

FIRST NATIONS AND THE TOXIC DRUG POISONING CRISIS IN BC


JANUARY - DECEMBER 2021

INDIGENOUS FAMILIES AND COMMUNITIES ACROSS BC ARE AFFECTED EVERY DAY. LOSSES ARE IMPACTING FUTURE GENERATIONS.



TOXIC DRUG POISONING DEATHS

NUMBER OF PEOPLE WHO DIED OF TOXIC DRUG POISONING

25.6% 

increase in toxic drug deaths compared to the same period in 2020.

2021



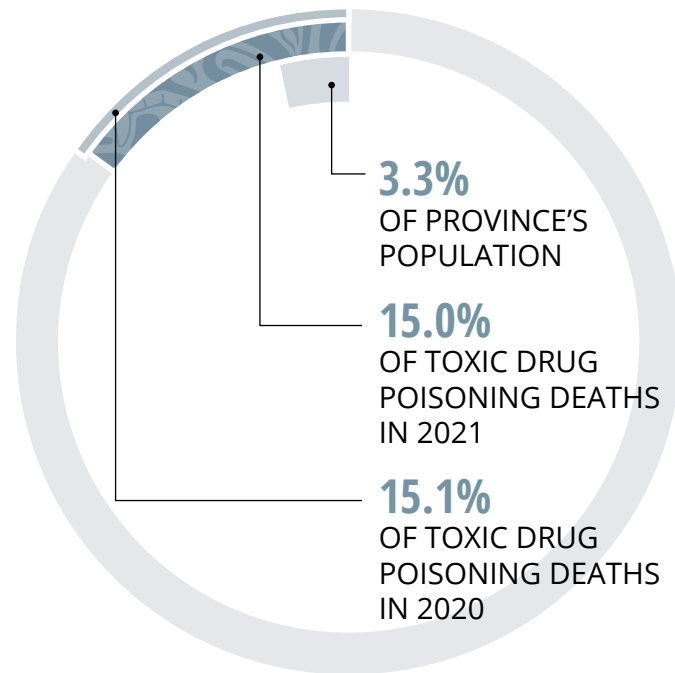
334

2020



266

FIRST NATIONS PEOPLE ARE DISPROPORTIONATELY REPRESENTED IN TOXIC DRUG POISONING DEATHS



RATE OF TOXIC DRUG POISONING DEATH

5.4 x First Nations people died at **5.4 times** the rate of other BC residents in 2021. This number was 5.3 in 2020

9.8 x First Nations women died at **9.8 times** the rate of other female BC residents in 2021

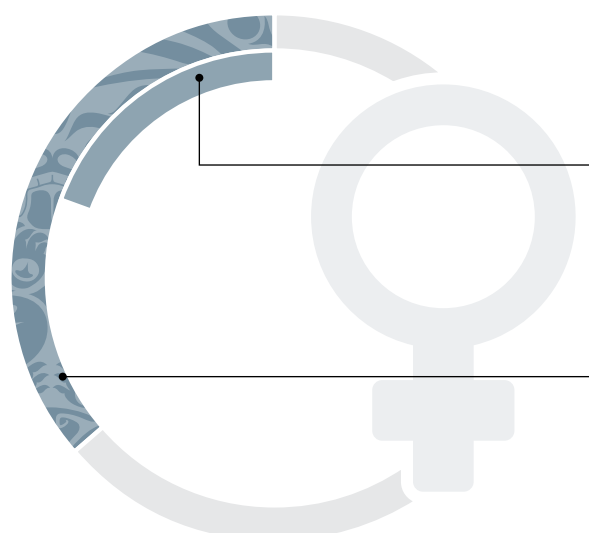
4.2 x First Nations men died at **4.2 times** the rate of other male BC residents in 2021

2021 DEATHS OF FIRST NATIONS PEOPLE BY GENDER



Indigenous people who are not recognized as having First Nations status under the Indian Act are not represented in our toxic drug data. Additionally, two-spirit, transgender, non-binary, intersex, and gender diverse people may be identified by the biological sex assigned at birth, and therefore misidentified in the toxic drug data. The FNHA is committed to working with provincial partners towards meaningful, systemic change that will make more inclusive data collection possible.

FIRST NATIONS WOMEN EXPERIENCE VERY HIGH RATES OF TOXIC DRUG POISONING DEATH



ACTIONS TAKEN BY THE FNHA TO PREVENT DRUG POISONING DEATHS

JANUARY - DECEMBER 2021

PREVENT PEOPLE FROM DYING



- **Distribution of naloxone (nasal spray and injectable):** In 2021, the FNHA dispensed:
 - 34,194 doses of nasal naloxone spray to individuals through community pharmacies, and
 - 6,640 nasal naloxone kits (each kit contains two doses) to 106 First Nations communities and organizations through bulk ordering.
 - The FNHA also collaborated with health system partners in their distribution of 9,866 injectable naloxone kits (each kit contains three doses) to 163 First Nations take-home naloxone sites.
- **Harm reduction-related grants:** From January 2021 to February 2022, the FNHA provided 87 harm reduction project grants of up to \$50,000 each to First Nations and Indigenous organizations, 25 “kickstarter” grants of \$1,200 - \$5,000 to harm reduction champions, and 77 grants of up to \$1,000 each to communities to support people who have lost loved ones to poisoned drugs.

KEEP PEOPLE SAFE WHEN USING



- **Not Just Naloxone training:** 448 people completed virtual training sessions between January 2021 and February 2022; in these one- and two-day virtual workshops, participants learn how to use naloxone within a wholistic context that also explores the root causes of addiction, racism and prohibition in Canada, decolonizing substance use, and community and individual resilience.
- **Harm reduction community visits:** from January 2021 to February 2022, 369 people participated in in-person community engagement and education sessions, that focused primarily on naloxone training and also included various other types of harm reduction education.
- **Regional staff:** Expanded toxic drug response capacity with 10 Harm Reduction Educators and 10 Peer Coordinators who are deployed across all five regions in urban hotspots, based on health surveillance data, and five Child and Youth Care Community Coordinators who work to build youth connections and networks in First Nations communities.
- **Harm Reduction Policy:** The FNHA has worked to implement the five key action areas of the Policy, including provision of Indigenous harm reduction services, expansion of substitution therapies, support for safer supply of illicit drugs, and bringing First Nations concerns to BC’s proposed decriminalization of people who use illicit drugs.

CREATE AN ACCESSIBLE RANGE OF TREATMENT OPTIONS



- **Opioid agonist therapy (OAT):** In 2021, FNHA supported 29 rural and remote First Nations communities to improve access to treatment options for opioid use disorder, including OAT; registered nurse prescribing has been approved at two First Nations sites, with planning underway at four other locations; and 17 nurses are enrolled in prescribing education (nine have completed training and preceptorship).
- **First Nations Virtual Substance Use and Psychiatry Service:** Psychiatrists and addictions specialists held 2,387 virtual sessions and care coordinators had 1,350 encounters with First Nations people and their family members to support access to culturally safe care planning, treatment and healing.
- **Indigenous and land-based healing:** Ongoing collaboration with partners and Indigenous service agencies to support and increase access to Indigenous treatment and land-based healing services that are grounded in cultural teachings.
- **First Nations treatment and healing centres:** Ongoing activities to revitalize six existing treatment centers across the province and construct two new healing centres in the Vancouver Coastal and Fraser Salish regions.
- **OAT clinic fees:** 277 people received subsidies to access OAT at medical clinics.

SUPPORT PEOPLE ON THEIR HEALING JOURNEYS



- **Courageous Conversations Webinar Series and Megaphone Speakers Bureau:** Hosted 12 webinars in which 696 people participated in difficult conversations about substance use.
- **Indigenous Harm Reduction Community Council:** Convened and consulted a province-wide network of Indigenous people working on Indigenous approaches to harm reduction and sharing knowledge across all regions; developing a web portal to support this collaboration.
- **Unlocking the Gates:** Supported 347 people during their release from incarceration to address the link between transitioning out of correctional facilities and subsequent toxic drug poisoning events and deaths.
- **Promoting culturally safe services:** Nurtured partnerships with Indigenous service providers and health system partners to address cultural safety and systemic anti-Indigenous racism in health services provided to Indigenous people.