Continuity of Community-Based Suboxone Programs during the Evacuation of First Nations

The Ministry of Health and Long-Term Care (ministry) has developed this fact sheet in collaboration with its health system partners to support the potential evacuation of First Nations due to an emergency or hazard, such as a forest fire or flood.

Overview
As with other communities across Ontario, a number of isolated First Nations are experiencing high rates of prescription drug abuse. Some of these communities in Northwest Ontario have implemented community-based Suboxone programs to provide support for individuals struggling with issues related to opiate abuse. Suboxone is medication used to treat opiate addiction. It suppresses an individual’s craving to use opiates, as well as the symptoms of opiate withdrawal. Suboxone is administered in tablet form under the tongue and is a long acting opiate.

Community-based Suboxone programs are relatively new in Ontario. This model of opiate replacement therapy has been selected by some First Nations for a variety of reasons, such as limited access to methadone maintenance therapy and a preference for the holistic approach of the community-based Suboxone service model.

Community-based Suboxone programs include four phases: preparation, induction, maintenance and discontinuation. Relevant to the context of an evacuation are the induction and maintenance phases.

During the induction phase, administration of the drug is observed by a health care provider, meaning that the provider must observe that the dose has been fully dissolved in the participant’s mouth. This is known as “directly observed therapy”.

During the maintenance phase, individuals may receive a supply of medication that they can take home. However, some individuals continue to receive directly observed therapy during the maintenance phase.

Community-based Suboxone programs are holistic programs that involve community consent and support, medical intervention and psychosocial supports.
In the event of an evacuation, the Suboxone program must be available in the host community to ensure continuity of care for First Nation members participating in this program.

Roles and Responsibilities of Health System Partners in First Nations
A number of health system partners are involved in the administration of community-based Suboxone programs in First Nations:

- A physician assesses the program participants and prescribes the medication.
- A pharmacist dispenses and packages the medication and sends it to a nursing station in the First Nation. The pharmacists involved in the program operate out of community-based pharmacies in Sioux Lookout and Thunder Bay.
- A nurse or community health worker (an unregulated health professional who has received special training by a regulated health professional) oversees the administration of the medication to program participants.
- A support worker – such as a mental health, addictions or peer counsellor – provides support, counselling and referral services to program participants. Referral services may be made to specialized psychosocial support providers or to parenting, education, or life skills programs as appropriate.

Roles and Responsibilities of Health System Partners in Host Communities
During the evacuation of a First Nation to a host community, access to Suboxone must be continued to reduce the likelihood of relapse and its associated health risks. The ministry has developed a contingency strategy to facilitate the temporary implementation of Suboxone programs in host communities. The ministry developed this strategy in partnership with health system partners that support these community-based programs, including Health Canada’s First Nations and Inuit Health Branch – Ontario Region, the Sioux Lookout First Nations Health Authority and the Shibogama First Nations Council Health Authority.

In order to comply with regulations surrounding the prescribing, dispensing and administration of narcotics, as well as the continuity of other supportive services, there are five roles that need to be replicated by health system partners in the host community: oversight, prescriber, dispenser, agent and support worker.

Role 1: Oversight
During an evacuation, the ministry supports the coordination of local response activities.

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1 During their stay in a host community, evacuees that are already participants of a community-based Suboxone program must continue to receive access to the program. It is important to clarify that new participants are not started on the Suboxone program while outside of their First Nation.
The Local Health Integration Network (LHIN) oversees the continuity of the program in the host community, in partnership with the ministry, municipal staff, the public health unit and local health system partners. The LHIN works with the ministry to identify appropriate health care providers in the host community to support this strategy. The LHIN also works with municipal partners to identify and negotiate the location where the medication is administered (in the event that administration occurs outside of a pharmacy). Depending upon local arrangements, the ministry encourages LHINs to discuss this role with the public health unit.

LHINs may want to consider health care providers in their region who have the capacity and expertise to support this strategy in advance of an evacuation, particularly for those jurisdictions that act as host communities on a frequent basis.

**Role 2: Prescriber**

Physicians from the Sioux Lookout First Nations Health Authority continue to provide prescription services for program participants who have evacuated to host communities. Since part-fills (refills) for Suboxone cannot be transferred from one pharmacy to another, these physicians write new prescriptions and fax them to the identified pharmacy in the host community.

These physicians require contact with the health care providers in the host community who are providing health care services for the evacuees in order to share information about the program and develop common strategies and approaches. The ministry connects the physicians with health care providers in the host community.

Health Canada’s [Non-Insured Health Benefits (NIHB) program](#) continues to pay for Suboxone medication through claims submitted by pharmacies. Host community pharmacists may need to contact [NIHB’s Drug Exception Centre](#) for prior approval to override any "early refill" system edits when dispensing (by phone at 1-800-580-0950 (English) or 1-800-281-5027 (French)).

**Role 3: Dispenser**

The LHIN and ministry work together to identify a pharmacy (or pharmacies) in the host community to dispense Suboxone (preferably a pharmacy in close proximity to the evacuation centre). Given that Suboxone is not commonly prescribed, the pharmacy may need to rapidly order and stock the product.

The ministry facilitates communications between the pharmacist who regularly dispenses Suboxone and the pharmacist in the host community to share expertise.

**Role 4: Agent**

The host community pharmacist decides if an agent is needed to support the administration of Suboxone to clients in the host community. An agent may be activated for a number of reasons, including the number of people in the Suboxone program, the number of people requiring daily directly observed therapy, the distance between the pharmacy and the evacuation centre, or limited capacity or space within the pharmacy.
The LHIN identifies the agent. The ministry recommends that the agent be a regulated health professional. While this is not required under law for the administration of Suboxone, a regulated health professional possesses the appropriate knowledge, skill and judgment to safely administer Suboxone to patients (e.g., ability to recognize if a patient is intoxicated or in distress), to comply with policies and procedures regarding administration and documentation, and to help to ensure the safe administration of the program in the host community.

Depending upon resources in the host community, the agent may work within the pharmacy or pick-up the medication on behalf of the clients and administer the drug at another location (e.g., hospital, community health centre, secure room within the evacuation centre). The agent is responsible for storing the medication appropriately and maintaining proper documentation that is consistent with practice standards and relevant legislation.

The agent should administer the medication in a space that can accommodate the number of people in the program, including a private space for individual consultation.

The ministry connects the prescribing physician, the host community pharmacist and agent to develop common strategies and approaches to support the evacuees in the host community.

Role 5: Support Worker
An appropriate support worker from the host community provides additional support to clients in the program, such as providing psychosocial services.

The LHIN identifies the support worker.

The ministry facilitates communications between support workers who regularly participate in Suboxone programs in First Nations with those who perform this role in the host community to share expertise.

Roles and Responsibilities of Municipal Partners in Host Communities
Municipal partners are key to ensuring the successful continuity of the Suboxone program. They need to collaborate with the local health system partners that are supporting the continuity of the program in the host community, including the LHIN, community-based pharmacy, agent, and support worker.

Municipal partners provide logistical support for the program, such as arranging transportation for evacuees to the community-based pharmacy or identifying a secure room within the evacuation centre where an agent can administer Suboxone.

Municipal partners may also flag concerns raised by evacuees or First Nation leadership with local health system partners about access to health services during their stay in the host community.
Resources

Legislation
Overview of regulation under the Narcotics Safety and Awareness Act
Drug and Pharmacies Regulation Act
Controlled Drugs and Substances Act
Narcotic Control Regulations

Clinical Practice Guidelines
Centre for Addictions and Mental Health’s Buprenorphine/ Naloxone for Opioid Dependence: Clinical Practice Guidelines
Ontario College of Pharmacists’ Buprenorphine for the Treatment of Opioid Dependence
Registered Nurses’ Association of Ontario’s Supporting Clients on Methadone Maintenance Treatment

Ministry of Health and Long-Term Care Guidance
Ontario’s Narcotics Strategy

Contact Information
For more information about the continuity of community-based Suboxone programs in host communities, contact the ministry’s Emergency Management Branch by email at emergencymanagement.moh@ontario.ca or