



Treatment for Opioid Addiction

**Community Justice & Safety Symposium
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Outline

- **Topic: Opioid Addiction**

- Mae Katt, NP

- Dr Claudette Chase

- Edna Quequish

- Swanson

- Kenequanash

- Questions & Discussion



The Problem

- Ontario First Nations in **2010**: more than 50% of the adult population are reported to be prescription drug users and in need of treatment
- Intergenerational trauma & **historical harms** creates a vulnerable population
- Physical addiction to Opioid Drugs: OxyContin, Percocet, Morphine, Hydromorphone, Codeine, Fentanyl
- The number of deaths due to Opioid overdose ~ two-to-five times higher in First Nations communities

Addressing Opioid Addiction

- Chiefs & Councils identify concerns through a State of Emergency Declaration
- Suicide, Crime, Family Upheaval, Medical Impacts: Hepatitis C, Cardiac & Infections
- Community Based Suboxone Program Guidelines created in 2011
- “Proof-of-Concept” work in NAN First Nations – 1st northern remote programs started in 2011
- “Practice –based evidence” with created – 8 articles available to date



NAN Chiefs Resolution 11/20 – “Restoring Our Nation: Action Plan for Community Recovery from Opiate Addiction”

Chiefs adopted 4 areas to address in framework:

- (1) Treatment with Suboxone
- (2) Security & Policing to reduce supply of illicit drugs
- (3) Prevention of next generation with addiction by reducing demand
- (4) Deal with root causes - residential school impacts, trauma, suicide crisis, grief and loss, poverty, housing,

Principles

- **Flexible, adaptable, and culturally appropriate** that respects the unique & distinct needs for each First Nations community
- **Chief & Council** Authority to create & run - BCR
- Use of **Land-Based Programs**
- **Employment**, training & education promoted
- All sectors (health, Police, Education, Social Services) **respect** community's approaches



Impact on Youth

- Indigenous High School – 150 students in grades 9-12
- High use of Opioids – over 40% of student body admit to addiction & complex mental health needs
- Fallout from a 20-plus year crisis of youth suicide in their home region (> 600 suicides);
- 100 suicides were victims of a sexual predator (charged)
- Overwhelming burden of unresolved grief among the generations
- Students have lost siblings, parents, aunts and uncles to suicide

What we did about it?

- Designed an in-school program using Suboxone & eliminated Opioid addiction in 5 years
- Families, Leaders, Elders, Teachers, Peers supportive
- Grief counselling & addiction education were key
- Incentives for achievement & Role Models
- Wrap-Around Model of Care
- Culture, Language, Kinship are key

Adolescent Treatment

- Average age of participants was 18.7 ± 0.5 years (2/3 Female)
- Average dose of oxycodone used on daily basis was relatively modest ranging from 20 and 200 mg/day with average of 76.6 ± 15.2 mg of oxycodone per day.
- Average duration of drug use was 5.5 ± 1.0 years including average opioid use history of 2.8 ± 0.3 years.
- Almost every student smoked tobacco ($93.9 \pm 6.7\%$) and cannabis ($94.0 \pm 6.6\%$) and consumed alcohol regularly ($88.0 \pm 9.0\%$)
- Significant portion of the sample used stimulants (mostly cocaine, but also methylphenidate; $56.0 \pm 13.8\%$), hallucinogens ($28.0 \pm 12.4\%$) and sedatives (benzodiazepines and barbiturates; $24.0 \pm 11.8\%$).

Treatment Process

Low-dose, short-term treatment: 63 students treated

Duration of treatment: 30 days to 2 years

Outcome: 14 students graduate with grade 12 diploma

How?

Feb 2011 to May 2016 – provided a Taper-to-Discontinuation Model & Maintenance (4 mg & 6 mg)

Treatment Team: Physician, NP, RN, Addiction Counsellor

Wrap-around supports; Elders, Culture, Grief Counselling