

# First Nations and Opioid Overdose \*\*A severe and persistent threat to wellness\*\*

Presented by Dr. Shannon McDonald, Deputy Chief Medical Officer, FNHA



#### Introduction



April marked the 3<sup>rd</sup> anniversary of this public health emergency.

First Nations continue to be disproportionately impacted by the overdose crisis

The gap between First Nations and non-First Nation is wide and it's getting wider.



#### Introduction



We've been listening. We have visited 180 communities and spoken with thousands of citizens and frontline workers.

The message is clear - we must do everything in our power to keep people alive.

It's time to tackle the root causes, including the poisoned drug supply.



### **FNHA's Framework For Action: A System Approach**

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

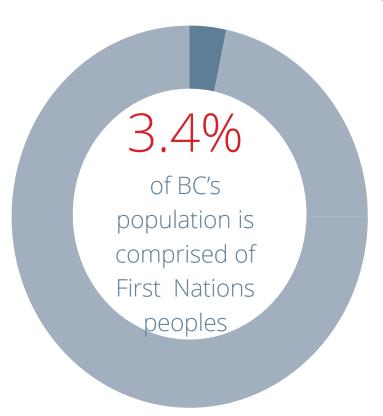
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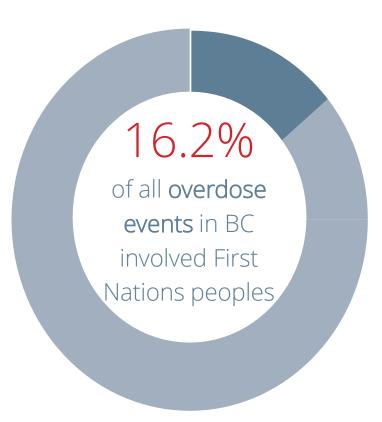
ACTION AREAS

- 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



### What do we know?

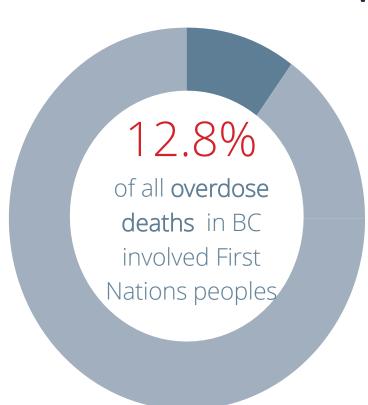




In 2017, First Nations experience overdose **events 6X** more than other residents



#### What do we know?



First Nations experience overdose deaths 4.2X more than other residents

In 2018, BC Coroners Services recorded **193** First Nations men and women died of an overdose in BC, a 20 percent increase from 2017.



### Overdose Events: Gender



THE OPIOID EMERGENCY HAS EQUALLY AFFECTED FIRST NATIONS MEN AND WOMEN

In 2017 across BC, First Nations population overdose events have affected:

54% men and 46% women.

Other BC resident overdose events affected: 73% men | 27% women



# Where is this happening?

Heightened number of events and deaths in cities.

First Nations areas of concern are similar but not the same as other residents.





### Overdose Events: Age

Average age of First Nations people who experience an overdose event in BC is

# 36 years

Average age of Other Residents who experience an overdose event in BC in s

40 years

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# Nonfatal Overdose Event Rates by Year

**Event rates** have increased over time for both status First Nations and other residents

First Nations <u>nonfatal</u> overdose rates were:

- **6X** higher than Other Residents in 2017
  - 5x higher than Other Residents in 2016
    - 4.5x higher than Other residents in 2015



# Fatal Overdose Event Rates by Year

BC First Nations <u>fatal</u> overdose rates were:

- 4.2x higher than other BC residents in 2018
  - 3.5x higher than other BC residents in 2017
    - 3x higher than other BC residents in 2016
      - 3x higher than other BC residents in 2015

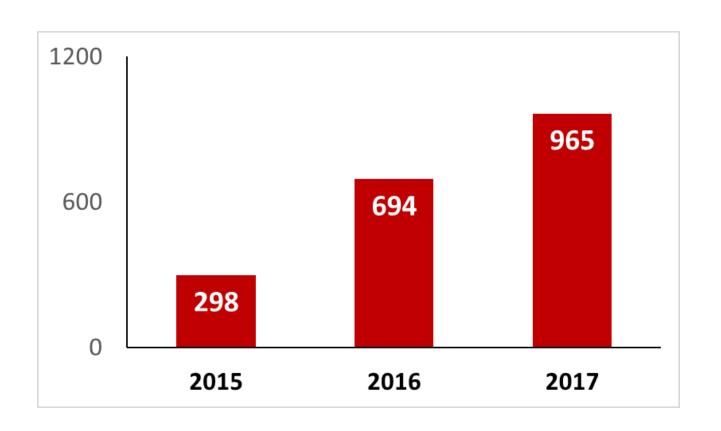


# 2018 Fatal Overdose Rates by Region

Regional First Nations <u>fatal</u> overdose rates were:

- 7.8x higher than other BC residents in Vancouver Coastal
- 6.8x higher than other BC residents in Fraser Salish
- 3.9x higher than other BC residents in Vancouver Island
- 2.5x higher than other BC residents in the Interior
- 2.0x higher than other BC residents in Northern

# Nonfatal Overdose Events among First Nations Vancouver Coastal - 2017

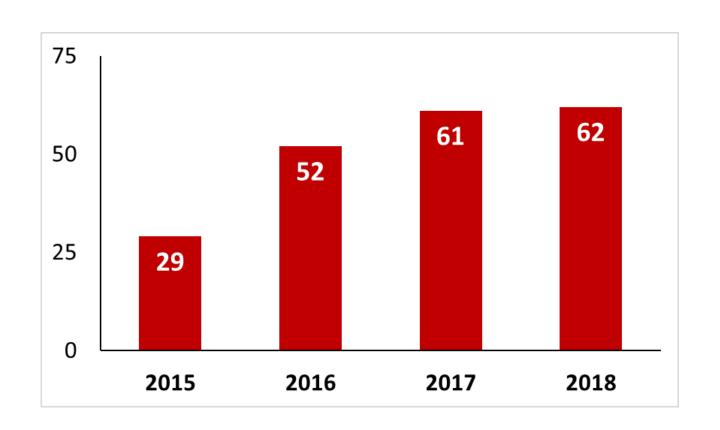


First Nations represented
21.1 % of all overdose events in
the Vancouver Coastal Region

First Nations in Vancouver Coastal experience non-fatal overdoses at a rate 12.5x that of other residents



# **Fatal** Overdose Events among First Nations Vancouver Coastal - 2018



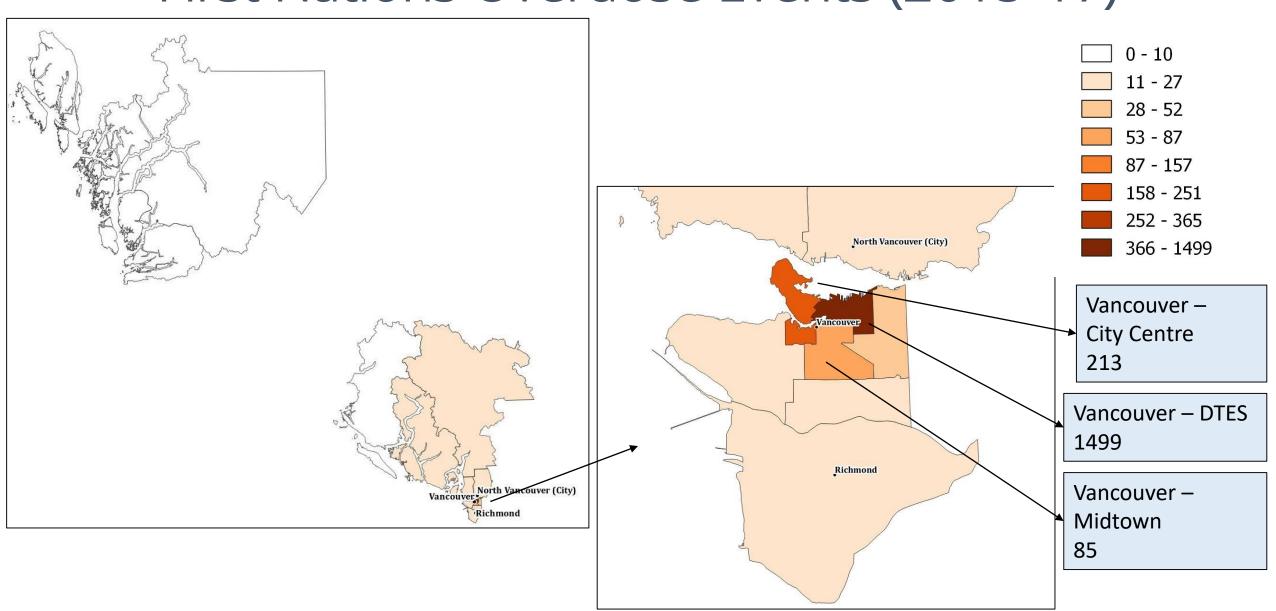
First Nations represented

14.0 % of all overdose deaths in

Vancouver Coastal Region

First Nations in the Vancouver Coastal Region experience fatal overdoses at a rate 7.8x that of other residents

# Vancouver Coastal Region First Nations Overdose Events (2015-17)





# Why is the Gap Widening?

- First Nations peoples report less access to mental health and addiction treatment that is culturally safe and appropriate
- Systemic Racism toward First Nations is a barrier to health care
- Unresolved Intergenerational trauma is associated with a higher risk of substance use

 First Nations in BC are less advantaged than many other populations in terms of social determinants of health like poverty and lack of housing, which are predictors of substance use disorder and addiction as well.

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### **Deaths Averted**

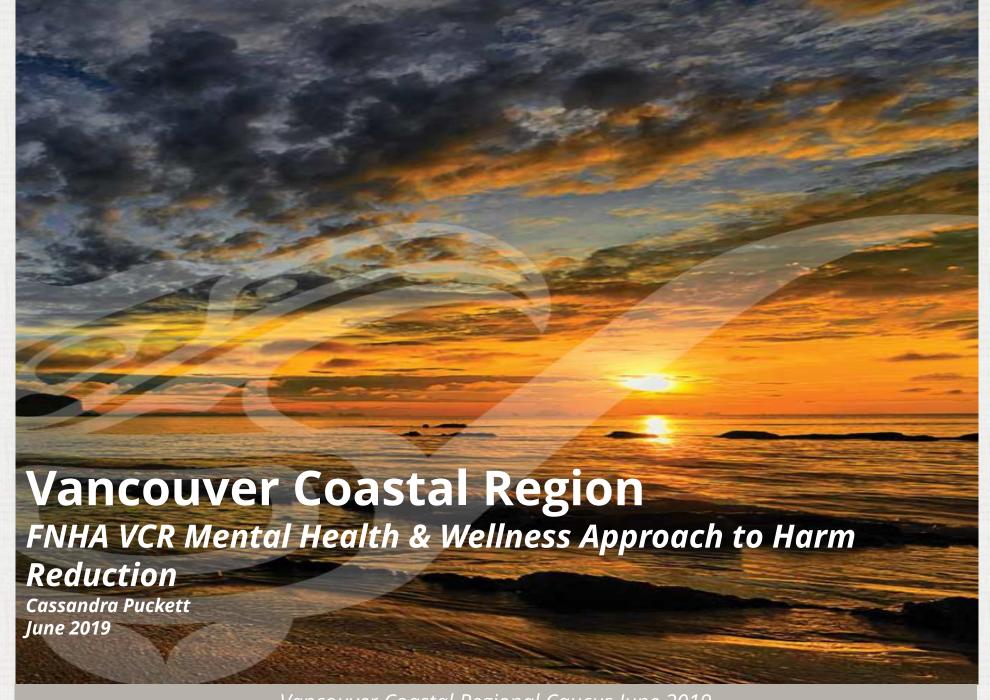


ESTIMATED PROBABILITY OF DEATH FROM AN OVERDOSE WITH NO INTERVENTION (GREEN) VERSUS THE AVERAGE PROBABILITY INCLUDING THE IMPACT OF THN AND OPS (BLUE). DASHED LINE REPRESENTS WHEN THE PROVINCIAL PUBLIC HEALTH EMERGENCY WAS DECLARED.



### What more is needed?

- Focus on cities, notably the downtown eastside
- Additional supports and services for First Nations women
- Services that are more culturally safe and trauma informed
- First Nations accounted for 13 percent of overdose deaths in 2018, we need to be at least 13 percent of the response



Vancouver Coastal Regional Caucus June 2019

Regional Approach to Harm Reduction VANCOUVER COASTAL REGION
First Nations Health Authority

- Partnership is KEY!!
- Flexible Funding through Mental Wellness
   Substance Use Virtual Team
- South Coast Sub-Regional Peer Support Program
- Regional participation in Urban service environment
- Shaping Harm Reduction to support our rural/remote Communities











## Vancouver Coastal Region

### **Community Response Process**



- Crisis Response Protocol
- Nation led interventions and education
- FNHA Training Opportunities
- Support in Harm Reduction Education Materials
- Access to Naloxone/Nasal Naloxone
- Improving access to OAT in rural and remote Communities
- Partnership with Vancouver Coastal Health
- Ongoing Support



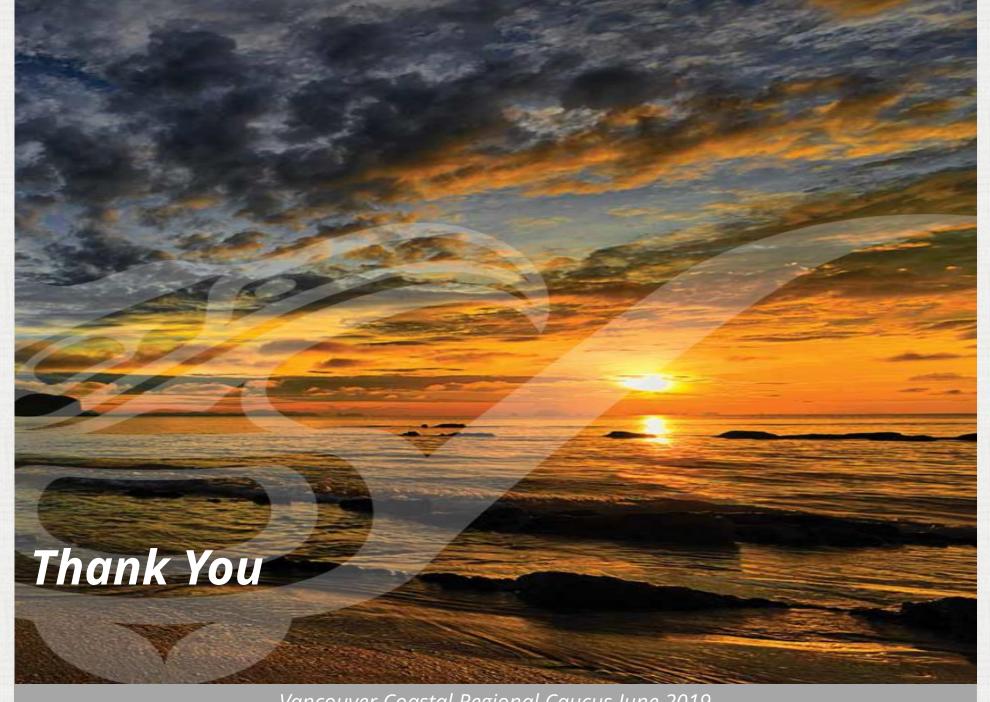


"We must not forget the importance of being grounded in the past and who we are."

Southern Stl'atl'imx

"Healing has to happen in the heart and we have to include culture" Central Coast "Healing comes through spirituality, taking responsibility for mental and physical wellness; it comes through Nt'akmen (our way of life) and Nxequmen (our laws). This is a wonderful opportunity to develop a strategy for us, by us"

**South Coast** 



Vancouver Coastal Regional Caucus June 2019