

Addiction and psychiatry services for workers with coexisting conditions

Workers with accepted physical injury or mental health claims who present with concurrent substance use may be eligible for a range of psychiatric and addiction services through WorkSafeBC. Family doctors whose patients will benefit from mental health or addiction assessment and treatment can provide this recommendation by contacting their patient's WorkSafeBC case manager or providing a medical history summary and recommendation in your Physician's Report (Form 8/11).

WorkSafeBC's contracted providers deliver a variety of community-based and residential addiction services.

Community services

Community Pain and Addiction Services

These services are provided by physicians who are certified by the American Society of Addiction Medicine, the Canadian Society of Addiction Medicine, or the American Board of Addiction Medicine, or are fellows in addiction medicine. These specialists provide assessments for diagnosing substance-use disorders and may also assess patients with coexisting pain and addiction, complex medication regimes, or those who are demonstrating aberrant behavior. Treatment services are designed to manage and monitor a patient's medication plan and can include tapering and weaning strategies for opioids and sedatives, as well as adjunct medication use. Opioid agonist initiation and maintenance therapy could include meth-

adone or buprenorphine substitution and management. Urine drug screens may be used to monitor the effectiveness of the medication plan, and progress reports will be provided to the patient's attending physician.

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Intensive Outpatient Program

Counselors in the Intensive Outpatient Program provide one-on-one supportive counseling or group treatments over a 12-week period for patients with a mild to moderate substance-use disorder who would benefit from staying at work or who have recently completed an inpatient residential addiction program. For 2 hours per day, 4 days per week, the program includes group meetings, random drug and alcohol screening, and aftercare.

Concurrent Care Program

For patients with concurrent mental health and addiction issues, addiction psychiatrists, psychologists, and clinical counselors in the Concurrent Care Program address the patient's complex needs with an interdisciplinary approach. This approach includes individual and group sessions, education classes, cognitive behavioral therapy, dialectical behavioral therapy, mindfulness-based relapse prevention, motivational enhancement therapy, and family support. The treatment goal is to stabilize the patient's mental health and substance use with biopsychosocial treatment.

Residential services

Residential Addiction Services

The interdisciplinary team in Residential Addiction Services employs a biopsychosocial model to treat patients with alcohol and drug addictions on an inpatient basis, providing medically supervised abstinence-based interdisciplinary programs. Where clinically appropriate, residential programs provide supportive medication-assisted treatment to promote recovery from opioid addiction, which can include the use of naltrexone or buprenorphine. Services include detox, behavioral therapy, individual and group sessions, anger management, and individualized care.

Residential Trauma and Addiction Services

Where posttraumatic stress disorder (PTSD) is an accepted condition, or is determined to be a result of the patient's work-related physical or mental trauma, the interdisciplinary team in Residential Trauma and Addiction Services provides intensive integrated treatment for concurrent PTSD and addiction. This residential service provides a medically supervised abstinence-based interdisciplinary program using a biopsychosocial model. Trauma-specific components (in addition to substance-abuse treatment) include stabilization grounding techniques and self-regulation, specialized trauma-focused groups including psycho-education, coping strategies, and cognitive processing therapy, and in vivo exposure and behavioral activation.

WorkSafeBC will soon be contracting with a provider to deliver an intensive residential mental health program for patients with primary

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mood and anxiety disorders, PTSD, or substance use.

Support recovery services and relapse prevention

Support Recovery Services

To facilitate recovery and allow for community reintegration, Support Recovery Services provides a safe, supportive, and stable temporary environment to facilitate recovery. This service solidifies relapse-prevention skills while recovering patients are living in a safe setting.

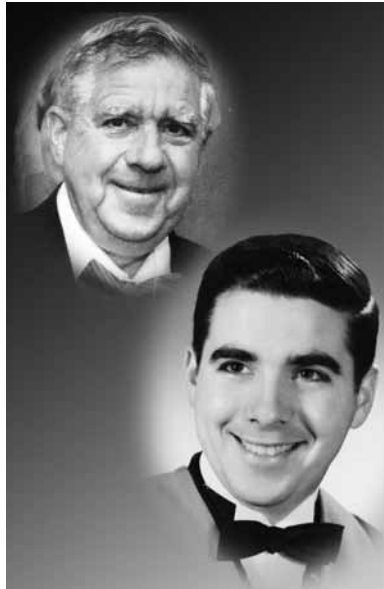
Relapse Prevention Medical Monitoring Services

Coming soon, WorkSafeBC will be contracting with a provider for Relapse Prevention Medical Monitoring Services. These services are designed to ensure compliance with a patient's customized relapse-prevention agreement while under clinical supervision. Medical monitoring will include random biological testing, regular PharmaNet reviews, and ongoing accountability sessions to ensure engagement in recovery activities.

For further information or assistance regarding a worker's mental health condition or substance-use issues, contact either a medical advisor in your local WorkSafeBC office, or the claim manager for your patient, or make the request on your Form 8/11. You can also call the new WorkSafeBC physician hotline (1 855 476-3049), which is available to external prescribers who have patients with active WorkSafeBC claims. The hotline is staffed by in-house and external medical experts in addiction who can provide counseling in management of opioids, tapering, nonpharmaceutical strategies, harm reduction programs, community resources, and referrals. It is open weekdays from 8:30 a.m. to 4:30 p.m.

—Michelle Tan, MD, CCFP
Medical Advisor, Health Care Programs, WorkSafeBC

obituaries



Dr Addie Charles McGregor Ennals 1937–2019

It is with sadness that we announce the passing of Dr Addie Charles McGregor Ennals (Charles). Born in the King's Daughters' Hospital in Duncan on 13 June 1937, he passed away from postoperative complications following emergency surgery in Nanaimo.

After graduating from Cowichan Secondary School, Charles entered Victoria College and was then admitted to the UBC Faculty of Medicine, graduating in 1962. The inaugural issue of the *UBC Medical Journal* was printed in that year, highlighted by a comprehensive eight-page article written by this fourth-year student, titled "Trends in BC medical care." How prophetic was his vision! This was an evolving but tumultuous time in Canadian medicine, and Charles indeed contributed to its successful transition. He practised family medicine for 40 years, predominantly in Cowichan, where he quickly gained respect from his colleagues and was elected to the position of president of the medical staff at Cowichan

District Hospital from 1974 to 1977. During that time a gradual transformation to a regional referral centre took place under his diplomatic and able hand.

When medical care insurance was established in BC, the BCMA was very much involved in setting up the honor system of billings that is the mainstay of our system today. Charles was astutely appointed to the Patterns of Practice Committee, which he chaired from 1971 to 1987. He then represented the BCMA on the Medical Advisory Committee and Audit Inspection Committees of MSP until 2005. For his many contributions, he was deservedly awarded an honorary membership in the CMA in 2006.

Charles was active in politics as well, first as vice president and treasurer of the BC Social Credit Party from 1969 to 1970, and as a candidate for the provincial legislature in four elections. He was also a member of the Malaspina University-College Board, and chair from 1990–92. For 33 years Charles was also a member of the Zenith Gyro Club of Duncan.

Retirement for Charles and Jill (his bride for 48 years) led them back to Jill's family homestead farm at Craig Bay in Parksville where they became active at growing produce, selling vegetables and eggs, and interacting with their market clients. Charles dreamed of playing the bagpipes again, but his wind was just not sufficient. Perhaps there will be a skirl of the pipes heard where this fine man now rests.

—Jill Ennals, RN
Nanose Bay

—Donald R. Hilton, MD, FRCPC
Chemainus