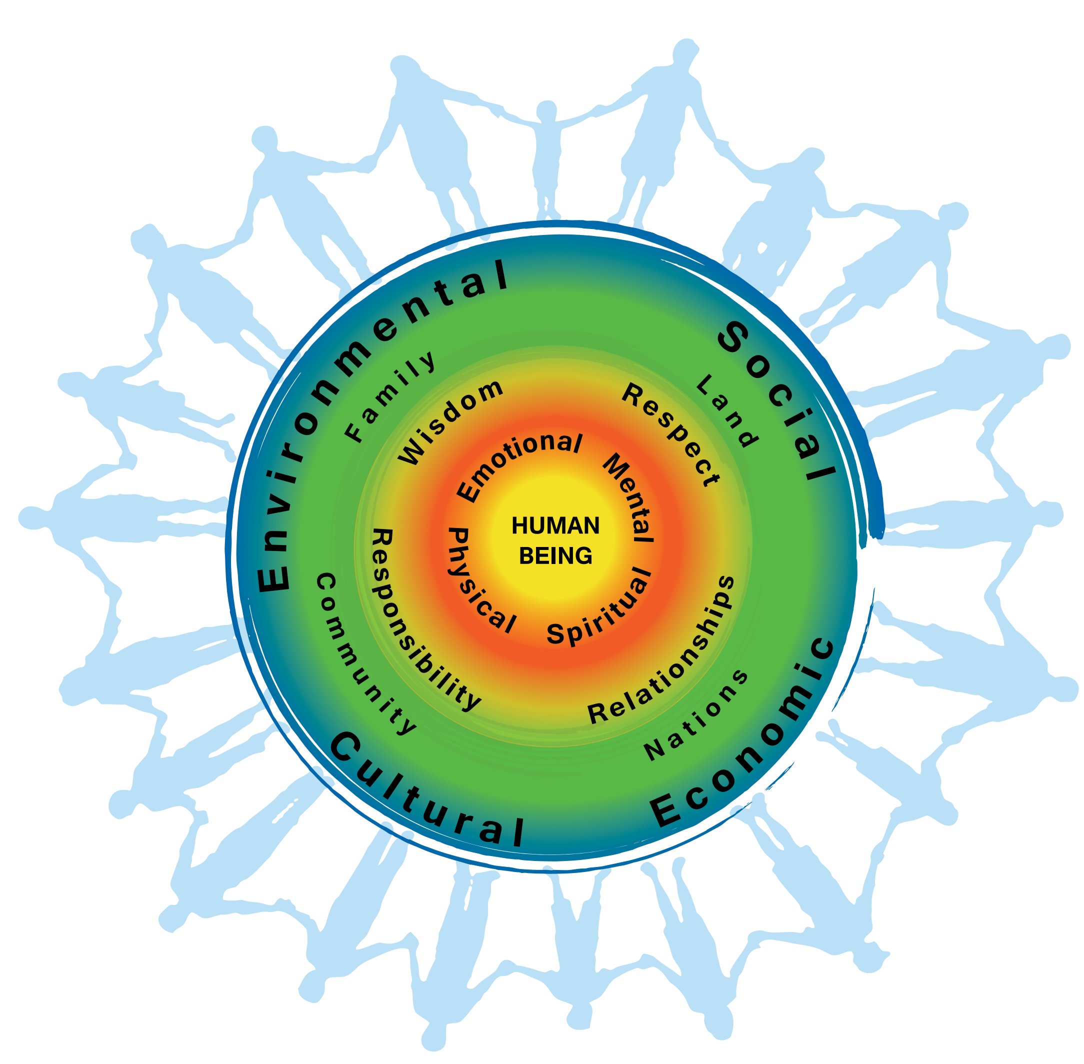
Overdose Data and First Nations in BC

Preliminary Findings

The First Nations Perspective on Health and Wellness



Overdose Data and First Nations in BC

Preliminary Findings

"In my twelve years of work as a physician in Vancouver's Downtown Eastside, I learned a lot from my patients.

Many of them, a tragically disproportionate number, were First Nations people. Through the generosity and courage of their sharing, I saw that the sources of addiction do not originate in the substances people use but in the trauma they endured.

In fact, the self-medications my patients employed were an understandable response to a set of unnatural circumstances, namely the historical trauma inflicted on First Nations throughout Canadian history, and up to the present."

Dr. Gabor Maté

Good health interrupted: First Nations perspectives and experiences of holistic health and wellness

The First Nations Perspective on Health and Wellness (previous page) is a visual depiction of First Nations peoples' collective philosophy that the mind, heart, body and spirit (i.e., mental, emotional, physical and spiritual aspects of health) are all connected and are supported by culture, relationships, and responsibility to family, community and the land.[1]

Colonization introduced devastating impacts to First Nations peoples' health through forcible displacement from the land and disconnection from culture, family and community, ceremony, language, knowledge, and traditions.[2] The resulting loss and trauma, intergenerational trauma and internalized racism continue to be experienced today through symptoms such as substance use and harmful behaviours that result in early loss of life and other health outcome disparities for First Nations peoples.

POSSIBLE REASONS FOR SUBSTANCE USE

- **Racism toward BC First Nations can lead to increased risk of substance use and barriers to accessing health care services.**
- **Intergenerational trauma is associated with increased risk of substance use.**
- **First Nations report reduced access to mental health and addiction treatment.**

WHAT IS THE OPIOID PUBLIC HEALTH EMERGENCY?

There has been an emergency of unintentional overdose deaths in Canada, which has been influenced by the tainting of substances with powerful synthetic opioids (fentanyl or fentanyl analogues) as well as concurrent substance use.

In 2016, the opioid emergency was declared a public health emergency by the BC Provincial Health Officer under the *Public Health Act* due to the unprecedented increase in overdoses and deaths in the province. Preliminary data from January to April 2017 shows that fentanyl was detected in 72% of overdose deaths in BC.[3] Often people who use substances are not aware that fentanyl is present in the drug.

WHY ARE WE, FIRST NATIONS IN BC, MORE AFFECTED?

First Nations peoples have a rich history of wellness that extends back in time for thousands of years. First Nations peoples practised hunting, fishing and gathering of traditional foods and medicines and enjoyed good health and wellness due to a lifestyle that was active, based on healthy traditional diets and enriched by ceremonial, spiritual and emotional healing practices. However, the arrival of Europeans marked a significant change in the health and wellness of First Nations peoples.

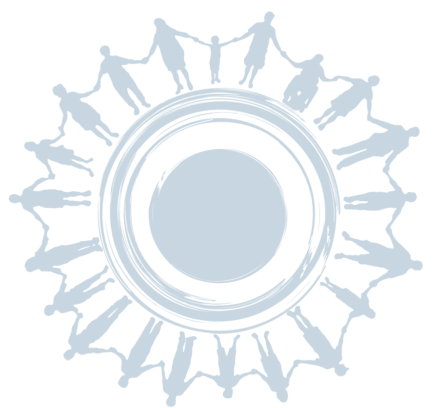
Although substance use is common across BC and around the world, regardless of race or ethnicity, background, socioeconomic status or sexual orientation, the opioid public health emergency has disproportionately affected First Nations peoples and communities in BC due to the ongoing legacy of colonization.

Racism toward First Nations and intergenerational trauma are barriers to health care. Racism that First Nations peoples experience includes interpersonal (person-to-person), systemic (policies) and structural racism (institutional). Racism, or racial discrimination, is a recognized barrier to accessing appropriate care that disproportionately affects First Nations peoples in Canada. Trauma can be transmitted across many generations. Addressing it is complex and residential school survivors and those with intergenerational trauma may have distrust of the health care system, which impacts access and appropriate care.[4 5]

Intergenerational trauma is associated with risk of substance use. Oppressive and assimilationist colonial policies and practices, such as residential schools, threaten First Nations peoples' cultural identities and have contributed to high rates of suicide, depression, anxiety, substance use and despair.[6] The residential school system is a key contributor to historical trauma through forced relocation, spiritual, physical, emotional and sexual abuse, and intergenerational impacts on

WHAT ARE OPIOIDS?

Opioids are a type of narcotic used to treat moderate to severe pain. When taken, they bind to the body's opioid receptors and prevent pain signals from travelling to the brain.



Responding to the opioid crisis with First Nations peoples must incorporate a First Nations Perspective on Health and Wellness that begins with the individual, family and community, and requires support from each health authority, the Province of BC and the Government of Canada.

the descendants of survivors. Feelings of shame, loss and self-hatred are common for survivors and many have passed this historical trauma on to their children and families resulting in intergenerational trauma.[7] Recent research in BC has helped us to understand the impacts of historical trauma on substance use among First Nations peoples.

For example, the Cedar Project (2003), which interviewed Indigenous young people (age 14-30) living in Vancouver, Prince George or Chase, BC and who use substances, found that historical trauma, such as having a parent who attended residential school, increased the risk of substance use.[8] Substance use has been commonly conceptualized as a "coping" or "numbing" mechanism for dealing with the trauma of abuse, stress and grief.[9]

First Nations peoples report reduced access to mental health and addiction treatment. Culturally safe mental health and substance use treatment can be difficult to access for First Nations people at-home and away-from-home (on- and off-reserve).[10] First Nations people who use substances have also reported reduced access to addiction treatment, such as methadone maintenance therapy and suboxone.[11]

A study of First Nations people who use substances in the Downtown Eastside of Vancouver found that medical dismissal and refusal of pain-relieving substances in health settings increased patient reliance on other substances for pain management.[12]

Reciprocal Accountability: A Shared Responsibility

Many First Nations traditional social systems were founded on the concept of reciprocal accountability – that each member of the community was accountable for their decisions and actions, and for their contributions to the community's wellness as a whole.

BC First Nations have defined reciprocal accountability as a shared responsibility – among First Nations, and between First Nations and federal and provincial government partners – to achieve common goals. Each individual or organization involved in the process or partnership must be responsible for their commitments, and for the effective operation of their part of the system, recognizing that each part is interdependent and interconnected.

OPPORTUNITIES TO RECLAIM WELLNESS

- **Culturally safe health and social services.**
- **Connection to land, culture and traditional healing.**
- **Destigmatizing substance use and providing alternatives to abstinence.**

WHAT DO WE KNOW CONTRIBUTES TO HEALTH AND WELLNESS?

Culturally safe health and social services reduce barriers to accessing care.

When health care professionals engage with First Nations people from a place of cultural humility, they are helping to create a safer health care environment where individuals and families experience respect. First Nations people are therefore more likely to access care when they need it and access care that is appropriate to their wellness beliefs, goals and needs.

Connection to land, culture and traditional healing is integral to wellness; loss of land and culture may lead to increased risk of substance use.

One major stressor of colonization is the dispossession of First Nations peoples from their land and disruption of the cultures tied to it. Hunting, trapping and fishing are important traditional activities that foster an attachment to the land and promote the teaching of traditional cultural practices in families and communities. Land-based healing protects First Nations peoples from stress in a holistic way and decreases the risk of substance use.

The First Nations Health Authority (FNHA) and our tripartite partners have identified traditional wellness as central to the goal of improving and transforming First Nations health and wellness. First Nations traditional healing practices, including use of traditional medicines, are an important part of First Nations health but currently not well integrated within the broader health system.

Reducing risk and harm associated with substance use.

Harm reduction is an approach used to address substance use and is consistent with FNHA's vision of holistic wellness. It is based on respecting where an individual is at on their health and wellness journey and providing a continuum of options to assist the individual, their family, and their community on their path to sustaining or improving their health and wellness without judgment or shame. First Nations need access to a range of trauma-informed supports and culturally safe harm reduction services.

Evidence clearly demonstrates that harm reduction programs do not exacerbate drug use nor do they undermine treatment efforts.[13] Evidence also demonstrates that traditional and spiritual healing have the potential to improve overall health and wellness, strengthen culture and pride, prevent chronic conditions, support First Nations peoples' decision-making, decrease health care costs, increase access to health care and reconnect First Nations peoples to their territories.[14] The FNHA supports culture-based approaches to harm reduction.[15]

Destigmatizing substance use and providing alternatives to abstinence saves lives.

People with substance use disorders often experience stigma. People who struggle with substance use need support, not judgment. In addition to expressing compassion and kindness to fellow human beings, a non-judgmental attitude toward individuals struggling with substance use is important because destigmatizing substance use has been shown to save lives.[16]

This data is a starting point for First Nations, community leaders and health system partners to begin to better understand how the crisis has affected First Nations prior to when the opioid public health emergency was declared.

Therefore, this data is a snapshot and will lead to further investigations and actions to reduce the harm caused to communities.

WHERE WAS THIS DATA FROM?

These preliminary findings are from data from the BC Coroners Service, Drug and Poison Information Centre, BC Emergency Health Services/Ambulance Service and emergency department visits at hospitals across BC. The data was supplemented with data holdings from the Ministry of Health and BC Centre for Disease Control.

The data was then linked with the First Nations Client File, a cohort of First Nations people in BC registered with Indian Status and their children who may be eligible to be registered with Indian Status. Status First Nations members (or "Status Indians") are individuals who are eligible to be and are registered by Bands or Indigenous and Northern Affairs under the *Indian Act*. The data that was compiled represents overdose events and overdose deaths of status First Nations residing in BC. Data from overdose events was taken from January 31, 2015-November 30, 2016 and data from overdose deaths was taken from January 31, 2015-July 31, 2016.

Limitations of the Data

It is important to note this is preliminary data pointing to emerging trends in the opioid emergency. The data provides a snapshot in time of First Nations overdose events between Jan. 1, 2015-Nov. 30, 2016 and First Nations overdose deaths between Jan. 1, 2015-July 31, 2016.

The First Nations Client File is a cohort based on "Indian Status" and is not inclusive of all First Nations in BC, as there are many First Nations members who are not eligible for registration or choose not to register under the provisions of the *Indian Act* and therefore are considered "non-status." This data does not include Métis or Inuit peoples. There are also limitations within the provincial system of tracking overdose events that impact the data; for example, not all hospital emergency departments track overdose surveillance.

Strengths of the Data

This data is a starting point for First Nations, community leaders and health system partners to begin to better understand how the crisis has affected First Nations peoples prior to when the opioid public health emergency was declared. Therefore, this data is a snapshot and will lead to further investigations and actions to reduce the harm caused to communities.

WHAT DID THE DATA SAY?

Although First Nations in BC comprise 3.4% of the population, the percentage of overdose events and deaths for this time period far exceeded this. The statistics below outline the disproportionate impact on First Nations in BC.

- **Overdose events were higher:** 14% of all overdose events in BC were experienced by First Nations people and First Nations people are five times more likely than non-First Nations to experience an overdose event.

- **Deaths due to overdose were higher:** 10% of all overdose deaths in BC were First Nations people and First Nations people are three times more likely to die due to an overdose than non-First Nations.

The opioid crisis equally affected First Nations men and women during the time period.

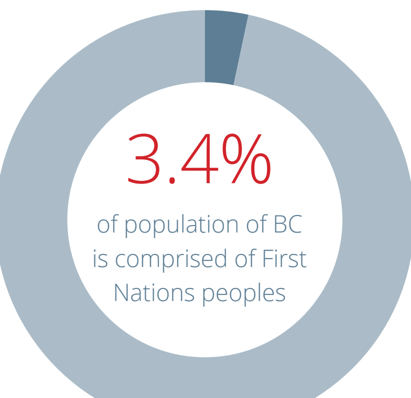
- An almost even sex ratio (52% male / 48% female) was seen in First Nations populations across all of BC for overdose event rates. Non-First Nations overdose events in BC have affected 71% male / 29% female.
- Among First Nations people who overdose, men were approximately 2.5 times more likely to die than women.
- First Nations women were experiencing eight times more overdose events and five times more deaths from overdose than non-First Nations women.
- First Nations men were experiencing three times more overdose events and deaths than non-First Nations men.
- First Nations men aged 30-39 years had the highest rate of overdose event and death compared to other First Nations men.
- First Nations women aged 40-49 years had the highest death rate compared to other First Nations women.

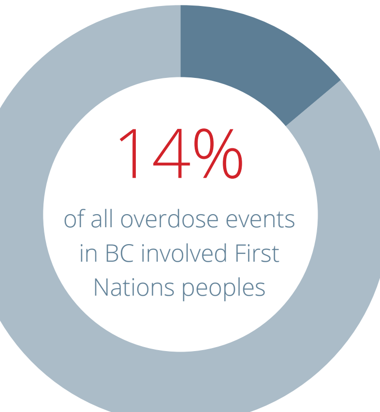
First Nations of all ages are at a higher risk of overdose events and death during the time period.

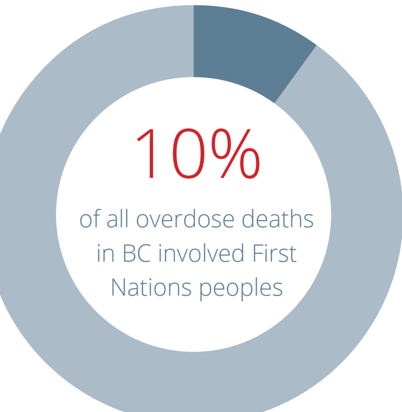
- The rate of overdose and death among First Nations peoples far exceeded non-First Nations rates across regions.

WHAT DID THE DATA SAY?

DATA FROM OVERDOSE EVENTS IS TAKEN FROM JANUARY 31, 2015 - NOVEMBER 30, 2016
DATA FROM OVERDOSE DEATHS IS TAKEN FROM JANUARY 31, 2015 - JULY 31, 2016

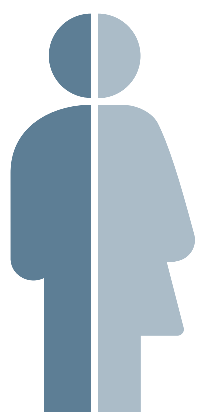






First Nations people are **5X** more likely than non-First Nations to experience an overdose event

First Nations people are **3X** more likely than non-First Nations to die due to an overdose



THE OPIOID EMERGENCY HAS EQUALLY AFFECTED FIRST NATIONS MEN AND WOMEN

Across BC, First Nations population overdose events have affected: **52% men** and **48% women**.

Non-First Nations overdose events in BC have affected: 71% men | 29% women

FIRST NATIONS OF ALL AGES ARE AT A HIGHER RISK OF OVERDOSE EVENTS AND DEATH

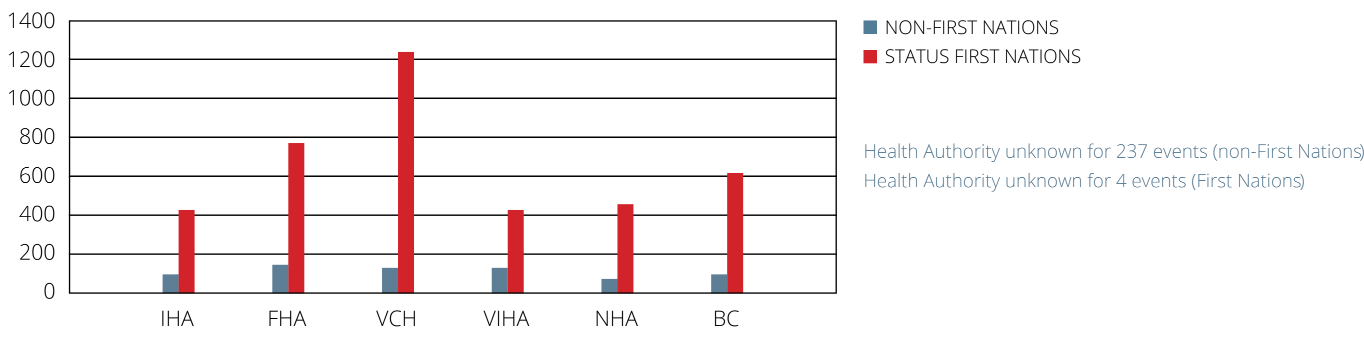
1,903 First Nations OD Events between January 1, 2015 - November 30, 2016

60 First Nations OD Deaths between January 1, 2015 - July 31, 2016

THE DATA SHOWED THAT FIRST NATIONS PEOPLES ARE DISPROPORTIONATELY AFFECTED BY OVERDOSE EVENTS AND OVERDOSE DEATHS ACROSS THE PROVINCE

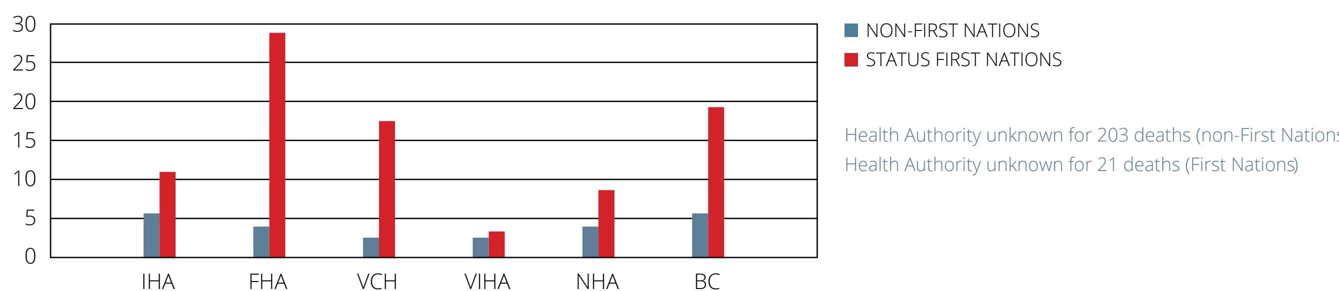
ANNUALIZED OVERDOSE *EVENT*

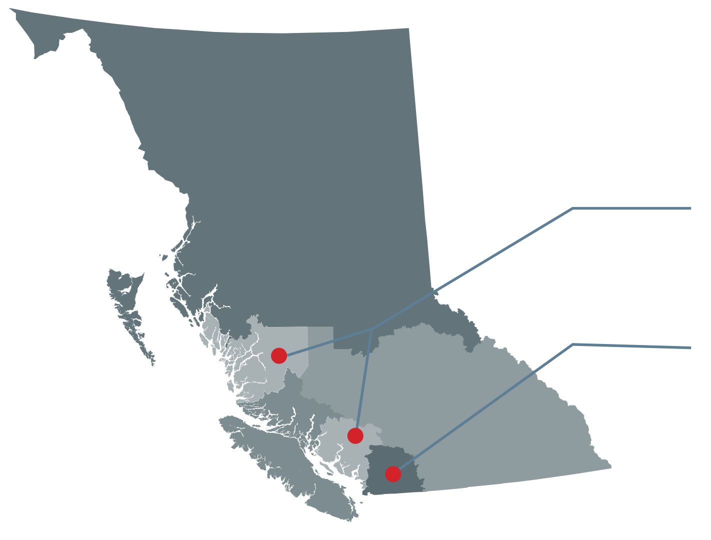
Rate / 100,000 by Population and Health Authority
January 1, 2015 - November 30, 2016



ANNUALIZED OVERDOSE *FATALITY*

Rate / 100,000 by Population and Health Authority
January 1, 2015 - July 31, 2016





WHERE IS THE CRISIS HAPPENING?

The crisis is happening across BC. However, some regions are more affected than others.

The VANCOUVER COASTAL HEALTH AUTHORITY has the highest overdose rate **(Rate 1226/100,000 population)** and the second highest fatality rate **(18/100,000 population)**.

The FRASER HEALTH REGION has the highest fatality rate **(Rate 28/100,000 population)** and the second highest overdose rate **(787/100,000 population)**.

WHERE DO WE GO NEXT?

SYSTEM-WIDE OPIOID PUBLIC HEALTH RESPONSE FOR FIRST NATIONS IN BC

4

ACTION AREAS

- Prevent people who overdose from dying
- Keep people safe when using substances
- Create an accessible range of treatment options
- Support people on their healing journeys

A System-Wide Overdose Public Health Emergency Response for First Nations in BC

The FNHA and its partners recognize the shared responsibility and opportunity to leverage our relationships and agreements to improve services accessed by First Nations in BC.

In the current state of emergency, our immediate focus is on reducing harm and keeping people as safe as possible. Four action areas have been established to guide a system-wide overdose response to address the crisis in partnership with First Nations, starting from the highest level of acuity. The partners confirm the need for culturally safe and trauma-informed responses when implementing all actions.

1) **Prevent people who overdose from dying**
2) **Keep people safe when using substances**
3) **Create an accessible range of treatment options**
4) **Support people on their healing journeys**

The partners recognize that the opioid public health emergency is not impacting the entire province in the same way. Health system partners will target our collective focus on supporting communities and urban areas of particular concern, while also developing campaigns and resources to support the safety of all First Nations, at-home and away-from-home. The partners will undertake actions in response to the opioid public health emergency in the spirit of reciprocal accountability and cultural humility.

WHERE CAN I GET HELP?

Dial 911

or your local emergency number if you are in an emergency

KUU-US Crisis Line

contact 1 800 588 8717, 24 hours, if you require culturally sensitive emotional support

www.fnha.ca/treatment

to learn about treatment options and locations

See Your Doctor

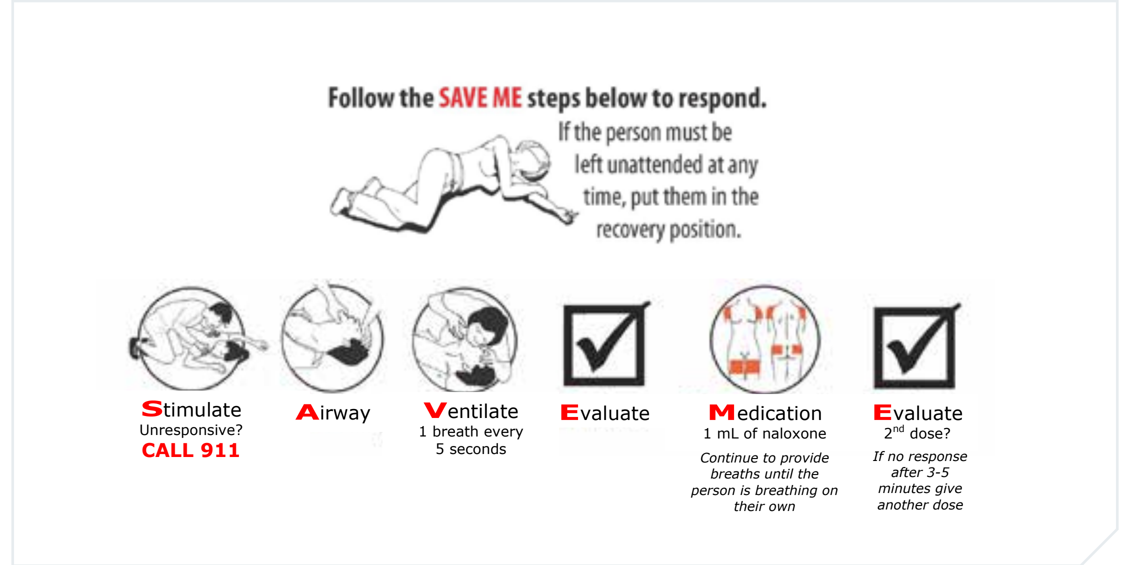
some treatments and therapies require a family physician

WHAT HELP IS AVAILABLE?

- If you are in an emergency, dial 9-1-1 or your local emergency number.
- Contact the 24 hour KUU-US Crisis Line at 1-800-588-8717 if you require culturally sensitive emotional support.
- Seek out cultural and social treatment options: find a list of treatment centres and descriptions here: www.fnha.ca/treatment
  - In British Columbia there are currently 10 residential treatment centres, funded through the National Native Alcohol and Drug Abuse Program. Services are offered to males, females, youth (in one centre) and families. Services offered at treatment facilities vary but are inclusive of clients with physical disabilities or concurrent disorders; on methadone, suboxone or psychoactive medications; who are pregnant women; and who require family treatment or couples counselling.
- Replacement therapy (suboxone, methadone, etc.) requires a family physician. A nurse practitioner (NP) can continue it by renewing prescriptions. There are rapid access clinics in Victoria and Vancouver, however a doctor or NP is needed to continue at home.

WHAT CAN I DO TO PROTECT MY FAMILY AND MY COMMUNITY?

- **Know the SAVE ME steps below.**
- Learn about harm reduction and how it can save lives: www.fnha.ca/overdose
- Request a town hall meeting or community engagement session on decolonizing addiction/ Indigenizing harm reduction and Take Home Naloxone. Email: stbbi@fnha.ca
- Get a naloxone kit, and add it to your first aid kit - it's free.
- First Nations in BC have multiple options to obtain naloxone. It is covered by First Nations Health Benefits.
    - Speak with a pharmacist.
    - Visit a doctor and ask for a prescription - have the prescription filled at the pharmacy.
    - Visit one of the 80+ First Nations communities registered as dispensing sites with the BC Centre for Disease Control Take Home Naloxone Program.
      Visit www.towardtheheart.com/site-locator to find a location near you.



QUESTIONS? CONTACT US: MEDIA@FNHA.CA

ENDNOTES

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