive of the cultural/spiritual components of the detoxification program which includes the Elders and Cultural/Spiritual Advisors who have an important role in meeting with those who utilize detoxification services. Elders are on-site to offer spiritual guidance and develop culturally sensitive and culturally rooted health and healing initiatives in collaboration with each client. Clients are offered and supported with traditional ways of detoxifying; such as smudge ceremonies, pipe ceremonies, sweat lodge ceremonies and connection to the land.

Best practices informs our clinical component of detoxification; clients utilizing the detox will be assigned a counsellor who will work with them in assisting to establish strengths based, client-centered goals and provide one-to-one counselling to better prepare the client for the recovery process. Through authentic connection and community, the overarching goal is to assist with safe withdrawal and to aide with making the transition into residential addictions treatment more comfortable which offers an increased opportunity for completion of the treatment program.

The detox setting is supportive of safe withdrawal from alcohol and/or drug of dependence; care consists of providing clients with wrap around services in a quiet environment, reducing sensory stimuli and this program offers nutrition, hydration and reassurance.

To apply for detox call our admissions department at 780-458-1884 or fill out a application located at <https://poundmakerslodge.ca/programs-services/application-forms/>

## APPENDIX D - CON'T

### George Spady Society Shelter/Detox Programs

The George Spady Society's **Shelter and Detox** programs operate together in Edmonton's downtown area. Both programs emphasize stabilizing and restoring clients' health in an accepting and nonjudgmental atmosphere.

The **Shelter program** provides a supervised environment for men and women who are under the influence of alcohol or other drugs and require help to stabilize their condition.



The **Detox program** provides individuals with a safe, nonmedical place to detox and stabilize their health. Clients receive a safe place to stay, meals, and in-house recreational programming free of charge. The Detox program offers supervised withdrawal services, informational and self-help programming, as well as referrals to treatment programs, housing, and medical services.

The Shelter/Detox programs are staffed 24/7 by a diverse team of service providers including Licensed Practical Nurses, Social Workers, and Support Workers.

#### Screening Assessment and Intake

##### **Shelter Program**

- Front line staff admit individuals into the Shelter program. Staff perform an initial assessment to determine if client needs and capacity align with the terms of care within the shelter system. Personal belongings are secured in a storage area upon intake.

##### **Detox Program**

- Before being admitted to the Detox program the client must be sober and assessed by the LPN.
- Intake to Detox is performed by support workers and includes consultations with our Addictions Counselor and LPNs. The client and a staff representative sign a consent to services agreement, then create a client-centered care plan.

#### Detox Services

- Supervised withdrawal
- Assessment and referral to treatment programs
- Information sessions and self-help program introduction
- Referral as needed to other programs and services

#### Shelter Services

- 24-hour physical care and supervision
- Compassion and understanding from trained staff
- Information regarding treatment and self-help

#### Making a Referral

Our clients may be referred by themselves, Edmonton Police Services, hospitals/physicians, community agencies, or concerned family and friends.

For more information or to make a referral, contact:

*Lindy Dowhaniuk*

*Director of Emergency Services*

*Phone: 780-424-8335 Ext. 9*

*Email: [lindyd@gspady.ab.ca](mailto:lindyd@gspady.ab.ca)*



*Established in 1983 and accredited since 2010, the George Spady Society offers a full continuum of care to those experiencing homelessness and chronic addiction. <http://www.gspady.org/>*







## APPENDIX E The Importance of Primary Care and the Patient's Medical Home for Clients with Methamphetamine Concerns

# FAQS

### For clients who are connected to a family physician/nurse practitioner/physician's assistant.

**Q: What is the benefit of my primary care provider knowing that I am using methamphetamines? How can they help me?**

A: Sharing your methamphetamine concerns with your primary care provider is important. Using methamphetamine repeatedly can cause sleep disruptions; worsen mood and memory; and cause skin, dental, or heart issues. It can cause psychosis in severe instances. Your family primary care provider can work with you to recommend different treatments, resources, and strategies based on your specific goals.

Whether or not you are ready to stop using methamphetamine your primary care provider can also work with you to discuss harm reduction practices that can help you stay safe while you are using methamphetamine. Your primary care provider can also connect you to a team of other health professionals including nurses and mental health providers. This team can help you with things like finding housing, obtaining ID, or applying for income support; or address issues like anxiety, grief or trauma. These team members may be located within the same clinic that you see your primary care provider in or they may be located at a Primary Care Network (PCN) office.

**Q: Will my primary care provider report my drug use to the authorities?**

A: Your health information is confidential unless there is immediate or severe risk to yourself or others. These situations are complex and there are often other things that can be explored prior to involving the authorities. It is important to note that tests like urine drug screens are only ordered for medical purposes and cannot be released to the authorities or used for legal purposes without your knowledge or written consent.

**Q: Can my primary care provider restrict my medications because I use methamphetamine?**

A: Your primary care provider will not restrict your medications just because you use methamphetamine. There are some medications that are unsafe, or have dangerous side effects when used at the same time as methamphetamine. Your primary care provider can work with you to explore the safest medication options. They can also work with a pharmacist who can help you to manage your medications and answer any questions.

### For clients who are not connected to a family physician/nurse practitioner/physician's assistant.

**Q: Why do I need family physician/nurse practitioner / physician's assistant? What is the benefit of having a primary care provider in the community?**

A: A family physician/nurse practitioner/physician's assistant, or "primary care provider" is someone you see regularly for your healthcare needs. They support both your physical and mental health. You can build an ongoing, trusting relationship with them and share difficult or complex concerns, such as your methamphetamine use, in a safe and non-judgemental environment. Having a regular primary care provider helps you get the best healthcare possible for your unique situation.

**Q: What is a Primary Care Network?**

A: Primary Care Network, or PCN, is an organization that supports primary care providers with a team of other health care professionals, like nurses or mental health providers. For example, your primary care provider may connect you with a mental health provider at the PCN who can provide support with things like finding housing, obtaining ID, or applying for income support. These team members may be located within the same clinic that you see your primary care provider in or they may be located at a PCN office.

**Q: What is a Patient's Medical Home?**

A: Your primary care provider and their team of health care professionals work together to create a Patient's Medical Home, or PMH. This is a place where you can feel the most comfortable to discuss your personal and family health concerns. When you are "attached" to primary care provider's Patient's Medical Home it means that you will see them for your regular medical care. A Patient's Medical Home does not mean that you cannot access healthcare elsewhere in emergency situations but any follow up would occur with your primary care provider.

**Q: I don't have a primary care provider. How do I find one?**

A: You can find a primary care provider through the Alberta Find A Doctor website: ([albertafindadoctor.ca](http://albertafindadoctor.ca)). You can type in a place that is easy for you to get to and select "accepting new patients" to find a primary care provider in the area. You can also select gender and language preferences if you wish. You can then call the clinic, or clinics, to schedule a "Meet and Greet" appointment. You can also use the "Help Me Find a Doctor" tool on the website if you would like help. Fill out your information and someone will contact you to help you find a primary care provider.

## APPENDIX F

### Hospital Admission Notification

To: \_\_\_\_\_  
[primary care provider name]

Admission reason: \_\_\_\_\_

\_\_\_\_\_

Substance of concern:

☐ Alcohol use      ☐ Stimulant use

☐ Opioid use      ☐ Other: \_\_\_\_\_

Admission date: \_\_\_\_\_ Hospital: \_\_\_\_\_

Unit/Service: \_\_\_\_\_ Admitting physician: \_\_\_\_\_

(AFFIX CLIENT LABEL HERE)

If you are not the Primary Care Provider of the client identified above, please notify the unit as soon as possible via return fax or at the phone number listed below.

If you are the Primary Care Provider please provide any information related to the admission reason.

- This could include goals of care, complex care plans, medication lists, recent medication changes, or relevant investigations not on Netcare (e.g. colonoscopy, pulmonary function, echocardiogram)

- To protect the client's information, please phone the unit first to ensure the client is still there.

**Unit Phone #:** \_\_\_\_\_

- Fax the information to the unit fax number.

**Unit Fax #:** \_\_\_\_\_

- Options for more information:

- Check your client's Admission History in Netcare
- Call the unit for the attending physician's contact information

## APPENDIX G

(AFFIX CLIENT LABEL HERE)

### Barriers to Discharge or Long-Term Management

Housing/Placement	<input type="checkbox"/> Discharge accommodation secured <input type="checkbox"/> Facility/accommodation approved – waitlisted <input type="checkbox"/> Homeless – no discharge accommodation identified <input type="checkbox"/> No available facility to meet continuing care need (physical and/or psychiatric) <input type="checkbox"/> Unable to return to previous residence (behaviour-related) <input type="checkbox"/> Unable to return to previous residence (requires higher level of supervision) <input type="checkbox"/> Awaiting placement assessment/decision
Financial Considerations	<input type="checkbox"/> Income secured <input type="checkbox"/> No income identified <input type="checkbox"/> Requires application for Income Support (SFI), Alberta Income for the Severely Handicapped (AISH) or Employment Insurance (EI) <input type="checkbox"/> Requires interim funding source
Medication Support	<input type="checkbox"/> Private insurance <input type="checkbox"/> SFI or AISH <input type="checkbox"/> First Nations and Inuit Health Branch (FNIHB) <input type="checkbox"/> No coverage
Additional Considerations	<input type="checkbox"/> No identification <input type="checkbox"/> No active Alberta Health Care (AHC) card <input type="checkbox"/> Transportation concerns
Decision Making Capacity	<input type="checkbox"/> Guardian/trustee in place or not required <input type="checkbox"/> Public/private guardian required <input type="checkbox"/> Public/private trustee required
Legal Circumstances	<input type="checkbox"/> No current legal issues <input type="checkbox"/> Outstanding legal issues (specify): <hr/>
Community Support/Services	<input type="checkbox"/> All necessary arrangements made <input type="checkbox"/> Community/residential support person (if known) Name: _____ Agency: _____ Phone: _____ <input type="checkbox"/> Awaiting assessment/decision re: <ul style="list-style-type: none"> <li><input type="checkbox"/> Specialist consultation</li> <li><input type="checkbox"/> Outpatient program</li> <li><input type="checkbox"/> Case management services</li> <li><input type="checkbox"/> Assertive Community Treatment (ACT), Home Support, Independent Living Support (ILS) or Home Care</li> <li><input type="checkbox"/> Residential Addiction Treatment Centre</li> <li><input type="checkbox"/> Community Treatment Order (CTO)</li> </ul>



### METH CHECK

The purpose of Meth Check is to provide you with some useful information and practical tips around methamphetamine. It should only take about 10-15 minutes to complete.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

#### 1 A BIT ABOUT METH

**DID YOU KNOW...**

- Meth is a powerful stimulant drug.
- It can make you feel good and increases your alertness and energy.
- It works by causing a huge release of 'dopamine', the brain's pleasure chemical.
- It is known by many different names – speed, ice, crystal, shand, tina, fast, govy, whizz.
- Powdered speed used to be amphetamine, but these days it almost always is methamphetamine.

**WHAT TYPE OF METH DO YOU USE?**

LOWER PURITY **SPEED (powder)** **ICE (rock)** **CRYSTAL METH** HIGHER PURITY

**NOTE:** These are all the same drug – methamphetamine – only the form and purity is different.\*

**TOP TIP**

- The higher the purity the less you need.
- Purity can change from batch to batch.
- All use carries risk.

#### 2 HOW OFTEN HAVE YOU USED METH IN THE PAST 12 MONTHS?

**DID YOU KNOW...**

The number of people who seek treatment for methamphetamine use at mental health and addiction clinics has increased by almost 9 times in the past 5 years.\*\*

**TOP TIP**

- The more frequently you use meth, the more problems you can experience.
- If you find yourself using meth every week, you might be 'dependent' on meth.

GO TO 3

#### 3 WHAT ARE THE GOOD BITS ABOUT USING METH?

e.g. Having fun / excitement, coping with stress, to help stay awake.

#### WHAT ARE THE NOT-SO-GOOD BITS?

e.g. Sleep problems, feeling scattered, getting 'fried off', fights, relationship break-ups, money problems, hassles with work / study, getting busted, losing licence.

#### 4 DO YOU KNOW HOW MUCH YOU SPEND ON METH?

You may need a calculator for this section:

Per week \$ \_\_\_\_\_ enter a dollar amount

Per month \$ \_\_\_\_\_ multiply the weekly number by 4

Per year \$ \_\_\_\_\_ multiply the monthly number by 13 (or equal 52 weeks)

After buying meth, do you find that you have enough money left over for daily expenses? e.g. food, rent, transport, bills (please circle)

Always Mostly Sometimes Rarely Never

#### 5 ON A SCALE FROM 1-10, HOW WORRIED ARE YOU ABOUT YOUR USE?

1 2 3 4 5 6 7 8 9 10

Not at all worried Very worried

**HOW IMPORTANT IS IT FOR YOU TO MAKE CHANGES TO YOUR USE?**

1 2 3 4 5 6 7 8 9 10

Not important Very important

**Why did you give these scores?**

What would it take for your score to go up or down?

Turn the page over for more information

\* There are also prescription medications which contain amphetamine or amphetamine-like substances (e.g. Ritalin, Dexamphetamine).

\*\* Alberta Health Services, (2020). Methamphetamine Dashboard. Calgary, AB.

## APPENDIX H CONTINUED

### 6

#### TIPS TO STAY SAFE

Would you try any of these strategies below? (or maybe you do them already?)

##### WOULD YOU...

	YES	MAYBE	NO
Set limits on how much you will use?			
If using a new batch, try a little bit first and wait before having more?			
Use around people you trust in a safe place?			
If injecting, use sterile equipment?			
Be safe sex ready? (condoms and lube)			

##### Before using meth - plan ahead.



##### EAT

Eat at least one meal per day and preferably eat healthy (e.g. fruit, smoothies, cereal + milk, soup, pasta).



##### DRINK

Drink water and stay hydrated. Limit how much alcohol you consume.



##### SLEEP

Know when it's time to take a break from using. If you can't sleep, try to have some downtime.



##### DON'T MIX

Be aware of taking alcohol, opiates and benzodiazepines (e.g. Valium / sleeping pills) to help you sleep. There is a risk of overdose from these drugs once the meth wears off.



##### DON'T DRIVE

Meth can make you feel like you're driving safer than you really are. Roadside drug testing can detect meth in your saliva.



##### MIND YOUR HEAD

Some people who use meth can experience anxiety, low mood or feel 'scattered'. Another effect of meth can be strange or paranoid thoughts or hallucinations (often referred to as psychosis). If this happens to you, it could be a side-effect of the drug and lack of sleep. Try and stay calm and find a safe place to chill. Drink water. Try to sleep. Make sure someone stays with you. If these symptoms don't go away, you may need to seek professional help.

##### Do you smoke cannabis?

Be careful. Cannabis can increase feelings of anxiety or paranoia or make psychosis worse.

##### ARE YOU A PARENT?

Meth use can affect your children and others around you. Ensure your children remain safe and supervised at all times... Be prepared for the come-down.

##### ARE YOU PREGNANT?

Using meth during pregnancy carries increased risk including miscarriage and birth defects. Talk to a medical professional for advice.

##### TOO MUCH METH?

Signs of a meth overdose include:

- Severe headache
- Chest pain
- Vomiting
- Overheating
- Extreme agitation

Seek assistance immediately by calling 911 and ask for 'AMBU LANCE'. If someone is unconscious and breathing, turn them on their side in the recovery position.



Keep the airway clear  
Hand supports head  
Knee stops body from rolling onto stomach

If they are not breathing, perform CPR if you are able to and wait with them until help arrives.

Don't confuse sleep with loss of consciousness. If someone cannot be woken up, it is likely they are unconscious.

### 7

#### THINKING ABOUT CUTTING BACK OR QUITTING?

Most people successfully quit or cut back their use of meth all by themselves. Many find it easier with the support of family, friends and/or health professionals. There is more than one way of changing - everyone is different and it's important to think about what works for you.

##### CAN YOU THINK OF SOME PRACTICAL THINGS YOU CAN DO TO HELP YOU CUT BACK OR QUIT?

##### HERE ARE SOME OTHER TIPS...

- **REASONS** - Write down why you want to quit or cut down. This could include money, saving a relationship, health benefits, etc.
- **SUPPORT** - Make sure you have as much support as possible. Try thinking of people who can support you.
- **CUES** - Avoid things that will make you feel like using such as places, people and stressful situations. This is especially important in the beginning.
- **CUT TIES** - Throw out anything you associate with using (e.g. pipes, injecting equipment) and cut connections to people associated with meth if possible (e.g. delete phone numbers).
- **CRANKING** - Be prepared. These are uncomfortable but they will pass.
  - Delay making a decision on whether or not to use for 5 minutes or up to half an hour, or longer.
  - Distract yourself e.g. phone a friend, go for a walk, eat, listen to music.
  - Deep breathing or other relaxation techniques can help you stay calm.

##### MY PLAN FROM HERE IS...

##### WHAT TO EXPECT

You can sometimes feel worse before you feel better. You may feel flat, anxious, irritable or have trouble sleeping. Or you could find it more of a challenge to get motivated or organised. These are normal responses to quitting and are signs that your body is readjusting from using the drug. They will improve over time.

Is there someone you can trust - like a family member, friend or worker - who you can talk to about your meth use?

##### REMEMBER:

- Help is available.
- Treatment works.
- People can make successful changes around their meth use.
- If you are trying to quit, sometimes it can take a few attempts. Learn from any slip-ups and keep going.

Your local service contact is:

Call the Addiction and Mental Health Helpline for advice, information and referral.  
1-866-332-2322

This resource has been modified for use in Canada. It was originally developed by Insight, Centre for Alcohol and Other Drug Training and Workforce Development, Queensland, Australia. Copyright 2021. All rights reserved. To learn more about Insight visit [www.insight.qld.edu.au](http://www.insight.qld.edu.au)

insight  
Centre for Alcohol and Other Drug Training and Workforce Development

## APPENDIX I

### Hospital Discharge Notification

To: \_\_\_\_\_  
[primary care provider name]

Anticipated discharge date: \_\_\_\_\_

Most responsible diagnosis: \_\_\_\_\_

Hospital: \_\_\_\_\_

Discharge unit / service: \_\_\_\_\_

Discharged / transferred to: \_\_\_\_\_

(AFFIX CLIENT LABEL HERE)

#### Hospital Stay and Condition Information

- ☐ Short Stay Discharge Summary attached
- ☐ Discharge Summary dictated to Netcare

#### Medication Information

- ☐ Medication Reconciliation attached

#### Home Care Information

- ☐ Existing home care client
- ☐ New home care referral

Home care office contact number:

#### Primary Care Provider Follow-Up

Please see client for a follow-up appointment within:

- ☐ 48 hrs
- ☐ 7 Days
- ☐ 14 Days
- ☐ Other: \_\_\_\_\_

#### Follow-up Appointments

- ☐ Follow-up appointment sheet attached
- ☐ Follow-up appointments listed on Short Stay Discharge Summary

#### Other Considerations

- ☐ Appropriate for virtual or telephone follow-up

#### Options for more information

- See Netcare for results from labs and diagnostic imaging
- Call the unit for discharging physician's information

Unit Phone #: \_\_\_\_\_

## APPENDIX J

### Client Appointment Reminder

You have a follow-up appointment with [provider, including role]:

on [date]\_\_\_\_\_ at [time] \_\_\_\_\_ AM/PM

at [clinic or facility name] \_\_\_\_\_

Their clinic/facility is located at [clinic or facility address] \_\_\_\_\_

Your appointment will take place:

☐ In person ☐ Virtual appointment ☐ Telephone appointment

Should you need to cancel or reschedule your appointment, please contact their office at \_\_\_\_\_  
[phone number]

You have a follow-up appointment with [provider, including role]:

on [date]\_\_\_\_\_ at [time] \_\_\_\_\_ AM/PM

at [clinic or facility name] \_\_\_\_\_

Their clinic/facility is located at [clinic or facility address] \_\_\_\_\_

Your appointment will take place:

☐ In person ☐ Virtual appointment ☐ Telephone appointment

Should you need to cancel or reschedule your appointment, please contact their office at \_\_\_\_\_  
[phone number]

You have a follow-up appointment with [provider, including role]:

on [date]\_\_\_\_\_ at [time] \_\_\_\_\_ AM/PM

at [clinic or facility name] \_\_\_\_\_

Their clinic/facility is located at [clinic or facility address] \_\_\_\_\_

Your appointment will take place:

☐ In person ☐ Virtual appointment ☐ Telephone appointment

Should you need to cancel or reschedule your appointment, please contact their office at \_\_\_\_\_  
[phone number]

## APPENDIX K

### TEAM BASED CARE FOR CLIENTS WITH METHAMPHETAMINE CONCERNS

Clients with methamphetamine concerns often have complex needs that can fall outside the realm of medical treatment. Various primary care team members can support the client's mental health, socioeconomic, lifestyle, and pharmaceutical care. A team based care approach can help more effectively address client's needs.

**Membership with a Primary Care Network (PCN) allows clients to access multiple providers within a medical home. As each PCN may offer different programs and services, it is important to connect with your PCN representative to inquire about which providers your clinic has available for client care.**

Position	Role	How they can support clients with methamphetamine concerns
Physician/Nurse Practitioner/Physician's Assistant (Primary Care Provider)	<ul style="list-style-type: none"> <li>Provides diagnosis, treatment, and ongoing care of illnesses and medical conditions.</li> <li>Addresses all health needs and develops a plan that may involve further testing; specialist referral; and medication; therapy; and diet or lifestyle changes.</li> </ul>	<ul style="list-style-type: none"> <li>Screening for substance use concerns.</li> <li>Counselling and education on harm reduction techniques.</li> <li>Referral to other roles within the PCN or specialists as required.</li> </ul>
Behavioural Health Consultant (BHC)  * Some BHCs may also be Registered Social Workers	<ul style="list-style-type: none"> <li>Works with clients and health care teams to support individuals who are experiencing mental health or addiction concerns, life stress, motivational issues, or other concerns.</li> <li>Provides brief interventions and can provide support with emotional or behavioral issues such as anger, anxiety, depression, stress, and bereavement.</li> </ul>	<ul style="list-style-type: none"> <li>Develop plans to reduce or abstain from substances and assist with other lifestyle changes.</li> </ul>
Social Worker	<ul style="list-style-type: none"> <li>Provides guidance, information, advocacy, help, counseling, and support when applying for and accessing a range of services relating to various socioeconomic needs.</li> </ul>	<ul style="list-style-type: none"> <li>Provide support with applying for financial and/or health benefits.</li> <li>Provide information on food hampers and community meals.</li> <li>Support with finding emergency shelter or short term/permanent housing.</li> <li>Provide information on where to apply for jobs and job placements.</li> <li>Provide information on abuse, domestic violence and safety planning if client is a victim of abuse.</li> <li>Provide informational resources on common legal issues.</li> <li>Provide information on recreation programs, events and services.</li> </ul>



## APPENDIX K CONTINUED

Position	Role	How they can support clients with methamphetamine concerns
Mental Health Clinician/ Psychologist	<ul style="list-style-type: none"> <li>Collaborates with the client, primary care provider, and other members of the primary care team to provide assessment, education, and interventions resulting in improved wellbeing and self-management of medical, behavioral, and psychosocial needs.</li> </ul>	<ul style="list-style-type: none"> <li>Deliver evidence-based interventions to clients with emotional and behavioral challenges such as, depression, panic disorder, generalized anxiety disorder, and chronic pain.</li> </ul>
Mental Health Navigator  *some Mental Health Navigators may also provide BHC support to clinics and/or may be Social Workers	<ul style="list-style-type: none"> <li>Ensures coordinated service, quality care, and access to appropriate resources for clients through communication with the client's primary care provider and partnerships with community agencies.</li> </ul>	<ul style="list-style-type: none"> <li>Screen clients for needs and match them with the appropriate service within the mental health portfolio.</li> <li>Provide advice to primary care providers for urgent referrals into tertiary mental health care when necessary.</li> </ul>
Medical Office Assistants (MOAs)	<ul style="list-style-type: none"> <li>Provides support to primary care providers and other healthcare professionals through a variety of clerical and administrative tasks.</li> </ul>	<ul style="list-style-type: none"> <li>Create a welcoming and non-judgemental environment for clients.</li> <li>Provide support with arranging subsequent bookings with the primary care provider and team.</li> </ul>
Referral Coordinator	<ul style="list-style-type: none"> <li>Assists in ensuring that clients move through the system as seamlessly as possible from both within and outside the PCN.</li> </ul>	<ul style="list-style-type: none"> <li>Develop linkages with various community health resources to support clients requiring treatment and referral.</li> </ul>
Nurse	<ul style="list-style-type: none"> <li>Works with clients and their primary care provider to improve and manage health issues.</li> <li>Provides care coordination with other clinicians and individualized support for many health concerns.</li> </ul>	<ul style="list-style-type: none"> <li>Provide specialized care in many areas such as chronic disease management, injections, wound care, foot care, anticoagulation monitoring, low-risk obstetrics, and blood pressure monitoring.</li> </ul>
Dietitian	<ul style="list-style-type: none"> <li>Provides nutritional counselling, support, and education, taking in to account a client's health and goals and tailors a care plan specific to each client to help them achieve a healthy diet and lifestyle.</li> </ul>	<ul style="list-style-type: none"> <li>Support concerns such as weight management, diabetes, high cholesterol, emotional eating, and other related issues.</li> </ul>
Exercise Specialist	<ul style="list-style-type: none"> <li>Provides support to clients who want to make active living and exercise lifestyle changes to help manage underlying conditions and improve their quality of life.</li> </ul>	<ul style="list-style-type: none"> <li>Assess fitness level through interviews and physical testing and identify any barriers to exercising.</li> <li>Work with clients to develop a realistic and attainable exercise plan to help them improve their health and provide follow-up as needed.</li> </ul>
Pharmacist	<ul style="list-style-type: none"> <li>Works with clients, their primary care provider, and other health care providers to help clients better understand their medication.</li> <li>Provides ongoing medication monitoring and follow-up for clients and can communicate any issues or concerns with the clients' primary care provider.</li> </ul>	<ul style="list-style-type: none"> <li>Provide comprehensive medication reviews, consultation, tobacco reduction and cessation counselling, and expert advice for concerns such as chronic pain and chronic disease management.</li> </ul>

## APPENDIX L

### CARE CONSIDERATIONS FOR CLIENTS WITH METHAMPHETAMINE CONCERNS IN PRIMARY CARE

#### The Role of Primary Care

Primary care providers are well positioned to provide meaningful, timely care to clients experiencing concerns with methamphetamine use. Often there can be a long delay between when people start experiencing impacts from their substance use to when they seek help. A primary care provider may be one of the few health professionals that people using methamphetamine interact with so any opportunity to ask questions and engage with a client about their substance use should be taken.

Through the development of an ongoing, trusting relationship, primary care providers are familiar with the life circumstance of their clients, allowing them to offer advice and treatment which is tailored to the client's specific situation. Even if they are not ready to quit, primary care providers can help clients care for other aspects of their health and offer harm reduction advice.

Primary care providers may feel pressured to deal with the client's presenting issue first and discuss their methamphetamine use at another time. However, clients who use methamphetamine may have little contact with health services and engaging with them on this topic can set the stage for later change and help them avoid future harms.

#### Post-Discharge from Hospitals or Detoxification/Recovery Centres

Clients with methamphetamine concerns who have been discharged from an emergency department, inpatient unit or detoxification/recovery centre will likely benefit from additional support, such as team based care. Follow-up timeframe recommendations may be included in the client's discharge plan or summary and may vary based on the client's specific situation. If no timeframe has been specified, it is reasonable to follow-up with these clients within 24 hours to 2 weeks of discharge from hospital-based care or 3-7 days within discharge from a detoxification/recovery centre.

#### Ways to Provide Support for Long-Term Management

- Some clients may disclose methamphetamine use but have no intention of quitting – this can still be used as an opportunity to assess their health (e.g. viruses, infections, etc.).
- Engage team members such as Behavioral Health Consultants, Nurses, or Social Workers to provide additional support for clients. Resources may vary depending on your Primary Care Network.
- Discuss with clients whether they would like to be referred to an addiction treatment program or self-help group. A list of community resources is available at <https://edmonton.cmha.ca/211-resource-lists/>.
- Before clients leave the clinic, ask them to commit to a follow-up appointment and make a booking for them before they go. If your clinic is able, set up a reminder call or text for their next appointment.
- If appropriate, ask to include the client's family in treatment plans and consider their point of view and experience of the situation.

## APPENDIX L - CON'T

### Holistic Approaches to Care

These holistic approaches to care should be considered for all clients with methamphetamine concerns, regardless of their specific situation or goals. They help to foster continued relationships and reduce stigma surrounding substance use.

**Trauma Informed Care** – This approach recognizes the need to provide physical and emotional safety for clients with methamphetamine concerns, as well as choice and control in treatment decisions. Understanding and considering the pervasive nature of trauma, trauma informed care promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize individuals. It is beneficial for all staff, including non-clinicians, to receive training in trauma informed care.

#### For more information on Trauma Informed Care:

##### Courses:

- Developmental Pathways of Addiction and Mental Health – Understanding ACEs and Being Trauma Informed – Alberta Health Services ([My Learning Link](#) and [PHC Learning Portal](#))

##### Additional training and resources:

- Crisis and Trauma Resource Institute - <https://ca.ctrinstitute.com/>
- Trauma Informed Care – Canadian Centre on Substance Use and Addiction\_ <https://www.ccsa.ca/trauma-informed-care-essentials-series>
- Brain Story Certification – Alberta Family Wellness Initiative <https://www.albertafamilywellness.org/training>

**Culturally Appropriate Care** – This approach recognizes that cultural experiences can influence how clients express symptoms and receive information. They can also affect the client's preferred treatment options and the people involved in their care. A culturally appropriate care approach acknowledges the values, traditions, history, and family system of the individual to provide the best care possible.

#### For more information on Culturally Appropriate Care:

##### Courses:

- Developmental Pathways of Addiction and Mental Health – Understanding ACEs and Being Trauma Informed – Alberta Health Services ([My Learning Link](#) and [PHC Learning Portal](#))

##### Additional training and resources:

- Multicultural Mental Health Resource Centre <https://multiculturalmentalhealth.ca/training/>

**Motivational Interviewing** – This approach strengthens an individual's motivation for change and encourages movement toward their goals. It involves a collaborative process between the client with methamphetamine concerns and their provider. The basic skills of motivational interviewing include asking open-ended questions, making affirmations, and using reflection and summarizing. Primary care providers can utilize these basic skills with more advanced interventions being utilized by mental health practitioners.

#### For more information on Motivational Interviewing:

##### Courses:

- Developmental Pathways of Addiction and Mental Health – Understanding ACEs and Being Trauma Informed – Alberta Health Services ([My Learning Link](#) and [PHC Learning Portal](#))

##### Additional resources:

- Motivational Interviewing Techniques – Facilitating behavior change in the general practice setting – McGill University [https://www.mcgill.ca/familymed/files/familymed/motivational\\_counseling.pdf](https://www.mcgill.ca/familymed/files/familymed/motivational_counseling.pdf)

**Harm Reduction** - This approach recognizes that abstinence from methamphetamine is not always a client's goal. It encompasses practices, programs, and policies that aim to reduce the risks and harm associated with substance use. Harm reduction is about meeting people where they are and identifying the goals they wish to achieve based on their individual needs and circumstances. It should be discussed with all clients regardless of their goals around their substance use, especially due to high rates of relapse in recovery.

#### For more information on Harm Reduction:

##### Courses:

- Harm Reduction and Recovery in Primary Care – Alberta Health Services [https://ahamms01.https.internapcdn.net/ahamms01/Content/AHS\\_Website/modules/phc-opiod-response-initiative/story\\_html5.html](https://ahamms01.https.internapcdn.net/ahamms01/Content/AHS_Website/modules/phc-opiod-response-initiative/story_html5.html)
- Harm Reduction: Making a Difference in Practice – Alberta Health Services [https://ahamms01.https.internapcdn.net/ahamms01/Content/AHS\\_Website/modules/amh/amh-harm-reduction-difference-practice/story\\_html5.html](https://ahamms01.https.internapcdn.net/ahamms01/Content/AHS_Website/modules/amh/amh-harm-reduction-difference-practice/story_html5.html)

##### Additional resources:

- Harm Reduction Services – Alberta Health Services <https://www.albertahealthservices.ca/info/Page15432.aspx>
- Harm Reduction Guidelines – BC Centre for Disease Control <http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction>