Northwestern Ontario Prescription Drug Abuse Treatment Program

Dr. Sharon Cirone
Dr. Ashok Krishnamurthy
DISCLOSURE OF COMMERCIAL SUPPORT

• This program has received NO financial support
• This program has received NO in-kind support from
• No potential for conflict(s) of interest for this program
• Faculty: Dr. Sharon Cirone
  • No commercial relationships or interests
• Faculty: Dr. Ashok Krishnamurthy
  • No relationships with commercial interests
Outline

• History of Northwestern Ontario PDA Epidemic and Responses
• Epidemiology
• Policy
• Program Development
• Buprenorphine
• Community-wide measures of wellness in a remote First Nations community
• Summary and Discussion
History of Northwestern Ontario
PDA Epidemic and Responses

- Chiefs of Ontario
- Health Canada
- Individual communities

FINAL REPORT

PRESCRIPTION DRUG ABUSE STRATEGY

‘Take a Stand’

November 18th, 2015
History of Northwestern Ontario
PDA Epidemic and Responses

- Chiefs of Ontario
  - Regional chiefs in North-western Ontario have declared prescription drug abuse (PDA) to be an epidemic/crisis/state of emergency in some communities ~ 2009/10
  - Dr. Claudette Chase- first community based treatment program 2010
    - Primary care physician based in a small First Nations Community in Sioux Lookout Zone
    - Started induction of ~ 5 pts on 5-7 day detoxification on Buprenorphine
    - Counselling in community provided
    - Led to further interest in other communities and development of other community programs to treat opioid abuse
    - Purdue’s impending discontinuation of Oxy Contin in 2012 accelerated the preparation of community based programs to deal with the epidemic
Epidemiology

- Canada has had the second-highest levels of PDA globally behind the United States.
- Non-medical PDA has *not* been declining in special risk populations such as First Nations.
Epidemiology

- Northern Ontario First nation’s communities: more than 50% of the adult population are reported to be PDA users and in need of treatment

- Main drug of abuse is Oxy Contin

- The number of deaths due to opioid overdose ~ two-to-five times higher in First Nations communities
Emergency room visits related to opioid use in Ontario

Provincial administrative data on hospital services in recent years also shows striking changes related to opioid use. This chart shows how the rate of emergency department visits for mental and behavioural disorders due to use of opioids rose between 2008/09 and 2010/11.³

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All of Ontario</td>
<td>2.6 for every 10,000 people</td>
<td>3.7 for every 10,000 people</td>
</tr>
<tr>
<td>Northern Ontario only</td>
<td>9.2 for every 10,000 people</td>
<td>22.9 for every 10,000 people</td>
</tr>
<tr>
<td>First Nations</td>
<td>12.1 for every 10,000 people</td>
<td>55 for every 10,000 people</td>
</tr>
</tbody>
</table>

MOHLTC 2011
Policy

- The Chiefs of Ontario in collaboration with the First Nations and Inuit Health Ontario Region (FNIH-OR) undertook Resolution 08/68 to
- Develop recommendations that would:
  - build upon promising practices in First Nations with the goal of preventing, treating and eliminating prescription drug abuse
  - inform the development of federal, provincial and First Nations research practices, programming, policy directions and associated resources
  - be flexible, adaptable, and culturally appropriate, to respect the unique and distinct needs for each First Nations community
  - enhance the capacity of Ontario First Nations to address the PDA
Policy

- Spring 2011: First Nations leaders in Ontario called on the Provincial/Federal governments for assistance in handling a health crisis following Health Canada’s decision to cut NIHB funding the addictive opiate painkiller Oxy Contin.

- June 29, 2012, the Trilateral First Nations* Health Seniors Officials Committee (TFNHSOC) approved a work plan that recommended:
  - A series of immediate, short term and long-term results-based initiatives that will improve mental health and addictions services for First Nations people living on reserve in Ontario.
  - All in the aim of reducing PDA.
  - Enhance access to a full continuum of services for people addicted to prescription opioids.

* Organization of all levels: First nations, Provincial and Federal Government health officials that were tasked to find a solution to the opioid abuse epidemic.
First Nation Programs
Specificity/Success

- Community takes ownership and leadership
- Program uniqueness, tailored to the community
- Encourage healthy lifestyles

- Enhance the resiliency of First Nation People, families and communities
- Program delivery by community members
- Community and Community Elders participation/endorsement of new program participants
First Nation Programs

Specificity/Success

- Build upon the resiliency of First Nation people, families and communities
- Program delivery by community members
- Community and Community Elders participation and endorsement of new program participants
Program Development

- Community-based prescription opioid abuse treatment programs to help deal with the opioid abuse crisis
  
  - **Holistic**-treatment programs: counselling and support
  - Pharmacological supports: **Buprenorphine** for withdrawal/relapse prevention
  - **Life skills** development, **cultural** knowledge and **resiliency** building
  - Emphasized **traditional culture, community development** and engagement
  - After Care programming, **integrating First Nation values**, beliefs, ways of knowing and doing in all facets of care
Programmatic Preference for Buprenorphine

- First Nations communities express a **strong preference for access to Buprenorphine** as an opioid pharmacotherapy over methadone.
- Buprenorphine is **easier to store and dispense** in remote communities.
- Abstinence-based programs have high relapse rates.
- For remote community members, the **other challenges of methadone** include:
  - daily dosing schedule
  - higher risk of overdose with methadone
  - need for physicians to meet certain prescribing requirements/licensing requirements
Buprenorphine Policy

- Ontario provincial drug plan added buprenorphine/naloxone (Bup/Nlx) to its formulary then followed by the Non-Insured Health Benefits program (First Nations community drug insurance provider) in 2012
- College of Physicians and Surgeons of Ontario permits all physicians to prescribe bup/nlx, even if they do not have a methadone license
Community-Opioid Treatment Program Partnerships

• **Physician:** assesses the program participants and prescribes Bup/nlx
• **Pharmacist:** dispenses and packages the Bup/nlx and sends it to a nursing station in the First Nation.
• **Nurse/community health worker** administers the Bup/nlx to program participants.
• **Support worker:** mental health, addictions or peer counsellor – provides support, counselling and referral services to program participants.
• **Referral services:** made to specialized psychosocial support providers or to parenting, education or life skills programs as appropriate
• **Community-based healers/mentors/elders** mentor and provide guidance to participants
First Nation Community

Community members: 1000

Population on reserve: about 800

Language: English, Oji-Cree
The Community
The Program

- Developed through the initiatives of The Chiefs of Ontario, with the support of local clinicians, community programs and support services and Health Canada
- Pre-treatment program: 7 deaths related to PDA
- Community developed a PDA working group
- First group induction July 2012; group treatment and OST
- 2012: 4 group inductions, 2013: 4 groups, 2014: follow up and individual intakes, 2015: follow up and aftercare programming
- Total in treatment: 170 community members
- In-community retention rate 98%
- Daily observed dosing, take home doses for travel and work
- Random UDS
Community-wide measures of wellness in a remote First Nations community experiencing opioid dependence

Evaluating outpatient buprenorphine-naloxone substitution therapy

in the context of a First Nations healing program

Dinah Kanate, David Folk MD CCFP, Sharon Cirone MD CCFP, Janet Gordon RN
Mike Kirlew MD CCFP, Terri Veale RN(EC), Natalie Bocking MD CCFP,
Sara Rea, Len Kelly MD MCI Sc FCFP FRRM
Measures of Wellness in 2014

- Drug-related medical evacuations (assaults, suicide attempts, overdoses, and sexual assaults believed to be directly related to drugs or addiction) fell by 30.0%
- Needle exchange dispensing decreased by more than half
- The nursing station noted that children and elderly patients were being brought in for medical care at earlier stages of illness
- The nurses noted that the community clinic became more of a primary care centre than a trauma centre, as they were now caring for less drug-related violence and its medical sequelae
- Seasonal influenza immunizations had dramatically gone up by 350.0%
Measures of Wellness in 2014

- school attendance increased by 33.3%
- child protection cases fell by 58.3%
- attendance at community events increased robustly
- sales at the local general store have gone up almost 20%
- police criminal charges had fallen by 61.1%
Evaluation of 6 remote First Nations community-based buprenorphine programs in Northwest Ontario

• Still in print
References


• Kahan, M. (2014, February 13). Statement made by Dr. Meldon Kahan (Medical Director, Women’s College Hospital, As an Individual) at the Health Committee. Retrieved from https://openparliament.ca/committees/health/41-2/14/dr-meldon-kahan-1/only


Special Thanks

• Dr. Claudette Chase
• Dr. Meldon Kahan

- for providing guidance and information used for the preparation of this presentation