

A family physician's guide to opioids-related resources and tools available in the Calgary area

# Focus: A Few Thoughts on Harm Reduction

## Tools & Resources

 **DOWNLOAD** the [guideline](#), [summary](#) and [OUD algorithm](#) (Primary Care Pathway Buprenorphine/Naloxone Induction Flow) from the ACFP website.

Resources to be available in the toolkit on the [TOP PHC Opioid Response](#) page in the coming week.

 **REFER** to the [PEER Simplified Guideline: Managing Opioid Use Disorder in Primary Care](#), published May 14 in the [Canadian Family Physician](#).

 **CALL or CLICK** for [Specialist Link's](#) chronic pain medication management. Talk to a nurse practitioner at 403-910-2551

**OR**  
RAAPID South for the [Opioid Use Consultation Service](#) for OAT starts. Talk to a physician at 403-944-4488.

 **ENCOURAGE** patients trying to get funding for medication to write to their [local MLA](#).

 **EMAIL** [Bahigi Fyith](#) Senior Advisor, Calgary Zone Primary Care, with questions.

## Harm Reduction Module for Primary Care Available

The [Harm Reduction Module for Primary Care](#) is for a broad multi-disciplinary audience including physicians, nurse practitioners, and other health care providers. The module includes evidence-based strategies for supporting a harm reduction approach within primary care settings.

Harm reduction is the policies, strategies, services & practices to help people live safer, healthier lives, by decreasing adverse health, social & economic outcomes that may result from risky actions.

Reducing substance use and/or abstinence is neither expected nor required to receive respect, compassion or quality services.

Harm reduction helps people to:

- increase control over their lives & health
- take protective, proactive measures for themselves, and others

Examples include, but are not limited to:

- peer and outreach supports
- needle or naloxone distribution drug substitution therapies
- supervised consumption services

Available on the [PHC Opioid Response](#) pages on AMA's TOP website. Additional updates scheduled for late spring 2019.

Please also have a look at the [Health Equity information](#).

## Collaborative Mentorship Network - Program Launch

The Collaborative Mentorship Networks (CMN) for Chronic Pain and Addiction is pleased to launch the CMN [website](#), where physicians interested in joining the network as a mentor or mentee can do so via the [online sign up form](#).

To address the urgent response, the CMN has been travelling across the province with a practical workshop focused on Opioid Agonist Therapy. Response has been fantastic, with an anticipated 400 people trained by the end of all 14 workshops!

The CMN's main objective has always been to build capacity in primary care to support **chronic pain and addiction** in the medical home. As the workshops draw to a close, the CMN will focus on the larger scope of pain and addiction, working with mentors and mentees to provide relevant support to build confidence and capacity among primary care teams.

## Q&A with Dr. Christine Luelo

*Q: I feel like when I give someone a naloxone kit I am giving them "permission" to keep using. Isn't that dangerous?*

A: NO – in fact people who feel supported and not judged for their addiction are more likely to seek help eventually – so meet them where they are at and help them stay safe until they are ready for the next step.

*Q: Do other doctors feel pressure from the College to discontinue opioids in patients?*

A: The CPSA recognizes the unintended impact the initial prescribers' Snap Shot has had on family physicians in the past, while still wanting to provide this useful data to inform decision-making with patients moving forward. Opioids still have a place in Primary Care and the frameworks that have been developed in the Calgary Zone through the grant will help you have processes in place to safely prescribe them when appropriate.

*Q: I need more help with my chronic pain patients – why isn't the grant covering that?*

A: Actually, through the main ACFP grant, PEER is working on and will publish updated guidelines on chronic pain management in primary care in early 2020. We know this is hard work and that non-medication management is not always something patients want to think about trying. This will be a great tool to help you with those conversations, while others in the "pain world" work on funding to cover them!

*Q: Why all this money to treat addicts? They don't want our help!*

A: Try thinking about "addicts" as "people who use drugs" and remember over 60% of patients in addiction programs started out with a prescription given to them by a doctor. They are someone's sister, son, wife, grandpa, friend, neighbor and we have a duty OF care as well as a duty TO care.

*Dr. Luelo is a Calgary family physician and South Calgary PCN's Medical Director*