First Nations Health Authority
Health through wellness

Increasing Access to Suboxone in Rural and Remote Communities

Cathy Zarchynski, RN – CNS Substance Use
Erin Wiltse, RN - Practice Consultant Rural and Remote Nursing

Acknowledgement & Gratitude

We acknowledge with gratitude that our place of work is within the ancestral, traditional, and unceded territory of the Coast Salish nations.

Increasing Access to Suboxone in Rural and Remote Communities

- Outline:
- Opioid Crisis
- Suboxone
- Suboxone Delivery in Remote Community
- Suboxone Clinical Practice Guideline
- Community Requirements
- Nurse Education and Support
- St. Paul's Rapid Access Addiction Center (RAAC)
- Evaluations and Feedback
- Substance Use Assessment (Draft)
- Client Survey (Draft)

Opioid Crises

- Public health emergency declared 2016
- Unprecedented number of deaths by opioid poisoning
- More than 1,420 people died of illicit-drug overdoses in B.C. in 2017 (B.C. Coroners Services)
- Significant decrease in deaths over the last four months of 2017 – down 25%
- Disproportionately affects First Nations people
- 5 times more likely to experience an opioid poisoning
- 3 times more likely to succumb to opioid poisoning

(Overdose Data and First Nations in BC, Preliminary Findings pg.8)

Opioids & Fentanyl

- Prescribed medication used to relieve pain
  - ❖ Oxycodone, Morphine etc.
  - ❖ Including over the counter - Tylenol #1
- Non-pharmaceutical opioids: Opium and Heroin
- Used non-medically for the euphoric effect
- Sedates the nervous system
- Use can lead to physical and psychological dependence
- Fentanyl is a very strong prescribed opioid
- A small amount can stop breathing
- Fentanyl was detected in 83% of overdose poisoning in B.C.

(B.C. Coroners Service, Fentanyl-Detected Illicit Drug Overdose Deaths)

Opioid Use Disorder

- Substance use and addiction = as a result of grief, loss, trauma, pain and untreated mental health
- Opioid use disorder is a highly complex illness
- Long-lasting condition with high rates of relapse
- Impacts many people, families and communities in urban, rural and remote locations
- Detoxing and abstinence may not be realistic for everyone at first
- Options and harm reduction choices are important for a healing journey as no one way is the right way

Two Eyed Seeing

- Weaving between two world views that respects and integrates strengths of both Indigenous Knowledge and Western Science
- Recovery from substance use can require different types of support to achieve spiritual, emotional, mental and physical healing and wellness including:
  - ❖ Culturally based traditional healing, land based treatment, detox, live-in or day substance use treatment, counseling, education, family and individual therapy, and support groups

Suboxone

- First line medical treatment prescribed to treat opioid use disorder
- Clinically proven to be safe and effective
- Been widely unavailable in many remote communities
- Can be safely managed, dispensed and supervised in the community by nurses
- Fully covered by First Nations Health Benefits

Increase Access to Suboxone

First Nations Health Authority is committed to:

- Increasing access to Suboxone for First Nations people living in rural and remote communities by:
  - ❖ Increasing number of physicians/NP's to support and provide suboxone to clients
  - ❖ Increase nursing support to provide suboxone to clients
  - ❖ Increased support for clients in NNADAP treatment who require suboxone
- Supporting and improving services in regards to substance use and opioid poisoning prevention:

<u>FNHA Overdose/Opioid Action Plan:</u>

- Saving lives, ending stigma, rebuilding mental health and addiction treatment services, addressing full range of supports and social factors

Action Plan:
In preparation for Suboxone Implementation

- Community engagement – foster support and meaningful collaboration
- Inter-professional working partnerships – ie: client, physician, nurse, community health workers and others working together in a good way
- FNHA Health Protection – Indigenizing Harm Reduction and Decolonizing Addiction
- Capacity building, education and support for nurses

Community Requirements

- Community driven - Community requests support
- Ensure physician/prescriber support
- New medication, new learning, new application
  - ❖ Clinical support to nurses: FNHA CNS and Practice Consultants
- After hours support for nursing and physician
- Pharmacy support
- Storage and handling of medication
- Allied services: counselling services, elder support, treatment options

Suboxone in Community

- Start out small to:
  - ❖ Ensure community engagement and support
  - ❖ Ensure success and best possible outcomes for all
  - ❖ Wanted to have all the supports in place
  - ❖ Determine needs, gaps, strengths going forward

Suboxone Clinical Practice Guideline

- Rural and remote nursing in First Nations Communities poses unique challenges for the nurses supporting clients who are facing substance use challenges.
- A specialized guideline with evidence-based recommendations was created to support nursing knowledge and practice in caring for clients receiving Suboxone.
- Created by the FNHA in response to community request.

Specialized Training for Nurses

- Engaged 3 FNHA nurses working in remote communities
- Read the FNHA Suboxone Guideline
- Completed the Suboxone Training Program (online) (www.suboxonetrainingprogram.ca)
- Optional and recommended:
  - The UBC Provincial Opioid Addiction Treatment Support Program
  - https://www.bccsu.ca/provincial-opioid-addiction-treatment-support-program

- Collaborate with Clinical Nurse Specialist and Practice Consultant Team for individualized learning needs and support

Rapid Access Addiction Center

- Substance use nursing practice is unique with a specialized body of skills and knowledge

- The St. Paul's Rapid Access Addiction Center (RAAC) (Providence Health)
  - Provide a safe space where patients can get specialized substance use medical service and care from a physician, nurse and/or social worker.
- Welcomed FNHA nurses to shadow alongside the nurses and doctors
- Observe specialized substance use support and skills along with Suboxone starts (inductions)
- Address any questions and concerns directly with clients and the health care team

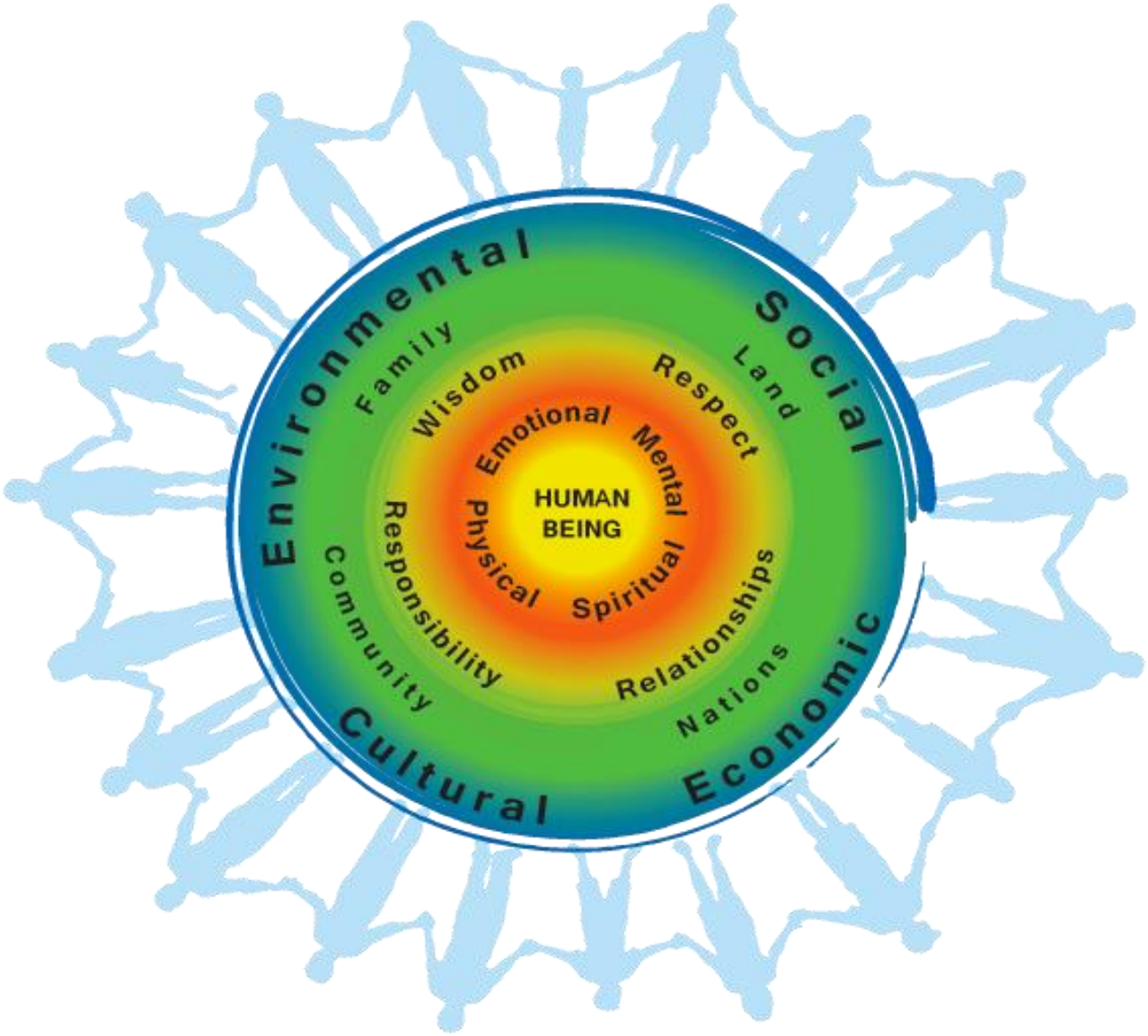
Evaluations and Feedback

- Prior to the provincial roll out:
  - Community feedback
  - Health Care Team feedback is essential
    - training and implementation

DRAFT – Substance Use Nursing Assessment

DRAFT – Client Survey


HOPE · COMMUNITY · HELPFUL · WISDOM
LOVE · KINDNESS
TRUTH · LAND-BASED
INTEGRITY · COURAGE · CHANGE · SERENITY
HUMILITY · WILLINGNESS
AWARENESS · TRUST
Substance Use - The Healing Journey
CLIENT SEEKS SUPPORT WITH OPIATE USE
SUBSTANCE USE ASSESSMENT · ENGAGEMENT · RELATIONSHIP · SUPPORT · EDUCATION · PROVIDE HANDOUTS · REFERRAL COUNSELOR ELDER
WITHDRAWAL SUPPORT · MD/NP ASSESSMENT · TREATMENT AGREEMENT · SUBOXONE ORDERS · REVIEW WITH CLIENT · URINE DRUG SCREEN · PREGNANCY TEST · COWS · START SUBOXONE · PRECIPITATED WITHDRAWAL
STABILIZATION · MAINTENANCE · ABSTINENCE · STABILITY · COUNSELLING · TAKE HOME DOSES · ADDICTION TREATMENT · RELAPSE PREVENTION · TRADITIONAL HEALING · SLIP/RELAPSE
STANDARDS · CULTURE · COMMUNITY DRIVEN · DECISION MAKING · IMPROVEMENT · COLLABORATION · PARTNERSHIP · CAPACITY · FIRST NATIONS INTERESTS


Environmental
Social
Economic
Cultural
Family
Wisdom
Respect
Land
Emotional
Mental
Physical
Spiritual
HUMAN BEING
Responsibility
Community
Relationships
Nations

Building the FNHA

Our Vision

Healthy, self-determining and vibrant, BC First Nations children, families and communities

Our Values

Respect, Discipline, Relationships, Culture, Excellence & Fairness

FNHA Directives

1. Community-driven, Nation-based
2. Increase First Nations decision making and control
3. Improve services
4. Foster meaningful collaboration and partnership
5. Develop human and economic capacity
6. Be without prejudice to First Nations interests
7. Function at a high operational standard