

Expanding Access to Community-based Opioid Agonist Treatment Programs in First Nations Communities

Stephanie Wellman, Assembly of First Nations
Lisha Di Gioacchino, Canadian Centre on Substance Abuse

Project:

- Advocating for expanded access to treatment models with counselling, traditional healing practices, opioid substitution therapy and cultural supports
- Develop a guidance document for First Nations communities interested in establishing opioid-dependence treatment programs
- Establish a roster of support for First Nations communities wishing to create their own local opioid recovery programs
 - Discuss the development of long-distance education/clinical mentoring network and related funding options
- Compile a list of Northwestern Ontario opioid-dependence treatment programs

Why Buprenorphine/Naloxone (*Bup/nx*) ?

- Individuals who are dependent on opioids require access to culturally relevant treatment that is close to home.
- Some remote and rural First Nations communities express a strong preference for access to bup/nx as an opioid agonist pharmacotherapy over methadone

Evaluations of Community-based Opioid Agonist Treatment Programs

- Measures of community wellness in the year following program initiation in North Caribou Lake First Nation (Kanate et al., 2015):
 - Police criminal charges had fallen by 61.1% (including a 94.1% drop in robbery and arson charges)
 - Young offender criminal or drug charges fell by 66.3%
 - The needle distribution program dispensed 52.2% fewer needles
 - The nursing station noted that children and elderly patients were being brought in for medical care at earlier stages of illness

Evaluations of Community-based Opioid Agonist Treatment Programs

- Measures of community wellness in the year following program initiation in North Caribou Lake First Nation (Kanate et al., 2015):
 - School attendance increased by 33.3%
 - Child protection cases fell by 58.3%
 - Sales at the local general store increased by 18%
 - Attendance at community events increased robustly
 - *Drug-related medical evacuations* were reduced by 30.0%
 - the total number of medical evacuations rose by 15.7%

Evaluations of Community-based Opioid Agonist Treatment Programs

- Evaluations of six remote First Nations community-based programs (Mamakwa et al., 2017):
 - Treatment retention rates at 6, 12, and 18 months were 84%, 78%, and 72% respectively. The 24 month retention rate was estimated to be over 70%.
- The program's treatment retention rates were higher than those reported for most methadone and buprenorphine-naloxone programs
 - In a review of 9555 new methadone treatment episodes in Ontario between 1996 and 2001, 2-year treatment retention rates were 50% (Strike et al., 2005).
 - Six-month retention rates for buprenorphine-naloxone programs in the United States range from 36% to 78% (Fiellin et al., 2008; Fudala et al., 2003; Neumann et al., 2013 & Potter et al., 2013).

Barriers to Accessing Buprenorphine/Naloxone (*Bup/nx*)

- Barriers to the development of community-based opioid agonist treatment programs:
 - Medical regulators place barriers to prescribing buprenorphine/naloxone in First Nations communities
 - Currently, funding is ad hoc and temporary, which threatens the survival of existing programs and prevents the development of new programs
- What is needed?
 - Sustainable core funding for programming, long-term aftercare, and trauma recovery
 - A regional, and ultimately national, well-resourced strategy and sustainable funding that flows to local communities, primary care, and First Nations health authorities for treatment planning, implementation, and evaluation