Annual Report
2010–2011

Nova Scotia Addiction Services

NOVA SCOTIA

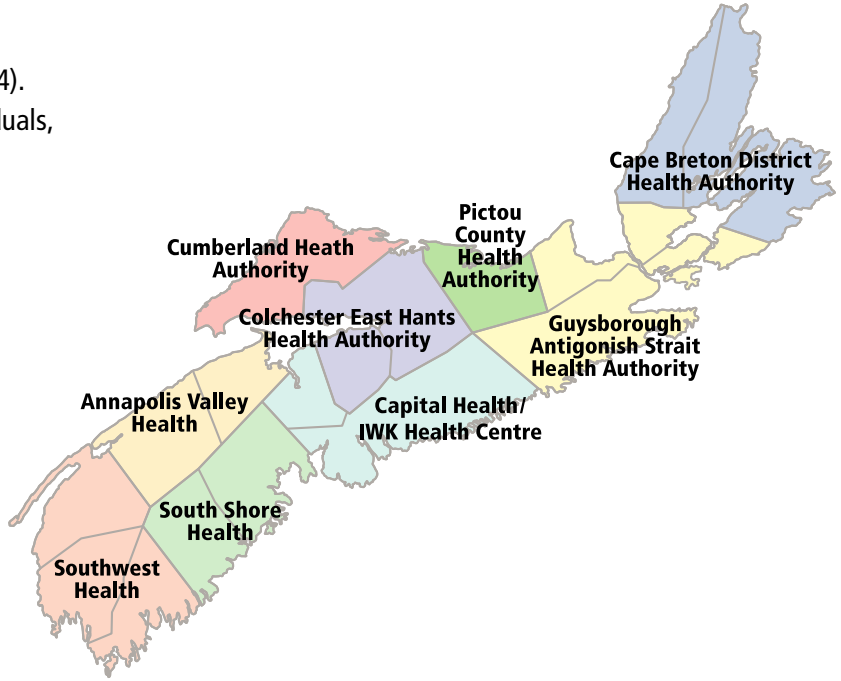
Service Overview

Addiction Services has a comprehensive approach to providing programs, services and supports that is based on current, evidence-informed literature. Services range from health promotion and prevention activities for individuals who do not use substances or gamble, to early identification, brief intervention, and treatment for individuals and families who experience problems associated with substance use and/or gambling.

The District Health Authorities (DHAs) and the IWK Health Centre are responsible for the delivery of all addiction prevention and treatment services to the public (Bill 34). Over 40 Addiction Services offices are located throughout the province to help individuals, families and communities address problems caused by the harmful use of substances and gambling. More than 400 full-time equivalents provided a range of services to over 10,000 clients in 2010–2011.

The Nova Scotia Department of Health and Wellness is responsible for setting provincial directions in addiction prevention and treatment. It establishes and monitors system standards for addiction services, monitors the quality of prevention and treatment services across the province, and is responsible for the monitoring and surveillance activities associated with alcohol consumption, other drug use, and gambling. The Department ensures that there is province-wide coordination for addiction prevention and treatment activities, and supports knowledge development and exchange opportunities throughout the province, including consultation with service providers in the DHAs and IWK Health Centre.

The 2010–2011 budget for Addiction Services in Nova Scotia was approximately $39 million.



Foundation of Quality Service

At both the district and provincial level, Addiction Services has sought to develop a focus on 'quality' as an overarching framework and conceptual foundation for ensuring service excellence and providing direction to continuous service and system improvement. The provincial Standards for Addiction Services and the Accreditation Canada Standards for Substance Abuse and Problem Gambling and related accreditation processes may be understood as instruments of quality management.
At the district level, Addiction Services programs utilize quality teams to guide their accreditation processes and other quality activities. At the provincial level, quality has been construed as a high-priority focus and one requiring informed direction.

Addiction Services endorses the Accreditation Canada 'Quality Framework' consisting of eight quality dimensions – Population Focus, Accessibility, Safety, Worklife, Client-Centered Services, Continuity of Services, Efficiency and Effectiveness – that represent essential or primary principles.

Addiction Services designs and implements service standards, best practices and ongoing quality improvement activities as means to achieve the intention of each of the quality dimensions, as follows:

- **Population Focus:** Working with communities to anticipate and meet needs
- **Accessibility:** Providing timely and equitable services
- **Safety:** Keeping people safe
- **Worklife:** Supporting wellness in the work environment
- **Client-Centered Services:** Putting clients and families first
- **Continuity of Services:** Providing co-ordinated and seamless services
- **Effectiveness:** Doing the right thing to achieve the best possible results
- **Efficiency:** Making the best use of resources

Addiction Services designs and implements service standards, best practices and ongoing quality improvement...

Treatment Program Descriptions

The treatment programs, services and supports offered by Addiction Services are guided by Service Standards and Best Practices (2005). Programs fall into one of three categories: Community Based, Primary Care, or Structured Treatment.
Programs include community-based services with enhanced services for rural women and youth; nicotine and problem gambling services; driving while impaired and alcohol ignition interlock programs; inpatient and day withdrawal management; addiction education; methadone maintenance therapy; and structured treatment. Program definitions are listed below.

Addiction Education Program (AEP): This service assists individuals at risk for developing and/or maintaining harmful involvement with addictive substances and/or behaviours by providing specialized biopsychosocial addiction information, education, and support for recovery that is delivered in a residential or day-patient setting.

Adolescent Services: A comprehensive range of age-appropriate programs and services addresses the unique substance-use and gambling-related needs of adolescents (age 13–18 years). Programs recognize the distinctness of adolescents in terms of psychological, physical, and social development. Services include community and school-based health promotion, prevention, early intervention, treatment, along with provincial day and 24/7 programs.

Community Based Services (CBS): Community-based (out-client) services, including accessible outreach, early intervention and treatment, are delivered to individuals, families, concerned significant others and groups in their own communities. Services are determined by client assessment and needs.

Driving While Impaired (DWI): The program is provided for all persons suspended for, and/or convicted of, impaired driving offences. Drivers requesting reinstatement must complete this program, which is provided in partnership with the Registry of Motor Vehicles (RMV) and Service Nova Scotia and Municipal Relations (SNSMR).
The program components are education, assessment and treatment.

Alcohol Ignition Interlock Program (AIIP): AIIP is designed for individuals who are convicted of alcohol-related driving offences. This program is voluntary for most first-time offenders and mandatory for repeat offenders and anyone convicted of impaired driving causing bodily harm and death. Addiction Services oversees the program in partnership with the RMV and SNSMR.

Treatment Program Descriptions continued...

The program components are bi-monthly monitoring sessions, ongoing assessment, counselling and/or referral when deemed appropriate, and a six-month follow-up session following completion of the program.

Methadone Maintenance Therapy (MMT): Methadone maintenance therapy involves the replacement or substitution of a longacting opioid drug (typically in an oral formulation) that an individual is administering intravenously. Opioids refer to all drugs.

Nicotine Services: This program provides efficient evidence-based educational programs and supportive treatment interventions to help people to stop using tobacco. Nicotine treatment is offered to individuals and groups and is based on client needs, strengths, and readiness to change.

Problem Gambling Services: This initiative provides public awareness, health promotion, prevention, early intervention, and treatment for problem gamblers and their families.

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

Withdrawal Management – Day (Day Detox): Day Detox is designed to meet the needs of individuals not requiring inpatient service. It allows clients to function in their own environment while medically managing their withdrawal.

Withdrawal Management – Inpatient (Detox): Inpatient Detox is designed to optimize the health of individuals harmfully involved with alcohol, drugs and/or gambling through the provision of a comprehensive range of integrated biopsychosocial treatment services. These services include assessment, medically-managed detoxification, treatment planning, therapeutic and vocational counselling and support, education, and referrals.

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

Prevention, Health Promotion and Population Health

While there is limited capacity to provide statistical data for health promotion and prevention work, there is a wide range of initiatives taking place at the district level to strengthen skills and capacities of individuals, and to improve social, political, environmental, and economic conditions.
Each (in the context of addictions) has the aim to achieve positive impacts and outcomes relative to the prevalence, severity, and burden of substance abuse and problem gambling.

A provincial committee has been working toward the approval and implementation of provincial standards for prevention, health promotion and population health.

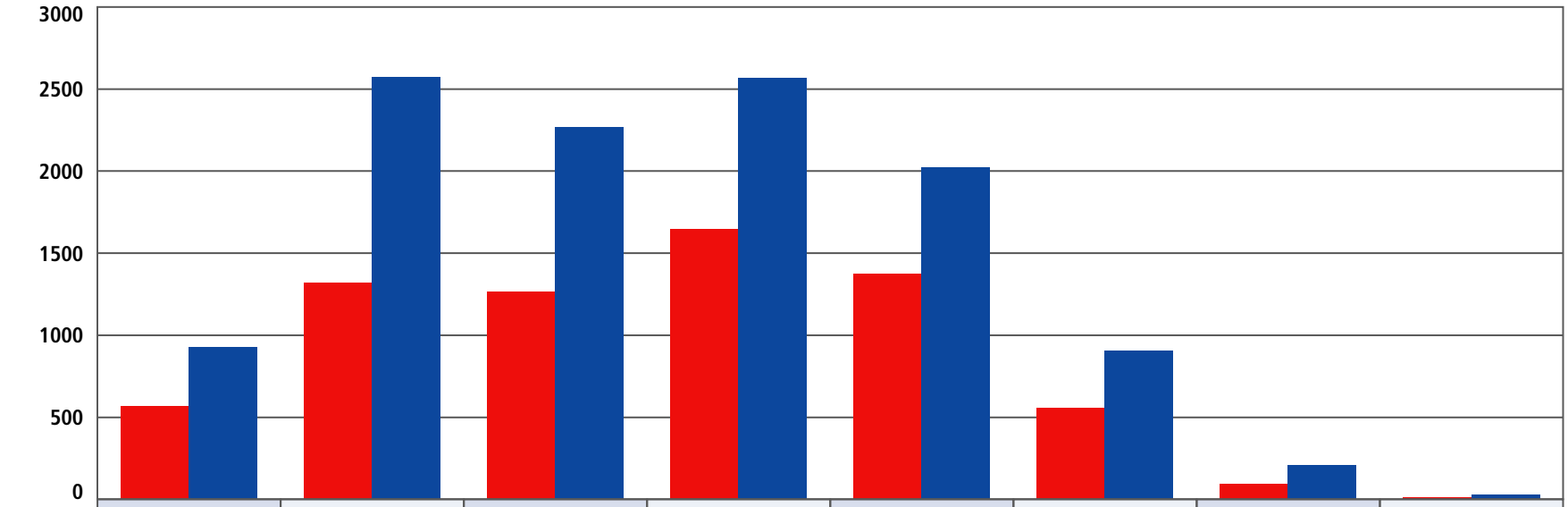
Future versions of this annual report will document specific health promotion and prevention achievements.

> "We should be designing treatment systems for impact on population health, not just individual clients."
>
> *Rush, 2008*

The following section summarizes the demographics of those registered in Addiction Services for the fiscal year 2010–2011.

This graph shows the age and gender of clients actively registered (receiving treatment) in Addiction Services during 2010–2011. The largest male group was aged 19–29 years and the largest female group was aged 40–49 years, consistent with 2009–2010. The average age of registered clients was 39.7 years. (Some clients identified as transgendered; however, when the data was broken down by gender, there were fewer than 10 clients in this group. Data cannot be reported if there are fewer than 10 people in the group, for anonymity and confidentiality reasons.)

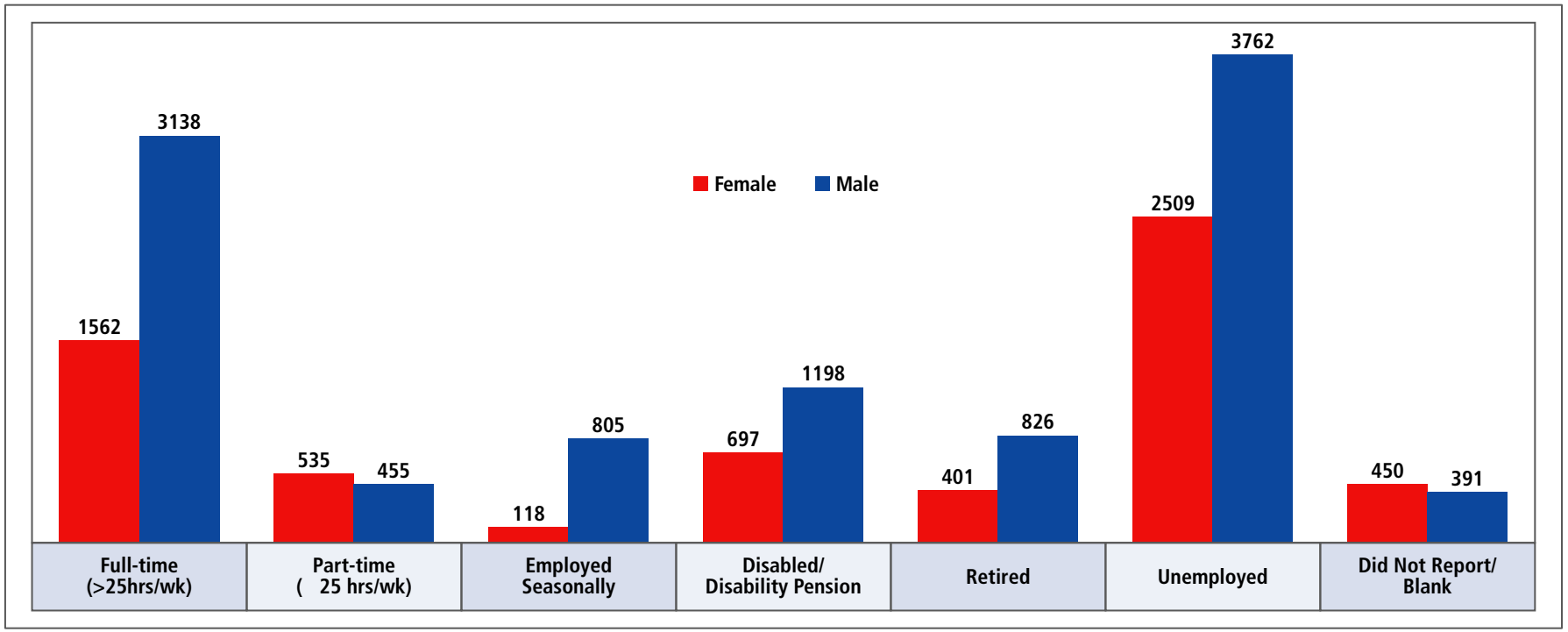
Active Registrations by Age & Gender, 2010-2011. N=18,339



	18 and Under	19-29	30-39	40-49	50-59	60-69	70-79	80 and older
Female	566	1319	1267	1646	1373	560	96	11
Male	926	2575	2267	2567	2022	906	210	28

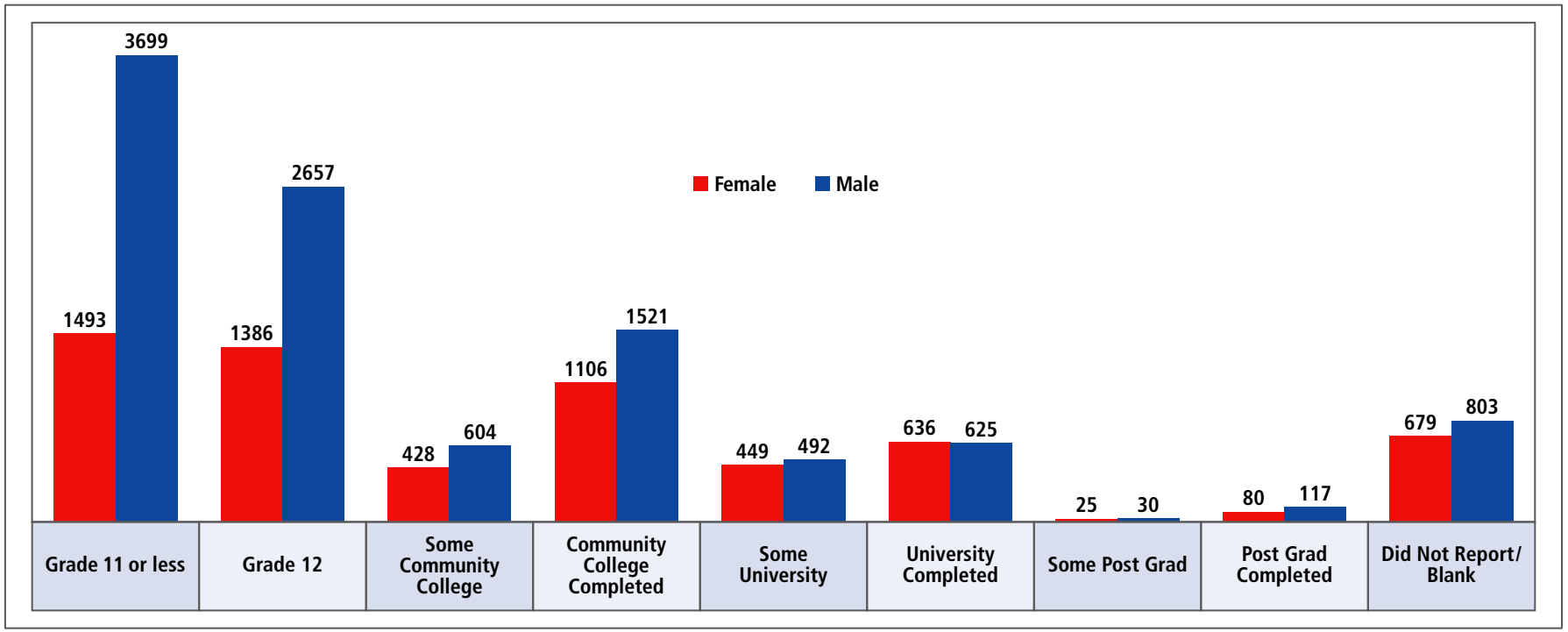
Among actively registered clients who were 19 years of age and older, being unemployed was the most common employment status among both males (22%) and females (15%).
Only 19% of males and 9% of females were employed full-time.

Adult Active Registrations by Employment Status, 2010-2011. N= 16,847



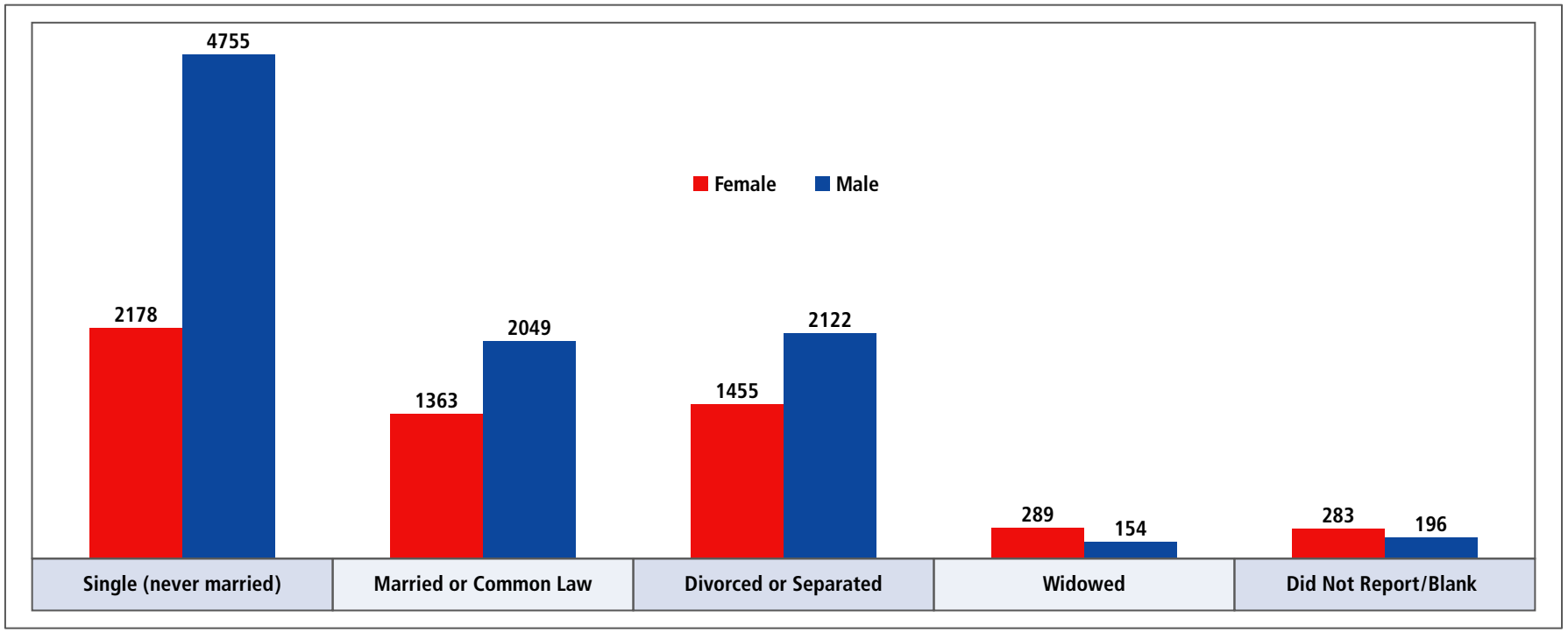
Among those 19 years of age and over,
the largest percentage of men (22%) had an education level of grade 11 or less;
the same was true for women, 9% of whom had completed grade 11 or less.

Adult Active Registrations by Highest Level of Education, 2010-2011. N= 16,847



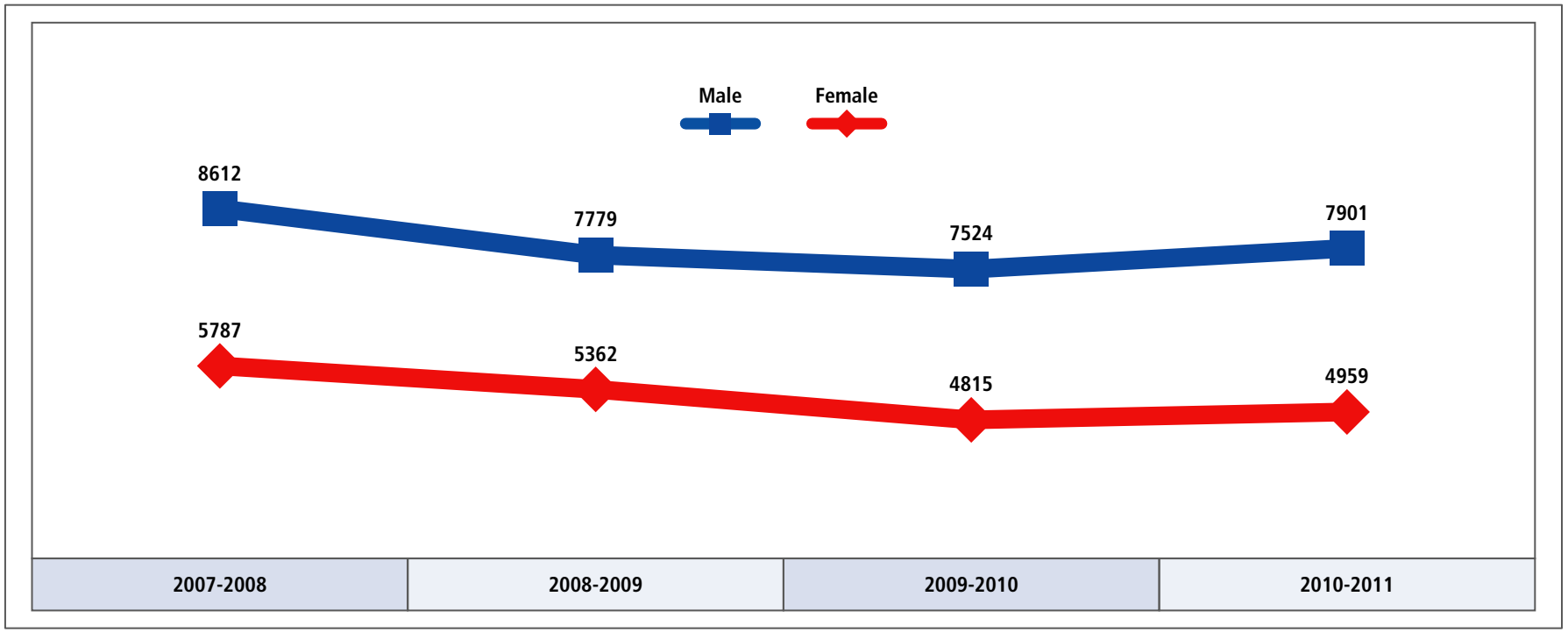
Adults who are single (never married) represented the highest percentage of active registrations (males 28%; females 13%).
Next were those divorced or separated (males 13%; females 8%), followed closely by those who were married or living in a common-law relationship (males 12%; females 8%).
Compared to 2009–2010, the percentage of single (never married) adults remained the same.
The percentage of men whose marital status was married or common law fell by 2% and that of women dropped by 4%. All other results were similar when compared to the 2009–2010 annual report.

Adult Active Registrations by Marital Status, 2010-2011. N= 16,847



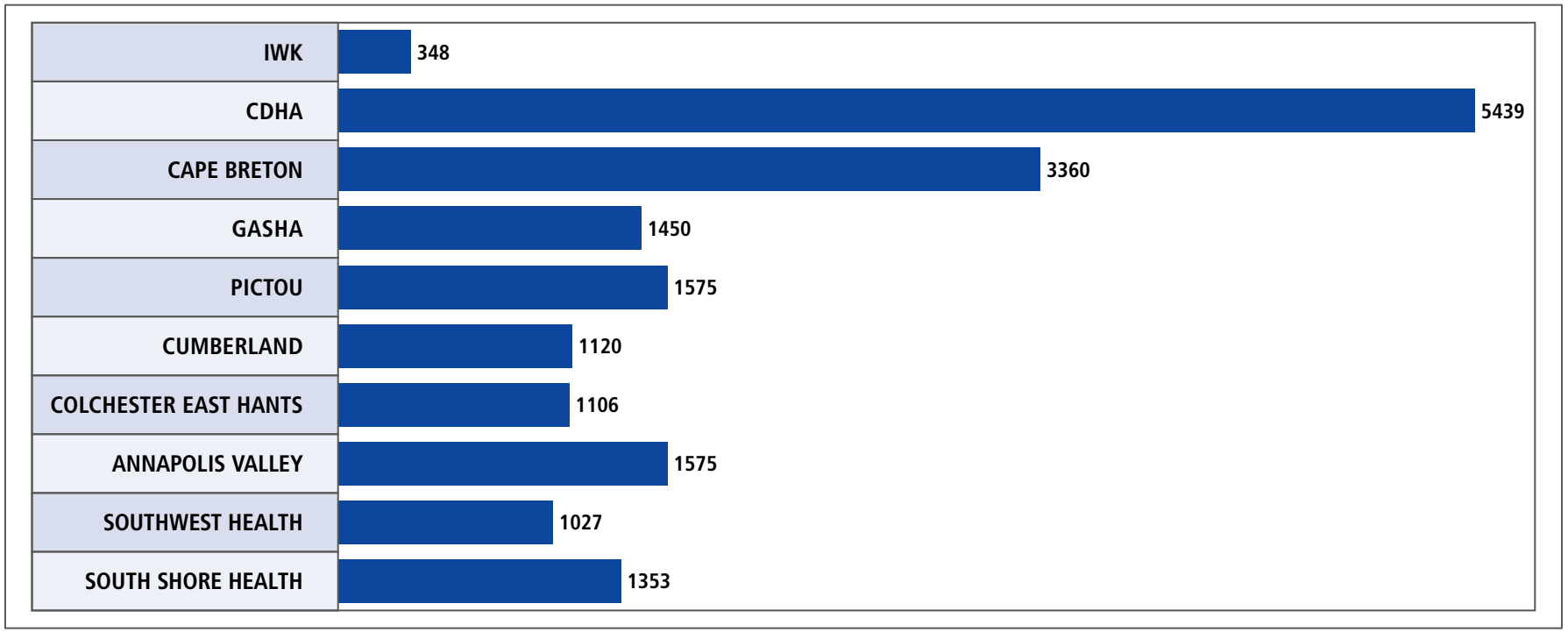
This line graph shows the number of active client registrations in Addiction Services over four points in time.
There were 12,863 unique clients who received treatment over the course of the fiscal year 2010–2011.
Of this group, 39% were female and 61% were male.
The total number of active client program registrations (18,353) was slightly higher in 2010–2011
than in the previous fiscal year.
Those who identified as transgender were not included in this graph as the sample was too small
and clients could be identified. Since not being included on the graph, they were also removed from the total number.

Number of Active Client Registrations by Gender, 2007-2011.



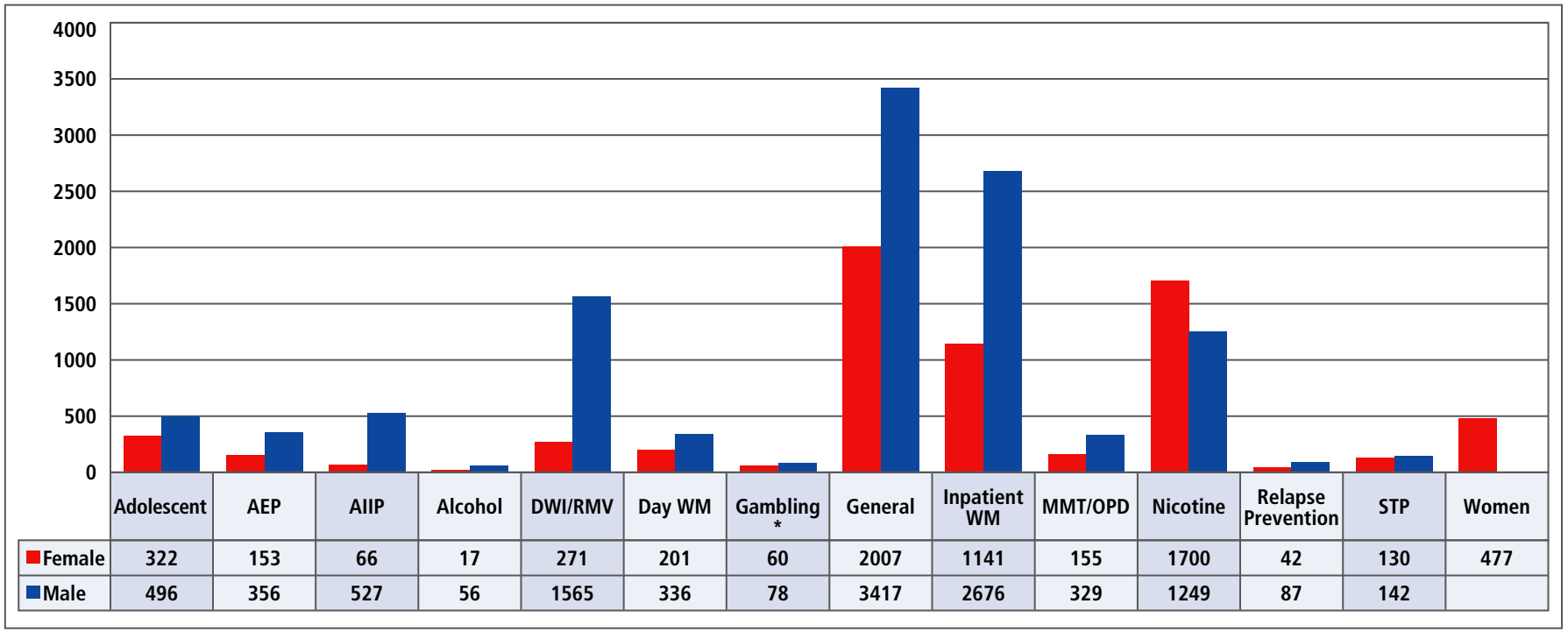
The following is a district breakdown of clients who were actively seeking treatment during 2010–2011.
The total number of active client registrations from all districts was 18,353.
Following the same pattern as prior years, CDHA (DHA 9) and Cape Breton (DHA 8) account for nearly half (48%) of the total active client registrations.

Total Number of Active Client Registrations, 2010-2011. N= 18,353



Clients of Addiction Services can partake in a variety of programs throughout Nova Scotia. Below is a list of some common services that were utilized, broken down by gender. Some clients could be registered in more than one program; therefore, the total number of clients will not equal 18,353. General community based services had the highest registration (29%), which is comparable to 2009–2010 when 27% of active clients were registered in the program. An examination of programs by gender shows that the second highest number of registrations by women was in the nicotine program (9%) and by men was in the inpatient withdrawal management program (14%); both trends align with 2009-2010 annual report.

Number of Active Registrations by Program & Gender, 2010-2011. N= 18,353

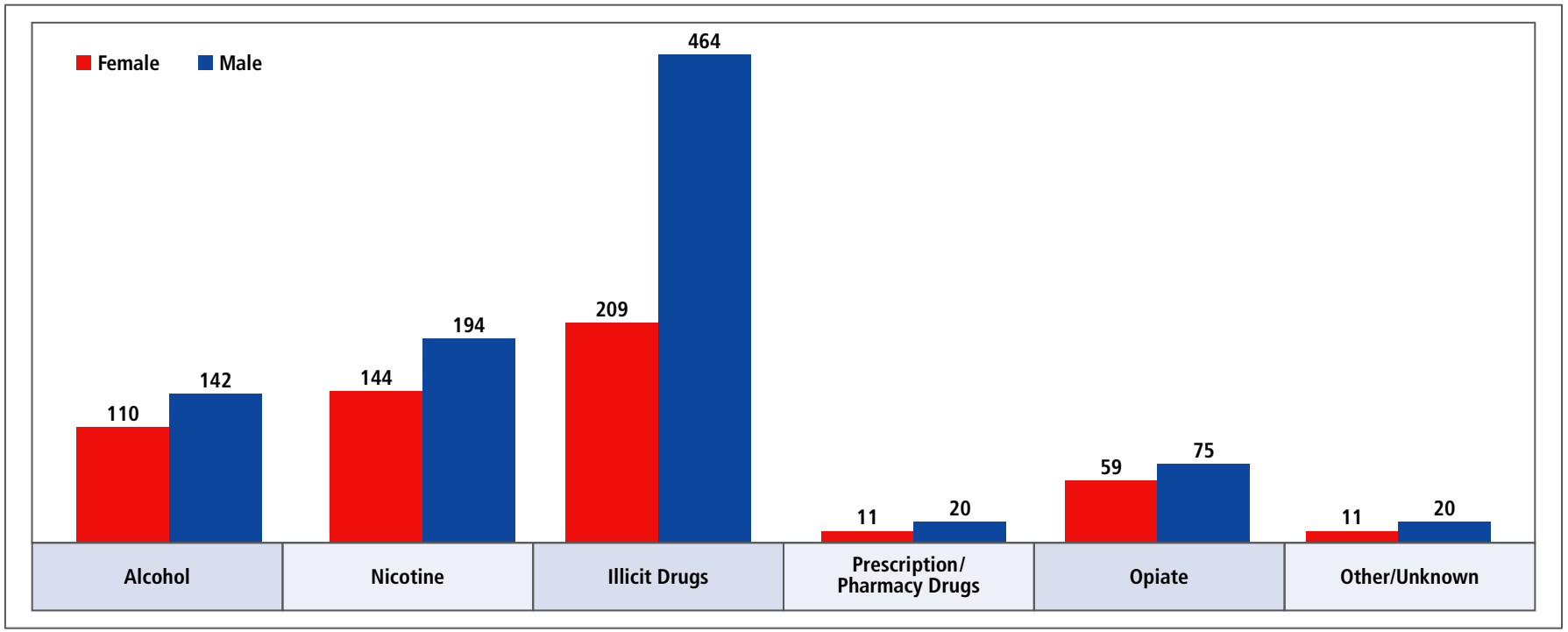


	Adolescent	AEP	AIIP	Alcohol	DWI/RMV	Day WM	Gambling *	General	Inpatient WM	MMT/OPD	Nicotine	Relapse Prevention	STP	Women
Female	322	153	66	17	271	201	60	2007	1141	155	1700	42	130	477
Male	496	356	527	56	1565	336	78	3417	2676	329	1249	87	142	

*CDHA's clients are not included, gambling clients are caputred in CBS General

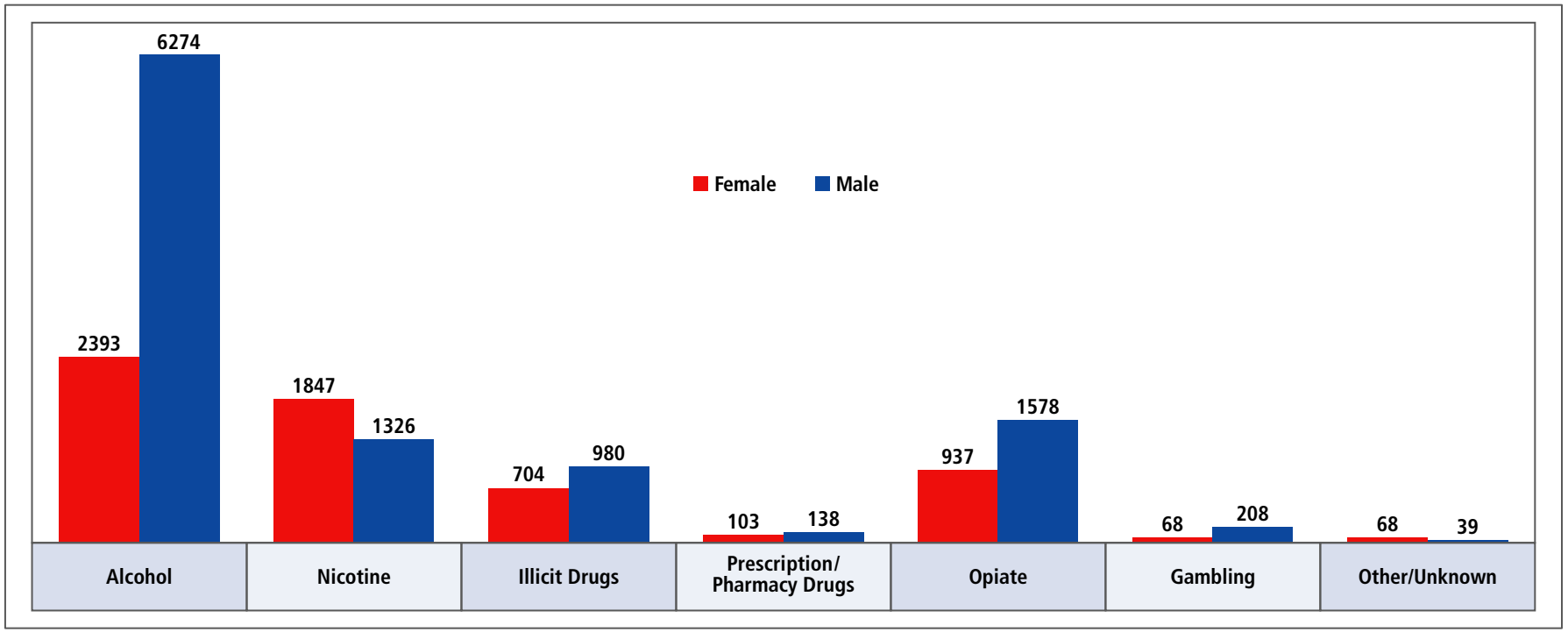
The following table examines the primary treatment issues of adolescents.
The percentage of registered adolescents seeking treatment for illicit drug use increased from 43% (2009–2010) to 45% (2010–2011). However, the number seeking treatment for prescription drugs and alcohol use declined among both males and females in this reporting period.
Treatment for illicit drugs and nicotine were the most sought-after services in 2010–2011, while in the previous year treatments for illicit drugs and alcohol use were most in demand.
Unlike in previous years, opiate use has been identified separately in this report and is not combined with prescription/pharmacy drugs.
For this reason it would not be appropriate to compare data of clients' prescription use from prior years.

Adolescent Active Registration by Primary Treatment & Gender, 2010-2011. N= 1,500



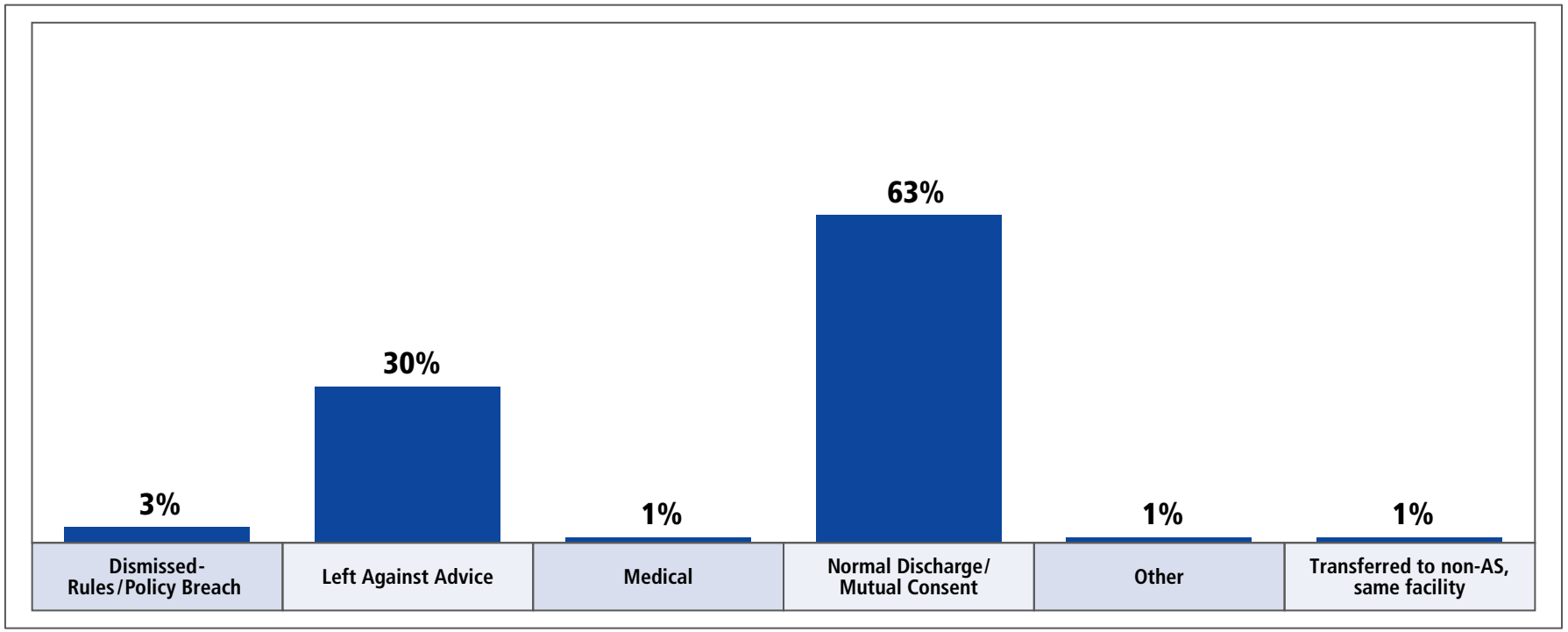
Comparison of the primary treatment required by adolescents and adults is instructive. Unlike adolescents, more than half of the actively registered adults (51%) indicated their primary treatment was for alcohol use. However, for both adolescents and adults, treatments for gambling and inappropriate use of prescription/pharmacy drugs were the least in demand. The primary treatment issue reported by the smallest percentage of adult women was gambling (<1%); for adult men it was prescription/pharmacy drugs (<1%).

Adult Active Registrations by Primary Treatment & Gender, 2010-2011. N= 16,853



Reason for discharge is an important factor in understanding client treatment. The following graph depicts how clients were discharged from withdrawal management inpatient throughout 2010–2011. The majority (64%) completed the withdrawal management inpatient treatment, a 3% increase from the previous year. Left against advice (30%) was the second most common reason for discharge, which is down 4% from 2009–2010. Other discharge reasons that were tracked include: medical reasons, rule/policy breach, transferred to a treatment area other than Addiction Services, and any other reason not listed.

Withdrawal Management Inpatient: Reason for Discharge, 2010-2011. N= 3,767



Community Based Services General incorporates Alcohol, Gambling, General, and Women.
The wait times standard is that clients, who upon completion of intake are identified as a general level of priority, should not wait longer than 15 business days to receive service(s).
When wait times are calculated across the provincial districts, 64% are complying with this standard.
Overall, 5 out of 10 Nova Scotian clients had to wait 10 days and 9 out of 10 clients had to wait 41 days.

Below is a breakdown, by district, showing the number of days that clients wait before receiving services.
When compared to 2009–2010, South West Health, Annapolis, Cumberland Health and Guysborough Antigonish Strait Health have all decreased the number of wait time days.

CBS General Wait Times by District, 2010-2011.