

Evaluation of buprenorphine treatment in 6 remote communities

A profile in courage – researchers, family physicians, and
community leaders

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Full reference

- Evaluation of 6 remote First Nations community-based buprenorphine programs in northwestern Ontario: A Retrospective study. Solomon Mamakwa, Meldon Kahan, Dinah Kanate, Mike Kirlew, David Folk, Sharon Cirone, Sara Rea, Pierre Parsons, Craig Edwards, Janet Gordon, Fiona Main and Len Kelly. Canadian Family Physician February 2017, 63 (2) 137-145

Quick summary

- Retrospective chart review of buprenorphine programs in six small, remote First Nations communities in Northern Ontario
- 526 patients with opioid use disorder were reviewed
- Treatment retention rate at 18 months – 72%
- Urine drug screens (in 1 community) – 84-95% free of illicit opioids

Results run counter to conventional wisdom

- Programs are designed and operated by the communities, which have very limited access to addiction or mental health clinicians and therapists
- Buprenorphine prescribed mainly by the community's FP
- The population has very high rates of psychiatric comorbidity (complex intergenerational PTSD)
- Yet treatment retention rates are far higher than provincial averages in Ontario (1 year retention rate around 45-50%)
- The communities also improved in measures of community wellness: Crime rates down by 61%; child apprehensions down by 58%; school attendance up by 33%; influenza immunization rates up by 350% (Kanate 2015)

Conclusions

- Programs need to integrate buprenorphine treatment with community-designed and led programs, using culturally meaningful therapeutic approaches: Land based activities, traditional healers, sweat lodges, smudge ceremonies
- Doesn't work to parachute external treatment programs into their communities eg for-profit methadone programs

A profile in courage: The investigators

- Full disclosure: MK assisted in writing the manuscript, but didn't do the actual research
- The study reviewed regional EMRs and paper charts of six remote communities separated by long distances
- The study was conducted without a large research grant and research staff
- It took many many hours of hard work

Why did they do it?

- Most of the investigators were clinicians or community leaders who live and/or work in these communities
- The study was part of a larger, ongoing effort by investigators to combat the opioid crisis devastating their communities
- Investigators felt it was imperative to evaluate these programs and publish the results
 - This is the first such study in the world literature
- This paper, and its companion on community wellness, have greatly facilitated the investigators' attempts to:
 - Encourage other First Nations communities to accept buprenorphine
 - Acquire resources and support from provincial and federal governments
- This was research driven by passion for social justice

The courage of the family doctors

- These programs were started by a few family physicians who were based in Sioux Lookout and provided fly-in care to these communities
- The physicians worked with local band leaders to prescribe buprenorphine themselves, with mentorship and support from addiction doctors in Sudbury and Toronto
- They arranged training through conferences, video workshops, informal mentorship etc
- They worked closely with community leaders in building the programs
- The doctors were true public-spirited, community physicians: Their communities were in trouble and they acted to protect them

The courage of community leaders

- For years, First Nations leaders pleaded for help for their communities
- Instead, they got needs assessments
- Only treatment available was high-volume methadone clinics
- So community leaders collaborated with doctors to build these programs, using local funds and local resources (eg traditional healers), with some (but not nearly enough) support from Health Canada nursing stations
- The band leaders had the courage to create their own programs when their communities were being ignored

Lessons learned

- Research can have a major influence on practice and public policy
- Important research can be done with limited resources and funding
- Family physicians are in a good position to do research that has an impact on practice, public policy, and community well-being