TITLE:	Support of Suboxone as Medical Detoxification from Opioid Addiction
SUBJECT:	Health
MOVED BY:	Chief R. Donald Maracle, Mohawks of the Bay of Quinte, ON
SECONDED BY:	Alvin Fiddler, Proxy, Wapakeka First Nation, ON
DECISION:	Carried by Consensus

WHEREAS:

A. As stated in Article 22 of the United Nations Declaration on the Rights of Indigenous Peoples, Indigenous Peoples have the right to determine and to develop priorities and strategies for exercising their right to development. In particular Indigenous peoples have the right to be actively involved in developing and determining their health, housing and other economic and social programmes affecting them and, as far as possible, to administer these programs through their own institutions.

B. The Chiefs-in-Assembly strongly believe in assisting our citizens in the same way that Canadian citizens are treated in terms of health as per Article 24: Indigenous peoples have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

C. The Chiefs in Assembly recognize the severe opioid addiction problem that has been steadily growing in communities, and acknowledge the devastating impact it is having on First Nations citizens.

D. Nishnawbe Aski Nation (NAN) First Nations and other First Nations are experiencing opioid addiction at an epidemic level.

E. The provincial and federal government response to requests for support and funding to address the prescription drug abuse problem among many First Nations has been inadequate.

F. Health Canada has refused to prohibit the generic formulation of Oxycontin despite the request from the thirteen Provincial and Territorial Health Ministers that the federal Health Minister at *very least* delay introduction of generic Oxycodone, in order to allow the Department to adequately assess the

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safety of this drug, with 12 of the 13 supporting an outright ban; and the reintroduction of this drug to the Canadian drug market will likely create a resurgence of opiate addictions and the criminal activity arising from its illicit use;

G. Leadership in communities in Ontario have taken drastic measures to address this problem, including the establishment of a medical detoxification program using the drug Suboxone followed by a strong aftercare component.

H. Because of the immediate success of this new model of recovery for members, several other communities have expressed interest in or have moved forward with implementation of a similar model.

I. The Chief and Councils of many communities have committed their own funding to deliver this new model of recovery with little or no provincial or federal government assistance or support.

J. Addictions are a disease and should be treated as such by both federal and provincial governments.

THEREFORE BE IT RESOLVED that the Chiefs-in-Assembly:

A. Support the Suboxone detoxification and aftercare program models developed by First Nation communities and Leadership and direct the National Chief to advocate with the federal and provincial governments to secure funding for development of a comprehensive model that could be adapted by other interested First Nations. This would include funding to provide professional fees for Traditional healers, physicians, nurses, qualified addiction counsellors, and alternative pain management therapies to assist with treatment, detoxification and maintenance aftercare.

B. Direct the AFN to advocate for increased funding of both community-based action plans, access to Suboxone for all Nishnawbe Aski Nation (NAN) First Nations, and funding and resources to ensure that all NAN members have access to a thorough, coordinated continuum of addiction and mental health care.

C. Direct the AFN to urge the First Nations and Inuit Health Non-Insured Health Benefits (NIHB) program to approve the use of Suboxone for the purposes of Clinical Medical Detoxification for First Nation members, irrespective of geographic location or road access to Methadone, which would allow detoxification within the communities.

D. Direct Health Canada to conduct an independently verified cost comparison of lifelong Methadone treatment, including medical transportation costs, loss of employability due to daily dose requirements, and Suboxone tapering program with aftercare counselling and support, including quality of life measures for participants.

E. Direct the AFN to urge provincial and federal governments to provide additional funding for after-care programs for the Suboxone medical detoxification program model.

F. Direct the AFN to advocate Health Canada to reconsider the decision to approve the generic Notice of Compliance for Oxycodone CR or any formulation that is not highly tamper resistant.

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G. Direct the AFN to work with NIHB to prevent a generic form of Oxycodone from being listed on the Drug Benefit List.

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