INCREASING ACCESS TO ADDICTION MEDICINE SERVICES FOR FIRST NATIONS AND INUIT COMMUNITIES IN THE PROVINCE OF QUEBEC: AN INTEGRATED MODEL OF CARE BETWEEN ONEN'TO:KON HEALING LODGE, INDIGENOUS SERVICES CANADA AND THE CENTRE HOSPITALIER DE L'UNIVERSITÉ DE MONTRÉAL (CHUM)

Authors: Marsan S[1], Kotsoros B[1], Nelson C[2], Brissette B[1]

[1] Centre hospitalier de l'université de Montréal
[2] Onen'to:kon Healing Lodge

Disclosure of Interest Statement:
Dr Marsan has received funding from Indivior in the past. No pharmaceutical grants were received in the development of this project.

Background: In Québec, individuals from indigenous communities face barriers accessing addiction medicine services, which are not generally coordinated between hospital-based addiction medicine services and First Nations communities.

Description: To improve access to addiction medicine services, a novel, integrated model of care was established between Onen'to:kon Healing Lodge, Indigenous Services Canada, and the CHUM. Care processes were aligned with clear transitions defined between care settings. The model was implemented in 2015, and clients were evaluated by the CHUM's Service de médecine des toxicomanies and admitted for rapid medical detoxification. Once stabilized, patients were transferred to Onen'to:kon Healing Lodge to complete a 6-week, First Nations-run treatment program. After completing the program, patients returned to their community with an aftercare plan. In 2018, the model of care was extended to include access to mental health evaluations and hepatitis C treatment.

Effectiveness: Between 2015 and 2016, 18 clients between 19 and 50 years old were referred to the CHUM and 17 were evaluated. Time to initial treatment was 2.1 days on average. Four patients who did not use opioids were treated the same day and were medically cleared to return to Onento:kon. For the 13 opioid users, opiate agonist treatment was initiated an average of 2.6 days after evaluation. Retention in the program was greater for the nine opioid users referred to the CHUM by Onen'to:kon Healing Lodge (average duration 293 days) compared to the four opioid users referred from other sources (average duration 52 days). Analysis of cases from 2017-2019 is underway.

Conclusion and next steps: An integrated care model for addiction services facilitates access by First Nations and Inuit clients residing in Quebec. Given its initial success, the integrated care model and supporting MOU were extended to include hepatitis C prevention and treatment.