

## PROGRAM INNOVATION

### Collaborative Care: Community Partnerships and In-House Relations

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NP, Locum, London RAAM Clinic

The London RAAM provides true collaborative care. Our RAAM operates only three hours a day, three days a week, so we have to make the most of each client visit. Our relationship with Addiction Services of Thames Valley allows us to have one to two counsellors on hand at all times. These counsellors join forces with our RNs, providing patient-focused check-ins with each client visit, monitoring their progress in recovery and general wellbeing. Our partnership with the Canadian Mental Health Association (CMHA) provides us with our work space, and as an added advantage, the CMHA 24-hour drop-in Crisis Centre is located just downstairs. Because of this, when a client does present in crisis, they often already have a trusted relationship with a counsellor, and if required, we can personally walk them downstairs and ensure they get the help they need. In a field where medications often aren't enough, these services are fundamental to our clients' success.

In addition to this well-situated partnership, we rely on true collaborative and interprofessional care within our own RAAM walls. With few employed medical practitioners, the RAAM is staffed by many locum contractor workers, such as myself, to provide client care. With the RNs and counsellors able to provide the consistency that many of our clients need, our NPs and

physicians rotate which provider will see which client each week, always collaborating on case management. In this seemingly chaotic regimen and potpourri of providers, there may just be a recipe for preventing the medically stigmatized yet ever-present phenomenon of provider burnout. It also ensures that our more difficult cases and higher-needs clients get a full team approach.



Photo by Ian Thomas Weston

The more interconnected a system becomes, the smoother it's able to run. The London RAAM is one example of how strengthening external and in-house relationships can contribute to the delivery of efficient and effective client care.

## CLINICIAN SPOTLIGHT



**Elizabeth Shouldice MD CCFP(EM) FCFP MPH**  
Emergency Medicine, Queensway Carleton Hospital and  
Addiction Medicine, Recovery Care

As an emergency physician more than a decade into practice, I really valued and loved my work, but was looking to complement my clinical encounters with more longitudinal patient care. In 2017, several physicians at our hospital noted the paucity of addiction care in the West end of Ottawa and that patients were having to travel across the city to seek care. Soon, the ball was rolling to start an addictions clinic in close proximity our hospital and, after a lot of additional education and clinical mentorship, I jumped on board.

Currently, I work both as a full-time emergency physician and with four other physicians in a busy, free-standing addictions clinic in Ottawa. As well as addiction treatment, we have recently started our first patients on treatment for Hepatitis C and also offer counselling services to our patients. Our practice is growing and evolving with the community around us and with the needs of our patients. It's a busy time! The interface between my work in emergency medicine and addiction medicine has been wonderfully complementary and has helped me integrate my Public Health background in both clinical and policy areas. From helping ensure our own busy community hospital was able to implement buprenorphine/naloxone starts for emergency department patients to working with the Canadian Association of Emergency Physicians on a newly founded Opioid Taskforce, my interest in both policy and advocacy in the addiction medicine arena has become a true area of interest and has helped inform my day-to-day clinical work.

Addiction medicine has fast become one of my clinical passions and I have loved the collaborations that have come from this clinical work. I certainly hope to continue to work in this area in both policy and advocacy going forward; there is still so much for all of us to accomplish.

## EVENTS

RAAM monthly videoconferences

Prescribers	Nov 12
Nurses	Nov 13
Counsellors	Nov 8
Administrators	Nov 21

E-mail [kate.hardy@wchospital.ca](mailto:kate.hardy@wchospital.ca) to join a videoconference or to have a provincial event featured here.

## PERSPECTIVES

### Resources for Party and Play Crystal Meth Use in Men Who Have Sex With Men



Photo by Michael Wong

**Irene Njoroge RN APN MPH(C)**  
RAAM Clinic Nurse, Women's College Hospital

Gay, bisexual, and other men who have sex with men (gbMSM) have higher rates of crystal meth use than the general population. Moreover, for many gbMSM who use

meth, there is a strong connection between use and sexual activity. **Party and play (PnP)**, the practice of using drugs before sexual activity in order to enhance sexual performance and enjoyment, is a widespread phenomenon; estimates compiled by CATIE suggest that 5% to 20% of gbMSM are involved in PnP. Meth is the most commonly used PnP drug. It increases dopamine in the brain and blocks its flow between nerve cells, leading to a euphoric effect that lasts for hours. It increases alertness, confidence, and energy level, and it lowers inhibitions while increasing impulsivity and sexual arousal. The combination of these effects allows men to remain sexually aroused for hours without orgasm, facilitating greatly extended sex sessions. However, regular use causes less dopamine to be produced, resulting in anhedonia. Meth use among gbMSM has also been associated with an increased risk of HIV acquisition and other sexually transmitted and blood-borne infections, increased viral load for individuals living with HIV, and risk of problematic use.

When you speak to gbMSM patients about using crystal meth for PnP, you should keep in mind the very real benefits of this use. Meth gives people increased sexual arousal, pleasure, and stamina, and it decreases inhibitions, facilitating greater confidence and more adventurous sexual behaviour. It also enables connections with potential partners and provides gbMSM with an escape from experiences of judgment, both internal and external, around their sexual desires. These benefits must be taken into account in any harm reduction or prevention messaging, as well as in any therapeutic work with men who want to modify their meth use.

There are several online resources for gbMSM who use meth for PnP. Hi, My Name is Tina (<http://himynameistina.com>) is the most established of these resources; it offers information about using meth more safely and changing use patterns. The Health Initiative for Men also has information for gbMSM involved with PnP about reducing harms (<https://checkhimout.ca/highlife/>), and the Gay Men's Health Alliance (<http://www.gmsh.ca/>) is developing a harm reduction pilot called "Party n Play Your Way".

There are not yet any first-line pharmacological options for treating methamphetamine use disorder. However, some small, short-term trials have reported weak evidence of benefit for a few agents: both modafinil and bupropion have been found to help men reduce their meth use. If a gbMSM patient is interested in reducing their meth use but has had difficulty doing so, a trial of one of these medications may be helpful. Currently, the interventions with the most evidence of benefit are psychosocial, including motivational interviewing, cognitive behavioural therapy, community reinforcement approaches, and contingency management.

This information was compiled by the Ontario HIV Treatment Network (OHTN), in consultation with health care and social service providers, and shared at the OHTN Crystal Meth Think Tank.

## IN THE NEWS

Charter fight over denying liver transplants to alcohol abusers can proceed, Ontario court rules (Global News)  
<https://globalnews.ca/news/6077192/denial-liver-transplants-alcohol-abusers-charter-legislation-ontario-court/>

Worrying rise in alcohol-related harm among women, CAMH says (CTV News)  
<https://www.ctvnews.ca/health/worrying-rise-in-alcohol-related-harm-among-women-camh-says-1.4617427>

Deaths linked to vaping often involved THC products, not nicotine, CDC says (CNN)  
<https://www.cnn.com/2019/10/28/health/cdc-vaping-death-data-mmwr/index.html>

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[www.metaphi.ca](http://www.metaphi.ca)

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