Supporting First Nations Community-Based Buprenorphine Programs

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Things I Wish Someone Had Told Me About Working with Community Suboxone Programs…

Disclosures

- None
- First Step Clinics, Oshawa
- Women’s College Hospital, Toronto
- Visiting and Consultant Physician to Webequie First Nation

Objectives

- Context and benefits of buprenorphine in the management of Opioid Use Disorder in (remote) FN communities
- What is a “community based program”?
- Challenges and strategies:
    - Logistical
    - Philosophical
    - Political

SIOUX LOOKOUT
Meno Ya Win
HEALTH CENTRE

Fort Severn
Bearskin Lake
Kitchenumaykoosib
Sachigo Lake
Muskrat Dam
Wapekeka
Kasabonika Lake
Wawakapewin
Sandy Lake
Kingfisher Lake
Keewaywin
Wunnumin Lake
Webequie
Deer Lake
Koocheching
Weagamow Lake
Nibinamik
North Spirit Lake
McDowell Lake
Poplar Hill
Neskantaga
Pikangikum
Cat Lake
Eabametoong
Pickle Lake
New Slate Falls
Mishkeegogamang
Red Lake
Winnipeg
Lac Seul
Savant Lake
Hudson
New Saugeen
Kenora
Dryden
Sioux Lookout
Fort Frances
Thunder Bay
Sioux Lookout
Sault Ste. Marie
Toronto

First Nation Community
Southern Municipality
Other Communities

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WEBEQUIE FIRST NATION

HOME COMMUNITY BUSINESS MEDIA GALLERY CONTACT

Welcome

Webequie is a growing Ojibway community located on the northern peninsula of Eastwood Island on Winisk Lake, 540 km north of the city of Thunder Bay. The 850+ community members originate from all over Northwestern Ontario, and enjoy a life that embraces traditional cultural practices.

Surrounded by Winisk River Provincial Park, Webequie provides tourists a pristine natural landscape with some of the best fishing and hunting in Northern Ontario. Learn more.

LATEST NEWS

"Honouring Awashishuk" Pow Wow

Webequie First Nation held their annual Pow Wow July 22 and 23....

2017-2019 Chief and Council

The Chief and Council for this term 2017 to 2019 are the following; Chief ...

UPCOMING EVENTS

There are currently no news articles to display. Please check back later.

NEWSLETTER SIGN UP

Enter Email Here

Sign up for the Webequie Newsletter Today!

Be the first to find out about the latest news, events, and happenings in and around our

Impact of Opioid Use

- 2010 – Chiefs of Ontario declared Prescription Drug Abuse an epidemic
- 2011/2012 NAN estimated 9000 community members with opioid dependence
- Estimates up to 40% adults between ages 20-50 in some communities
- Consequences: Opioid related overdoses, crime, social dysfunction

REALIZING OUR RIGHTS: UNLOCKING OUR ECONOMIES

EXERCER NOS DROITS : LIBÉRER NOS ÉCONOMIES

Assembly of First Nations

Special Chiefs Assembly

December 6 - 8, 2011
Ottawa, Ontario

Assemblée des Premières Nations

Assemblée extraordinaire des Chefs

Du 6 au 8 décembre 2011
Ottawa (Ontario)

Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations in Canada

Benefits of community buprenorphine programs

- High rates of retention in treatment - 78% of patients still in treatment after 12 months (vs provincial average of 50%, Mamakwa et al)
- Almost 90% of urine drug screens negative for illicit drugs among those on buprenorphine
- Improvements in measures of community wellness (Kanate et al)
  - 61% reduction in criminal charges
  - 58% reduction in child protection cases
  - 33% increase in in school attendance
  - 350% increase in seasonal influenza immunizations
  - Robust attendance at community events
- Improved A1C readings for those with type 2 DM participating in buprenorphine treatment vs those not being treated for opioid dependence (Tilbrook et al)

What is a Community Based Program?

- Developed by the community with its particular needs in mind
- Sits outside of the traditional/formal health-care settings and structures,
- Uses existing social structures and strengths
- Delivered in a way that is person- and population-centered

(http://www.cihr-irsc.gc.ca/e/43626.html)

Community-based buprenorphine for OUD: Guide for Indigenous communities

- Program Team –
  - Coordinator from the Band Council,
  - mental health and addiction worker (NNADAP)
  - medication dispensers
  - Physician
- Medication is shipped in from urban pharmacy
- Daily dispensing of buprenorphine by program staff (in some communities nursing station staff dispense)
- No carries in the community
- Urine drug testing
- Counseling /Aftercare workers
- Patients are discharged for violation of program rules – e.g. selling tablets

Funding

- Medication – covered by provincial and federal drug plans (NIHB/ODB)
- MDs – provincially funded
  - per diems based on funding agreement between SLRPSI and MOH, administered through SLFNHA
  - Travel – Health Canada for community MDs, CPSO for addiction "locums"
- Mental health workers, dispensing and aftercare staff, additional counseling funded through Health Canada – unstable, cyclic

Variable Elements

- MDs – community physicians vs “locum” addiction physicians
- Carries for travel (none, vs up to 7 based on “clean” screens)
- Urine drug testing frequency (weekly, monthly, no schedule)
- Counseling –
    - trained community members vs visiting counselors
    - Encouraged vs “required”
- Program rules, degree of enforcement and options for re-entering the program
- Participation in Traditional Activities
- Involvement of Health Canada nurses
- Where the program is housed

Logistics

MDs

- Community MDs – models
  - Integrate buprenorphine into primary care
  - Set aside time for specific buprenorphine assessments at community visits
  - Do occasional buprenorphine initiations
  - No inductions but manage prescriptions once patients are on meds
- “Locum” Addiction MDs
  - Visit for inductions several times/year with no ongoing care
  - OTN
  - Ongoing prescription/program support

- *"There is no way I could manage a large group induction solo without compromising care for other medical issues in the community. However recently we haven't had large lists of people wanting to start. Most suboxone requests are for restarts, either people tapered off and relapsed or patients who had returned to the community after a prolonged absence. I have usually restarted patients as they presented. Now there are usually only a handful of new people requesting to start and I do the inductions during my weekly visits. Starting 2-3 people doesn't take an inordinate amount of time away from other clinical duties. The nurses much prefer this as well because the prep they do for inductions is time consuming and 1-3 a month is much more manageable than 15 every few months."*

Induction models/Expectations

- Planning: assessment, blood work and UDS – RN

- Induction week followed by month of day program/counseling
- 6 week induction
- 9 days of participation over 3 weeks
- Programming before approval for admission (exc prenatals)
- Restarts

Contract

- Attending DOT within appropriate time frames
- Taking medication as dispensed
- Leaving UDS when requested
- Participation in programming/counseling
- Following the protocols for requesting and managing carries

Who creates the contract?
Who reviews and signs it?
What are the consequences for not meeting it?
Who imposes the consequences?

Consequences for diversion

- First chance vs immediate suspension x 2 months
- Rapid taper
- Challenges:
  - Determining contract breaches
  - Conditions to restart?
  - Availability of MD to restart

- Crushing – almost all communities crush tablets – either for everyone or all doses over 4mg

Medication Management

- Safe and secure storage, safe staff
- Systems:
  - Blister packs sent q2 weeks - ideally on the same day of the week
  - Order tracking sheets checked and sent back to pharmacy
  - Process for returning unused medication
  - Long Rx so not renewed all the time
  - Process for Rx renewal
  - Forms for dose change requests
  - Determine method of communication with MD and expectations around timeframes

Strong relationship with primary pharmacy

SUBOXONE LIMITED USE REQUEST FORM

{Case Number}

PROTECTED B WHEN COMPLETED

SECTION 1: PRESCRIBER/PATIENT INFORMATION

Prescriber Name:	Wyman, Jennifer	Prescriber #:	208835
Prescriber Address:	P.O. Bag 4000, Sioux Lookout, Ont. P8T 1K2	Date (yyyy/mm/dd):	2017-11-11
Prescriber Phone:	807-737-5160 Fax: 807-737-4866		
Patient's Surname:		Given Name(s):	
DOB: (dd/mm/yyyy):	24/07/1979 (d/m/y)	Gender: M Case#:	
Drug Requested: (Item Name:)	Suboxone	DIN: (DIN-Item #)	

SECTION 2: TO BE COMPLETED BY PRESCRIBER

For coverage of buprenorphine/naloxone (Suboxone):
(Coverage is provided to a maximum of 24mg daily)

- The client is 16 years of age or older; and
- The client will be placed in the NIHB Prescription Monitoring Program (NIHB-PMP) which restricts coverage of, benzodiazepines stimulants and gabapentin to a sole prescriber.
- Coverage of opioids will also be restricted and require a justification for the patient from the prescriber.

Suboxone must be prescribed by a prescriber with experience in substitution treatment in opioid drug dependence OR completion of an accredited Suboxone Education Program.

Complete the following:

Please provide the name of the community where your patient normally resides: Webequie

Please specify the reason for use of Suboxone over other alternatives (ex. methadone)

- ☐ **Methadone not available**
- ☐ **Patient preference**
- ☐ **Physician Preference**
- ☐ **Methadone contra indicated**

For NIHB coverage of Suboxone in remote communities there must be appropriate alternate supports and infrastructure for dose witnessing, safe storage and handling. Please describe:

- ☐ **NAN Community program already in place**
- ☐ **NAN Community; Community based program started up**

If client is currently on methadone, please indicate the anticipated start date for Suboxone:

Note:

- Information related to appropriate supports and infrastructure will be confirmed by the NIHB Program.
- Patient should have access to ongoing addiction counselling and support to assist in the process of opioid maintenance therapy.
- Suboxone will not be started for clients currently on methadone.

Comments/Specialist Name (if applicable):

Client birthdate: July 24, 1979

For your information this client has requested a dose decrease

FROM 3 mg every 1 day(s)

TO 2 mg every 1 day(s)

The client has had 7 (this year) expected urine drug screen results in a row.

Any other information needed eg abnormal urine drug screens, behaviours in program etc:

If this change is acceptable, please adjust the blister pack.

Date: Sept. 28, 2017

Signature:

Dispensing

- Space
- Hours
- Sign-in sheets
- Crushing
- Confidentiality

Carries vs Travel Rx

Eligibility:

- 2 months on the program
- 1 carry for every “clean” urine up to 7
- return all unused carries on return to the community

Challenges:

- no regular urine screening
- forms come in late – after someone has left the community
- pharmacies don’t receive fax
- pharmacies aren’t open on Sundays

Some programs allow no carries
Some programs allow everyone carries up to 4mg

My Current dose: 4 mg every ___ day (s) My Band number: 1073

I am leaving the community to go to (NAME OF PLACE) Bush on (EXACT DATE) Thursday April 6 for 4 (EXACT) number of days.

I am travelling for the following reason (circle one or write response): MEDICAL APPOINTMENT or MEDICAL ESCORT or WORK RELATED or TRAINING or PLEASURE or TRADITIONAL ACTIVITIES or OTHER___

Unless carries are granted, please send a script for DOT to (CIRCLE ONE or FILL IN THE BLANKS):

- Janzens Thunder Bay (Bay Street)
- Rexall Front Street in Sioux Lookout
- Shopper's Thunder Bay (John and Memorial
- White Cedar Thunder Bay
- Another Pharmacy – I have called this Pharmacy to confirm they dispense suboxone:
  Name of Pharmacy:___ In the city of:___
  Pharmacy Phone number:___ Pharmacy fax number:___

** I understand that I must give at least ONE (1) week's notice for this request unless exceptional circumstances outside my control.

**If I have had an abnormal urine drug screen, I will not be given any carries until I have had three (3) consecutive clean urines.

**If I am given any carries, I must provide a urine sample the day I leave and the day I return.

** If I am given carries, I will have to return the blister pack when I return to Webequie, whether empty or with days remaining. I am not allowed to keep the carries in Webequie.

** I understand I may have to pay for the DOT at the pharmacy but I can submit my receipts for reimbursement to NIHB.

** If I am doing well in the program and have many clean urines I may be given carries for UP to 7 days.

**I understand that the suboxone workers will help me with my request during the working hours. I will not contact them after hours or at their homes to request carries or to receive my dose.

** I understand that if I am not allowed carries and I am going somewhere with no pharmacy or I may have no suboxone while I am away or I may be given a double dose on the day I leave (if I am 4mg or less).

**I understand that if I break these rules for the carries I may be denied carries in the future.

Thank you for considering my request.

Signature: Anette [signature]

For Suboxone program to fill in: No of Consecutive clean urines: 4
No of carries planned: 4
Exact dates needed for Rx:___
Workers signature: [signature]

Name
Birth Date
Band Number
Dose
Specific Pharmacy
Start and end dates

Urine Drug Screens

- Where? By who?
- How often?
- Random?
- What happens with results?
- Confidentiality

- Tracking sheet

Team:

Where
Who
Training
Turnover
Direction
Communication
EMR

HAPPINESS / LAUGHTER INSPIRATIONAL MESSAGES FROM EACH OTHER
Please don't sell :D;):P
Don't give up!!!
Say No to Drugs
Stay positive up!
Being sober means Good things Can happen
SUBOXONE IS A DANGEROUS MEDICATION
Please do not Give or Sell your dose to anyone
There is a risk of an ALLERGIC REACTION OR OVERDOSE Especially if mixed with alcohol or another narcotic.
You can be held legally responsible if anyone is harmed by taking your medication.
Every Day's a challenge Enjoy it!!
Life is good without drugs!
Nobody is Perfect.
DON'T BE DISAPPOINTED
PLEASE BE ON TIME
FOR YOUR WEEKEND DOSES
Yeah, Thanks :)

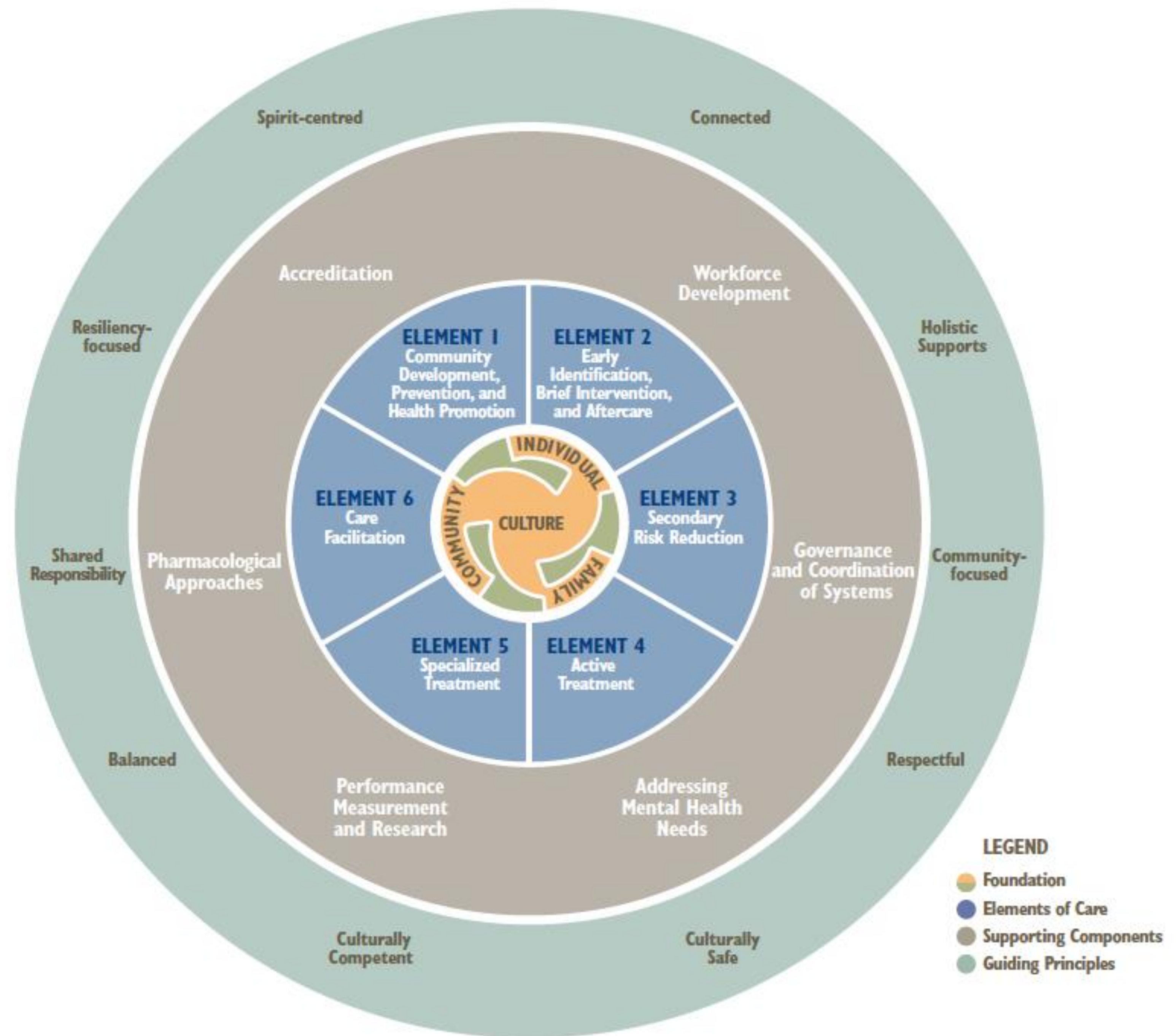
Pregnancy: Suboxone vs Subutex?

Harm Reduction vs Community Expectations

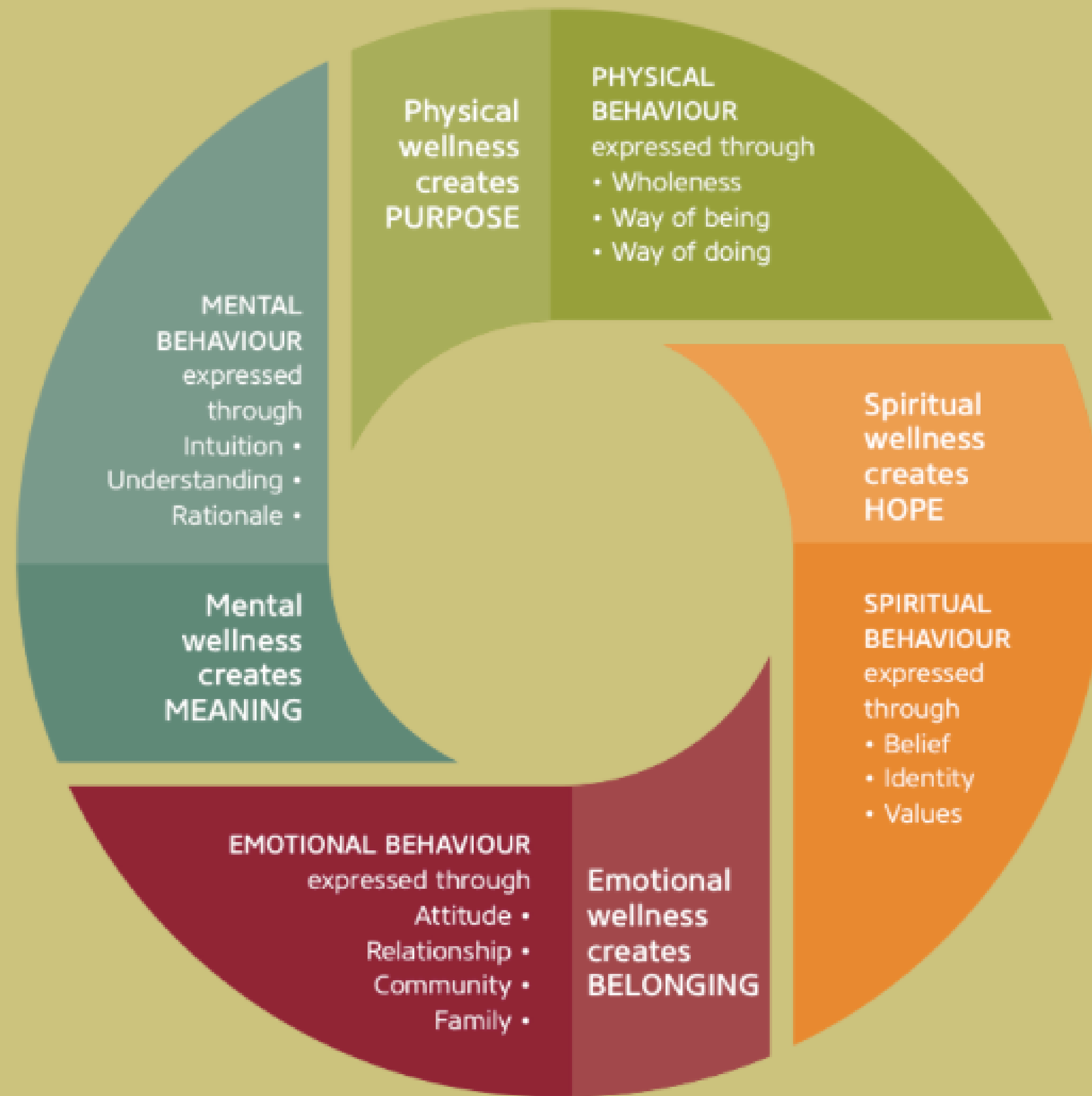
"WELLNESS FROM AN INDIGENOUS PERSPECTIVE IS A WHOLE AND HEALTHY PERSON EXPRESSED THROUGH A SENSE OF BALANCE OF SPIRIT, EMOTION, MIND AND BODY. CENTRAL TO WELLNESS IS BELIEF IN ONE'S CONNECTION TO LANGUAGE, LAND, BEINGS OF CREATION, AND ANCESTRY, SUPPORTED BY A CARING FAMILY AND ENVIRONMENT."

Elder Jim Dumont, *Definition of Wellness**

Systems Model



Common Cultural Interventions


Indigenous Wellness Framework
Physical wellness creates PURPOSE
PHYSICAL BEHAVIOUR expressed through
• Wholeness
• Way of being
• Way of doing
Spiritual wellness creates HOPE
SPIRITUAL BEHAVIOUR expressed through
• Belief
• Identity
• Values
Emotional wellness creates BELONGING
EMOTIONAL BEHAVIOUR expressed through
Attitude •
Relationship •
Community •
Family •
Mental wellness creates MEANING
MENTAL BEHAVIOUR expressed through
Intuition •
Understanding •
Rationale •

Traditional Practices

We now hunt, trap and fish freely. We skin and tan our own hides, make clothing, dry and smoke meat and fish over open fires and in tee-pees, and make tools and traditional shelters. We do traditional beadwork and make jewellery. We keep our infants in a tikinagan (traditional cradle board) where they are kept warm and comfortable, and develop a sense of security. We govern our Community with a Chief and Council, as we have for centuries.

Our daily mannerisms and behaviors reflect our distinctive lifestyle. We hold regular Feasts and gatherings to celebrate life, as we have for millennia. While most of our community belong to the Anglican Church, many freely practice traditional ceremonies. We have three sweat-lodges in the Community, and we are also home to traditional drumming groups. We hold Pow-Wows, and our Medicine men and women are revered. We encourage and support all the traditional behaviors that the people desire to partake in, and those behaviours are constantly increasing.

SCHOOL BUS
STOP

What factors contribute to the success of community-based buprenorphine programs?

- Staying local
- Relationship with treatment team
- Building relationship with community
- Grounded in First Nations understanding of addiction and of wellness
- Encourages participation in community and cultural activity

LOVE

How providers contribute

- Relationship with treatment team
- Building relationship with community
- Supporting First Nations understanding of addiction and of wellness
- Encouraging participation in community and cultural activity
- Being conscious of systemic racism, cultural humility and cultural safety

- http://www.fnha.ca/wellness/cultural-humility

Provincial Regulations – have lifted requirement to have a methadone exemption

- BC – no methadone exemption as of July 2016
- Alberta – must be registered to provide Triplicate Prescription; completion of the CAMH Buprenorphine course or equivalent is recommended
- Saskatchewan-methadone exemption OR minimum of 1 day with an MD with methadone exemption and 6 hours of addiction education every 2 years
- Manitoba - 2017– can prescribe buprenorphine with completion of the CAMH course
- Ontario – never required exemption; completion of buprenorphine course "recommended"
- Quebec?
- NB
- Nova Scotia – no exemption
- PEI – complete buprenorphine prescribing course, completion of fundamentals of addiction within first 2 years and minimum of 20 hours of addiction related CME every 5 years
- Nfld – complete CAMH Opioid Dependence core course and buprenorphine prescribing course
- Territories – cw B.C.

Ontario

1. Do I need a methadone exemption to prescribe buprenorphine?

No you do not. You are however reminded that as with any drug the College expects that all physicians who wish to use buprenorphine to treat opioid-dependent patients will have the requisite knowledge about its intended impacts, side effects and role in addiction treatment.

Physicians who prescribe buprenorphine are reminded that they must ensure compliance with all relevant College policies, including, but not limited to: Prescribing Drugs and Delegation of Controlled Acts.

Summary: Five years of experience has showed that opioid substitution therapy with Buprenorphine-Naloxone (both induction and ongoing maintenance) in remote, primary care settings shows this is safe and effective. The partnerships between medical staff, community workers, and community leadership have been crucial to this success. We strongly encourage governments, policy makers, and colleagues across Canada to expand access to and the use of Buprenorphine-Naloxone to allow for the appropriate treatment of opioid use disorders to be integrated in primary care settings.

http://www.healthcarecan.ca/wp-content/themes/camyno/assets/document/Reports/2017/HCC/EN/OpioidsBackgrounder_EN.pdf

ANGRY BIRDS
STAR WARS

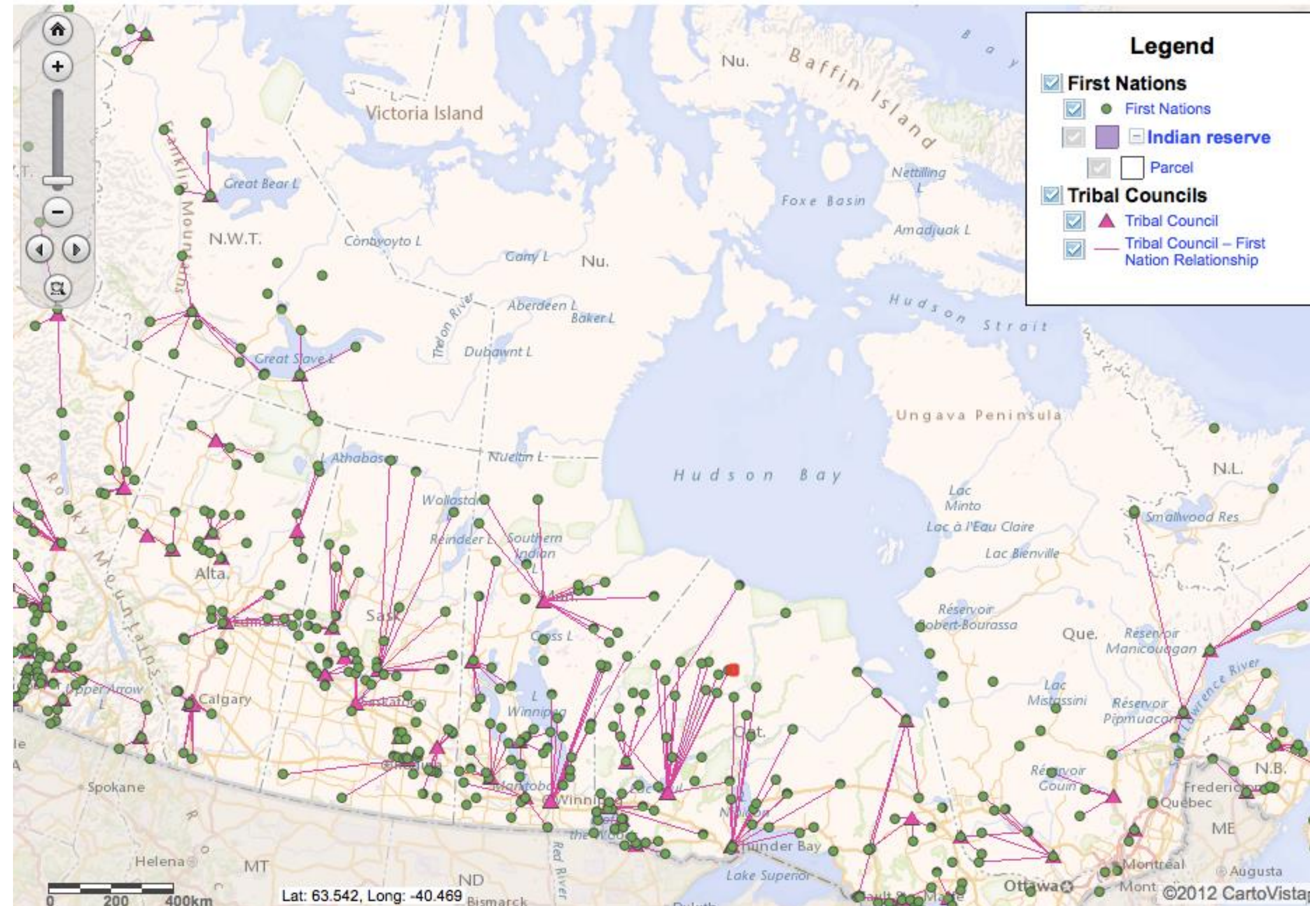
Thunderbird Partnership Foundation PDA Priority Actions

- Governance and coordination of care must support First Nations governance of services
- First Nations health care providers and addiction medicine institutions should develop online training courses and long distance clinical support for primary care physicians working in FN communities
- When invited to do so, addiction physicians should be supported to assist in buprenorphine treatment in FN communities
- Nurse practitioners should be allowed to prescribe buprenorphine

Thunderbird Partnership Foundation PDA Priority Actions

- NIHB and FNIH, Health Canada need to ensure sustainable, stable operational funding for PDA programs, including treatment with buprenorphine, addictions recovery, relapse prevention counseling, culture and land-based programing
- Health Canada should provide training and support for recovery from intergenerational/historical trauma and PTSD
- Indigenous communities should be offered support in establishing local, community based treatment programs
- Patients requesting to transfer from methadone to buprenorphine programs should be supported in doing so

First Nation Profiles Interactive Map



References

Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada

http://health.afn.ca/uploads/files/hos_en.pdf

Opioid Information Package

AFN Special Chiefs Assembly, Gatineau, QC December 2016

http://www.thunderbirdpf.org/wp-content/uploads/2017/02/Opioid-Info-Package.pdf

Kanate et al. Community-wide measures of wellness in a remonte First Nations community experience opioid dependence Canadian Family Physician February 2015, 61 (2) 160-165; http://www.cfp.ca/content/61/2/160.abstract.fr?langselect

Mamakwa et.al., Evaluation of 6 remote First Nations community-based buprenorphine programs in northwestern OntarioCanadian Family Physician, February 2017http://www.cfp.ca/content/63/2/137

Tilbrook et al. Opioid use disorder and type 2 diabetes mellitus. CFP, e350, July 2017 http://www.cfp.ca/content/cfp/63/7/e350.full.pdf

US VERSUS THEM

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