

Treatment for Opioid Addiction

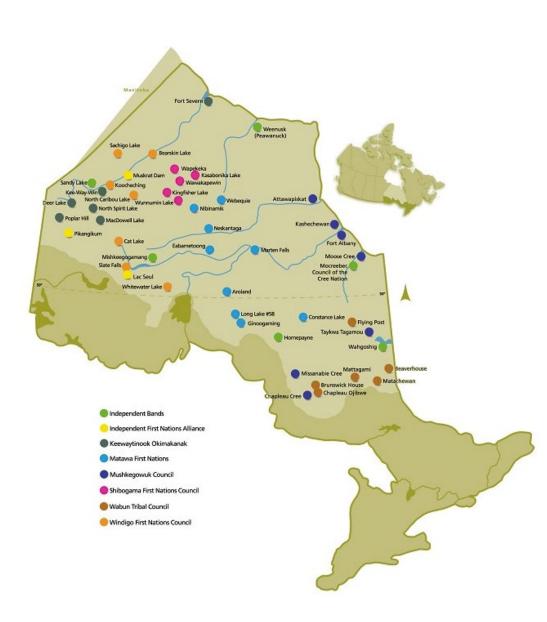
Community Justice & Safety Symposium March 3, 2020

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Topic: Opioid Addiction

- Mae Katt, NP
- Dr Claudette Chase
- Edna Quequish
- SwansonKenequanash
- 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 ~ twoto-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 Ist 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:

- (I) 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±6.7%) and cannabis (94.0±6.6%) and consumed alcohol regularly (88.0±9.0%)
- Significant portion of the sample used stimulants (mostly cocaine, but also methylphenidate; 56.0±13.8%), hallucinogens (28.0±12.4%) and sedatives (benzodiazepines and barbiturates; 24.0±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