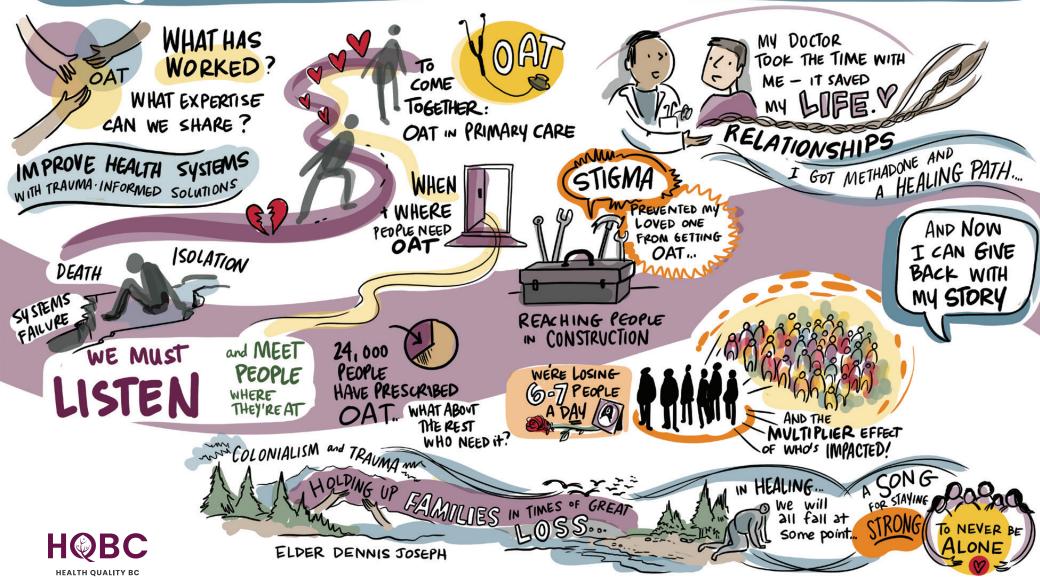
# Journey Mapping: Exploring Opioid Agonist Therapy (OAT) in BC





# People who Access Opioid Agonist Therapy

WHAT MATTERS

OAT saved my life.

" I would have been living in chaos." THE RELATIONSHIP MATTERS AS MUCH AS

THE PRESCRIPTION!

Any of our patients may have a relationship with substances. Identifying and managing opioid use disorder is all of our responsibilities.



CONNECTION



on OPEN MIND:

WHAT ARE YOU LOOKING FOR? WHAT ARE YOUR

RESPECT



Men in trades: stigma, fear losing job

People leaving treatment with lower tolerance Intermittent or daily users terrified of feeling dope sick

Parents and pregnantpeople fear losing children Rural and remote communities: difficulty accessing providers

Youth lack coping skills

MEASURES OF SUCCESS

Strong relationships with health care providers (Increased stability)

## ♥ Plan based on a person's goals

- V Accessing other health services, like counseling
- V Pain is managed
- V Less ED visits & toxic drug poisonings
- V Reconnecting with family, friends, community
- ▶ Participating in activities and culture
- V Housing and employment
- v Loving selfagain

Indigenous Peoples: impacts of colonialism and racism



# Prescriber Journeys with Opioid Agonist Therapy

Maintain wellbeing through connection to purpose, and to others

New models of care and funding to participate in RETAINING PROVIDERS W support programs



Support system with family and friends; debriefing and group chats with colleagues



Self-care activities outside of medicine

irse, nurse practitioner and physician prescribers

Connection with pharmacies

Cross-discipline communities of practice UPCC, PMH, PCN, Foundry model-wrap around community supports

"The MOST MEANINGFUL WORK

I have ever done in 30 YEARS



Huldspoke models, virtually connect with addiction specialists—connect with addiction specialists—co-location isn't required

Include nurses, outreach workers and peer navigators - divide up roles

# CHALLENGES

Not enough OAT prescribers (coverage, on call support, burnout, turnover)

Put guidelines into practice

Space to start OAT clinics

Missed appointments

Diversion, theft, selling, survival crime

Funding/fee-models can limit treating whole person

Stigma from colleagues

offamily practice - making DIFFERENCE!

The College is supportive of every physician being more involved in the management of OUD and respects the clinical judgement of prescribers

### Network and learn from others

Can be scary and lots of UNCERTAINTY at FIRST mentorship helps

Take TIME to get a FLOW in place

BCCSU Blast, 24/7 numbers, RACE app, Signal, Fellowships, TRIP & COWS Training, CoPs

People Processes

Programs









Improving Opioid Agonist Therapy Systems of Care

### DISCONNECTED

Providers don't talk to each other hospital interruptions, abrupt transitions

### DISTRUST

" Drug-seeking

STIGMA

DESTABILIZING Fearof Missed doses, diversion. transportation burden of barriers, daily pharmacy witnessing, nows/location no privacy, infantilizing

" Pharmacu UNRELIABLE OAT every day is PRESCRIPTIONS monotonous' mistakes, inequitable

RESTRICTIVE dosing is low and slow, multiple appointments

handcuffs'

COMPLICATED

inconsistent messaging, need to book in advance

RIGID

"Liquid

dieter don's of the district o

. " Right to travel"

Medication delivery, carries, weekend options, continuity with hospital

OAT incorporated with primary care

· Ready for treatment

· Meeting people where they're at, support groups, connect to culture

· Outreach vans, peer groups to get clients to appointments and links with housing

Ability to do what's best for the parson
in front of you. Virtual failments. Howard to do mustice hest to the hours on second support in was be scriping, business our second in the hours of the hours call support communities in temore

CAPACITY-BUILDING-SUPPORTS

ADAPTABLE