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BUILDING A CARE PATHWAY FOR METHAMPHETAMINE USE

A Guiding Document to Inform the Development
of an Integrated Care Pathway

Prepared By:

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in collaboration with the Community Drug and Alcohol
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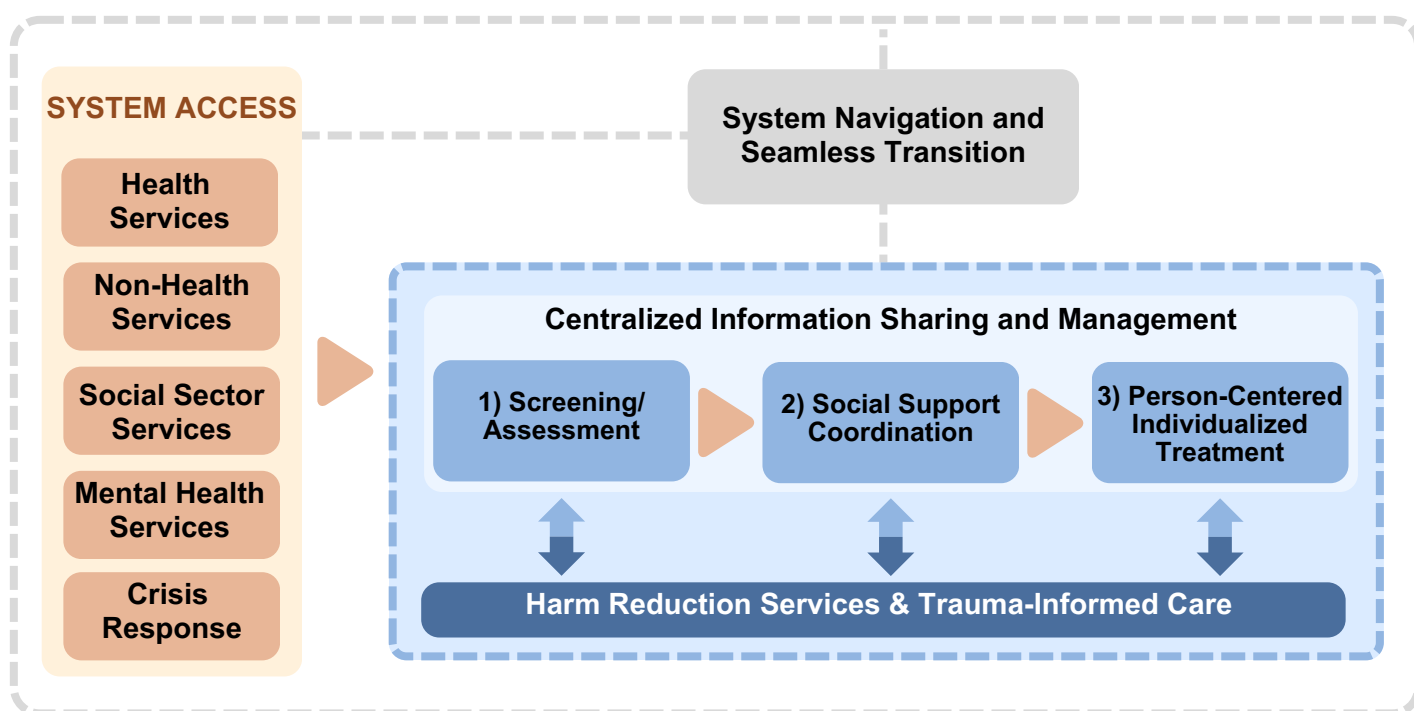
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EXECUTIVE SUMMARY

Methamphetamine use is a crisis within Middlesex London. Individuals are struggling to receive timely support and service providers are facing a significant increase in demand for their work. One way to address this is by clearly outlining the potential paths a patient's care journey can take them and providing service providers with resources to support people who use methamphetamine. The development of a care pathway specific to methamphetamine use will allow people who use methamphetamine to receive better care and not fall through the cracks.

This guiding document outlines **why** a pathway for methamphetamine use is needed, **what** the components of a pathway would look like, and **how** to support people within the pathway.



Adapted from *Adult Substance Use System of Care Framework* by British Columbia Ministry of Mental Health and Addictions, 2022, p. 40

Building a Care Pathway for Methamphetamine Use

Across the province, there exists a diverse range of services dedicated to aiding individuals who use substances, including methamphetamine. It is important to adopt a system-wide approach which aims to develop care pathways that interconnect existing components of the system into a cohesive network. This unified framework should facilitate individuals' movement through various stages of care, ensuring timely access to the services they require. Existing care pathways for other health conditions serve as models for how this integrated system can function.

Based on our co-design and best practices, defined care pathways hinge on well-defined entry points, system navigation, smooth service coordination, personalized treatment plans, and the integration of harm reduction services at every stage of care. Recognizing that individuals' care journeys are often non-linear, the system must allow for multiple treatment episodes, experimentation with diverse options, or even forgoing treatment altogether, without causing disconnection from the care network.

To develop an integrated care pathway for methamphetamine use in Middlesex London, it is important to describe what an ideal pathway may look like, its components, and how the pathway can be structured.

Opportunity Areas for System Collaboration

Through co-design and consultations with service providers (health, social, and law enforcement), people with lived experience, caregivers, business providers, and an advisory committee, several themes have emerged that provide valuable insight into opportunity areas for improvement. As we strive to develop an integrated care pathway for methamphetamine use, it's crucial to consider the specific gaps and challenges identified by our partners at both the system and service levels.

1. **Standardized Screening/Assessment**
2. **Centralized Information Sharing and Management**
3. **System Navigation and Seamless Transitions**
4. **Training and Workforce Development**

Next Steps

This guiding document describes the current state of services for people who use substances. It serves as a localized practical blueprint for both health and system planners. Achieving the ideal state pathway detailed in this document will require sustained, collective commitment from all stakeholders involved. In order for this work to move forward, we all have to be champions and embed the key themes and functions within our projects, networks, and services wherever possible.

INTRODUCTION

Methamphetamine use carries significant individual and societal consequences. Its effects can range from heightened alertness and energy to severe health complications, including cardiovascular issues and mental health disorders. Prolonged use often leads to addiction, causing disruptions in personal relationships, employment, and overall well-being. Moreover, methamphetamine misuse has broader societal repercussions, straining healthcare systems and law enforcement resources. The associated risks of overdose or acute intoxication and long-term health consequences underscore the urgent need for comprehensive interventions and support systems to address this escalating problem. In 2022, the Middlesex-London Health Unit (MLHU) reported that there were 75 methamphetamine-related toxicity deaths in the Middlesex London area. Unfortunately, the Middlesex-London rate was 2.3 times higher than across the rest of Ontario in 2022. The MLHU has also been warning people who use methamphetamine regarding the increasing instances of fentanyl being mixed with methamphetamine, resulting in a spike in overdoses and acute intoxications.

To learn more, please visit the [Middlesex London Health Unit Crystal Methamphetamine Dashboard](#).

Mental health and addiction are also recognized as a priority at the provincial level, leading to the development of Ontario's "Roadmap to Wellness" initiative. The goal of this plan is to streamline access and support people within the appropriate level of care. To facilitate this vision, Ontario is committing \$3.8 billion over a decade to bolster existing programs and introduce innovative solutions. While strides have been made in prevention, treatment, recovery, and harm reduction, there remains a pressing need to establish a seamless pathway for those vulnerable to or currently using methamphetamine.

Purpose and Scope

The purpose of this project was to inform the development of an **integrated care pathway** for people who are at risk of using methamphetamine or are currently using methamphetamine. A population health management approach was used for this project ([see Appendix A](#)). The proposed pathway structure outlines six states of a person's journey ([see Appendix B](#)). See [Appendix C](#) for an example.

Although there are several substances in the community that people may use, the focus of this project is methamphetamine. It is important to recognize that although these recommendations pertain to methamphetamine use, many will also apply to other forms of substance use, including poly-use.

This project and guiding document involves data and information from the following:

- Literature scan of best practice research (please see [Best Practices report](#))
- 46 key informant interviews with service providers, business providers, people who use methamphetamine (PWUM), and caregivers of PWUM. (For a more detailed summary, please see [Promising Practices report](#))
- 4 co-design sessions (total participants = 43)
- Advisory Committee (26 members, 11 organizations)

CONTEXT - Why is this important?

Methamphetamine Use in Middlesex London

In recent years, Middlesex London has witnessed a concerning surge in methamphetamine use, reflecting a broader trend across Canada. The region has experienced a notable rise in homelessness, and a significant portion of this population grapples with addiction, often turning to methamphetamine as a coping mechanism. This has led to a rise in overdoses and acute intoxications, straining local healthcare resources and prompting urgent intervention efforts. The impact of this crisis on communities, families, and individuals cannot be overstated, necessitating a multifaceted approach that combines harm reduction, rehabilitation, and outreach programs to address the root causes of this epidemic and provide meaningful support for those affected.

Through key informant interviews with service providers, business providers, PWUM, and caregivers of PWUM, several reasons were outlined for **why people may use methamphetamine**. This includes:

Availability: Methamphetamine is easily available and less expensive

Emotional Labour of Surviving: Methamphetamine helps people to cope with daily challenges and to protect themselves from abuse and their belongings from theft.

Increased Motivation and Energy: Methamphetamine helps people get a boost of energy and be more focused and productive throughout the day. It is used as a tool to support functioning and task completion.

Self-Medication: Methamphetamine is used to self-medicate a range of symptoms of physical and mental health conditions.

Situational: Methamphetamine use begins based on relationships with others who are using methamphetamine.

Cope with Trauma: Methamphetamine is a tool to help numb the impact of current or ongoing trauma.

For more information, [please see the project website](#).

It was also found that in Middlesex London there is generally a negative perception towards people who use substances. PWUM described that they are almost always treated with disgust, stigma, and disrespect.

The following **subpopulations** have been identified within Middlesex London as groups potentially at risk of using or currently using methamphetamine. It's important to note that this list is not exhaustive, but it provides insight into some of the key demographics:

- Individuals grappling with isolation or loneliness/seeking a sense of belonging
- Young people who have experienced traumatic events in their childhood
- Adults contending with significant negative changes or traumatic events
- Individuals engaged in sex work
- Members of the LGBTQ+ community
- Individuals who have experienced sexual violence
- Children and youth in rural areas, who may require tailored support due to the unique challenges they face in their environments.

Current State of a Care Pathway for Methamphetamine Use

Understanding the current state of a care pathway for methamphetamine use in Middlesex London can be challenging. This comprehension is pivotal for meaningful improvements. Co-design interviews with service providers, PWUM, and caregivers of PWUM have highlighted key challenges: services can be hard to access due to capacity limitations, barriers, costs, and a lack of individualized supports to service diverse needs. The system's fragmentation and navigation difficulties further complicate matters, exacerbated by inconsistent training, contributing to uneven care quality. At present, it is evident that there is a notable deficit in available methamphetamine-focused services and supports for individuals using substances in Middlesex London. Lengthy wait times for services and the complicated nature of navigating the current system are common concerns. The lack of education and awareness regarding people who use substances often results in stigmatizing attitudes from the community. Service providers frequently express feelings of frustration and burnout, voicing concerns related to insufficient staff, a perception that it falls outside their role to offer assistance, and a lack of capacity to extend current services beyond their designated mandate. This underscores the urgent need for comprehensive reforms and additional resources in the substance use care system.

BUILDING AN IDEAL CARE PATHWAY FOR METHAMPHETAMINE USE

In an ideal integrated care pathway for methamphetamine use, individuals should receive early identification and intervention for any issues they face, including addressing social determinants of health to prevent substance use. Moreover, they should develop a clear understanding of available care options and social support coordination to access these services. Their personal needs and goals should be considered and respected when developing a holistic care plan, affording them the autonomy to make choices about their care without fear of repercussion or judgment. Additionally, professionals providing support to people who use substances should receive evidence-based comprehensive training and continuing education. Importantly, those who use substances should be treated equitably, free from stigma, and receive care on par with individuals with other medical conditions. This care pathway should be characterized by its inclusivity, tailored to cater to diverse subpopulations, and purposefully designed to accommodate individuals at various stages of their recovery journey.

Pathway Components - What is needed?

There are several **building blocks** that are important to consider in the development of an integrated care pathway for methamphetamine use. These building blocks include the following:



Within a care pathway for methamphetamine use, numerous **core services** should be available and accessible to everybody regardless of which stage they are in their journey. A survey was conducted in August 2023 which identified several core services for people who use substances. These core services have been prioritized and grouped into three categories: identification, management, and emergency.

1) Identification

- Medical and Social History
- Social Determinants of Health Assessment
- Functional Capacity Assessment

2) Management (Person-Centred Individualized Treatment)

- Social Support Coordination (goals of care planning)
- Culturally Sensitive Treatment
- Medication Management
- Comorbidity and Concurrent Disorders Management
- Therapy/Counselling (Trauma-Informed Care)
- Education

3) Emergency

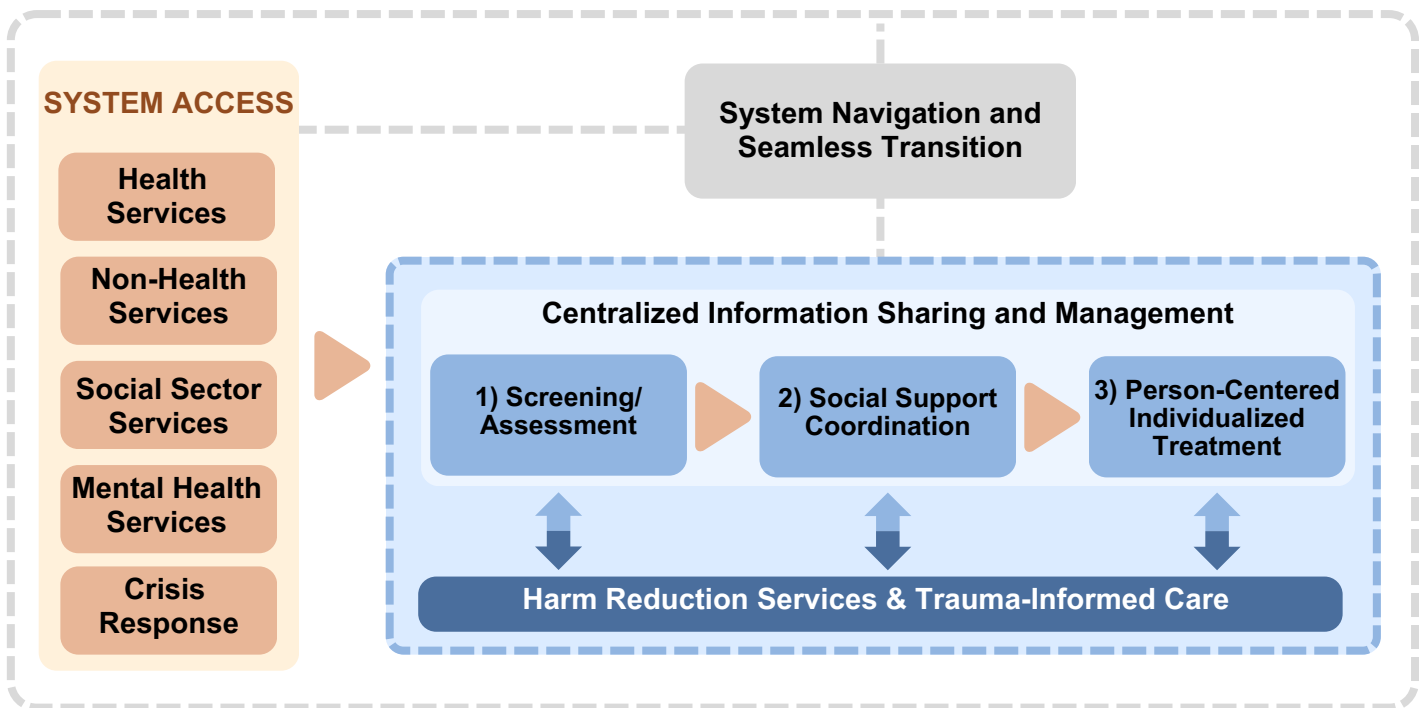
- Risk/Crisis Assessment
- Overdose/Acute Intoxication Management
- Intensive Care Coordination

To learn more about each core service, please see [Appendix D](#). For an expansive list of all the potential core services identified, please click this [link](#).

Care Pathway - How to support people who use methamphetamine?

Care pathways define how individuals can navigate through services, both within the mental health and addiction system and across related sectors like housing and justice. These pathways should be integrated, tailored to individuals' own goals, and consider necessary services or supports. While each person's care pathway will be distinct based on their specific goals and requirements, there are overarching qualities that characterize effective integrated care pathways.

Based on codesign with service providers, business providers, and people who use substances within Middlesex London a localized care pathway would include the following attributes:



Adapted from *Adult Substance Use System of Care Framework* by British Columbia Ministry of Mental Health and Addictions, 2022, p. 40

1) Screening/Assessment

- Clear intake and access points, where every door is the right door and standardized screening/assessment with a centralized information management system which can help identify how to support the person. This implies the pathway can be accessed from any service.

2) Social support coordination

- Case management that involves a referral process from any entry point to the services and supports a person's needs/wants. This would involve role clarity for all service providers. Dedicated case managers, system navigators, and care facilitators would be responsible for ensuring social support coordination with warm transfers. Information should be shared in a centralized information management system to ensure all providers supporting a person have access to it.

3) Person-centred individualized treatment

- Care plans should be developed based on the person's wants and needs. Each care plan should be tailored to the person. Harm reduction services, trauma-informed care, and cultural safety should be integrated throughout a person's journey.

Care pathways allow for smooth transitions between services and supports by aligning crucial elements like shared centralized information systems, navigation aids, and standardized screening and assessment to connect individuals with the appropriate services. Harm reduction should be embedded throughout services and supports in the pathway.

BUILDING THE PATHWAY - Opportunity Areas for System Collaboration

Through co-design and consultation with service providers, business providers, people with lived experience, caregivers, and the advisory committee, there were several opportunity areas for system collaboration that were identified. Four key themes emerged that identify specific areas of opportunity that can improve the current pathway for methamphetamine use in Middlesex London (summarized below). It is important to note that the themes outlined below do not represent an exhaustive list.



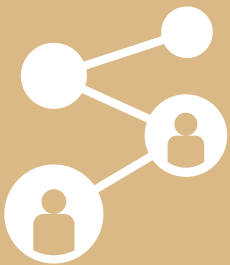
Standardized Screening/Assessment

There is a need for standardized screening or assessments that should be iterative and ongoing. It is important to link screening and assessments to facilitate social support coordination.



Centralized Information Sharing and Management

There needs to be a centralized information sharing and management system that can reduce duplication of assessments, staff resources, and interventions to streamline information sharing and service navigation. This should also include integrating community care plans within hospitals to ensure consistent care.



System Navigation and Transitions

There should be standardized system navigation and case management that allows for more integration and connection between the services and supports available. This should include care coordination in which the client has a constant connection to a service provider in the system. In addition, it is important that care plans are co-created with the support of a service provider that can help the client navigate the system. This also includes ensuring that everybody is attached to primary care.



Training and Workforce Development

It would be helpful to outline the roles and responsibilities of each partner in the system. This allows for clearly outlined responsibilities for all system partners to ensure they are working within their capacity. There should also be continuous training for all staff to ensure the quality of care remains consistent through the system.

Acknowledgements and Contributions

This is a joint project between the London Middlesex Mental Health and Addiction Strategic Direction Office (SDO) and the Middlesex-London Community Drug and Alcohol Strategy (CDAS) Implementation Committee with funding from the City of London. This project aims to support the implementation of [CDAS](#). The results of an environmental scan of Middlesex and London service providers in 2016 and 2017 identified methamphetamine as a substance of concern. Specifically, this project was developed in response to recommendation 12 “develop a coordinated service response specific to Crystal Methamphetamine (drug-induced psychosis)” of CDAS.

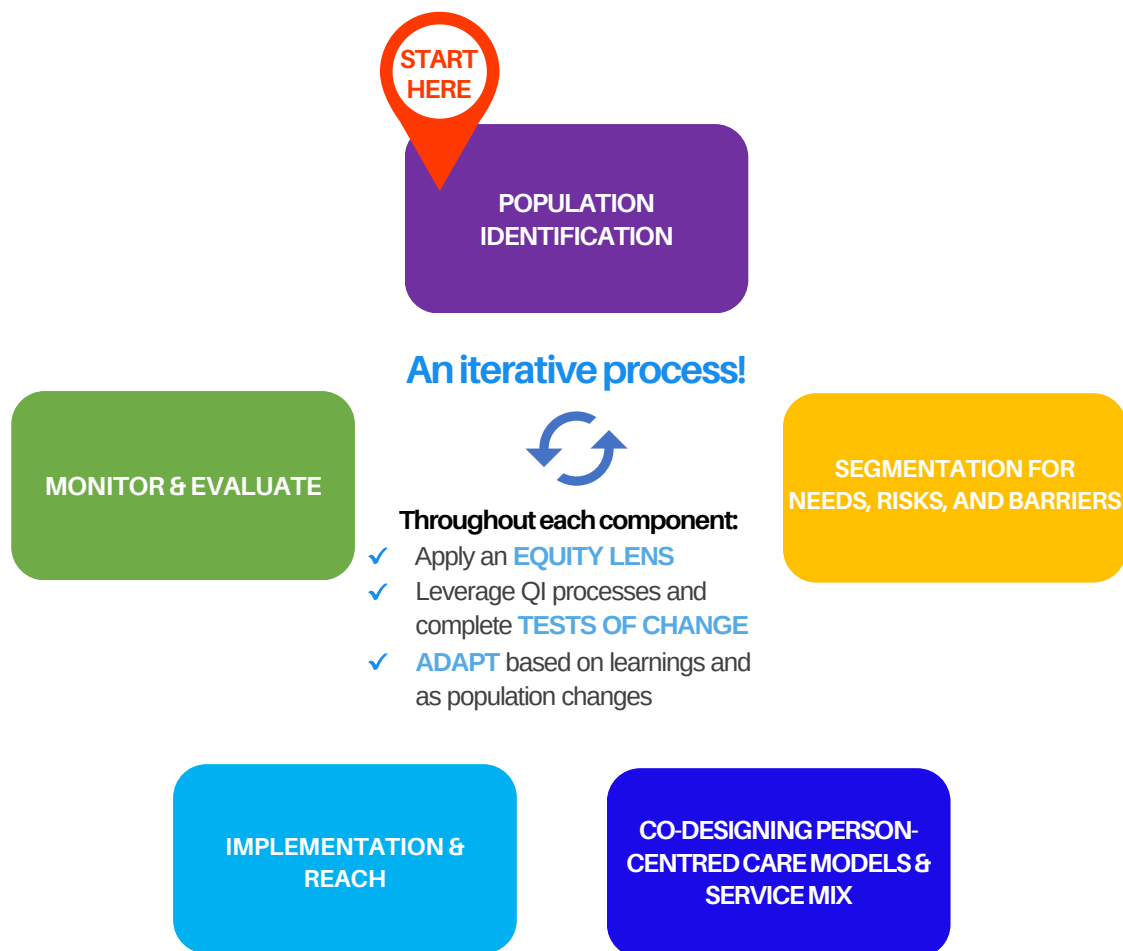
This project includes co-design and consultations with service providers (health, social, law enforcement), business providers, people who use methamphetamine (PWUM), and caregivers of PWUM.

Additional support for this project was received from the London Health Sciences Centre, Middlesex London Ontario Health Team, London InterCommunity Health Centre, and Carepoint Consumption and Treatment Service.

We want to thank all members of the Methamphetamine Pathways Advisory Committee for their contribution to this project. The following organizations were represented on the advisory committee:

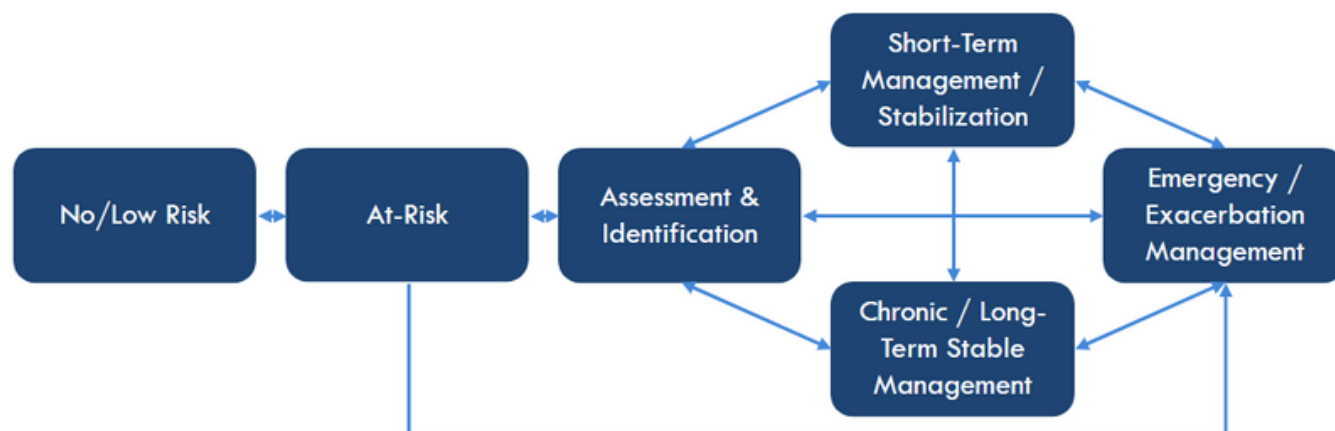
- Canadian Mental Health and Addiction Services Thames Valley
- Chippewas of the Thames First Nation
- London Health Sciences Centre
- London InterCommunity Health Centre
- London Police Services
- Middlesex-London Health Unit
- Mission Services of London
- Regional HIV/AIDS Connections
- St. Joseph's Health Care
- Western University
- Youth Opportunities Unlimited

APPENDIX A - Population Health Management Approach

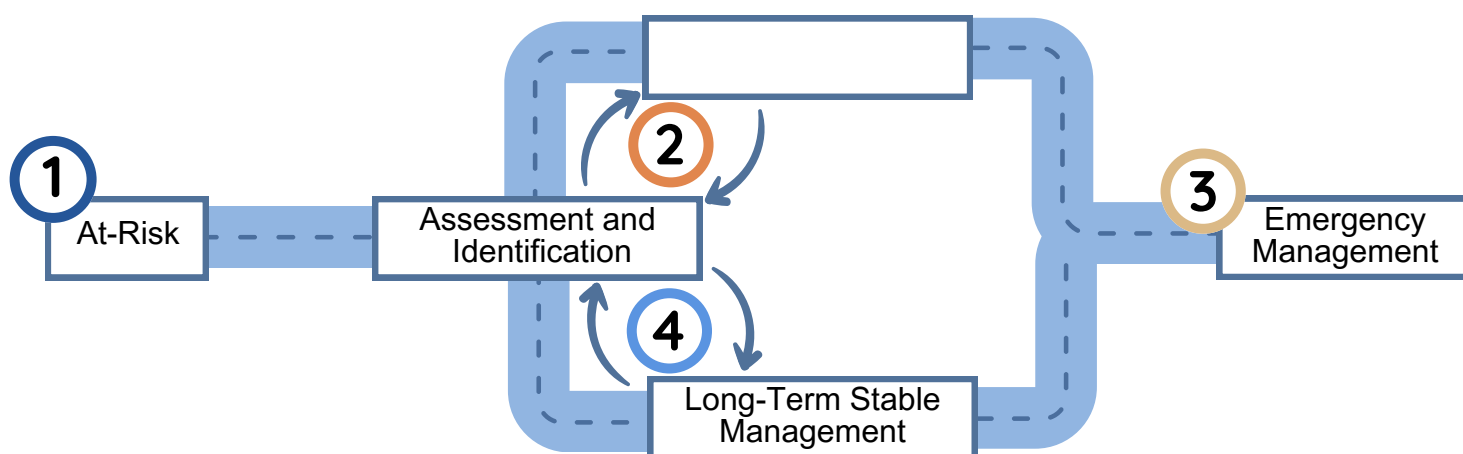


Population Health Management: An iterative process that involves gathering data and insights across many partners (including non-traditional healthcare providers) about an entire defined population's health and social needs. These insights inform the co-design of proactive, integrated, person-centered, cost effective, equitable and efficient solutions with the goal of improving the health outcomes of individuals. (Source: RISE/HSPRN)

APPENDIX B - States of a Person's Journey



APPENDIX C - Use Case Example



1 At-Risk

Stephan is a 17-year-old adolescent with stable access to housing and has most of his basic needs met. He lives with his family who have a history of substance use. As a result, Stephan lacks positive social support and a sense of belonging. Stephan often feels like he is the odd one out and feels included in a group of peers that often use methamphetamine and opioids recreationally. Although Stephan does not want to use substances because he sees the impact they have had on his family, he feels like his friends may exclude him if he doesn't use substances with them.

2 Assessment/Identification and Short-Term Management

Stephan began using methamphetamine after he was influenced by his peer group. He decided to move out to live with one of his friends. He self-identified that he will continue to use methamphetamine because he feels better when he uses but wants to use safely. Stephan heard through a friend that there is a "harm reduction" site that can provide him with clean supplies. He walks to this harm reduction site and one of the workers engages him in a conversation to see how they can support him further.

3 Emergency Management

Stephan has now been using methamphetamine for over a year and feels comfortable with the current amount that he uses. He has kept his methamphetamine use a secret from his family and is realizing that his part-time employment income is not enough to buy his regular amount of methamphetamine. Stephan decides to buy from his friend's dealer who is known to have cheaper methamphetamine. Since the methamphetamine was cheaper, Stephan decides to use a little bit more than his usual amount to feel the same level of high he is used to. He did not realize that this batch of methamphetamine was laced with another toxic substance and is now experiencing symptoms of an overdose.

4 Long-Term Stable Management and Assessment/Identification

Stephan has now been using methamphetamine for a few years and feels that it helps him feel motivated during the day and maintains his focus when completing tasks. It helps him wake up and get through the day and he also noticed that his constant back pain is alleviated. Stephan has decided that he does not want to stop using methamphetamine because he is still functional when he uses but would like to know more about how he can continue to use safely and manage his use long-term. He is not ready to stop his use completely right now but may consider it in the future. Assessment will be ongoing to continuously identify and meet Stephan's needs.

APPENDIX D - Detailed Core Services List

1) Identification

Medical/Social History	<p>INCLUSIVE OF BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • Screening for documented physical & mental health/addiction issues • Biopsychosocial Assessment • Trauma Assessment (Children's Aid Society, Sexual Violence, etc.) • Concurrent Disorders • Primary Care Attachment • Consider if there is a need for an in-reach worker
Social Determinants of Health Assessment	<p>INCLUSIVE OF BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • Income and social protection • Education • Unemployment and job insecurity/working life conditions • Food insecurity, housing, basic amenities and the environment • Early childhood development • Social inclusion (cultural and spiritual) and non-discrimination • Structural conflict • Access to affordable health services of decent quality. <p>[Adapted from the UN definition]</p>
Functional Capacity Assessment	<p>INCLUSIVE OF BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • Ability to provide informed consent regarding treatment decisions • Ability to meet responsibilities/appointments

2) Management

Social Support Coordination (goals of care planning)	<p>INCLUSIVE OF BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • Considering if the client has System Navigation Support • Planning to prevent Emergency Department visits • Connecting to Employment Services and/or Income/Financial Support • Supporting Post-Incarceration • Considering the scope of practice and referrals of services/programs/organizations that can support the client • Planning for long-term support sustainability • Considering the role of community agencies and the spectrum of support they can provide (ex. withdrawal management) • Evaluating the client's capacity to provide informed consent • Understanding the client's needs and wants • Considering if the client has support from a caregiver • Considering the continuum of support that extends after formal treatment that sustains reducing or not using substances
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APPENDIX D (continued)

2) Management (continued)

Culturally Sensitive Treatment	<p>INCLUSIVE OF BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • Treatment that is client-focused and responsive to their cultural wants and needs
Medication Management	<p>INCLUSIVE OF BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • Physical pain (for example self-medicating using substances for back pain, leg pain, headaches, etc.) • Mental health issues (for example self-medicating using substances for undiagnosed symptoms of depression, ADHD, PTSD, etc.)
Comorbidity and Concurrent Disorders Management	<p>INCLUSIVE OF BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • Mental health diagnosis (PTSD, schizophrenia, depression, anxiety, obsessive compulsive disorder, personality disorders, panic disorder) • Methamphetamine-related psychosis • HIV/Hepatitis
Therapy/ Counselling	<p>INCLUSIVE OF BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • Trauma (Sexual/Childhood/Domestic Violence/Incarceration)/Grief • Mental health issues
Education	<p>INCLUSIVE OF BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • Self-Management education for people who use substances • Education for business providers, training for service providers, mental health education for communication

3) Emergency

Risk/Crisis Assessment	<p>INCLUSIVE OF BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • Considering if the client needs/wants a stabilization bed • Considering if the client needs/wants emergency support • Considering if the client needs/wants medically monitored/supported withdrawal • Considering if the client needs/wants rehabilitation
Overdose/Acute Intoxication Management	<p>INCLUSIVE OF BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • Providing appropriate acute intoxication support based on the substance that was used (ex. methamphetamine-related psychosis/intoxication) • Emergent/acute medical stabilization or withdrawal management • Managing an overdose due to methamphetamine use
Intensive Care Coordination	<p>INCLUSIVE OF BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> • Connecting the client with services they require immediately • Addressing the barriers to the client receiving care