ADDICTION SERVICES

ANNUAL REPORT 2012-2013

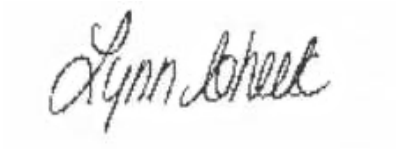
NOVA SCOTIA

CONTENTS

EXECUTIVE DIRECTOR'S MESSAGE

Addiction Services of the Department of Health and Wellness (DHW) and the District Health Authorities (DHAs) and IWK had significant accomplishments in 2012-13. The work being done province-wide helps put programs, services, supports, policies, and guidelines into action for the benefit of Nova Scotians in need of help.

On behalf of the DHW, I would like to sincerely thank our partners in the DHAs/IWK for their efforts to achieve our vision of an innovative and sustainable health system for generations of healthy Nova Scotians. This report describes how together we have achieved our mandate to (a) deliver a continuum of addiction services and supports; (b) prevent the harms associated with substance use and gambling, and (c) promote health.



LYNN CHEEK
Executive Director, Mental Health, Children's Services and Addictions Branch

Provincial Service Overview

Addiction Services provides a continuum of supports services relating to health promotion, addiction prevention, early intervention, and treatment. Addiction Services has four roles that define the work at the DHW.

- To provide evidence-informed policy and best practice program advice aimed at preventing and reducing harms from gambling and the use of alcohol and other substances.
- To undertake research, surveillance, and data collection to support strategic planning and decision making.
- To support the provision of quality services across Nova Scotia through professional capacity building opportunities, system standard development, application of a quality management framework, and system planning.
- To build and maintain collaborative relationships across government, the Addiction Services system level, and the community to improve the health of Nova Scotians in relation to substance use and gambling.

QUALITY AND CORE SERVICES

On December 19, 2012 Directors and Managers discussed core services that had formally commenced the previous year. A coordinated effort to establish core services was deemed necessary to:

- support system-level service coordination, consistency, uniformity and accountability
- diminish system fragmentation and service-level inequities
- support informed decision-making, particularly in relation to allocation of resources
- address public expectations regarding the availability of services considered necessary
- strengthen the Addiction Services focus on quality through the following Core Functions:
  - consistency with the Nova Scotia Addiction Services Quality Management Framework
  - consistency with Accreditation Canada's 'Quality Dimensions' approach (notably,
  - population-Focus, Accessibility, Client-centered Services, and Continuity, reflect attention to shared (DHW/DHA/IWK) Addiction Services quality priorities

A draft report was prepared and circulated to Addiction Directors. Work will continue this year to finalize the document.

District Service Overview

The mandate of Addiction Services is "to promote, maintain, and restore health by providing a comprehensive, integrated range of specialized addiction services across the health risk continuum on a population health model". The comprehensive range of services, which is conceptualized as a continuum of services, health promotion, prevention, early intervention, counselling and support, withdrawal management, structured treatment, and both inpatient and outpatient (community-based) clinical therapy.

The services are aligned to the specifically identified needs of individuals, groups, and communities. The clients served by Addiction Services include:

- those physically and/or psychologically dependent on substances
- those who are problem or pathological gamblers
- those harmfully involved with substances and or gambling
- family members/significant others
- those requiring medically supervised withdrawal management on an inpatient basis
- those for whom a structured treatment programming is appropriate
- those for whom a community-based, outpatient programming or day programming is appropriate
- those with co-occurring mental health and addiction disorders
- those requiring assessment, education, and/or treatment services in relation to Driving While Impaired (DWI) offences
- those requiring specialized treatment approaches or support (e.g., women, adolescents, smokers, probationers, and parolees)
- those for whom addiction-related, therapeutic education programs are appropriate
- adolescents requiring early intervention, counselling, and support
- those for whom health promotion and primary prevention is appropriate
- persons, groups, and communities for whom broad advocacy, education, and community capacity building activities are appropriate

Health Promotion And Population Health

Despite the limited capacity to provide data for health promotion and prevention work, a wide range of initiatives at the district level seek to strengthen skills and capacities of communities, and improve social, political, environmental, and economic conditions. Each initiative aims to achieve positive impacts and outcomes relative to the prevalence, severity, and burden of alcohol use, substance use, and gambling.

- The DHW through funding, research and coordination is supporting the work of five Nova Scotia municipalities to document harms, and to identify and implement municipal alcohol policies.
- The Public Health Ontario and the Center for Addiction and Mental Health (CAMH) Resource Centre have partnered in developing evidence-informed tools and resources regarding local/ regional alcohol policy by increasing awareness and access.
- DHW creates tools such as policy options and a resource inventory for supporting local action to reduce alcohol-related harms.

- http://www.cehha.nshealth.ca/downloads/863bba53-0b79-4a51-a846-e6dab13eeb3f.pdf
- http://townofantigonish.ca/doc_download/390-mapreport-all-final-lowres
- http://www.oahpp.ca/
- blog: http://hclinkontario.ca/index.php/blog/latest;
- http://hclinkontario.ca/images/PHO_CAMH%20Report%20Aug%201_2012.pdf

QUALITY MANAGEMENT FRAMEWORK

The Quality Management Framework for Addiction Services has been designed to improve the understanding of quality and better enable the translation of quality concepts and intentions into everyday practice. Quality is considered to be the result of doing the right things, in the right way, for the right reasons to achieve service excellence.

A key deliverable of the Drug Treatment Funding Program was the establishment of the Quality Management Framework for Addiction Services. This document is intended to:

- contribute to the understanding of quality and quality management
- clarify key quality concepts and processes
- encourage the continued pursuit and attainment of quality
- promote understanding and support for a collaborative, system-wide approach to quality management
- propose and define a Quality Management Framework
- serve as a resource for the planning and implementation of quality activities at the provincial and district levels
- enhance the quality of services provided by Addiction Services to improve service outcomes and the health status of clients and communities

Enhanced Services

During the 2002-2003 fiscal year, efforts were made to identify gaps in services and develop strategic, population-focused priorities. The DHAs received funding from the Department of Health to enhance the services provided to women and adolescents living in rural Nova Scotia. Furthermore during this period, Addiction Services received additional funding to also provide nicotine treatment (smoking cessation) services, as a component of Nova Scotia's Comprehensive Tobacco Control Strategy. This year, 2012-2013, marked a decade of these Enhanced Services.

Mental Health And Addiction Strategy

STATEMENT OF MANDATE

The spring 2010 Throne Speech announced the intention to create a mental health and addictions strategy. In May 2012, the five-year strategy: ***Together we can: The plan to improve mental health and addictions care for Nova Scotians,*** was launched. The strategy will help to ensure timely access to quality services. The five priority areas are: early intervention and treatment for better results, shortening wait times and providing better care, addressing the needs of aboriginal and diverse communities, working together differently, and reducing stigma. Of the 32 action items to be addressed over the next three years, 18 items were underway by 2013.

To read the strategy, please go:
http://novascotia.ca/dhw/mental-health/mental-health-addiction-strategy.asp

Prevention and Treatment Programs

Community-based Services (CBS)

CBS are accessible outreach, intervention, and treatment services delivered to individuals and groups in their own communities. Services are based on client needs, commitment to change, and on a bio-psycho-social assessment (Addiction Services Standards Nova Scotia Department of Health September, 2002).

- **Adolescent Services -** programming is targeted to adolescents requiring treatment for gambling and substance use. Programs are intended to recognize the unique psychological, physical, and social development characteristics of each individual. Services include specialized community- and school-based health promotion, prevention, early intervention, and treatment along with a specialized provincial program.

- **Problem Gambling Services** - provide public awareness, health promotion, prevention, early intervention, and treatment for problem gamblers and their families. Research pertaining to problem gambling is also supported.

- **Nicotine Services** - provides evidence-based educational programs and supportive treatment interventions to help clients reduce or stop using tobacco and or tobacco products. Nicotine treatment is offered to individuals and groups based on client needs, strengths, and readiness to change.

- **Women Services** - are designed specifically to women's experiences, issues, and realities. The focus is to encourage women to choose and direct their lifestyle changes, and participate in the development of services based on actual needs rather than needs as perceived by others.

- **Driving While Impaired (DWI)** - This program is for persons suspended and/or convicted of impaired driving offences. The components of the program include education, assessment and treatment.

- **Alcohol Interlock Ignition Program (AIIP)** - This program is designed for those convicted of alcohol-related driving offences. It is voluntary for most first-time offenders but mandatory for repeat offenders and those convicted of impaired driving causing bodily harm and/or death. The program includes bi-monthly monitoring sessions, ongoing assessments, counselling, referrals when appropriate and 6-month follow-up sessions following the completion of the program.

Withdrawal Management & Structured Treatment Programs

Adolescent Focus Groups

DHW partnered with the DHAs/ IWK and the Native Alcohol and Drug Abuse Counselling Association to conduct focus groups with adolescents (15-19 years). Key areas of exploration included obtaining a youth perspective on withdrawal management and possible barriers to access. The focus groups were held with a group of First Nations youth in Millbrook Reserve, with youth in the Annapolis Valley and Cape Breton. Feedback from these groups will be used to inform provincial policy and planning.

- **Withdrawal Management Inpatient** - This program aims to optimize the health of clients who are harmfully involved with alcohol, drugs, and/or gambling through a comprehensive range of treatment services. These services include assessment, medically-managed detoxification, treatment planning, therapeutic and vocational counselling and support, education, and referrals.

- **Withdrawal Management Day** - This day detox program is designed to meet the needs of clients who require intensive treatment, but not a full inpatient admission. It also allows clients to function in their own environment while medically managing their withdrawal.

- **Withdrawal Management Opioid Stabilization** - The primary purpose of this program is to prepare clients for admission to Opioid Replacement Therapy (ORT).

- **Opioid Replacement Therapy** (ORT) - involves the replacement or substitution of a long-acting opioid drug.

- **Structured Treatment Program (STP) -** This intensive, time-limited group treatment service is available to clients who have successfully completed the withdrawal process. It provides assessment(s), education, counselling, and treatment. It is offered in both residential and non-residential settings.

- **Intensive Treatment Program (ITP)** - This program is designed for clients who want to make changes in their pattern of substance use and/or gambling and require withdrawal management support and/or intensive treatment services. This program is located at Soldiers Memorial Hospital.

- **Addiction Education Program (AEP)** - This program assists those at risk for developing and/or maintaining harmful involvement with substances and/or behaviours. Addiction information, education, and support for recovery is delivered in a residential or day setting.

DWI and AIIP Committee

This committee structure has been reviewed during 2012-13 with the terms of reference revised and updated. During the revision process, it was identified that there was a need to establish a Community of Practice for front-line clinicians. A communication procedure has been developed to ensure a clear process of communication for front-line workers, managers, Registry of Motor Vehicles, and the Department of Health and Wellness. The committee is responsible for the provincial and district coordination and compliance with policies and standards outlined in the Addiction Services Provincial Standards and Best Practices for DWI and AIIP.

Provincial Government Work

System Level Standards for Concurrent Disorders

Launched March, 2013

The provincial standards for concurrent disorders was a collaboration between the DHW and the DHAs/IWK through committees, focus groups and an on-line survey. Implementation of these standards allow Mental Health and Addiction Services to work together for the benefit of clients. These standards focus on:

- screening
- referral
- assessment, treatment planning, and discharge planning
- continuity of care
- capacity building
- organizational and staff competencies

Collaboration is critical to the implementation process of these standards. The key indicators of success will be a positive, effective, and seamless treatment experience for clients experiencing a concurrent disorder.

National Treatment Indicators (NTI)

The goal of the NTI project is to provide a comprehensive national picture of treatment for substance use and gambling in Canada. This report is prepared by the Canadian Centre on Substance Abuse collaboratively with the National Treatment Indicators Working Group (NTIWG). The NTIWG are representatives from provinces, territories, and federal agencies responsible for service delivery.

Some findings from this report were:

- although substance use has significant impacts on close family and friends, only 6.3% of those seeking treatment did so due to someone else's use.
- close family and friends of problem gamblers were more likely to seek treatment (18.8%) than those of individuals with substance use problems (6.3%).

View the report at www.nts-snt.ca

National Needs-based Planning Project

The Needs-based Planning project team, at the CAMH, is creating a tool to measure the need for services and supports for those with substance use problems across Canada. It is anticipated that the model will be useful in system-level planning and uptake of the tool will play a fundamental role in advocacy efforts for resources where gaps have been identified, and to improve delivery of local services.

Nova Scotia has participated as a pilot site for the Needs-based Planning project. To advance this work, meetings were held in the province on June 20 and November 1, 2012, and included multiple telephone calls with provincial representatives.

Components of the meetings included:

- results of the Needs-based Planning model in the pilots sites.
- discussion of strengths and challeneges related to the model.
- next steps.

More information about the National Needs-based Planning Project can be found at http://needsbasedplanningmodels.files.wordpress.com/2011/08/needs-based-planning-project-summary.pdf.

A final project report is expected by June 2013.

System Level Standards for Concurrent Disorders

The joint provincial standards for Concurrent Disorders would not have been possible without the contribution of many staff, managers and directors in the DHAs/IWK who participated in various committees, focus groups and provided on-line feedback. Implementation of these standards present an opportunity for Mental Health and Addiction Services to work together for the benefit of our clients. The standards focus on:

- Screening
- Referral
- Assessment, Treatment Planning, and Discharge Planning,
- Continuity of Care,
- Capacity Building,
- Organizational and Staff Competencies

Collaboration is critical to the implementation process. The key indicators of success will be a more positive, effective and seamless treatment experience for clients experiencing a concurrent disorder.

Addiction Service Data

Addiction Services Statistical Information System Technology (ASsist) is a provincial client information system used by the DHW and the DHAs/IWK. The data for this annual report was taken from ASsist to support provincial standards, identify needs, examine trends and determine future scope. Please note, all data provided in this report represents clients who were actively involved in an addiction service program during the fiscal year of 2012-13. Throughout the report, unique clients are only counted once, though they may have registered multiple times during that year.

Total Number of Active Unique Clients

Female	4381
Male	7248
Transgender	15

Number of Active Unique Clients 18 and Under

Female	449
Male	666
Transgender	7

Number of Active Unique Clients 19 and Older

Female	3932
Male	6582
Transgender	8

Program Percent of Active Adults

AIIP 8%

CBS Programs (Adolescent, Alcohol, CHOICES, Gambling, Opioid Stabilization, Women) 5%

CBS General 41%

CBS Nicotine 17%

DWI 14%

ORT (Opioid Replacement Therapy) 4%

Withdrawal Management Day 1%

Withdrawal Management Inpatient 8%

Other 2%

Program Percent of Active Adolescents (18 years and younger)

CBS Adolescent 66%

CBS CHOICES 24%

CBS General 4%

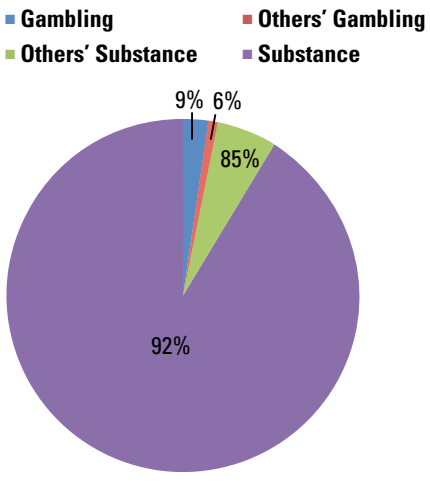
CBS Nicotine 2%

DWI 1%

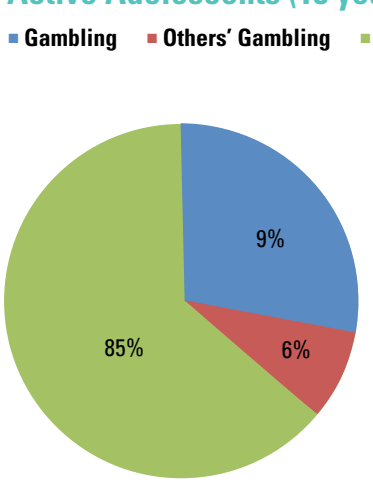
Withdrawal Management Inpatient 1%

Other 2%

Active Adults



Active Adolescents (18 years and younger)



Provincial Demographics
(n= 11,644 unique active clients)

Education: Grade 12 or higher (58%)
Occupation: General Labour (18%)
Employment: Unemployed (38%)
Marital Status: Single (never married) (48%)

Average adult male: 41
Average adult female: 43
Average youth male: 16
Average youth female: 16

Breakdown of Clients Age Age At Registration

Mean 39.46
Median 39.00
Minimum 8 years
Maximum 88 years

Labour Market Agreement for Persons with Disabilities (LMAPD)

LMAPD funding contributes to the reduction of the disabling effects of substance use and/or gambling-related problems. The goal is to improve the employment situation for people with disabilities by:

- enhancing the employability of persons with disabilities
- increasing the employment opportunities available
- building on the existing knowledge base

Addiction Services in the DHAs/IWK provide a range of health promotion, prevention, early intervention, and treatment services for individuals and their families. Working with Addiction Service's staff, clients are able to seek, gain, and maintain productive roles in the community. Early intervention and treatment reduce the disabling effects of substance use-related problems that create barriers to these employment goals.

The following is a breakdown of the employment status and occupation of unique, active clients. Although 38% of clients are unemployed, 41% do have some type of employment whether it be full time, part time or seasonally.

Client Employment Status

Unemployed	38%
Full Time	30%
Retired	7%
Disabled/Disability Pension	9%
Seasonally	5%
Part time	6%

Client Occupation

General Labour	18%
Service Industry	14%
Professional/Management	11%
Student	11%
Craftsman/Production	9%
Other	37%

Withdrawal Management

Number of Admissions: 4,634
Unique number clients: 1,134

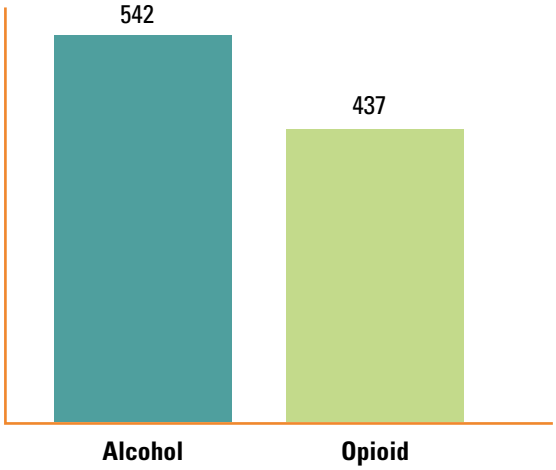
(Includes Withdrawal Management Inpatient, Withdrawal Management Day, and Withdrawal Management Opioid Stabilization)

Average length of stay for Withdrawal Management Inpatient:
5 days

Average length of stay for Withdrawal Management Day:
17 days

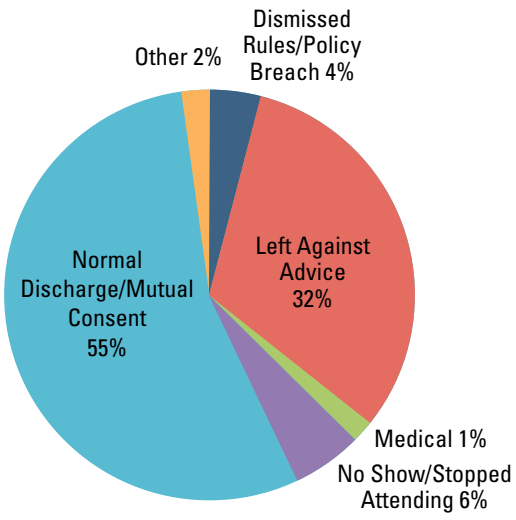
Average length of stay for Withdrawal Management Opioid Stabilization:
4 days

Primary Treatment Issue



A client can indicate multiple treatment issues. However, the primary issue is the one the client indicates as most problematic.

Reason for Discharge



Withdrawal Management

Wait times exclude emergency, priority clients and clients who decline first offered service.

- Average wait time days for Withdrawal Management Inpatient: **5 days**
- Average wait time days for Withdrawal Management Day: **8 days**
- Average wait time days for Withdrawal Management Opioid Stabilization: **10 days**

Of those in withdrawal management, the following is a breakdown of the county of residence. County represents the area where the client is from.

County	Number in Withdrawal Management
Annapolis	2%
Antigonish	1%
Cape Breton	23%
Colchester	6%
Cumberland	2%
Digby	3%
Guysborough	0.3%
Halifax	32%
Hants (DHA-4)	4%
Hants (DHA-9)	1%
Inverness (DHA-7)	2%
Inverness (DHA-8)	1%
Kings	4%
Lunenburg	5%
Pictou	7%
Queens	1%
Richmond	1%
Shelburne	1%
Victoria	1%
Yarmouth	3%

This table breaks down the number if times a client has had an admission to a withdrawal management service.

Number of Admissions	Number of Clients
1	1,146
2	440
3	240
4	111
5	74
6	57
7	25
8	19
9	12
10 or more	24

Problem Gambling Help Line (PGHL)

There were 5% unique gambling or other's gambling treatment clients.

The PGHL (www.gov.ns.ca/hpp/addictions/gambling/gamblinghelpline.asp) was introduced in December 1996 with a mandate to address the needs of Nova Scotians who are negatively affected by gambling. To this end, the PGHL provides professional telephone counselling services, advice, and information to gamblers at any level of risk, their families, friends, and employers throughout Nova Scotia. These services include assessment and referral, counselling, information, and written materials. Professional health and social service providers, educators, students, the hospitality industry, general interest groups, and members of the general population can utilize the line for information. The PGHL operates 24 hours a day, 7 days a week. It is a confidential, dedicated, and **toll-free telephone service (1-888-347-8888)** staffed by accredited clinical staff including social workers and psychologists. In 2008, the PGHL services expanded to include e-mail as a form of correspondence for callers seeking information. In 2012-13, 794 telephone calls and 24 email exchanges were made to the PGHL.

Scores for the PGSI are calculated based on the following:

Never = 0
Sometimes=1
Most of the time= 2
Almost always= 3

Of those who completed the PGSI the following outlines client scores. The percentages do not equal 100% given that some questions in the scale were unanswered and therefore a score could not be calculated.

Score of 0 = non-problem gambling (1%)
Score of 1 or 2 = low level of problems with few or no identified negative consequences (1%)

Score of 3 to 7 = moderate level of problems leading to some negative consequences (5%)

Score of 8 or more = problem gambling with negative consequences and a possible loss of control (55%)

South Shore Health

South Shore Health
Partnering with Our Community

Demographics n = 841 (unique active clients)

Education: Grade 12 (43%)
Occupation: Student (19%)
Employment: Unemployed (41%)
Marital Status: Single (never married) (50%)

Most Frequent Substance Used

1. Alcohol (53%)
2. Opiates (13%)
3. Cannabis (9%)

Age At Registration

Mean 35.83
Median 35.00
Minimum 10 years
Maximum 80 years
Average adult male: 40
Average adult female: 44
Average youth male: 16 years
Average youth female: 15 years

38%
of Withdrawal Management clients came from out of district

During the 2012-2013 fiscal year, South Shore Health completed integrating Addiction Services and Mental Health into a single program – Addiction & Mental Health Services. The new program has one reception area, one intake system, and increased transparency. These changes, in addition to new clinical directives (full-time staff are to have 20 client visits per week), expanded hours (staying open over the lunch hour and offering evening appointments), and the integration and relocation of crises response staff to the Emergency Department, have led to improved access for clients. Clinical therapists have also started supporting and collaborating with physicians to address opioid issues.

Addiction & Mental Health Services has begun Choice and Partnership Approach (CAPA). A project leader was contacted for six months to lead the initiative. Corrective and preventative action leadership team meetings have and continue to be held regularly including, Team Away Days. The implementation target date was September 2013.

In September 2012, the school-based team of Addiction & Mental Health Services expanded. Every middle and high school in the district was assigned a Health Counsellor and Clinical Therapist who worked directly in the schools. The team has increased from 2 to 7 full time staff. In addition, the team moved from a 24 year history of providing addiction counselling in the schools, to providing a full range of services; sexual health, mental health and addictions, through collaborative team work with Guidance, Nurse Practitioners, Physicians, Clinical Therapists, etc. This collaboration has further strengthened the already excellent relationship between South Shore Health and the South Shore Regional School Board.

The health promotion team has continued to collaborate to create position statements. In October 2012, a position statement on tobacco articulating South Shore Health's position on healthy public policy that influences tobacco rates, chronic disease, and community health was approved by the South Shore Health Board of Directors.

South West Health

Demographics n = 739 (unique active clients)

Education: Grade 12 and Higher (46%)

Occupation: Primary Industry (23%)

Employment: Unemployed (27%)

Marital Status: Single (never married) (42%)

Most Frequent Substance Used

1. Alcohol (56%)
2. Nicotine (19%)
3. Cannabis (14%)

Age At Registration

Mean 41.48

Median 42.00

Minimum 13 years

Maximum 88 years

Average adult male: 43

Average adult female: 46

Average youth female: 15

Average youth male: 16

11%
of Withdrawal Management clients came from out of district

In response to an identified gap in services, a new education program, New Beginnings, was developed to assist individuals with the development and enhancement of life skills necessary for a positive and productive recovery process. Clients on the Withdrawal Management unit began the program soon after they are admitted to the unit and could start at any point during the program. The goals of the program are to connect the client to any available care required, increase knowledge and skills, and reduce the number of re-admissions to the unit. The program has a dedicated .5 FTE clinical therapist, who coordinates programming and links clients to care using health determinants to assess their needs. We also have two psychiatrists involved in the admission and care of clients. This has allowed us to assess clients for concurrent disorders and the need for Mental Health Services, and allows a seamless flow for clients to the Mental Health and Addiction Services outpatient departments.

As part of the continued collaboration and integration with Mental Health Services, Addiction Services created a new Concurrent Disorders position. This position has been integral in identifying the needs of our concurrent disorders clients and treating them accordingly, by streamlining access to services. Links between Mental Health and Addiction Services have been strengthened as a result of this joint position.

These quality improvement initiatives have provided clients with increased accessibility to the Mental Health and Addiction Services program as well as other agencies and/or departments involved in the client's circle of care. They have also provided more efficient and effective ways of navigating clients through our system.

Annapolis Valley Health

Demographics n = 1098 (unique active clients)

Education: Grade 12 or Higher (58%)

Occupation: General Labour (21%)

Employment: Unemployed (39%)

Marital Status: Single (never married) (45%)

Most Frequent Substance Used

1. Alcohol (48%)
2. Opiates (19%)
3. Nicotine (16%)

Age At Registration

Mean 38.11

Median 36.00

Minimum 11 years

Maximum 84 years

Average adult male: 40

Average adult female: 40

Average youth male: 16

Average youth female: 16

52%
of Withdrawal Management clients came from out of district

During 2012-13, Annapolis Valley Health Addiction Services had another productive year. Work continued to further integrate services with Mental Health and increase collaboration with other healthcare providers and community partners to provide the best care possible for clients and families. We expanded our work by partnering with nine primary care clinic locations throughout the Valley, focusing on building capacity, early screening, brief interventions, coordinating referrals, and providing multidisplinary team-based care.

The ORT program marked its first year and a comprehensive evaluation of the program is underway. Early indications are that the program has been successful in engaging and treating clients with opioid dependence. The program has recruited five stabilization physicians and several other local physicians have taken additional training to prescribe methadone. Community pharmacies are a tremendous support in client treatment. Work continues to enhance the program's capacity to manage and reduce the current wait-list. For most of the year, Addiction Services has also been planning and preparing for an integrated centralized intake and crisis response service with Mental Health and adopting the Choice and Partnership Approach (CAPA) service delivery model. Quality initiatives will continue to improve client care and be fully implemented within the next year.

Near the end of this fiscal year (mid-February), Annapolis Valley Health also implemented a new inpatient treatment model combining withdrawal management and structured treatment services into a combined Intensive Treatment Program. This program matches intensity and duration with individual client needs and provides a shared-care approach that focuses on engaging with each client's circle of care and circle of support from admission to discharge.

School-based services and community nicotine groups continue to be busy. The Valley community has come together to address substance use and gambling harms as community health concerns. Working groups such as the Opioid Issues Council, the Kings County Action Group on Gambling, and the Prescription Drug Return Campaign, have been used.

Colchester East Hants

Colchester East Hants HEALTH AUTHORITY

Demographics n = 809 (unique active clients)

Education: Grade 12 or Higher (61%)

Occupation: Service Industry (20%)

Employment: Unemployed (35%)

Marital Status: Single (never married) (47%)

Most Frequent Substance Used

1. Alcohol (52%)
2. Nicotine (15%)
3. Opiate (9%)

Age At Registration

Mean 39.55

Median 39.00

Minimum 10 years

Maximum 87 years

Average adult male: 40

Average adult female: 43

Average youth male: 16

Average youth female: 15

After several years of work, the greatest change occurred in November 2012 with the opening of the Colchester East Hants Health Centre. The integration of Mental Health and Addiction Service moved forward and resulted in:

- co-location of MHA at the Colchester East Hants Health Centre, Rath Eastlink Community Centre, and Lloyd E. Matheson Centre
- weekly joint case management meetings (one for adult team and one for child and youth)
- implementation of a central phone number for outpatient MHA services
- integrated quality management committee
- integrated MHA files to better coordinate care
- better access to psychiatric consultation for Addiction Service clients

There was also the implementation of **www.removethemask.ca**, a social marketing website campaign with funds received from Gambling Awareness Nova Scotia. Using contemporary and eye-catching imagery, the campaign intended for individuals in Colchester, East Hants, and Cumberland counties to learn about substance use and problem gambling behaviours, understanding addictions can be hard to recognize. The funding was initiated by the Community Health Boards in Cumberland and Colchester East Hants counties.

The development of a strong community partnership between MH/AS, Maggie's Place, Third Place Transition House, and Big Brothers Big Sisters has helped to launch the second implementation of the Strengthening Families for the Future program. With funding received from the IWK Children's Foundation, Strengthening Families for the Future is a 10-week substance use prevention program developed for families with children 7-11 years of age. The program was first run in the fall of 2012 and the current program ran through June 2013. In the program, families shared a community meal and participated in workshops for parents/guardians, children, and families. With further funding from the provincial Mental Health Foundation, we plan to provide additional Strengthening Families for Future programs in East Hants in the fall of 2013 and spring of 2014.

The Truro Municipal Alcohol project continues after the successful launch of the results of a community sensing report. Shine a Light chronicled the views and perceptions of community stakeholders about the community and individual impacts that alcohol misuse have in our community. With funding received from the DHW, the report launched in the fall of 2012 and lead a series of community conversations and addressed healthy municipal policies and alcohol consumption. This important work continued to be a focus throughout 2013 with a Mayor's roundtable on healthy public policy.

Cumberland Health

Demographics n = 541 (unique active clients)

Education: Grade 12 or Higher (54%)

Occupation: General Labour (19%)

Employment: Unemployed (38%)

Marital Status: Single (never married) (45%)

Most Frequent Substance Used

1. Alcohol (50%)
2. Nicotine (24%)
3. Opiates (9%)

Age At Registration

Mean 39.65

Median 39.00

Minimum 8 years

Maximum 88 years

Average adult male: 41

Average adult female: 43

Average youth male: 16

Average youth female: 16

73%

of Withdrawal Management clients came from out of district

Within the health authority, Addiction Services has participated in Building Better Tomorrows Today, a program offering information sessions with staff from the Cumberland Health Authority. The initiative has succeeded in increasing credibility and visibility of the program.

Cumberland Addiction Services has been successful with leading and participating in many community collaborations. Addiction Services began to reach out with the Addictions 101 workshop held at the NSCC campus in Amherst with representatives from mental health and counselling agencies, public health, justice, youth serving agencies, education and the primary health care system.

A number of community capacity initiatives were launched in 2012 with linkages established to the Fetal Alcohol Spectrum Disorder (NB FASD) Centre of Excellence and a seat on the Provincial FASD Intergovernmental Exchange Group. Cumberland county community based services had been working with youth health center, the municipality, and other stakeholders for the Municipal Alcohol Project focusing on understanding and addressing underage drinking in small communities.

The Springhill inpatient detox unit was successful in broadening service to clients this year without incurring additional costs. These included increasing client satisfaction with their meals through the Dial and Dine program that allowed clients to order their meals at their convenience. In addition to enhancing client satisfaction, the program helped reduce waste. The addiction education program also initiated sessions with a nutritionist who had to advise clients on the importance of proper nutrition for recovery and balancing nutrition with budgets. The unit was also successful in recruiting volunteers to offer mindfulness and self-help awareness groups with clients.

Pictou County

Demographics n = 706 (unique active clients)

Education: Grade 12 or Higher (58%)

Occupation: General Labour (19%)

Employment: Unemployed (35%)

Marital Status: Single (never married) (42%)

Most Frequent Substance Used

1. Alcohol (47%)
2. Nicotine (20%)
3. Opiate (13%)

Age At Registration

Mean 41.12

Median 41.00

Minimum 13 years

Maximum 82 years

Average adult male: 41

Average adult female: 43

Average youth male: 16

Average youth female: 17

55%

of Withdrawal Management clients came from out of district

The New Glasgow CBS staff along with the quality coordinator developed a Peer File Audit Review form. This form will be used for each community-based program to facilitate file auditing to ensure compliance with provincial and district requirements.

To increase fidelity to evidence-based treatment, CBS staff employed adult learning principals to create team-based learning modules to review and strengthen skills in the Community Reinforcement Approach. A process manual is planned to capture the information for future reference.

The Addiction Services CBS team worked with Mental Health to address identified service needs of clients with concurrent disorders. Targeted initiatives included screening, programming, psychiatry, and concurrent treatment.

CBS was active in establishing community partnerships including a partnership with the Chignecto Central Regional School Board, Public Health, Mental Health, and Dalhousie University in a prevention initiative to explore the risk and protective factors of middle-school youth. The Strengthening Families program commenced this year and Addiction Services partnered with Kids First and Department of Community.

The Pictou Inpatient Unit continued to partner with St. Francis Xavier University to provide placement for their third year nursing students during their rotation. The unit also provided placements for medical students, orienting them with withdrawal management and addiction services. Other placements included an eight-week placement for community college students and a summer clinical placement for nursing co-op students.

In an effort to increase client safety, the unit began to provide clients with a clear 'in writing' plan for their medications upon discharge.

Guysborough Antigonish Strait

Demographics n =910 (unique active clients)

Education: Grade 12 or Higher (62%)

Occupation: Service Industry (16%)

Employment: Unemployed (38%)

Marital Status: Single (never married) (45%)

Most Frequent Substance Used

1. Alcohol (53%)
2. Nicotine (26%)
3. Opiate (5%)

Age At Registration

Mean 40.59

Median 42.00

Minimum 9 years

Maximum 84 years

Average adult male: 43

Average adult female: 45

Average youth male: 16

Average youth female: 16

58% of Withdrawal Management clients came from out of district

During the past year, GASHA solidified core services and expanded collaborations with DHW, other DHAs, and other organizations with respect to Addiction Services related programs and services.

GASHA has participated provincially in Needs-based Planning, Quality Management Framework development, Core Programming and Services planning, Adolescent Withdrawal Management (manual) program development, and nationally with our contributions to the Connections evidence-informed research project, Global Appraisal of Individual Needs-Short Screener (GAIN-SS) research project, and our Adolescent Services program.

There was continued commitment to improve overall service delivery with the integration of recreation therapy and the withdrawal management unit, improvement of the Addiction Education Program based on evidence-informed best practices, initiation of the Relapse Prevention program as a part of our Intensive Day Treatment Program, and implementation of Learn to Run as an adjunct to the nicotine cessation program.

Quality and patient safety initiatives were strengthened over the past year with improvements including the introduction of Transfer of Information and Automated Medication Dispensing Machines in the inpatient unit. There were also enhancements to the quality team evaluation of our services with regular audit activities and an intensified emphasis on quality improvement plans.

The ongoing commitment to the implementation of the provincial alcohol strategy has been evident in partnerships with municipal, university, and public health colleagues culminating in a successful Alcohol Forum held in Antigonish in February 2013 that was attended by over 90 participants.

Cooperation and capacity building collaboration with other district programs was a major commitment and focus of attention for Addiction Services in 2013. A client service delivery model for youth and adult mental, public, and primary health care continued to expand. These efforts were supports by a year-long program of family therapy training with Dr. Michael Unger for Mental Health and Addiction Service staff and a number of other service providers in family therapy.

During 2013, providing outreach and community education services continued to be a priority component of Addiction Services and included educational initiatives with emergency room medical staff personnel weekend Body and Mind workshops for youth, and numerous community consultations.

Cape Breton

Cape Breton District HEALTH AUTHORITY
Making Healthier Choices Together

Demographics n = 2134 (unique active clients)

Education: Grade 12 of Higher (58%)

Occupation: General Labour (23%)

Employment: Unemployment (52%)

Marital Status: Single (never married) (52%)

Most Frequent Substance Used

1. Alcohol (37%)
2. Nicotine (27%)
3. Opiate (20%)

Age At Registration

Mean 38.46

Median 38.00

Minimum 12 years

Maximum 83 years

Average adult male: 41

Average adult female: 42

Average youth male: 16

Average youth female: 16

4%
of Withdrawal Management clients came from out of district

Cape Breton continued to facilitate collaboration between Mental Health and Addiction Services. This included: integrating rural services under a Manager of Rural Services and Community Supports, expanding the role of professional practice leaders to include disciplines working within the addictions field, expanding the availability of psychiatric consultation to Addiction Services, establishing the mental health monthly Grand Rounds to include addiction services cases, and moving to one integrated policy and procedure manual. We are finally able to report that all inpatient, community-based, and opioid recovery clients (with the exception of full term for HPP clients) are being registered in Meditech using community-wide scheduling. There is now an excellent tool for scheduling clients and all clinical staff (including physicians working in the emergency department or in a district hospital) has access to client electronic medical records. This allows collaborative assessment and treatment planning for clients with concurrent disorders.

All services are now using the GAIN-SS to screen for concurrent disorders as well TASR and TASR-A for suicide risk assessment. Use of the GAIN-SS by local agencies trained by district staff and the HPP program resulted in increased referrals to services. Clinical staff were trained in their use and compliance with CBDHA policies was monitored regularly.

The Municipal Alcohol project is fully underway with focus groups including CBRM Council (co-presented with the Chief of Police), Cape Breton University, the Board of CBDHA, and many others. The development of a local strategy was initiated based on the results of these consultations. The consultations alone raised awareness of the harms associated with alcohol in our community.

The CaperBase website (www.caperbase.com) and associated branding is one of the largest communication initiatives undertaken by HPP. Youth were involved in planning the content and launching the website at a public media event. CaperBase includes a Facebook page, toll-free telephone line, and Twitter feed. HPP's adolescent outreach team changed their name to "The CaperBase Outreach Team" due to stigma associated with the name "Mental Health and Addiction Services". The team selected a name that was that is meaningful for youth and would assist with the website marketing.

Health Canada Drug Treatment Funding Program final evaluation has been completed. Overall, the project was implemented as intended and the evaluation results were favorable. Findings indicated the development of an outreach model based on a community development approach resulted in increased access to screening, early/brief intervention, and referrals for at-risk youth in schools and communities in Cape Breton. Initiatives were implemented to provide parents/guardians of at-risk youth with information and support. New collaborative relationships were built with community partners and capacity within CaperBase outreach services and their partners.

Capital Health

Capital Health
Addictions and
Mental Health Program

Demographics n =3490 (unique active clients)

Education: Grade 12 or Higher (67%)

Occupation: General Labour (18%)

Employment: Full Time (42%)

Marital Status: Single (never married) (46%)

Most Frequent Substance Used

1. Alcohol (56%)
2. Nicotine (16%)
3. Opiate (9%)

Age At Registration

Mean 42.10

Median 42.00

Minimum 15 years

Maximum 87 years

Average adult male: 42

Average adult female: 43

11%
of Withdrawal Management clients came from out of district

The year 2012-13 was a year of challenge and transformation for Capital Health Addictions Program. The Addictions team designed and launched a new clinical model that has led to significant changes in client programming. These changes included:

- transformation of the inpatient medical detoxification program to a therapeutic treatment program, with length of stay increasing from 3-7 days to 14-21 days
- introduction of a new multidisciplinary approach to client care involving nurses, social work, psychology, physicians, and recreation therapists working together to deliver addiction services
- evidence-based, best practice individual and group therapies, with CBT, Brief Intervention, Motivational Interviewing, and Structured Relapse Prevention forming the basis of inpatient and outpatient therapies
- emphasis on well supported transitions between different levels of services to improve client retention, engagement and follow-up with after care

In December 2012, the Addictions Program in Capital Health was integrated with the Mental Health program, forming the new Capital Health Addictions and Mental Health Program. The integration of these services will support the significant work already underway to better meet the needs of concurrent disorders clients.

In the past year, provincial and federal regulations made it impossible to operate our addictions inpatient unit without daily physician coverage. In late January, the Addictions Program was able to put in place a temporary physician coverage plan, which will support the program until a permanent solution is in place.

The Addictions program continues to benefit from the involvement of physician learners and residents within our program, thanks to the ongoing work of consulting psychiatrist Dr. Ronald Fraser. In the past year, five residents and three medical students spent time with our program. The medical residency program, introduced by Dr. Fraser in 2011, is fundamental to meeting the future needs of the province's population, especially the increasing needs related to treatment of opioid dependency.

IWK

IWK Health Centre

Demographics n = 277 (unique active registrations)

Education: Completed Grade 9 (30%)

Occupation: Student (82%)

Employment: Unemployment (91%)

Marital Status: Single (never married) (99%)

Primary Dependency

1. Cannabis (69%)
2. Alcohol (14%)
3. Opiate (5%)

Age At Registration

Mean 16.12

Median 16.00

Minimum 13 years

Maximum 18 years

Average youth male: 16

Average youth female: 16