

Community-Based Buprenorphine Programs: Curing Communities

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Presented to the Prescription Drug Abuse Coordinating
Committee

June 13, 2017



- Indigenous communities devastated by opioid epidemic
 - High rates of overdose, suicide, crime
- Very limited options for treatment within communities
- Some communities have access to methadone treatment programs, which often do not provide adequate care
 - Patients must travel daily to receive dose (sometimes hundreds of kilometres) at the expense of bands
 - High-volume clinics (70+ patients per day) – patients do not receive sufficient care
 - Primary care, counselling not offered
 - Retention rates very low in these programs

Community-Based Programs

- Communities within Sioux Lookout have created buprenorphine programs in which treatment is kept **in the community**
- Model:
 - The communities themselves design, implement and administer the programs
 - Family physicians (or NPs with controlled substances education) prescribe buprenorphine within the community
 - Culturally appropriate counselling and case management help participants address trauma and acquire coping skills
 - Emphasis on traditional healing, land-based activities, community engagement

Do These Programs Work?

- Sioux Lookout model has been **very successful**
- Participants become more engaged with school, work, family, community
- Improved measures of community wellness:
 - Higher school attendance rates
 - Lower crime and child apprehension rates
- Treatment retention **much higher** than methadone programs
- Key elements of success:
 - Buprenorphine (daily dispensed under observation)
 - Counselling
 - Community focus

What is Buprenorphine?

- Partial opioid agonist with slow onset, long duration of action, and ceiling effect
- Like methadone, it eliminates withdrawal symptoms/cravings
- At the right dose, does not cause sedation or euphoria
- NIHB covers buprenorphine in all provinces as general benefit – if it's prescribed as part of a treatment program
- Not all provincial plans allow FPs to prescribe
 - Restrictions to buprenorphine unnecessary – very safe medication (compared to methadone and other opioids)

Methadone vs. Buprenorphine

Methadone

- Liquid, taken with juice
- Full opioid agonist
- Relieves withdrawal symptoms for 24 hours
- Right dose does not cause sedation or “high”
- High risk of toxicity
- **Requires special license to prescribe**

Buprenorphine

- Sublingual tablet
- Partial opioid agonist w ceiling effect
- Relieves withdrawal symptoms for 24 hours
- Right dose does not cause sedation or “high”
- Lower risk of toxicity
- **Can be prescribed by any family doctor (in some provinces)**

- For most people, buprenorphine is **essential for recovery**; they have great trouble coping with withdrawal and cravings
- Much more effective than abstinence-based treatment
- Pharmacotherapy works best **combined with counselling**
- Buprenorphine helps patients to engage in counselling; counselling helps patients to wholly recover
 - Counselling is essential - many patients with addictions have **trauma** and lack **coping skills**
 - Counselling must be **informed by** and **relevant to** Indigenous experience

- Opioid use disorder treatment allows people to **return to the community**
 - People in recovery are expected to resume their responsibilities in work, school, family
 - Land-based activities (e.g., gardening) are part of the recovery process
- Some communities have communal buprenorphine induction ceremonies – celebration and fellowship

Barriers to Access

- Physicians reluctant to prescribe buprenorphine
- Some community leaders only endorse abstinence-based treatment
- Still some barriers to buprenorphine access in some provinces (limited use, methadone exemption, etc.)
- Funds needed to start programs
- Health Canada doesn't provide enough support for counsellors and nurses

Spreading the Model

- Can this model work for other communities as well? **Yes!**
- What is needed:
 - Buy-in from community leaders (informational guide attached)
 - Mentorship from communities that have set up successful programs
 - Training in buprenorphine prescribing for family physicians/NPs
 - Counsellors
- Sioux Lookout First Nations Health Authority Community Wellness Development Team offers program support to communities in catchment area
(<http://www.sfnha.com/health-services/rwrp/community-wellness-development-team/>)

THANK YOU!

Thanks to Lisha Di Gioacchino and the Canadian Centre on Substance Abuse.