

DOUGLAS HOSPITAL RESEARCH CENTER

Opioid use disorders

Research initiatives in response to current challenges

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May 28, 2021



Équipe de recherche

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THE OPIOID "CRISIS"

- Increased access to prescriptions
- Increased opioid use and related disorders
- Fentanyl
- Increased deaths due to overdose

530

*Suspected deaths related to opioids or other drugs (Québec - 2019)**

14 700

*Deaths-Opioids (2016-2019) ***



*Québec: from January 2019 to March 2020

**Canada: jan 2016-sept 2019

ONGOING RESEARCH PROJECTS

LÉONIE ARCHAMBAULT, M.A -

Profiles of people using services & Injectable opioid agonist treatment in Québec

JENNIFER COHEN, B.Sc. -

Access to mental health services for people who suffer from chronic pain and use opioids

NIAMH POWER, M.Sc. -

Barriers and facilitators to opioid agonist treatment

CAROLINE ROBITAILLE, Ph.D. candidate -

The pharmacist's role in improving services

MARIE-ANNE FERLATTE, Ph.D. candidate -

An example of a peer-led intervention: PROFAN

RESEARCH PROJECTS IN RESPONSE TO MULTIPLE ASPECTS OF THE PROBLEM

**Co-occurring
disorders
and needs**

**Access to
services**

**Pharmacological
treatments**

**Professional
roles**

**Peer
interventions**

CHANGING PROFILES AND NEEDS OF SERVICE USERS

CONTEXT

- Heroin and opioid medication
- Chronic pain and mental health
- Sociodemographic characteristics

OBJECTIVE

- Understanding different profiles and supporting the adaptation of services to the needs, in a recovery perspective

MIXED METHODS

- Chart review and interviews

SOME PILOT RESULTS* - THREE PROFILES:

- Recreational (heroin)
- Comorbidities (pharmaceutical opioids)
- Disaffiliation and severity (heroin and pharmaceutical opioids)



Léonie Archambault

Research coordinator

PhD student

*Pilot data collection funded by
RQSHA & CRISM

ACCESS TO MENTAL HEALTH SERVICES FOR PEOPLE WHO SUFFER FROM CHRONIC PAIN AND USE OPIOIDS (PART 1)

CONTEXT

- Chronic pain and mental health
- Access to mental health services necessary
- Important to adapt services to patients' needs
- Little information on access to services for this population

OBJECTIVE

- Summarize the literature on access to mental health for this population

METHODOLOGY

- Rapid review of original research articles
- Databases Psychinfo and Scopus

PRELIMINARY RESULTS

- 10 articles kept from 295 articles
- Focus groups, interviews and surveys
- Different countries: United States, Australia, Canada, Singapore



Jennifer Cohen Reyes
Research assistant
Master's student

ACCESS TO MENTAL HEALTH SERVICES FOR PEOPLE WHO SUFFER FROM CHRONIC PAIN AND USE OPIOIDS (PART 1)

Preliminary results: Obstacles to access mental health services for the management of chronic pain



Costs



Beliefs



**Treatment
information**

ACCESS TO MENTAL HEALTH SERVICES FOR PEOPLE WHO SUFFER FROM CHRONIC PAIN AND USE OPIOIDS (PART 1)

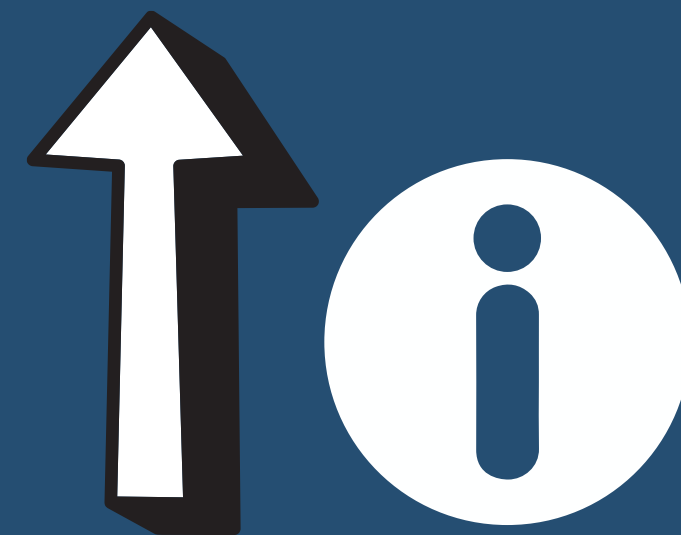
Preliminary results: Facilitators to access mental health services for the management of chronic pain



Costs



Beliefs



Raising awareness
about mental health
approaches

ACCESS TO MENTAL HEALTH SERVICES FOR PEOPLE WHO SUFFER FROM CHRONIC PAIN AND USE OPIOIDS (PART 2)

CONTEXT

- Little information on the quality of the access to mental health services for people suffering from chronic pain and from co-occurring mental health problems

OBJECTIVE

- To document the needs, barriers and facilitators for people with chronic pain to access mental health services to treat co-occurring mental health problems

METHODOLOGY

- Online survey shared with this population
- Recruitment on social media & through the Quebec Chronic Pain Association
- Launch in the coming weeks

EXPECTED OUTCOMES

- Scientific article & Knowledge transfer tools

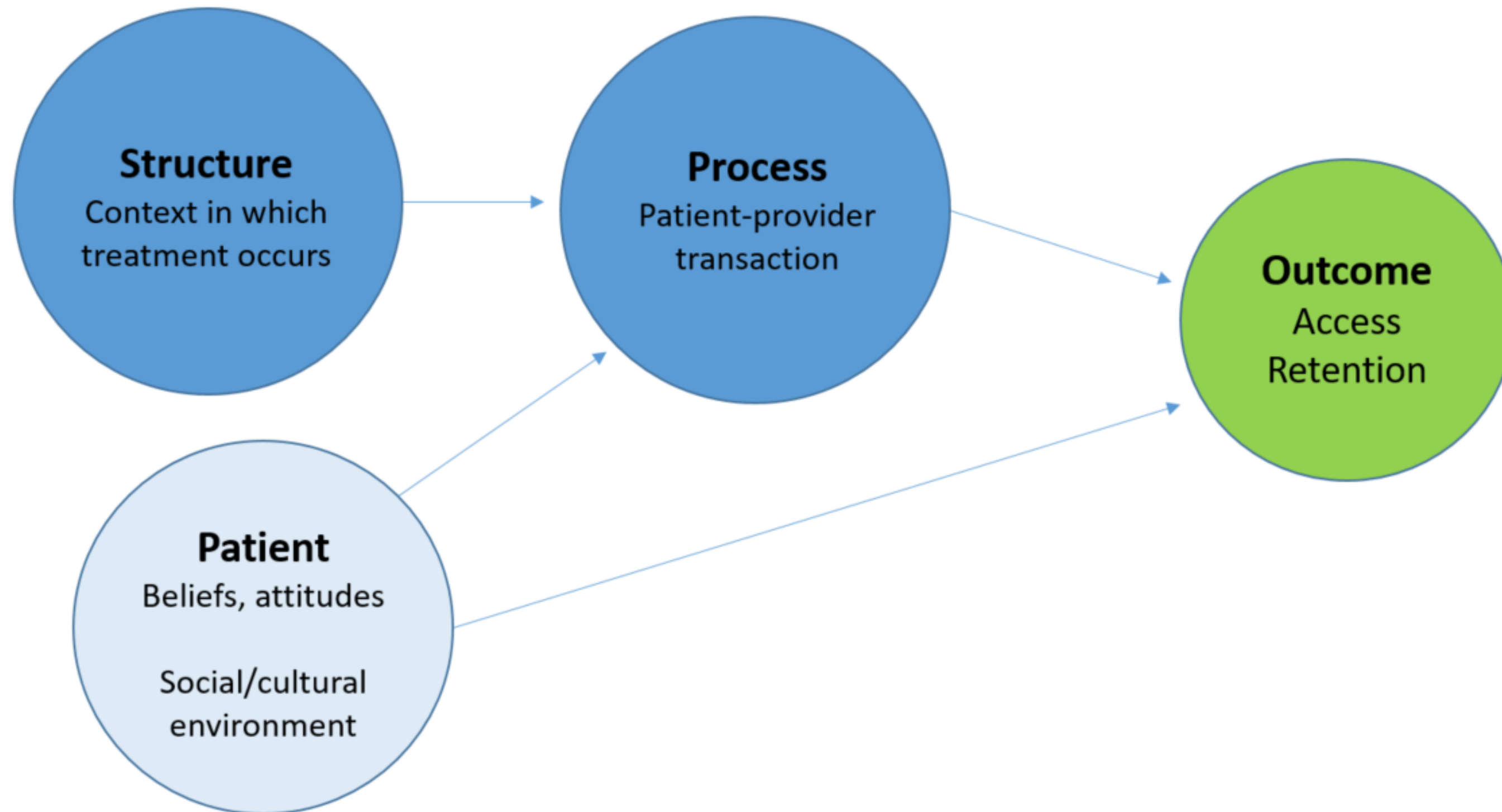
BARRIERS AND FACILITATORS TO ACCESS AND RETENTION IN OPIOID AGONIST TREATMENT

A SCOPING REVIEW



Niamh Power, M.Sc.
Research assistant

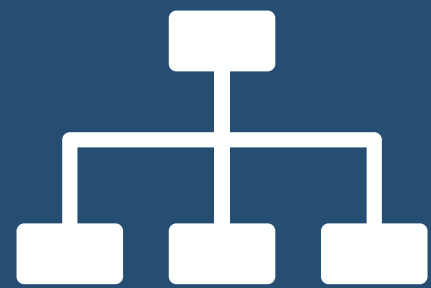
Barriers and facilitators to access and retention in Opioid Agonist Treatment



→ 44% of people living with OUD accessing OAT treatment in Montréal (Perreault & Archambault, 2017)

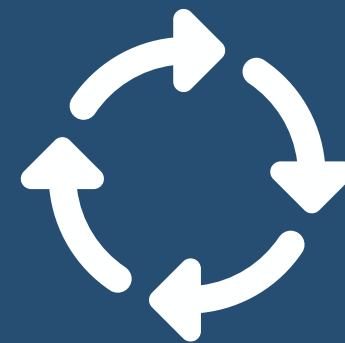


Preliminary results



Structural

- Treatment affordability & insurance
- Availability of treatment
- Proximity & transportation
- Information/education
- Delays & bureaucracy
- Housing
- Legislation



Process

- Supervised dosing
- Patient-provider rapport
- Take-home doses
- Treatment atmosphere
- Low-threshold initiation
- Scheduling



Patient

- Stigma
- Withdrawal/relapse
- Misinformation
- Awareness of treatment options

FEASIBILITY STUDY FOR THE IMPLEMENTATION OF INJECTABLE OAT IN QUÉBEC

CONTEXT

- 5 to 15% of patients are not responding to usual treatments
- Injectable OAT=Supervised self-injection of prescribed opioids
- iOAT available in Suizerland since the 1990's
- RCT in Canada (Montreal & Vancouver) between 2005-2008

METHODS

- Needs assessment (epidemiological data, online survey & focus groups)
- Implementation guide in Quebec (advisory comittee, working group, key informants)

RÉSULTS & DISCUSSION

- relevance, acceptability et feasibility



Léonie Archambault
Research coordonnator
PhD student

To access the guide, the reports
and the knowledge transfert tools:
<https://taoinjectable.com/>

TRANSFORMATION OF THERAPEUTIC USES OF OPIOIDS: THE PHARMACIST'S ROLE IN IMPROVING THE SERVICE OFFER

CONTEXT:

- Access to opioids and therapeutic uses are transforming during the current crisis, including a call for opioid deprescribing (tapering)
- The pharmacist is a key actor in the healthcare services offer

RESEARCH OBJECTIVES:

- Explore and document the perspective of pharmacists
- Suggest improvement avenues for the service offer and safe deprescribing of opioids

METHOD:

- Individual interviews with pharmacists from different practice settings: community, public sector, GMF in Montreal and other regions



Caroline Robitaille
M.Sc. (Pharm), Ph.D. (cand)
École de santé publique de l'U de M
Pharmacist at St. Mary's hospital

PROJECT PROFAN

PREVENT AND REDUCE OVERDOSES, TRAINING AND ADMINISTERING NALOXONE

Context

Initiated in answer to an important number of deaths in Montreal, the peer-led program aims to train peers by peers in the prevention of opioid overdoses

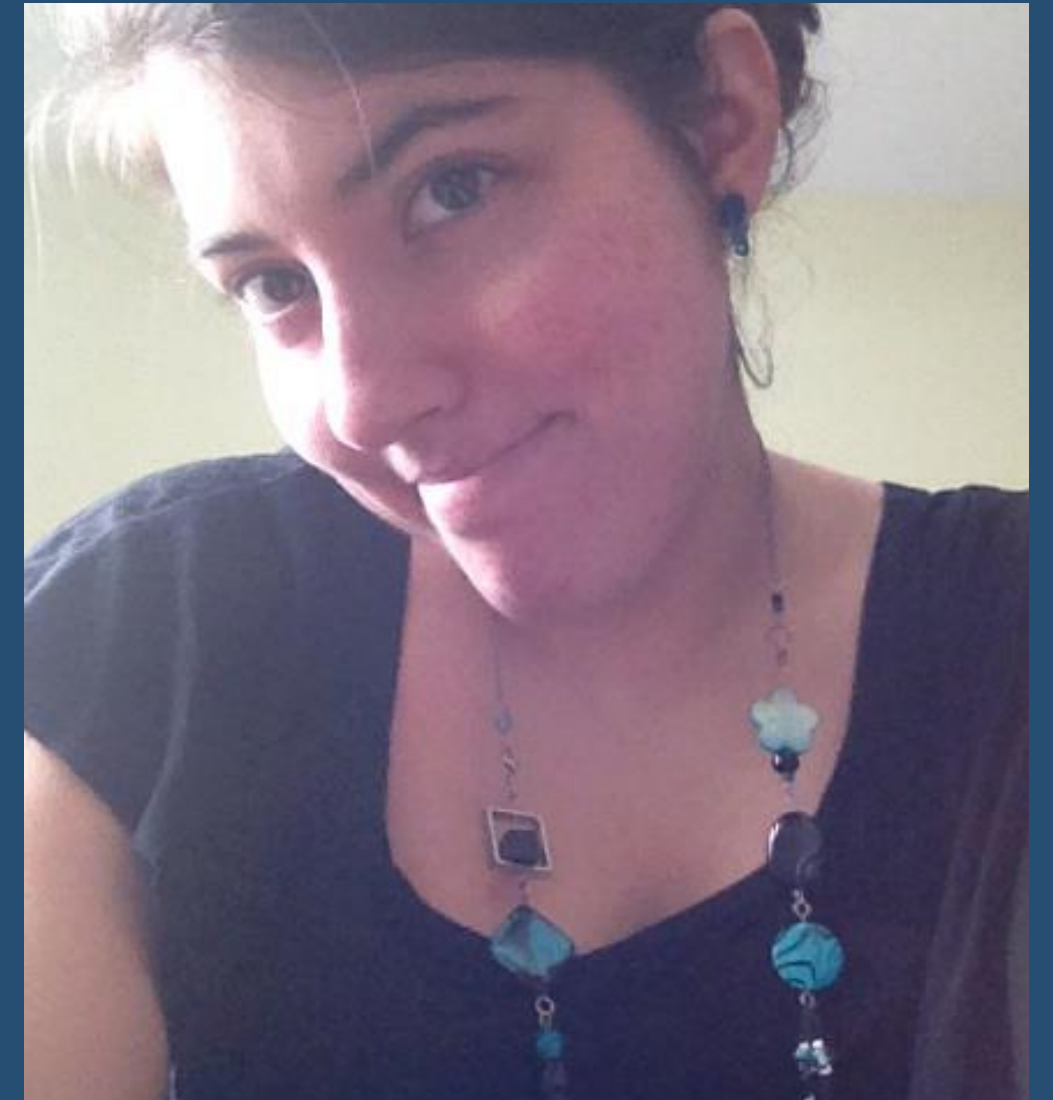
- naloxone administration
- cardiopulmonary resuscitation (CPR)
- Prevention knowledge and harm reductions principles

Objective

Program evaluation

Studies

- Feasibility and acceptability study
- Exploration of the benefits of the training for peer-trainers and for the people who use substances who took part in training sessions
- Program implementation determinants



Marie-Anne Ferlatte

Research assistant

PhD candidate

Method

Focus-groups, semi-directed interviews with the concerned parties, implementation data collection and evaluation forms following the training sessions

Analysis

Thematic analysis to identify emerging themes in answer to the research questions

Results

Acceptability - Over 1000 of peers and their relative were trained in 5 years

Benefits for peer trainers and peers following the training:

- empowerment (confidence et competency)
- recovery factors
- reduction of substance use
- prevention towards relatives and communities

Prévenir et Réduire les Overdoses
PROFAN 2.0
Former et Accéder à la Naloxone

GRATUIT

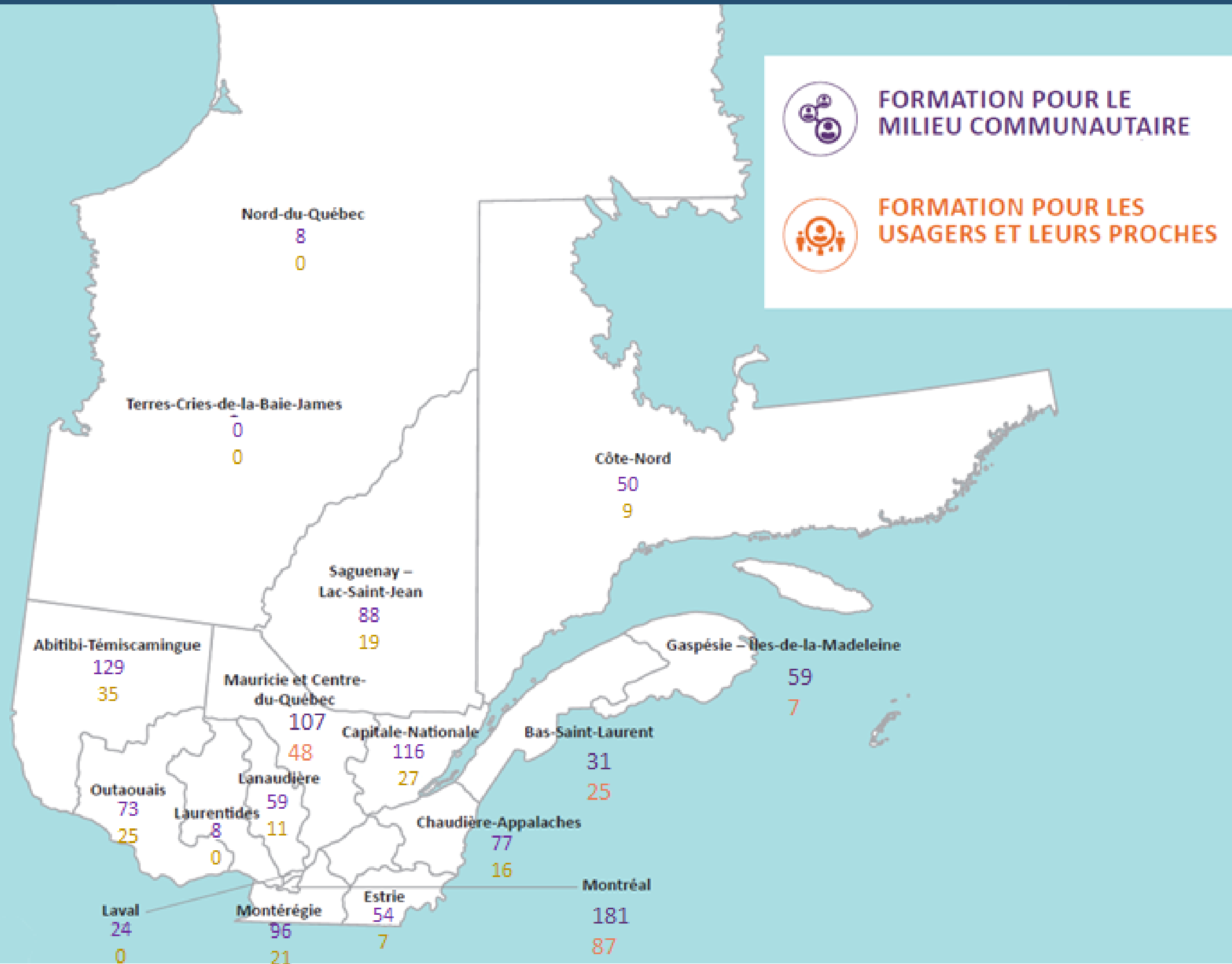
FORMATIONS FAIRE FACE AUX SURDOSES D'OPIOÏDES

- POUR LE MILIEU COMMUNAUTAIRE
- POUR LES USAGERS ET LEURS PROCHES

Informations :
aidq.org/profan
514 910-1880

Méta d'Âme | PAR LES PAIRS POUR LES PAIRS
aidq
Programme de formation contre le surdosage
Santé et Services sociaux Québec
Avec la collaboration de Douglas

Program implementation in numbers for 2019-2021



- 16 of 18 socio-sanitary regions were covered by the training
- 1228 community workers trained
- 340 people who use substances and their entourage trained
- 10 peer-trainers
- Involvement of peers in every step of every process



QUESTIONS AND COMMENTS

CHALLENGES FOR RESEARCH IN THE FIELD OF OPIOID USE DISORDERS

- WATER IN THE GAS TANK
- INACCURATE GPS



Michel Perreault
Douglas Hospital Research Center,
McGill University

Recognition:

Avec la participation de :
Santé Canada

Ministère de la Santé et des Services Sociaux

« Les vues exprimées ici ne reflètent pas nécessairement celles de Santé Canada. »

« Les vues exprimées ici ne reflètent pas nécessairement celles du ministère de la Santé et des Services sociaux. »

« Les vues exprimées ici ne reflètent pas nécessairement celles du CIUSSS du Centre-Sud de l'Île de Montréal. »