Opiate Treatment for Aboriginal High School Students in Ontario

January 2014

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CHALLENGE

- About 40% of the students at an Aboriginal high school in Thunder Bay Ontario (Canada) are known to be addicted to opioids due to the non-medical use of prescription opioids
- These adolescents live in geographically remote, fly-in communities where opiate addiction is of a magnitude not seen elsewhere in Canada
- Addiction rates among those aged 15 or older are as high as 80% in some communities

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NAN COMMUNITIES

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THIS PRESENTATION

- Looks at an innovative school-based opiate treatment and maintenance program designed for – and by – Aboriginal people using Suboxone (buprenorphine/nalaxone) in a high school-based setting
- Approach to treatment using low-dose, short-term Suboxone combined with cultural, educational and spiritual supports
- Highlights elements that contribute to its success while acknowledging the challenges
- Based on an evaluation that reviewed student's medical charts and interviews with students, school administrators and health professionals involved with the program

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DENNIS FRANKLIN CROMARTY HIGH SCHOOL

- Dennis Franklin Cromarty High School (DFC HS) has been operating in Thunder Bay since 2001
- Offers grades 9 to 12 to 150 students from 24 remote Aboriginal communities that range in size from 150 to 2000 people
- A region that has seen 451 youth suicides over the past 20 years; many students have lost siblings and family to suicide
- Abuse of OxyContin and other opiate drugs (morphine, hydromorphone) is a major health issue with 63 of 150 high school students identified as addicted to opiate drugs in 2010; 75% are injection drug users
- Affected students had high rates of absenteeism due to addiction (searching for drugs) and symptoms of withdrawal (restless, irritable, no concentration, anxious, GI upset)

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WHY SUBOXONE?

- Literature review (US, Australia, France) identified Suboxone as first-line treatment for adolescents; no clinical guidelines at the time in Ontario so used US guidelines for treatment
- Reserves have no access to methadone treatment as no pharmacies so other options needed to be identified
- Suboxone found to have a good safety profile, high efficacy, lower mortality risks
- Can be administered in a primary care setting, which is less stigmatizing than conventional methadone clinics
- Suitable for short-term detoxification and maintenance of adolescents and young adults
- Pilot Project target of 50 students to receive Suboxone treatment gave flexibility to Treatment Team to adjust protocols

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TREATMENT PROGRAM

- Initially, 14-day detoxification was offered (8 days detox, 6 days tapering off Suboxone); students relapsed so extended to 22 days; also too short as relapsed due to craving
- Current protocol is a 30-Day Taper with Maintenance
- Top dose of Suboxone is 16 mg (93% of opiate receptors covered); less risk with alcohol use; safety considered; shorter wean period)
- Includes detoxification for 9 days at 16 mg then decrease 2 mg every 4 days and end at 6 mg at Day-30
- Short-term, low-dose Maintenance protocol - usually start at 6 mg; (students were craving at 4 mg); dose lowered by 1 mg every 2 months; duration of treatment is 12 – 15 months
- During school breaks Suboxone is administered at home by responsible adult

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MULTIDISCIPLINARY TREATMENT TEAM

- Team comprised a Physician, Nurse Practitioner(s), Case Manager RN, Addiction
- target 5 intakes of 10 students each
- Team responsible for 4-Day Inductions, lab tests, symptom management, monitoring, change treatment plans
- School Nurse (Case Manager) & Addiction Counsellor (on site daily for daily care and delivery of aftercare activities
- Pharmacist initially did Direct Observed Therapy of Suboxone at off-site clinic/pharmacy
- Treatment Team have Suboxone Education Certification; Coordinator did on site observation at Centre for Addiction and Mental Health in Toronto, Ontario

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TREATMENT PROTOCOL - I

1. History, physical exam, laboratory tests, policies and procedures given to each student prior to Suboxone administration
2. Informed Consent and Consent to be placed in Health Canada's Narcotic Monitoring program
3. Boarding Homes and teachers given information about treatment, symptoms expected and what to do in an emergency
4. Only one true allergy to buprenorphine found
5. During initial cycles, daily transportation provided to and from clinic/pharmacy found to be too disruptive to classes (missed first morning class)

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TREATMENT PROTOCOL - II

5. Treatment Team Coordinator/Nurse Practitioner consults with Physician (Dr. Claudette Chase) or Addiction Psychiatrist Dr. Andriy Samokhvalov (treatment principles only) for unusual responses
6. Clinical Opiate Withdrawal Scale (COWS) score used before and after Suboxone administration to assess severity of withdrawal symptoms
7. Ancilliary medications given for withdrawal symptom management (Ibuprophen 600 mg, Gravol (aka Dramamine), Clonidine .2 mg and Trazadone 50 mg)

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INNOVATIONS

- Treatment Team with diverse expertise and skills
- Cultural & Spiritual Psycho-Educational Program Group Session delivered by Elders, Social Worker, Addiction Counsellor and Recreation Therapist
- Focus on coping techniques, avoiding addiction triggers, stress management, motivation enhancement, healthy diversion
- Grief counselling major component of care and assessment of concurrent disorders
- Videoconferencing during summer for Aftercare focused on relapse prevention as drugs in home community so prevalent

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POST-TREATMENT SUPPORTS

- Treatment Team monitors progress and deals with any relapses (access to Physician for dosage adjustments)
- Wholistic student services program (Social counsellors, Elders on site)
- Principal,Teachers, administrators and boarding homes highly involved and supportive
- Psychological counselling (Addiction Counsellor, Social worker and Psychologists)
- Chiefs in the area provide political and policy advocacy for funding and access to critical program elements (eg. coverage for Suboxone)

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FOUNDATIONS FOR SUCCESS - I

- The program recognizes experiences of students (e.g. loss & grief from suicides, family disruptions, relationship issues, homesick)
- Have been exposed to opiate drugs early as family members & friends are opiate addicted
- Students arrive in the city already addicted to opiates; their exposure to opiates range from 5 years to 8 months; low milligram use as drugs expensive (as high as $ 1000. for 80 mg OxyContin)
- Peer support encouraged - positive influences

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FOUNDATIONS FOR SUCCESS - II

- Structured environment of school, acceptance, flexible staff, cultural supports
- Drug therapy accompanied by psycho-social counselling, spiritual and cultural program
- "Wrap around" support system, with access to external resources if required
- Sports & recreation activities as relapse potential is high (eg. after school, weekends)

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FOUNDATIONS FOR SUCCESS - III

- "Pilot" design and professional creativity allowed program to quickly evolve in response to each cycle's outcomes
- Adjustments made in length of titration period
- Shift from Pharmacy/Clinic-based setting to all services now school-based using Direct Observed Therapy and caregivers on weekends
- Mandatory Counselling and group participation

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BARRIERS TO SUCCESS

- Students' attitudes: either "just partying", minimizing addiction severity, shame about addiction
- Inability to cope with withdrawal symptoms during early induction as dose not controlling pain, vomiting so turned to opiates to control symptoms - usually better by Day 3
- Continued association with family and friends who are still using (people they care about)
- The emotional burden of unresolved trauma in their lives & complex grief - "suicide survivors"

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EXPERIENCING SUCCESS

- Regaining physical health, pursuing sports and other interests; being hopeful, personal insight
- Attending class, completing assignments, getting higher grades – 9 graduates of 50 treated and now in college studies
- Peer support from others currently/formerly in program
- Skill and commitment of staff; non judgmental, compassionate

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SUCCESS INDICATORS

- Complete abstinence may not occur first time; some students repeated treatment especially those in early intakes
- Students become more communicative, emotionally engaged and seek help dealing with challenges
- Risk reduction as a result of education; while still using, students shift from injection needle use to less risky behaviours like snorting

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EVALUATION STATUS

- An External Evaluation was conducted on first 30 client files by Centre of Rural & Northern Health Research
- Total of 50 students treated therefore reached goal of Pilot Project
- 9 students graduated from high school & entered college education
- 5 currently in treatment
- One student remains drug-free after completing only the 30-Day program

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THANK YOU!

For further information, please contact:

Mae Katt NP, Treatment Team Coordinator – maekatt@shaw.ca

Colleen McCreery RN – Case Manager – cmccreery@nnec.on.ca

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Katt, M., Chase, C., Samokhvalov, A., Argento, E., Rehm, J., Fischer, B. (2012). Feasibility and Outcomes of a Community-Based Taper-to-Low-Dose-Maintenance Suboxone Treatment Program for Prescription Opioid Dependence in a Remote First Nations Community in Northern Ontario. Journal of Aboriginal Health, November 2012.

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