



# Prescription Drug Misuse in Pregnancy and Parenting:

A Report for Service Providers Working  
with First Nations Women in Ontario

*best start  
meilleur départ*

by/par health *nexus* santé

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## Introduction

### Purpose

The purpose of this report is to provide service providers with information about strategies that can be used to prevent and address prescription drug misuse in First Nations women who are pregnant or parenting young children. Strategies include individual supports and community-wide approaches. Where possible, program examples highlight approaches that have been used in addressing prescription drug misuse.

In order to provide context, brief background information is provided about the extent of prescription drug misuse, underlying factors leading to prescription drug misuse, and the consequences of prescription drug misuse during pregnancy and early parenting.

The strength of this resource is founded in the Aboriginal voices, providing insights into prescription drug misuse, and guidance and direction in preventing and addressing this issue in First Nations women who are pregnant or parenting.

## Definitions

**Prescription Drug Misuse:** The use of a prescription medication in a way that was not intended or prescribed. In this report, the focus is on:

- Taking prescription medications that are not prescribed (for example purchasing prescription drugs on the street, stealing prescription drugs etc.).
- Taking quantities that are higher than prescribed (for example, taking more medication than prescribed and/or getting prescriptions from multiple health care providers etc.)
- First Nations women who are pregnant or parenting young children

**Aboriginal:** In this resource the word Aboriginal is used to include First Nations, Inuit and Métis people. While the main focus of the resource is First Nations, and each community, family and individual is different – information about the extent of prescription drug misuse, and effective approaches to prevention and treatment, is limited, and often does not distinguish between First Nation, Inuit and Métis peoples. Service providers are encouraged to use the information in this report, alongside their knowledge of the communities and individuals in their care, in their efforts to address prescription drug misuse.

## Approach

To develop this resource:

- Literature related to prescription drug misuse in pregnant or parenting Aboriginal women in Ontario was reviewed.
- An advisory committee was involved.
- Key informant interviews (11) were completed with relevant stakeholders working in public health, Aboriginal organizations and health care facilities in Ontario.
- The draft report was reviewed by advisory members and topic experts.

## A Moment in Time

At this time there is serious concern about the extent of prescription drug misuse in Aboriginal communities, as well as in the general community. The impact on pregnancy and in parenting is of considerable concern; however, knowledge of effective culturally-relevant, community-level approaches to address prescription drug misuse is limited. Our understanding of effective practices will grow as service providers continue to work to address this issue.

A key component of this report was learning from service providers who work with Aboriginal women, through the advisory group, key informants and expert input. Service providers are encouraged to learn from this report, and to learn from others who are taking leadership roles in determining the effectiveness of a range of approaches to address prescription drug misuse.



*The impact on pregnancy and in parenting is of considerable concern; however, knowledge of effective culturally-relevant, community-level approaches to address prescription drug misuse is limited.*



## Historical Foundation and Context

### Overview

This Chapter provides a brief overview of historical and current factors that have implications for prescription drug misuse in Aboriginal populations, including historical traumas, mental health concerns and poverty.

## Cultural Differences

Prior to colonization, Aboriginal communities addressed health through traditional ways of being and in relationship to the natural world. This all-encompassing approach included all aspects of the person; mental, spiritual, emotional and physical.

There were differences in culture and belief systems between Aboriginal peoples and the early Europeans. European community organization was founded in hierarchal governance, property ownership, dominant religious approaches and criminal punishment.

One area of cultural difference was child rearing beliefs. In European culture, nursery rhymes, sayings and beliefs about child development focused on children as needing punishment, control and of not having any inherent worth or knowledge. Aboriginal children were viewed by Europeans as undisciplined and loved too much.

In Aboriginal culture, children were seen as gifts from the Creator, cherished and born with knowledge. They were celebrated, fed when hungry and allowed to learn in whatever way worked for them. Spiritual grounding came from seeking understanding and connecting to the universe and all in creation. Children and babies were seen as inherently spiritual beings.

## Impact of Colonization

Initially the relationship between Europeans and First Nations was one of discovery and relationship building formed by trade. The arrival of the early Europeans also brought many diseases. Some First Nation communities were decimated by disease. Elders and babies were most susceptible. The resulting trauma led to changes in family and community relationships.

As more Europeans came to Canada, there was a shift in relationship as more land and resources were taken. The government felt there was an “Indian problem” that needed to be resolved. Over time, colonization of the area now known as Canada resulted in imperialism, years of bloodshed, displacement and religious indoctrination. When the British North America Act came into being, Aboriginal people became Crown Wards and all lands became Crown lands. This policy became the foundation for the current financial inequities confronting Aboriginal peoples today including lower funding for housing, education and infrastructure.

The residential school system sought to address the perceived lack of discipline and perceived need for religious indoctrination. Unfortunately, this system succeeded in destroying the spirit and identity of generations of Aboriginal children, and subsequently their ability to parent.

Residential schools were run by churches, and were funded by the Government of Canada. The residential school era lasted for over 150 years, with the last school closing in 1996. Children were forcibly removed from their parents and institutionalized by schools. Children lost their culture, self-worth, identity and knowledge of healthy relationships. Many lost their lives due to disease, starvation, physical and sexual abuse. Those who did not experience abuse firsthand often witnessed it. This era was followed by high suicide rates, substance misuse rates, incarceration rates and child removal rates, which continue today. The impact of the residential school system is long-term and intergenerational.

## Current Factors

To understand the widespread misuse of prescription drugs among First Nations, it is important to identify and address the many possible reasons for drug addiction. The Ontario Region First Nations Addictions Services Needs Assessment defined the following underlying reasons for drug addiction:

- Childhood abuse
- Criminal activity
- Cultural loss
- Domestic abuse
- Low education level
- Low employment level
- Gang related activity
- Grief/loss
- History of violence/trauma
- Housing issues
- Medical issues
- Mental health issues
- Peer pressure
- Poverty
- Self-esteem issues
- Sexual abuse

(Chiefs of Ontario, 2010)

## Determinants of Health

Health status is closely related to the socio-economic status of individuals and/or groups of individuals, as well as other key determinants of health. Given the negative social, economic, environmental, political, and technological conditions experienced by many First Nations, it is not surprising that many communities have significant problems with substance misuse in general. The high levels of isolation (experienced in urban, rural and in remote areas), high rates of poverty, lack of employment opportunities, lower levels of educational achievement, low literacy levels, high levels of mental health concerns, community safety concerns (unsafe water, unsafe housing, violence, partner abuse etc.), lack of services, limited social support networks, loss of language and culture, and ongoing discriminatory practices, further contribute to poor health and potentially to substance misuse.

The following example illustrates the situation in one community in Ontario:

*“Chief Arthur Moore recently presented his findings from a study at Constance Lake First Nation, where his team found that 46% of the members claimed to have at some point abused prescription drugs. Of those, 19% cited a lack of employment as a contributing factor to their abuse. Between 11% and 16% cited past emotional trauma, poor parenting, living conditions, and a lack of after-school programs.” (Chiefs of Ontario, 2010, p.42)*

## Mental Health

The intergenerational trauma experienced by Aboriginal peoples in Ontario has had many long-term impacts. Mental health issues that have emerged as a result of this trauma include cultural loss, suicide, family conflict and societal breakdown. These issues can easily be traced back to residential school trauma, discrimination, oppression, and loss of language, culture and traditional ways (Chiefs of Ontario, 2010). The ongoing impact of this trauma is illustrated in the following quote:

*“Intergenerational or multi-generational trauma happens when the effects of trauma are not resolved in one generation. When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next. What we learn to see as ‘normal’, when we are children, we pass on to our own children... The unhealthy ways of behaving that people use to protect themselves can be passed on to children, without them even knowing they are doing so.” (Chiefs of Ontario, 2010, p.43)*

Service providers frequently focus on the symptoms of mental health concerns, rather than the root causes of intergenerational trauma. The root causes may be the underlying factors, and the real barrier to wellness and a sense of wholeness.

*Over time, colonization of the area now known as Canada resulted in imperialism, years of bloodshed, displacement and religious indoctrination.*



*“People grow up in a house with drugs and alcohol and they can grow up thinking it’s normal. If you grow up seeing things a certain way you think it’s normal – so it’s something that needs to be talked about.”*

*Key Informant*

One of the problems with trauma is that it can cause individuals to become disconnected with who they are. Not only do they forget who they are as individuals, they also become blinded to who they are in terms of family, community and nation. The teachings of the Elders tell us that each person in a community has a unique offering and responsibility. When these roles are not respected the result is a community that is no longer in balance (Wabano Parenting Society, 2012).

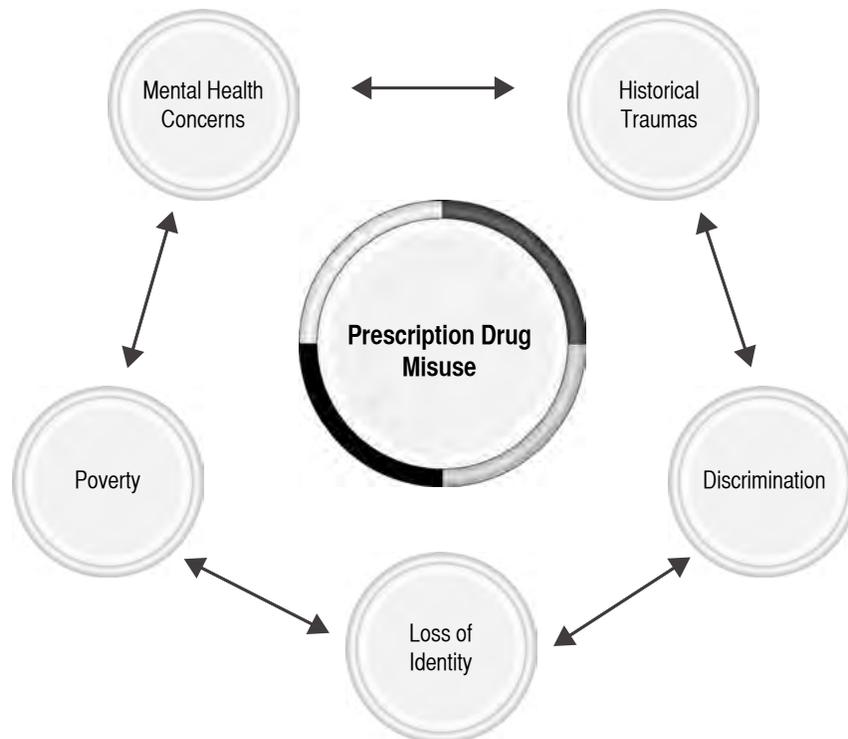
*“I think people need to know and understand Aboriginal issues. They need to understand women in particular and the range of identities women have. They need to understand pregnancy. They also need to know about pregnancy and drugs. Taking the time to understand all of these different facets of a person is important. Being open to how we can really help people is very important.”*

## Connection with Prescription Drug Misuse

Prescription drugs may be misused by Aboriginal women to cope with all of these key factors – historical trauma, loss of identity, poverty, racism, mental health concerns, as well as other contributing factors. In addition, each of these factors contributes to the other factors, for example historical trauma contributes to loss of identity, mental health concerns, poverty etc.

*“If you look at the history of Canada and the relocations and the links to un-wellness there is a clear link. And then we are worried about prescription drug misuse. Really, there is no support for people. It’s really not surprising that addictions are rampant. We look at prescription drugs as if it’s a problem in isolation, but it’s not, it’s linked to the land and our history.”*

*Key Informant*





## The Extent of the Problem

### Overview

This Chapter provides a general overview of the extent of prescription drug misuse in pregnancy and parenting in Aboriginal women in Ontario. Prescription drug misuse is believed to be much higher in Aboriginal communities, as compared to the general population.

## Evidence

There is limited information on rates of prescription drug misuse, especially in specific groups such as Aboriginal women in Ontario who are pregnant or parenting young children. It can be difficult to separate legitimate use and non-medicinal use of medications – for example, while it is possible to track sales of certain medications over time, it is not possible to separate sales for legitimate use versus misuse. Determining access to prescription medications in other situations, such as illegal purchases of prescription drugs, relies on informal or anecdotal evidence. Some rates, such as admissions to treatment centres, are also dependent on unrelated variables such as readiness to access treatment and availability of treatment services.

## Commonly Misused Prescription Drugs

Prescription drug misuse most commonly refers to the misuse of opioids (natural and synthetic derivatives of opium). Opioids are medications that are used to treat acute and chronic pain (such as morphine, codeine - Tylenol #3, hydromorphone - Dilaudid, etc.). These drugs have a significant risk of addiction (Ontario Prescription Drug Abuse, 2010). There are short acting (4-6 hours) and long-acting (8-12 hours) opioids. Oxycontin has been highlighted in recent years as being a major drug of concern. Oxycontin contains Oxycodone in a slow-release, long-acting formulation (Ontario Prescription Drug Abuse, 2010).

Other prescribed drugs that are misused include:

- Central nervous system depressants that are used to treat stress and anxiety (sedative/hypnotics and barbiturates)
- Stimulants (used to treat attention deficit hyperactivity disorder (ADHD) e.g. methylphenidate - Ritalin) (Ontario Prescription Drug Abuse, 2010)

The prescription drugs most prevalent in First Nation communities in Ontario are powerful pain relievers that mimic the effects of endorphins, the body's natural "feel-good" chemical (Chiefs of Ontario, 2010). Some of the more potent painkillers, such as Oxycontin, tend to elevate the mood and make a person feel calm and relaxed. Addiction can result from ongoing use, as well as other health and social concerns (Chiefs of Ontario, 2010). Between 2002 and 2006, in Ontario, opioid-related deaths increased by 49% (Ontario Prescription Drug Abuse, 2010).



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## Commonly Misused Prescription Medications

OPIOIDS	CNS DEPRESSANTS	STIMULANTS
<ul style="list-style-type: none"> <li>• Oxycodone (OxyContin, Percodan, Percocet)</li> <li>• Propoxyphen (Darvon)</li> <li>• Hydrocodone (Vicodin, Lortab, Lorcet)</li> <li>• Hydromorphone (Dilaudid)</li> <li>• Meperidine (Demerol)</li> <li>• Diphenoxylate (Lomotil)</li> <li>• Morphine (Kadian, Avinza, MS Contin)</li> <li>• Codeine</li> <li>• Fentanyl (Duragesic)</li> <li>• Methadone</li> </ul>	<p><i>Barbiturates</i></p> <ul style="list-style-type: none"> <li>• Mephobarbital (Mebaral)</li> <li>• Pentobarbital sodium (Nembutal)</li> </ul> <p><i>Benzodiazepines</i></p> <ul style="list-style-type: none"> <li>• Diazepam (Valium)</li> <li>• Chlordiazepoxide hydrochloride (Librium)</li> <li>• Alprazolam (Xanax)</li> <li>• Triazolam (Halcion)</li> <li>• Estazolam (ProSom)</li> <li>• Clonazepam (Klonopin)</li> <li>• Lorazepam (Ativan)</li> </ul>	<ul style="list-style-type: none"> <li>• Dextroamphetamine (Dexedrine and Adderall)</li> <li>• Methylphenidate (Ritalin and Concerta)</li> </ul>
<b>Prescribed for</b> Pain relief (acute, chronic, post-surgical)	<b>Prescribed for</b> Anxiety, tension, panic attacks, acute stress reactions, sleep disorders	<b>Prescribed for</b> Narcolepsy, ADHD, depression that does not respond to other treatment
<b>How it works:</b> Attaches to receptors in the brain and spinal cord, blocking perception of pain	<b>How it works:</b> Slows brain activity producing a calming effect	<b>How it works:</b> Enhances brain activity, increasing alertness, attention and energy
<b>Long-term use:</b> Addictive	<b>Long-term use:</b> Addictive	<b>Long-term use:</b> Addictive
<b>Negative effects:</b> Large dose may cause respiratory depression and death	<b>Negative effects:</b> Reducing or stopping use may result in seizures	<b>Negative effects:</b> High doses may lead to dangerously high body temperature, irregular heartbeat, cardiovascular failure or lethal seizures

(Adapted from National Institute on Drug Abuse, 2005, p. 10)

*“In the first six months of 2009, 8.4 per cent of the babies they studied had been exposed to Oxycodone in utero.” (Payne, 2012)*



## The Extent of Prescription Drug Misuse

Prescription drug misuse is increasing at an alarming rate, especially among Aboriginal women in Ontario (Canadian Centre on Substance Abuse, 2007). The following excerpt underscores the seriousness of the issue of prescription drug misuse in one First Nation community:

*“researchers ... noted a “significant increase” in Oxycodone-exposed newborns during the course of their research. In the first six months of 2009, 8.4 per cent of the babies they studied had been exposed to Oxycodone in utero. A year later, during the first six months of 2010, that number had more than doubled to 17.2 per cent of births. The numbers likely have increased since the study was completed 18 months ago.” (Payne, 2012)*

Ontario First Nations are alarmed at the use and misuse of prescription medications in their communities:

- 12.2% of respondents to the First Nations Regional Longitudinal Health Survey reported prescription drug use.
- Prescription drug misuse is increasing among First Nations and Inuit people who are referred to NNADAP in-patient treatment programs.
- According to the Health Canada Non-Insured Health Benefits (NIHB) Program, while the percentage of First Nations and Inuit clients receiving prescriptions for opioids has not increased, the quantity dispensed has risen over the last 10 years. In 2007, for every 1000 Ontario First Nations individuals, 841 opioid prescriptions were dispensed. (Ontario Prescription Drug Abuse, 2010)

One study involving thirty focus groups (including more than 198 health professionals and clientele from First Nations across the province of Ontario) agreed unanimously that prescription drug abuse was a major issue. Most of the focus groups indicated that Oxycodone (or other prescription opiates) was problematic in their communities (Chiefs of Ontario, 2010).

## Access to Prescription Drugs

There is a perception in communities that prescription drugs are easily accessible and are safer than illegal drugs, since they come from legitimate means such as through a physician or medical institution. Some of the reasons for the high levels of misuse of prescription drugs include (Chiefs of Ontario, 2010):

- They are easy to access in the home medicine cabinet.
- They are easy to get through the prescriptions of others.
- They are easy to access via the Internet.
- They are considered to be less likely to have side effects, as compared to illegal drugs from an unknown source.
- They are often used as study aids, so considered normal and safe.
- They are considered to have less stigma, as compared to illegal drugs.
- They are considered to be of less concern to parents, as compared to illegal drugs.
- They are not illegal (if caught, individuals can just say they have a prescription).



## Impact on Pregnancy and Parenting

### Overview

This chapter provides information about the impact of prescription drug misuse in pregnancy, and the impact on parenting young children. It shares consequences for the individual, on infant and child health, on women, and on the community.

## Evidence

Evidence of the impact of prescription drugs is limited in misuse situations, where prescription drugs may be used in combination, and/or in high doses, and illegal drugs, tobacco and alcohol may also be used at the same time. The impact is dependent on the drug(s), the dose, the duration of use, general health and nutrition, and many other factors.

## Impact

Misuse of prescription drugs is dangerous and can cause illness, hospitalization, disabilities, addiction, death, as well as impacts during pregnancy and on parenting capacity. Consequences can result from:

- Risky patterns of use such as taking prescription medications at higher levels than recommended.
- Obtaining drugs from an illegitimate source.
- Risky methods of use, for example injection.
- Taking prescription drugs in combination with other medications and/or with alcohol or illegal drugs.
- Risky activities to acquire the funds to purchase prescription drugs.
- Drug seeking behaviours such as stealing medications.

## Impact on Individuals

While prescription drugs are deemed to be safe when used correctly under the direction of a licensed physician, the effects can be negative when used incorrectly. Misuse of prescription drugs can result in:

- **Physical injuries:** Prescription drugs can impair judgement and thinking. Use of these drugs can cause fatigue, lack of coordination and confusion, leading to serious injuries or death (for example car accidents).
- **Tolerance:** Over time an individual may require more of the prescription drug in order to feel like it is working.
- **Addiction:** An individual may become addicted to a prescription drug.

- **Overdosing:** With an overdose of a prescription drug, individuals may experience severe confusion, trouble breathing, irregular heartbeat, high fever and/or seizures. An overdose can lead to irreversible damage, and in some cases, death (Ontario Prescription Drug Abuse, 2010).

- **Withdrawal:** If an individual attempts to stop using the drug, common symptoms may include restlessness, irritability, depression, pain, nausea and vomiting. Withdrawal may also result in an increased risk of depression and suicide (Ontario Prescription Drug Abuse, 2010).

- **Combining Drugs:** A high number of deaths result from taking a combination of opioids and other drugs (Ontario Prescription Drug Abuse, 2010).

- **Sexually Transmitted Infections:** Prescription drug misuse increases the risk of sexually transmitted infections (Ordean et al, 2008).

- **Conflict with the Law:** Activities to acquire prescription drugs may bring individuals to the attention of the law. Judgement may be poor while misusing prescription drugs, also leading to potential conflicts with the law.

- **Problems at Work:** Prescription drug misuse may mean increased absenteeism or decreased productivity at work. This may lead to loss of employment.

- **Family Conflict:** At the family level prescription drug misuse may lead to abuse within the family, neglect of children, and intervention from child protection services. Addiction, drug seeking behaviours, financial problems due to purchasing prescription drugs, and difficulties with the law may further disrupt families affected by prescription drug misuse.

- **Reproductive Health:** Opioid misuse may result in decreased libido and erectile dysfunction in men, infrequent periods or no periods in women, as well as infertility in both sexes (Vuong, 2010).

## Impact on Communities

In small isolated First Nation communities, there can be a profound effect on the social fabric, family and community. Family members may be pitted against family members. Gang related activity and crime may increase in relation to drug seeking and drug sales. This can also affect productivity and business revenues (Ontario Prescription Drug Abuse, 2010).

Anecdotal evidence suggests that elderly people often have their medications taken from them by younger people. There have also been reports of elderly individuals selling their prescription medications. There is a problem of thefts in First Nation homes in order for users to be able to purchase prescription drugs (Chiefs of Ontario, 2010). There are also reports that women have been sexually harassed, as part of the prescription drug misuse cycle, and of Aboriginal youth being recruited for cross-border smuggling in First Nation communities (Chiefs of Ontario, 2010).

Impacts on the community are primarily related to community dysfunction and patterns of abuse (Chiefs of Ontario, 2010). In 2010, the Eabametoong First Nation community declared a state of emergency, after the community experienced 3 murders, 73 drug charges, 61 assaults and 47 arson cases (Dabu Nonato, 2012).

## Impact on Fetal Health

The risks of prescription drug misuse to maternal and fetal health are dependent on the type of prescription medication, the amount used, and timing during pregnancy.

As researchers began understanding the specific set of physical, behavioural and learning consequences resulting from prenatal alcohol exposure, there was an expectation that drug use during pregnancy would also lead to serious and clearly defined syndromes with lifelong consequences. While drug use in pregnancy is not recommended or healthy, evidence does not show the same extensive and serious direct consequences resulting from prenatal alcohol use.

Prescription drug misuse in pregnancy is associated with low birth weight (i.e. babies born at less than 2.5 kg), however, it is difficult to separate the impacts of related factors (Ordean et al, 2008). For example, poor nutrition and low birth weight are common in women who are misusing prescription drugs. Low birth weight may be due to the medication, poor nutrition, other related factors, or more likely, a combination of factors. Low birth weight can lead to serious initial health concerns, and the potential for long-term health and learning problems.

There are also higher rates of medical complications during pregnancy including HIV and Hepatitis C in mothers who misuse prescription medications (Ordean et al, 2008).

*The risks of prescription drug misuse to maternal and fetal health are dependent on the type of prescription medication, the amount used, and timing during pregnancy.*



## Impact on Infants and Children

Infants and children are impacted in a variety of ways by parental prescription drug misuse:

- **Low Birth Weight:** The most common health concern in children as a result of prescription drug misuse in pregnancy is low birth weight, which can result in neonatal complications and sometimes to lifelong health problems (AFN, 2007).
- **Breastfeeding:** Many prescription drugs pass through the mother's breast milk to the infant or child (Hospital for Sick Children, 2012). Even so, breastfeeding has many benefits, and withdrawal symptoms are lessened in breastfeeding infants.
- **Poverty:** Child health is impacted by the social, economic and physical conditions in which they live. Women who misuse prescription drugs may be living on a low income.
- **Abuse and Neglect:** Prescription drug misuse can lead to disruptive and chaotic family life, leading to abuse and/or neglect, and involvement of child protection services.
- **Culture:** Loss of traditional culture can occur as a result of prescription drug misuse (AFN, 2007).

*"There are parents who are using prescription drugs. As a result sometimes the grandparents have to take care of their grandchildren because the parents can't." Key Informant*

*"In one community I had 26 women clients and... 24 were injecting drugs. I had 52 children in that group... For Oxycontin, one 80 mg tablet is worth \$800 in the North. The cost of Oxycontin is very high, yet clients find ways to get it through welfare, theft or prostitution." Key Informant*

## Special Considerations for Women

Prescription drug misuse among Aboriginal women raises a wide variety of concerns. Prescription medications tend to be misused more often by women (Canadian Centre on Substance Abuse, 2007). While men are certainly affected by prescription drug misuse, there is a growing body of evidence that suggests lower levels of drug use can adversely affect the health of women and girls. For example, women develop liver disease in a much shorter time span than men when consuming alcohol over a similar period of time. Women are more prone to lung cancer than men when smoking the same number of cigarettes (Health Canada, 2012). Women are twice as likely to be prescribed tranquillizers as compared to men. These are sometimes used for extended periods, despite research that indicates that these medications should be used for no longer than 2 weeks (Health Canada, 2012). Women who are pregnant and misuse drugs are more likely to have complications during pregnancy and a low birth weight baby (Ordean et al, 2008).



## Stories of Prescription Drug Misuse

### Overview

Interviews were conducted with pregnant and/or parenting Aboriginal women who struggled with prescription drug misuse. The accounts in this section are based on their life stories. Names and details have been changed to protect the identities of the women and their families. We thank these women for their courage and generosity in talking about how prescription drug misuse affected their lives.

## Heather's Story

*I remember being upset when my parents would not let me try prescription drugs – they were both using and I wanted to see what drugs were like.*

I am 21 now and my baby girl is 8 months old. I grew up on a reserve in northwestern Ontario and started using Perks when I was 15. I tried prescription drugs because I thought it was cool and because it was normal – my friends and family were all using. Using made me feel good, more confident. I didn't really want to stop back then. I liked the feeling the drugs gave me, and I got used to the lifestyle.

I moved to a city with my Dad when I was 16. Whenever I had money, I would buy Perks. They were available everywhere – on the reserve and in the city. I would steal to get the money and I was charged with theft more than once. Around this time I started using Oxys. They were stronger, and they made me feel motivated.

When my mother moved to the city, I moved in with her and my brothers. I was using drugs pretty bad around this time. I felt sad and afraid to go on. I was worried I would be charged for using drugs. My mother's friend moved in with us and I saw her taking shots of morphine. I wanted to try it too, and she gave me a shot of morphine. I was using morphine, coke and Oxys regularly by the time I was 19. I snorted the Oxys at first and then bought needles so I could shoot up. I was also drinking. My family got evicted from the place we were staying in around that time.

This went on for about a year and then I met my partner. We stayed at his mother's house at first and later we found our own place to stay. Then I missed my period – I was pregnant.

My friends kept telling me to go on methadone. I was scared to quit or get help because I was worried my baby might get taken away. I did not have any prenatal care during my pregnancy. I was using right up until my baby was born. I went into labour and my baby was born weighing only 5 pounds. She was in the hospital 15 days. I talked to a social worker while I was in the hospital, and she arranged for us to get methadone. My baby stayed in the hospital for an extra week while my partner and I got stabilized on methadone.

I quit for my baby. Sometimes I have cravings and need to think about my baby. I need to remind myself what it would be like to be back on drugs. The services that made a difference for me included the methadone program, the program that gave us baby supplies and a bassinet, the parenting group, the health unit, and the programs that keep me busy and keep my mind off drugs. Making things for my baby such as moccasins and mitts helps me stay busy.

I feel better as a person now. I am more confident. When I see my old friends they ask if I want to do some drugs. I say, "No, I don't do that anymore." I avoid some of my friends. I think my friends are happy for me because I am not using. I think they respect me for that. Now I feel like doing things. I want to get a job to earn money for my home and my baby. I am working on finishing high school and would like to go to college to take nursing.



*When my mother moved to the city, I moved in with her and my brothers. I was using drugs pretty bad around this time. I felt sad and afraid to go on. I was worried I would be charged for using drugs.*

*I go to counseling regularly with my family. I try to hang around people who are not using. Many are on methadone. If I am having a hard time I call my counselor.*



## Joanne's Story

*I am not proud of using. I started using because I blamed myself for my son's death.*

I have 2 children now and I just turned 24. My baby boy is 4 months old and my other son is 8 years old. I had another son too. He passed away about 10 years ago. That was when I started using. I started with Perks. I would do this a few times a day, when I could. Later I needed something stronger to numb my pain and I started taking Oxys and cocaine. I also used morphine to help with withdrawals. At first I was snorting, and then I began using needles. One winter it was really bad. I remember staying up for 5 days straight using drugs.

I was living in a city with my older son. One of the ways I made money was shipping drugs back to my home community – most of my friends on reserve used. Sometimes I would sell things to get money for a fix. This went on for a couple of years and then I wanted to move back home. My parents were worried and said if I moved back I would have to use less. I tried to get into detox but they were full. My dad took me back home and while I was sleeping he threw out all of my drugs.

I started working – but I was still using about once a day. When I got paid I would send my money out to buy drugs. I liked Oxys best because they made me numb, and I did not feel the loss of my son so bad. This went on for a couple of years. I had a few jobs during that time and there were no drug tests. I would take Tylenol 2s to prevent withdrawal when I was working.

I moved back to the city a couple of years ago, and was still using Oxys. I took a native language course where I met a guy from another reserve and we started going out. He liked to drink. When he learned that I was using he didn't want to see me anymore, but then we decided to quit together. We went to the health centre when I was withdrawing really bad. When I was there I found out I was pregnant and I asked about my options. I wanted to keep my baby. The next day I went to a methadone clinic.

A lot of people are afraid to quit because they feel judged, afraid and ashamed. They can also find it hard because of the withdrawal and because their friends and family are still using.

It has been almost a year since I had my last Oxys. I think about my 2 boys and I do not want to go back to using again. It hurt my son a lot when I sold things to buy drugs. He tried to stop me many times. What saved me was getting pregnant again because I thought about my unborn child. My partner, friends and family supported me.

I go to counseling regularly with my family. I try to hang around people who are not using. Many are on methadone. If I am having a hard time I call my counselor. Sometimes I can get in the same day or the next day. Counseling really helps. It is also helpful to keep busy. I go to programming and to drop-ins. Parenting programs help too. Being around other parents who are going through the same thing also helps. I think about my future. I would like to work in a hospital, translating for people who come in from up north.

## Susan's Story

*There are a lot of dealers and drugs in the neighborhood where I live. Unfortunately I made friends with the wrong people – people who were using drugs.*

I live in a city with my 2 girls who are 9 and 10 years old. I just turned 28. About 12 years ago I thought I should give drugs a try. Using made me feel good and I liked that feeling. At first it was Perks a few times a week and then I was using every day to prevent withdrawal. Once I went cold turkey to get off the Perks, and I couldn't sleep or eat. It took about 5 days to feel normal again. But after a while I started using again – drugs were in the neighborhood and the all the people I knew were using.

After I started using again it took more Perks to get that same feeling. I made friends with a dealer who lived right beside me and she offered me Oxys. They were stronger and I liked them better than Perks. It did not take long to get hooked on Oxys. During those years I was going through a hard time. I was spending about \$100 a day on pills and lying to my family and friends. They knew what I was doing. They would tell me to stop, and to get help. They wanted me to take better care of my kids. I would think about it, but I didn't go for help. I would do anything to get the money to get a fix. Most of my money went to drugs. Drugs were the first thing I thought about every day.

Eventually I had enough of Oxys and the cravings. I got on methadone and liked it right away. It was a big change to be able to take care of my children. I didn't have the cravings any more. It made me feel normal, and gave me a bit of stability not having to look for drugs and not spending so much money.

When I was on methadone for a while I got pregnant with my third baby. After my baby was born, she stayed in NICU for a few days, then in the pediatric ward for a few weeks. She is doing well now though.

The methadone helped me to stop using. You don't know how hard it is to quit cold turkey. The methadone made a difference. The whole program, including counseling, helped. I think I would still be using if the methadone program was not around. Maybe I wouldn't have my kids, or my nice home, furniture and toys for the children. My children help me stay off drugs. My parents are very supportive. I also took a parenting course and really liked it. It was getting out of the house and socializing for me and my baby! It was good to be around other parents.

I am still on methadone. I am not friends with anyone who uses anymore. I know how to say, "No." I keep away from that stuff. I know the effects of drugs and I never want to go back there again. My experiences with drugs were not fun. Drugs hurt me and my children too. Looking back I wish I had never started. It is important to talk about this. We need to share our stories, talk to younger people in our families and communities. We need to tell them how drugs affect families.

I am pretty proud of myself. It has been 2 years now that I have been off drugs. I hope to go off methadone at some point, but I don't want to relapse. Down the road, maybe I can sign up for a treatment program to help me stay off drugs, without methadone. Another goal is to finish high school. I have always wanted to be a social worker so I could help teenagers.



*The methadone helped me to stop using. You don't know how hard it is to quit cold turkey. The methadone made a difference. The whole program, including counseling, helped.*



## Barriers to Care

### Overview

An understanding of the many barriers to care can help service providers in meeting needs of Aboriginal women who misuse prescription drugs.



*Women tend to neglect their own treatment and carry on with their addictions due to the fear that their children may be taken from them if they pursue treatment (Chiefs of Ontario, 2010).*

## Services Relevant to Prescription Drug Misuse

Women who misuse prescription drugs (especially those who are pregnant or parenting) need relevant services. With the increase in prescription drug misuse it is becoming evident that treatment options for this type of addiction are limited. Conventional treatment centres are designed to address alcohol and illegal drug addictions. Staff members may not be trained to handle issues of prescription drug misuse, and symptoms often vary significantly from illegal drug and alcohol abuse. It is critical to identify solutions that address the unique needs related to prescription drug misuse.

Prescription drug misuse is adding to a system that is already overburdened with conventional alcohol and illegal drug addictions (Chiefs of Ontario, 2010). Wait lists are often extensive for services that are designed to address prescription drug misuse (Chiefs of Ontario, 2010).

## Services Relevant to Women

Treatment programs may not have services that are designed specifically for Aboriginal women, or to meet the needs of women who are pregnant or parents of young children.

*“Clients want treatment. They can’t tolerate the pain. There is something about going through withdrawal that women have a hard time with. When you see what some of these women have gone through in their lives then you understand their pain. If you can get them back to their family and/or reunite their family because they have burnt bridges then their goal of healing is often fulfilled. This brings meaning back into their lives. That really helps long term.”*  
Key Informant

## Childcare Supports

Treatment centres generally do not provide care for children. Women tend to neglect their own treatment and carry on with their addictions due to the fear that their children may be taken from them if they pursue treatment (Chiefs of Ontario, 2010).

*“Often clients have to make a choice. They can’t participate in treatment programs with their partner, and no children are allowed, so that is an issue for some of our clients. For example, what happens to the children while the mother is in treatment or if the spouse is a user too, where do they fit in?”* Key Informant

*“Clients are asking for childcare. When they attend programs, childcare is a big issue.”* Key Informant

## Location of Services

The location of centres poses another significant barrier to effective treatment. Many facilities are not located in or near First Nation communities. Women who want to access treatment must be able to afford the travel, be able to find suitable childcare arrangements for the time they are away from home, find a way to continue to pay their bills, find someone to care for pets etc. Given the dire circumstances of most individuals facing these addictions, the logistics and costs may be insurmountable (Chiefs of Ontario, 2010).

*“Transportation is another issue. It’s very important. Ninety five percent of our clients have to take the bus so we provide bus tickets. Some of the women are hungry so we share a meal and by sharing this way it’s more welcoming and less institutional.”*  
Key Informant

*“We have remote communities that are accessible by air...We work with limited support so programming is not accessible to everyone. Most of our communities don’t have access to detox treatment programs.”*  
Key Informant

## Culturally Relevant Strategy

A treatment strategy that is based on the needs and unique circumstances of Aboriginal people and their cultures is needed to address barriers to care (Chiefs of Ontario, 2010).

## Examples of Circumstances that Present Barriers

Women want to protect their children; however circumstances in their lives may make this difficult. Key informants indicated that Aboriginal women face many difficult realities. Consider the following situations, and the barriers to recovery from prescription drug misuse:

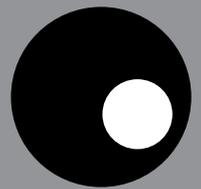
- A young woman lives in a household where drugs have always been part of her life. Prescription drugs are shared and since they are legal, they are perceived to be safe.
- A woman is pregnant and misusing prescription drugs. She realizes the drugs are not good for her unborn baby. She wants treatment but is terrified that her children will be taken by child protection services if she seeks treatment.
- A woman wants treatment for her prescription drug addiction, but her friends misuse drugs and they are pressuring her to keep using them. She concedes in order to retain her social network.
- When a woman returns to her community after treatment for prescription drug misuse, all of the pre-treatment problems are still there. Drugs are readily available. She is living on welfare, with no employment options. She may decide to start misusing again to cope with her despair and loneliness.

*Many facilities are not located in First Nation communities, and therefore, only those who can afford to travel to a treatment centre may receive treatment.*





# Comprehensive Approach



## Overview

Prescription drug misuse is a complex issue, with deep underlying factors. There are no simple solutions. It is important to consider your role in influencing and supporting a comprehensive approach that meets the needs of First Nations women who are pregnant or parenting.

# Prescription Drug Abuse Strategy

Chiefs of Ontario developed a Prescription Drug Abuse Strategy in 2010. Key components of the strategy include:

## 1. Health Promotion

- Awareness of appropriate use of prescribed medication
- Use of multi-media health promotion approaches
- Programming to promote confidence and positive self-identity
- Strategies to prevent misuse and strategies for people who misuse

## 2. Healthy Relationships

- Reduce violence
- Individual ownership and responsibility for health
- Families help family members seek assistance
- Build community leadership
- Build political relationships

## 3. Reducing the Supply

- Work with individuals who prescribe narcotics
- Zero tolerance towards suppliers
- Community safety and enforcement

## 4. Continuum of Care

- Early identification of misuse
  - Addictions programming
  - After care programming
  - Integrating First Nations values, beliefs, ways of knowing and doing
- (Chiefs of Ontario, 2010, p.6)

# What You Can Do to Have a Comprehensive Approach:

## *Service Providers*

- Keep learning about the issue and about what can be done.
- Align new initiatives with provincial and national strategies.
- Include prevention of prescription drug misuse, interventions to address prescription drug misuse, as well as after-care supports.
- Develop a community strategy.
- Consider ways to address gaps in services.
- Work collaboratively with community stakeholders, including women impacted by prescription drug misuse.



# Prevention Strategies



## Overview

The vision for any strategy to prevent prescription drug misuse is to have wholistic health for women, children, families and communities. For many First Nations women there is no separation between the physical, spiritual, mental and emotional aspects of humanity. They are all seen as interconnected, and true wellness incorporates all aspects.

## Prevention

Keep the following factors in mind when considering prevention approaches:

- The numbers of pregnant Aboriginal women using prescription drugs is on the rise. One key informant indicated that in some Aboriginal communities in Ontario, it is estimated that up to sixty percent of women of childbearing age are misusing prescription drugs.
- Sexual violence, poverty, family dysfunction and cultural/spiritual loss are all factors that lead to women using prescription drugs in order to cope with life.
- Many Aboriginal women are deeply affected by years of inter-generational and historical trauma from colonization and the residential school experience.

*“These are the things triggering clients to get into prescription medications misuse in the first place. Counselling and help with the more pertinent issues in a client’s life is very important.” Key Informant*

Effective strategies for prevention must be designed to address these underlying issues. It is not effective to simply treat the symptoms of drug misuse without acknowledging the contributing factors to the problem. This includes early education and culturally appropriate program delivery, along with empowering women, in order to prevent prescription drug misuse.

## Tone and Content

The tone and content of prevention activities is very important. Be clear about the extent of the problem and the risks, in a way that does not result in an atmosphere of shame and blame, making it more difficult for people to access help in addressing prescription drug misuse.

*“Preaching doesn’t work. We have to respect our clients. If so, we can talk to them about anything. It’s all about building trust and not making judgments about people. That comes out in the way clients are greeted, spoken to, and treated. That’s key. Building trust is essential.” Key Informant*

Think about the following messages if you are choosing existing posters or other materials for women. Build these messages in, if you are designing a poster, display or workshop.

- There are risks to prescription drug misuse.
- There are benefits to not starting, and to stopping.
- It can be hard to stop.
- Help is available.
- Include links including anonymous phone lines and local services.

*Strong Aboriginal cultures help to build stronger Aboriginal communities and influence health and wellness in Aboriginal families.*



Ask for input from women in your programs about materials you are planning to purchase, or materials that you are developing. Ask how the resources make them feel and why, whether they would access the resources mentioned in the services etc.

## Raising Awareness

There are many ways to raise awareness such as:

- Displays
- Articles in newsletters or newspapers
- Posters
- Workshops
- Ads on the radio or community TV

Awareness approaches can be used to reach community leadership, other service providers, pregnant women, parents etc. Key informants indicated it is important to educate and empower young women and young parents, teaching about health and making choices. One key informant described a successful program where Aboriginal girls in high school were taught about making healthy choices and about sexual health.

*"In high school we provide education to girls about making choices, promiscuity, etc. These girls want to be wanted. They may have had a history of rejection and parents using drugs... We are trying to use peer support with girls helping each other and learning to make wise choices. We do a lot of cultural teachings to address these needs. When we integrate cultural teachings there seems to be a real connection for our clients. We have an Elders group that does story telling with lessons embedded in them. The delivery of the message is just as important as the content. If it comes from an Elder, it's better received because clients respect the Elders and remember the stories." Key Informant*

Awareness can also help with community safety:

*"One thing that I witnessed recently was a man picking up a prescription and he loudly indicated what it was. At all levels there should be some way to educate/inform the family member/client of safety precautions so that they don't put themselves in danger when picking up prescriptions." Service Provider*

## Service Provider Training

Service providers can benefit from ongoing training about prescription drug misuse. Information on this topic is rapidly evolving.

*"Education about the appropriate management and use of prescription medications is needed. Especially education for primary care providers and health care providers in general to prevent abuse from happening in the first place." Key Informant*

## Cultural Approaches

Strong Aboriginal cultures help to build stronger Aboriginal communities and influence health and wellness in Aboriginal families. There is a very clear connection between community and familial relationships, health programs/policies and healthy social relationships.

*"Cultural based approaches work well. Don't pretend to know the answers when you don't. Share the experiences and stories of what has worked for others." Key Informant*

*"Clients need to be aware of the cultural values. You need to practice in the way that will help that person the best. You have to be aware of what they need and want." Key Informant*

## Focus on Strengths

Key informants indicated it is important to focus on the strengths that women have.

*"When I first started I relied on scare tactics (letting women know the worst possible scenarios) and that didn't really work. Now I focus on identifying and building on their strengths and their children's strengths – and they are more receptive to what I have to say when I use that approach." Key Informant*

Aboriginal women must have the right to a say in decisions that will affect their families, children and themselves. The reality is that often they do not.

# What You Can Do to Prevent Misuse of Prescription Drugs:

## *Advice You Can Provide to Family Members*

- Pay attention when the person is taking the medication. Find out if they are taking it properly.
- Remove old, outdated or unused medications from the home.
- Do not offer prescription drugs to other family members for their aches and pains.
- Be supportive of pregnant women and talk to them about the benefits of not misusing prescription drugs. Help them get support, if needed.

## *Healthcare Providers*

- Do not prescribe medications that patients do not want or have stated they will not take.
- If you have concerns, start the prescription with a small amount, such as medication for 1 or 2 days.
- Prescribe in lower quantities and monitor frequently. For example, if a patient is only supposed to take the medication for two weeks, prescribe a one week dosage and check to see if it is needed the second week.
- Follow manufacturer recommendations for duration and use.
- Be aware of any requests outside of the normal, such as frequently lost/stolen medications or frequent visits for refills.
- Access training about prescription drug misuse.
- Develop universal precautions to address pain management.
- Assess patients for risk factors for development of prescription drug misuse, such as previous substance misuse history.
- Assess for changes in behaviour subsequent to starting the medication.
- Be familiar with the Canadian Guideline for Safe and Effective Use of Opioids.

[www.cpsa.on.ca/members/resources/default.aspx?id=4026](http://www.cpsa.on.ca/members/resources/default.aspx?id=4026)

## *Pharmacists*

- Provide clear messages about prescription drugs and how to use them according to the directions.
- Develop safe and consistent return and disposal protocols. For example, have patients return unused medications.
- Ensure confidentiality when filling orders and dispensing medications.
- Keep an inventory of doctor signatures to ensure prescription validity.
- Notify other pharmacies in the area if a false prescription is detected.
- Develop a prescription drug database with other local pharmacies.
- Access training about prescription drug misuse.
- Follow pharmaceutical prevention strategies.
- Be familiar with the Canadian Guideline for Safe and Effective Use of Opioids

[www.cpsa.on.ca/members/resources/default.aspx?id=4026](http://www.cpsa.on.ca/members/resources/default.aspx?id=4026)



# Identifying Misuse



## Overview

While some women may disclose prescription drug misuse, it is important to be able to identify women who may be using prescription drugs. This section has information about the signs and risk factors for prescription drug misuse.

*“Some will use whatever money they have to buy drugs even if that means they have no food on the table.” Key Informant*



## Signs of Misuse

Signs of prescription drug misuse depend on the medication(s) taken. Signs may include:

- **Moods** - depression, agitation, irritability
- **Thoughts** - confusion, poor judgement, impulsive behaviour
- **Actions** - restlessness, poor coordination
- **Physical** - sweating, drowsiness, insomnia, dizziness, weight loss

Watch for changes in behaviour, levels of energy, eating patterns, sleeping patterns or mood. You may also see someone taking their medications more often than indicated. People may steal or search through medicine cabinets looking for prescription drugs.

## Risk Factors

Be aware of these risk factors for prescription drug misuse:

- Previous addictions
- Pre-existing mental health conditions
- Lack of understanding about prescription drug use and the risks of misuse
- Duration used

## Circle of Care

One key informant described the Circle of Care program used to identify clients at risk.

*“Right now we are trying a Circle of Care program to attempt to identify those clients who are most at risk in order to help them get the assistance they require. This is going to be a real problem with the impacts of the cutbacks to Ontario Works, child welfare and the related benefits. Clients don’t even have enough to pay their rent so that’s going to add to the problem. Some will use whatever money they have to buy drugs even if that means they have no food on the table.” Key Informant*

# What You Can Do to Identify Signs of Misuse of Prescription Drugs:

## *Advice You Can Provide to Family Members*

- Watch for:
  - Changes in behaviour, moods, memory or abilities
  - Taking prescription medication more often, or in higher doses than prescribed

## *Healthcare Providers*

- Watch for:
  - Frequent loss of prescriptions or need for refills
  - Frequently changing doctors

## *Pharmacists*

- Follow pharmaceutical monitoring strategies
- Watch for:
  - Similar prescriptions from different doctors
  - Refills not in accordance with best practices or recommendations
  - Prescriptions not fitting with diagnosis
  - Prescriber handwriting different than sample on file



## Addressing Prescription Drug Misuse

### Overview

There are a range of interventions that can be used to address prescription drug misuse. Interventions can be put in place by health care providers, pharmacists, community leaders, service providers who work with pregnant women and parents, and by community members. They can be individual, group or community level approaches. This section includes a sample of approaches that were recommended by key informants.

## Prescription Drug Collections/Disposal

Communities have implemented drug collection/disposal days in order to remove unused prescription drugs from the community. The police can set up stations to collect unused medications. This helps to get prescription drugs out of medicine cabinets and helps to ensure that they are disposed of properly.

## Meeting Basic Needs

To actualize wellness, and to address prescription drug misuse, basic needs need to be met.

*“Clients want to get off drugs and to keep their families together. They want, and need, the essentials of life: transportation, food and housing.” Key Informant*

## Respect and Caring

The relationship with the service provider is very important. A warm respectful relationship is key.

*“I think we need more caring and trusting relationships. The low self-concept and limited education achievement levels are a problem. We need to be flexible. Women are coming from a place of ‘less’ instead of more. They will do what they can. Clients facing addictions have needs and they are not on a time clock. We need to work from a different model. Every interaction can be a meaningful moment in a person’s life. It’s the worldview that is really critical.” Key Informant*

## Detox

The lack of medically supervised detoxification services in rural/remote communities raises safety issues for First Nations (Ontario Prescription Drug Abuse, 2010). Strategies to increase access to detox in a timely manner are an important part of a comprehensive strategy.

## Treatment

Key informants reported that it is important to create an environment that is supportive of treatment, and that treatment needs to be culturally relevant.

*“I think getting back to the land is better. Land-based programming is used in parallel to critical components of cultural programming. Cultural programming in relation to land-based activities varies by territory. Most of our communities are traditional and focus on being out on the land and traditional lifestyle activities. Other communities include the traditional/spiritual teachings. Land-based teachings should run in parallel with any clinical component.” Key Informant*

The context under which treatment takes place is a key issue. One key informant indicated the context of shame needs to be addressed during treatment.

*“Placing no blame on anyone is number one. There is help available. Even if someone slips, they can always come back and re-start the process. It’s not a shame to ask for help. It’s harmful to the client and their children to have an addiction problem. There is no harm in asking for help.” Key Informant*

## Underlying Factors

Key informants felt that treatment on its own is not effective. The root of the problem must be also be addressed (i.e. poverty, trauma, abuse, self-esteem, cultural identity, etc). There are historical contexts, both within personal experience and as being a part of an oppressed group. Current and historical traumas need to be addressed in order to heal. Help women to identify themes and patterns related to these contexts. This can be empowering and can alleviate some of the shame and self-loathing that comes from addiction.

*“There is an issue on reserve. There are many complex variables. It’s not about just one issue of prescription drugs. People have complex stories and histories that need to be understood. Abandonment, abuse, the child welfare system, poverty, intergenerational trauma, Aboriginal cultural history, etc. are all intertwined along with mental health issues. Our clients need support and resilience skills.” Key Informant*

## Cultural Teachings

Traditional languages, traditional ways of knowing, and traditional ways of healing and medicine, are important contributors in Aboriginal approaches to health and wellness (AFN, 2007).

*“Having opportunities to observe and participate in cultural gatherings is important. Some clients think you can’t attend cultural events while pregnant but you can (maybe just as observer). In utero, the drumming and cultural attendance is very important. Practicing prayer is also important. Seeking spiritual guidance from a medicine person and self-care is encouraged. There is no reason to stop practicing spirituality during pregnancy using the sacred medicine which is cedar, sage, sweetgrass. Even when they are praying some clients will hold tobacco in their hand and put it in the ground after. Participating in the ceremonies is important.” Key Informant*

Harnessing the role of spirituality will mean different things to different women:

*“Not everyone practices their culture. We need to respect where they are coming from. If they want to know more about their culture we need to provide that.” Key Informant*

*“Spirituality is very important. We need to keep it strong. Some clients have lost their culture and may want to learn more about it. Smudging is one example.” Key Informant*

Services for women can build in cultural teachings, where there is interest.

*“You need to get clients back to their traditions. They need to set their own goals. They need to be allowed to have time to talk.” Key Informant*

*“One of the many tools we use is the Seven Teachings, the Medicine Wheel and the Circle. Giving clients books with colour and pencils to help them visualize what their goals and feelings are is also very good in addition to lots of communication aids.” Key Informant*

*“Good Life teaching is offered. How a man and a woman prepare together for pregnancy are other teachings we offer. The Seven Sacred Grandfathers and Medicine Teachings are also offered. We do moccasin making workshops and I incorporate resilience into the program. Lessons from Elders include breastfeeding teachings and care of the umbilical cord, the Welcome Baby and Naming ceremony are all important. Participating in regalia making seems to be beneficial as well.” Key Informant*

*“Oral teachings are very important. Oral teachings from the Elders is very much part of Aboriginal culture. Practicing self-care for oneself and the baby is important. Preparing for the birth of the baby is important traditionally.” Key Informant*

*Strategies to increase access to detox in a timely manner are an important part of a comprehensive strategy.*



## Wholistic Approaches

Effective services consider the community as a whole. This is essential to any effective strategy when working with Aboriginal pregnant women (Aboriginal Healing Foundation, 2005). Wholistic approaches include an awareness of and sensitivity to the interconnectedness of all things:

- People and nature
- Kin and communities
- The interconnectedness of body, mind, heart and spirit

*“The Medicine Wheel captures what is important especially the different elements that are important to pregnancy.” Key Informant*

## Connecting with Community

It is important to be familiar with the local culture and get to know the Elders, key decision makers, children, women, grandmothers, etc. It is important to get to know your local community well so that you have a strong understanding of how best to work effectively with your clients.

*“Doing things in people’s home community also ensures a higher success rate because they have support of home and the ceremony component as well (sweat lodges, etc.).” Key Informant*

*“Having Elders and grandmothers and aunts who have the traditional knowledge and who communicate this to the local men and the women is important. Culture and knowledge has to come from the people who are keepers of the teachings of the community. The men are also important. We have used Elders to speak to our parenting group about parenting and the traditional roles of men and women.” Key Informant*

*“Being aware of what’s going on and having a dialogue with people by working together is important... Stakeholders are just starting to get into a discussion regarding the issue of addressing prescription drug use and misuse.” Key Informant*

## Community-based Programs

Are needed services in place at the local level? Do appropriate referrals take place efficiently? Do clients get the services they need without getting caught up in undue waiting lists? Are service providers knowledgeable about other services and do they work together to meet needs? Do community members have a say in identifying needs, and in defining programs?

*“Each community has its own traditions, even within cultural groups. The key is to not just go in and try to ‘fix’ things. Aboriginal communities that are successful are those who institute programs and services at the local level. Outsiders can make themselves available to help but change has to come from within the community.” Key Informant*

*“Parenting programs are helping. A community feast was just held where 40 families participated. One group of grandparents put together a train the trainer module on parenting which was community driven. A women’s group and parenting program was developed that is a train the trainer module. We have done some training and that’s what communities are asking for. It helps with parenting skills. It lets us work on bonding and what we need to do in the local communities.” Key Informant*

Key informants emphasized that it is important to build trust within the local community. Generally in the Aboriginal context every action affects everyone else.

*“Community-based programming is the way to go. Clients don’t want to leave their communities. There is the issue of trust. Women can’t seem to come forward in their communities to speak on their own behalf. They are looking for advocates to empower them in a safe healthy way. There is stigma and trust which is a big issue in a small community.” Key Informant*

## Support Groups

Key informants felt it is essential to create women's groups around self-care and peer support.

*"Taking Care of Me is a six week women's group. Each week we have a different topic. I've found talking about Bundle Teachings and taking care of self has been well received. Bundle Teaching teaches clients how to take care of themselves. The cultural coordinator helps with that. That is very helpful. Another strategy is talking about stress, what it is and how we can deal with that. Resilience skills fit into that as well. I talk a lot about how we feel affects what we do. We talk about how we can think (cognitive behavioral therapy)." Key Informant*

*"We do groups especially in circles so clients can learn from each other. Group leaders make sure everyone has a chance to speak. We have lots of ceremonies within the addiction programs for those who use cultural ceremonies. I see much more success in that program." Key Informant*

Devising meaningful projects that serve to empower women is critical to effective programming.

*"I found a photo book project was good. We took pictures of the client's healing journey. They put pictures in the book and different materials like a scrapbooking type activity. For example, a picture of their child might go in the book along with a little bit of text. Art is also used. This type of project requires time but the photo project seems to work well." Key Informant*

*"Informal sharing in small groups also seems to work. I think the ideal size group is around five or six. Some of our clients have kids and we feed them so our time with them is limited to about one and a half hours each visit. I'd like my program to be longer." Key Informant*

## Other Approaches

There are also strategies such as dialectical behaviour therapy, emotional freedom techniques, mindfulness/meditation, pet therapy, and gardening that may be beneficial in working with women who misuse prescription drugs. However, we were unable to find peer review literature supporting their effectiveness in addressing prescription drug misuse. The work in this area is evolving, and service providers are encouraged to keep learning about emerging evidence in these and other areas.

## What You Can Do to Address Prescription Drug Misuse:

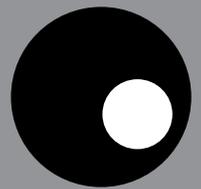
### Service Providers

- I understand the context in which the prescription drug misuse occurred.
- I believe in the client's inherent value, and offer unconditional compassionate support.
- I understand wholistic needs. I meet mental, physical, spiritual and emotional needs.
- I am aware that not everyone is interested in culture and tradition.
- I understand and model traditional teachings.
- I use a client-centred, strength-based approach that supports the woman to direct and time her healing journey. I trust her to know her needs and I respect her choices.
- I foster a confidential, safe and calm atmosphere.
- I actively listen, paying attention to body language.
- I recognize and minimize power imbalances.

(Aboriginal Healing Foundation, 2005)



# After-Care Supports



## Overview

After treatment, the need for services does not stop. Women continue to require supports to move to a new way of living that does not involve prescription drug misuse.

## Returning

After treatment services, women return to the same community or circumstances that led to the misuse in the first place. It is helpful to talk with women about their transition after treatment, and to have a strategy for creating a supportive community. To learn more about strategies for supportive communities, see [www.4worlds.org/4w/ssr/Partiv.htm](http://www.4worlds.org/4w/ssr/Partiv.htm)

## Ongoing Need for Services

Addictions work is not a single fix. Ongoing maintenance is essential. According to key informants, the area of post-treatment or after-care is often sadly overlooked. Some key informants indicated that the real issue is not just prescription drug misuse. The issues go much deeper than that, and we need to address the problems. A range of services is needed, including social support, meeting basic needs, counselling etc.

*“We should ask the women what they want. Service providers need to ask the individual clients they are serving. We are a team not a hierarchy. We need to educate one another.” Key Informant*

## Relapse

It is helpful to normalize relapse, and to have open discussions with clients on this topic. Relapse is a common part of the process of recovery. It is not a failure.

*“We know that relapse will happen so we understand and look at it as a harm reduction. We welcome people to come even if they are using drugs. We talk about triggers that result in use of drugs, in addition to what triggers clients and what they can do instead of misusing drugs. We talk about different things they can do as alternatives to drugs. We also talk about peer pressure and how to look out for the red flags. We try to incorporate Medicine Wheel teachings where we can.” Key Informant*

## Opioid Agonist Treatments

There is a lot to be gained from stabilizing patients on medications such as methadone to allow women to focus on recovery and dealing with underlying reasons for their addiction. These medications are not a perfect fix but are a suitable alternative for women who cannot stop on their own.

Key informants were concerned that women may have to leave their communities to access methadone treatment, which is not short-term. Women may not be able to return to their community. Ideally, women would receive needed treatments in their community.

*“We have nine thousand people in our area who have addictions to opioids. There is a huge gap in treatment obviously. We take treatment to the community. The ones we serve are not relapsing at this point.” Key Informant*

*“We use motivational interviewing and substitute opiate therapy. I've tried referring to local hospitals but they say clients have to go on methadone which means they have to leave the community.” Key Informant*

## What You Can Do to Support After-Care:

### *Service Providers*

- Understand that the need for services does not end after treatment.
- Think about the community and situation the women are returning to.
- Recognise that relapse is a common part of the process of recovery. It is not a failure.
- Work with women in identifying the changes and services they will need, and help them to put these in place.
- Understand that, for some women, medications such as methadone may be helpful.



*Addictions work is not a single fix.  
Ongoing maintenance is essential.*



## Caring for Yourself

### Overview

As a service provider, working on prescription drug misuse can be very challenging. It is important to find internal and external resources that can help prevent burnout, compassion fatigue and vicarious trauma.

## Self Care

As many of our key informants indicated, the hours are long and the funding is sparse, yet there is much work to do to meet the needs of our clients.

*“Take care of yourself. If you don’t, you will not be any use in the community.” Key Informant*

Take time to nurture yourself, learn from this report and the strategies described, and you will be of use in your community.

## What You Can Do to Care for Yourself

### *Service Providers*

- Review the resource *When Compassion Hurts: Burnout, Vicarious Trauma and Secondary Trauma in Prenatal and Early Childhood Service Providers*, at [www.beststart.org/resources/howto/index.html](http://www.beststart.org/resources/howto/index.html)



*“Take care of yourself. If you don’t, you will not be any use in the community.” Key Informant*

## Additional Resources

### *Videos about Prescription Drug Misuse*

#### **Aboriginal Nurses Association of Canada**

List of Aboriginal videos and other materials - many are related to substance use.

[www.anac.on.ca/sourcebook/resource\\_audio.htm](http://www.anac.on.ca/sourcebook/resource_audio.htm)

#### **Best Advice for People Taking Opioid Medication**

Centre for Addiction and Mental Health

[www.youtube.com/watch?v=7Na2m7lx-hU&feature=youtu.be](http://www.youtube.com/watch?v=7Na2m7lx-hU&feature=youtu.be)

#### **Bevel Up: Drugs, Users and Outreach Nursing (video)**

National Film Board

[www.nfb.ca](http://www.nfb.ca)

#### **From Stilettos to Moccasins (video)**

Canadian Centre for Substance Abuse

This video is about identity and healing from drug use.

[www.youtube.com/watch?v=1QRb8wA2iHs](http://www.youtube.com/watch?v=1QRb8wA2iHs)

### *Handouts and Posters about Prescription Drug Misuse*

#### **Pregnant and Drug-free Posters**

Health Canada

[www.hc-sc.gc.ca/fniah-spnia/pubs/famil/\\_preg-gros/2007\\_comm\\_preg-gros/index-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/pubs/famil/_preg-gros/2007_comm_preg-gros/index-eng.php)

#### **Prescription Drug Abuse Fact Sheet**

Nishnawbe Aski Nation

<http://nanhealth.sims.sencia.ca/upload/documents/prescription-drug-abuse-factsheet.pdf>

### *Service Provider Tools on Prescription Drug Misuse*

#### **PRIMA (Pregnancy-related Issues in the Management of Addictions): A reference for care providers**

[www.addictionpregnancy.ca/Inr/downloads/PRIMA laminate.pdf](http://www.addictionpregnancy.ca/Inr/downloads/PRIMA laminate.pdf)

#### **Prescription Drug Abuse Strategy**

Chiefs of Ontario

[www.chiefs-of-ontario.org/sites/default/files/files/Final%20Draft%20Prescription%20Drug%20Abuse%20Strategy.pdf](http://www.chiefs-of-ontario.org/sites/default/files/files/Final%20Draft%20Prescription%20Drug%20Abuse%20Strategy.pdf)

#### **Primary Care Addiction Toolkit**

Centre for Addiction and Mental Health

An addiction toolkit that deals with opioid misuse and addiction.

[http://knowledgex.camh.net/primary\\_care/toolkits/addiction\\_toolkit/opioid\\_toolkit/Pages/default.aspx](http://knowledgex.camh.net/primary_care/toolkits/addiction_toolkit/opioid_toolkit/Pages/default.aspx)

#### **Recommendations & Best Practices in Addressing Substance and/or Prescription Drug Abuse/Misuse**

Health Canada: First Nations & Inuit Health – Ontario region  
Prevention techniques and culturally relevant approaches.

[http://addictions.knet.ca/sites/default/files/Lit%20review\\_Rx%20drug\\_best%20practices%20&%20recommendations.pdf](http://addictions.knet.ca/sites/default/files/Lit%20review_Rx%20drug_best%20practices%20&%20recommendations.pdf)

### *Teachings and Programs Relevant to Prescription Drug Misuse*

#### **Circle of Care program**

The community at Constance Lake First Nation are trying a Circle of Care program to help identify clients most at risk of misusing prescription medication.

#### **Good Life Teachings**

The Ojibwe Good Life teachings were discussed by some key informants as being a useful tool for practitioners working with pregnant Aboriginal women. The document outlines a model for self-esteem and identity and then outlines the actual teachings and implications for practice.

[www.edu.gov.on.ca/eng/research/toulouse.pdf](http://www.edu.gov.on.ca/eng/research/toulouse.pdf)

#### **Medicine Wheel Teachings**

There are various articles and descriptors on the teachings of the Medicine Wheel. This diagram illustrates the Cree curriculum and discusses the teachings.

[www.fourdirectionsteachings.com/transcripts/cree.pdf](http://www.fourdirectionsteachings.com/transcripts/cree.pdf)

#### **Taking Care of Me**

This program was developed by the Anishnawbe Mushkiki Health Access Centre. Taking Care of Me is a six week women's group, each week with a different topic. Bundle teaching teaches clients how to care for themselves. Taking Care of Me is one of the many services offered by the Anishnawbe Mushkiki Health Access Centre.

[www.mushkiki.org/taking-care-of-me.html](http://www.mushkiki.org/taking-care-of-me.html)

## ***Key Services Related to Prescription Drug Misuse***

### **Aboriginal Healing Foundation**

Promotes the health and well-being of healthy parenting, with some materials related to addiction.  
[www.ahf.ca/publications/research-series](http://www.ahf.ca/publications/research-series)

### **Canadian Centre for Substance Abuse**

Works to reduce the harm of alcohol and other drugs.  
[www.ccsa.ca](http://www.ccsa.ca)

### **Centre for Addiction and Mental Health (CAMH)**

CAMH addresses addiction and mental health. They have an Aboriginal program where traditional forms of healing are incorporated.  
[www.camh.net](http://www.camh.net)

### **Drug and Alcohol Use Helpline**

Free health services information.  
*1-800-565-8603*

### **Motherisk**

Alcohol and substance use in pregnancy helpline for women and health care providers.  
*1-877-327-4636*

### **National Native Addictions Partnership Foundation**

This website contains a number of resources on the use of prescription drug misuse.  
<http://nnapf.com/>

## ***Treatment for Prescription Drug Misuse***

### **Addiction Treatment Services in Canada**

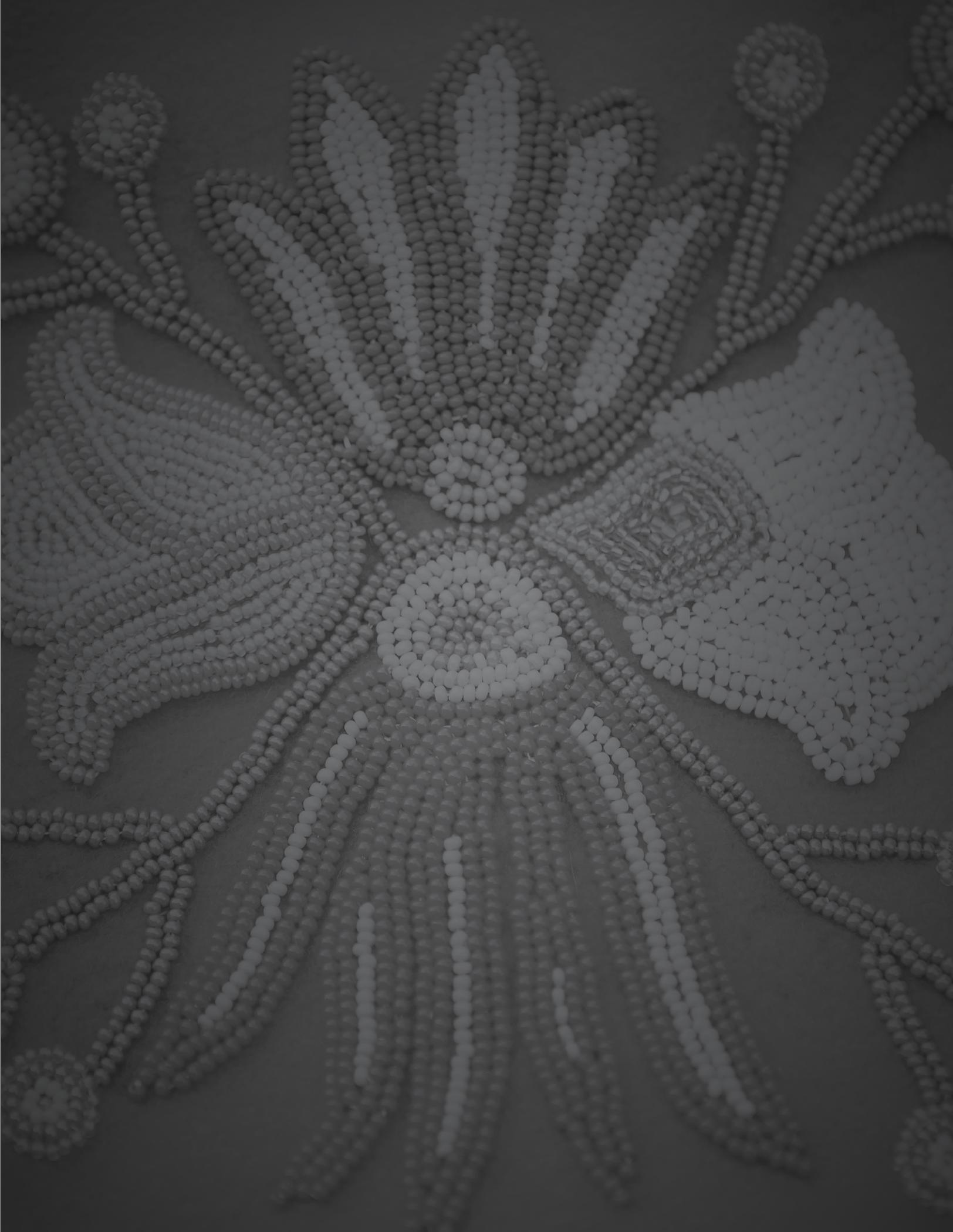
[www.ccsa.ca/Eng/KnowledgeCentre/OurDatabases/TreatmentServices/Pages/default.aspx](http://www.ccsa.ca/Eng/KnowledgeCentre/OurDatabases/TreatmentServices/Pages/default.aspx)

### **National Native Alcohol and Drug Abuse Program (NNADAP) Treatment Centre Directory**

[www.hc-sc.gc.ca/fniah-spnia/substan/ads/nnadap-pnlaada\\_dir-rep-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/substan/ads/nnadap-pnlaada_dir-rep-eng.php)

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