



Overdose Crisis

Vancouver Island Region



Mental Health & Wellness

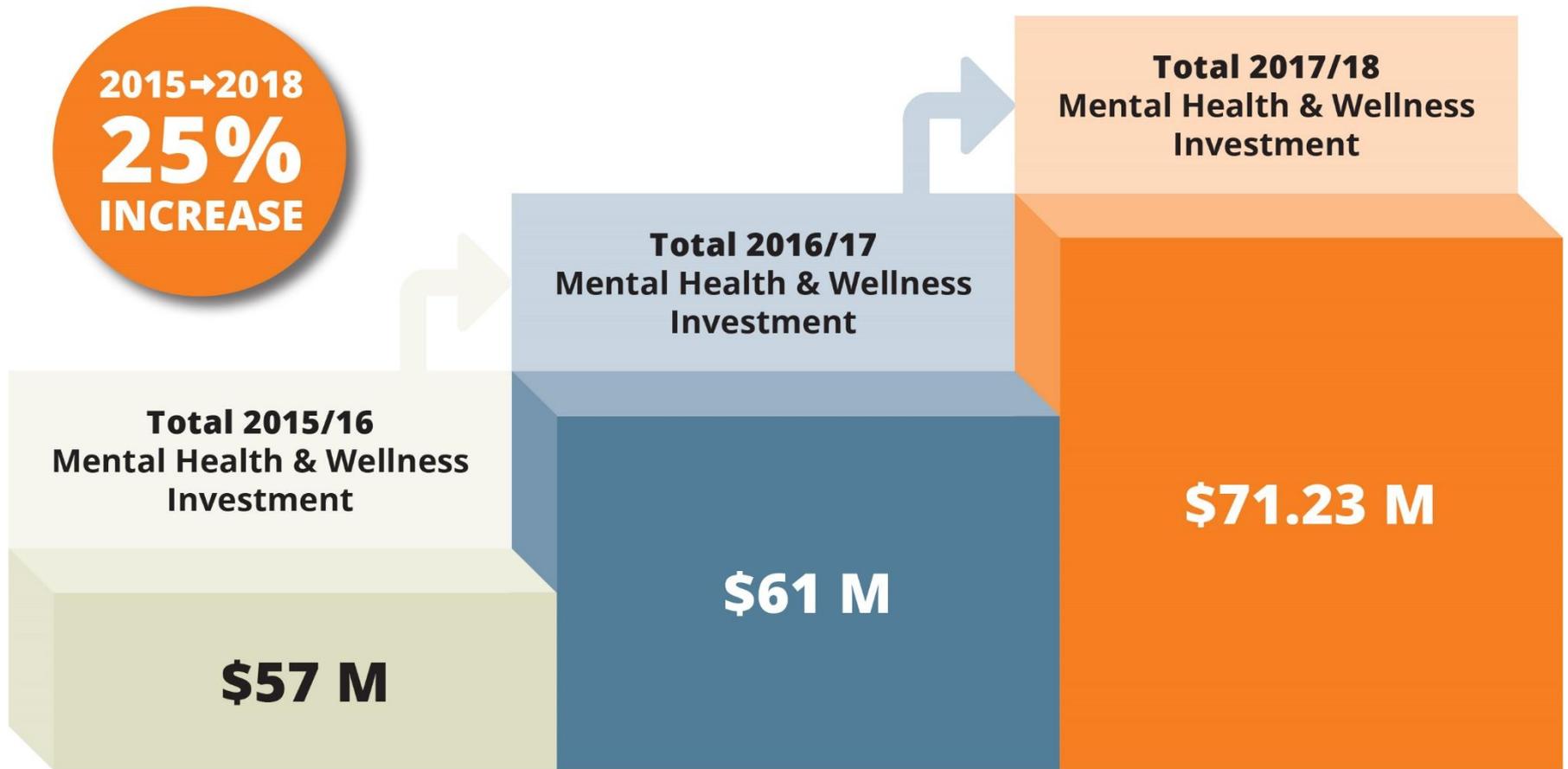


Partnered Approach

- Opioid Crisis Response
- Wellness Tables/Interagency Meetings
- Capacity Building
- Joint Community Crisis Response Protocol
- Mental Health & Wellness Teamlet (Joint Project Board Initiative)



Mental Health and Wellness Investments 2015-2018



25% increase over 3 years in Mental Health and Wellness services

\$20 MILLION OVER 3 YEARS

INCLUDING

\$2.4 MILLION IN HARM REDUCTION GRANTS IN YEAR ONE

In August 2017, the FNHA and provincial partners released preliminary data that showed overrepresentation of First Nations peoples in the overdose public health emergency in BC. A subsequent patient journey mapping session illustrates that intergenerational trauma and racism continue to be barriers for First Nations accessing mental health and treatment services.

A \$20 million dollar investment over three-years will support First Nations communities and Indigenous Peoples in BC to address the ongoing impacts of the opioid public health emergency. The FNHA investment plan will support frontline service providers and First Nations communities to continue effective work already underway, and develop new community-driven approaches and solutions.

Investments will fall within the four goal areas of the FNHA's *Framework for Action on Responding to the Overdose/Opioid Public Health Emergency for First Nations*:

- PREVENT PEOPLE WHO OVERDOSE FROM DYING;
- KEEP PEOPLE SAFER WHEN USING;
- CREATE AN ACCESSIBLE RANGE OF TREATMENT OPTIONS; AND
- SUPPORT PEOPLE ON THEIR HEALING JOURNEY.

INVESTMENTS

PREVENT PEOPLE WHO OVERDOSE FROM DYING

NALOXONE TRAINING EXPANSION

KEEP PEOPLE SAFE WHEN USING

PEER ENGAGEMENT, COORDINATION AND NAVIGATION

- Compassion, Inclusion and Engagement (CIE)
- Peer Coordinators
- Harm reduction awareness campaigns

SUPPORT PEOPLE ON THEIR HEALING JOURNEY

INDIGENOUS HARM REDUCTION GRANTS

CREATE AN ACCESSIBLE RANGE OF TREATMENT OPTIONS

INCREASING ACCESS TO OPIOID AGONIST THERAPY (OAT) IN RURAL AND REMOTE FIRST NATIONS CONTEXTS

- Treatment Centres
- Community Health and Nursing Stations

INTENSIVE CASE MANAGEMENT TEAMS

55 INDIGENOUS HARM REDUCTION PROJECTS FUNDED

\$2.4 million of the funds will support Community-Driven, Nation-Based innovative and culturally relevant responses to the Opioid Public Health Emergency, both on- and off-reserve through FNHA Indigenous Harm Reduction grants.

55 harm reduction projects support a range of non-judgmental approaches and strategies to enhance the knowledge, skills, resources, and supports for individuals, their families, and communities to make informed decisions to be safer and healthier.

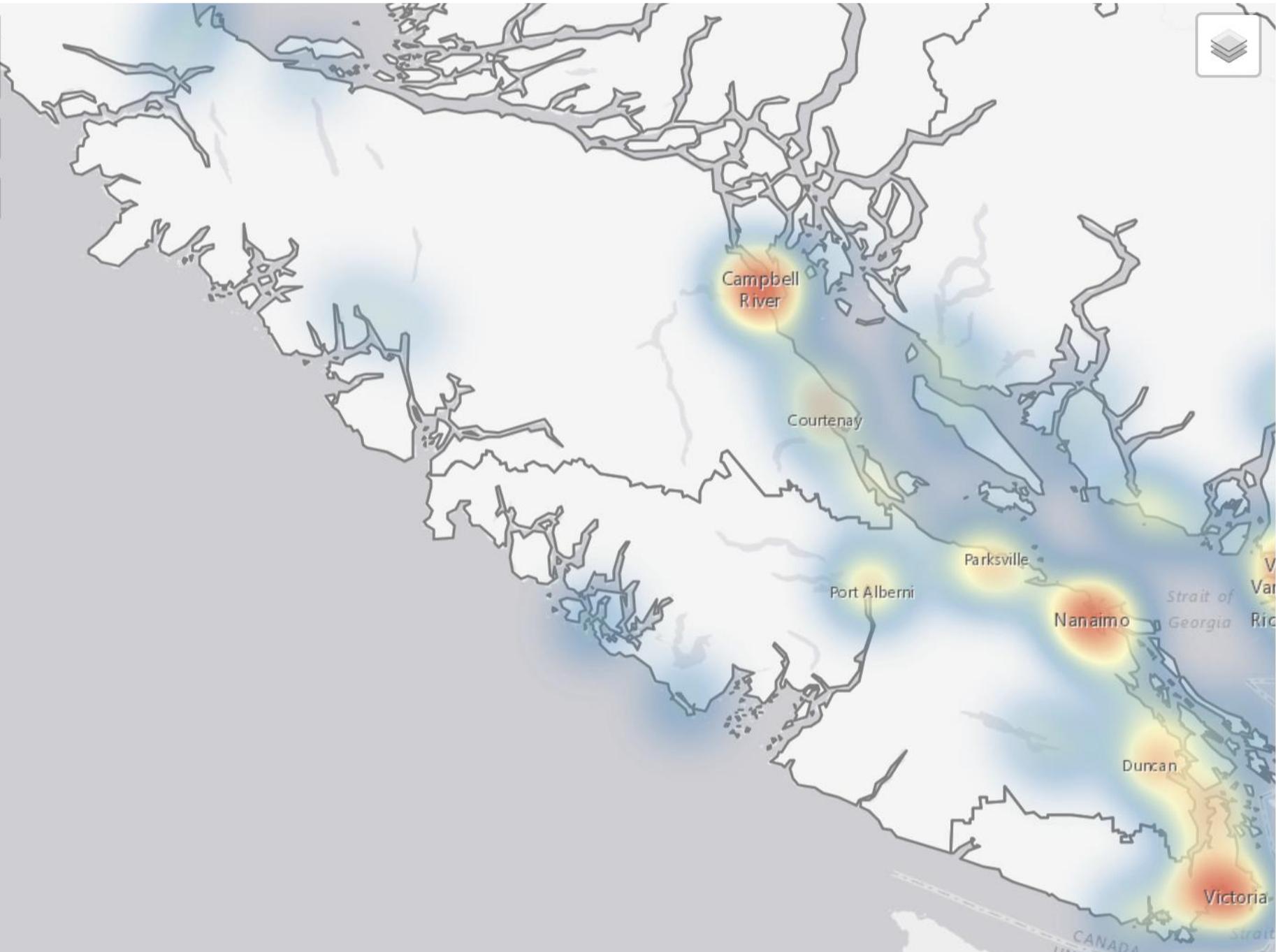


HARM REDUCTION GRANT DISTRIBUTION

VANCOUVER ISLAND	13	\$476,037
INTERIOR	12	\$563,846
VANCOUVER COASTAL	10	\$450,000
NORTHERN	13	\$650,000
FRASER	7	\$270,081
TOTAL GRANTS / INVESTMENTS	55	\$2,409,883



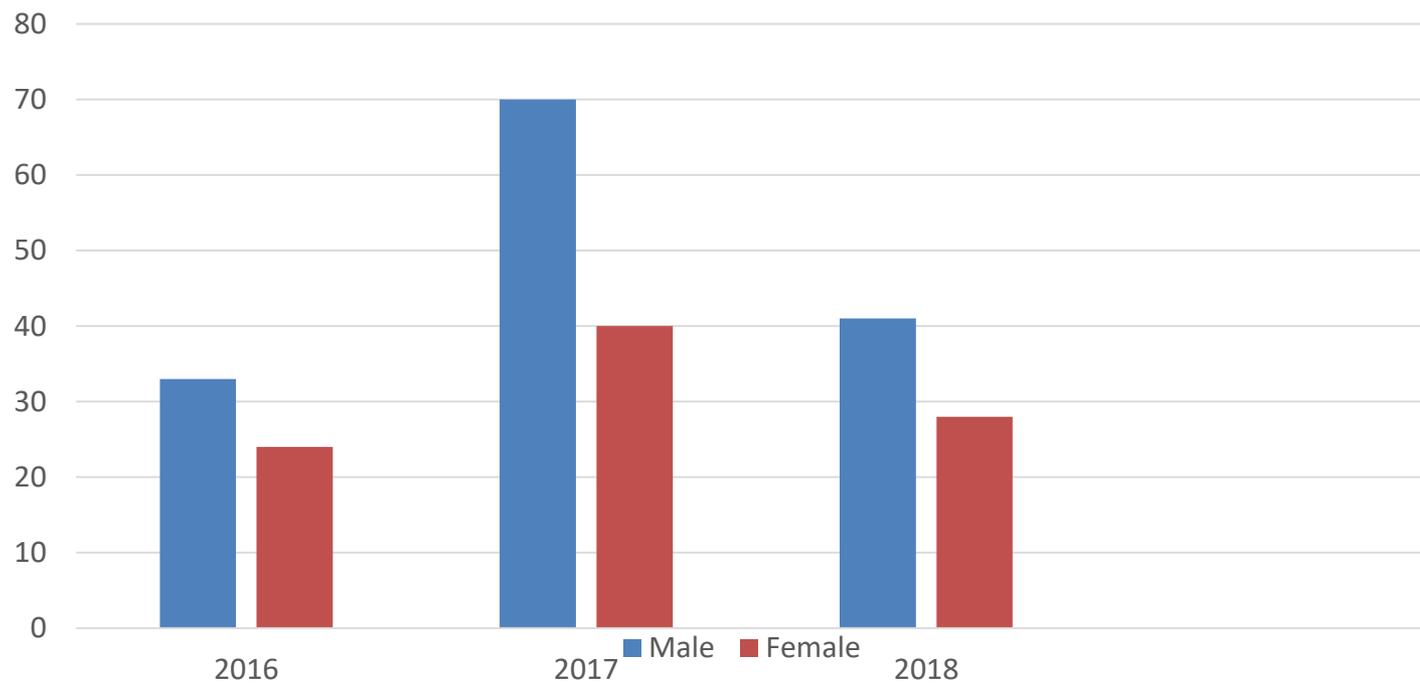
Vancouver Island – 13 Grants Totaling \$476,037



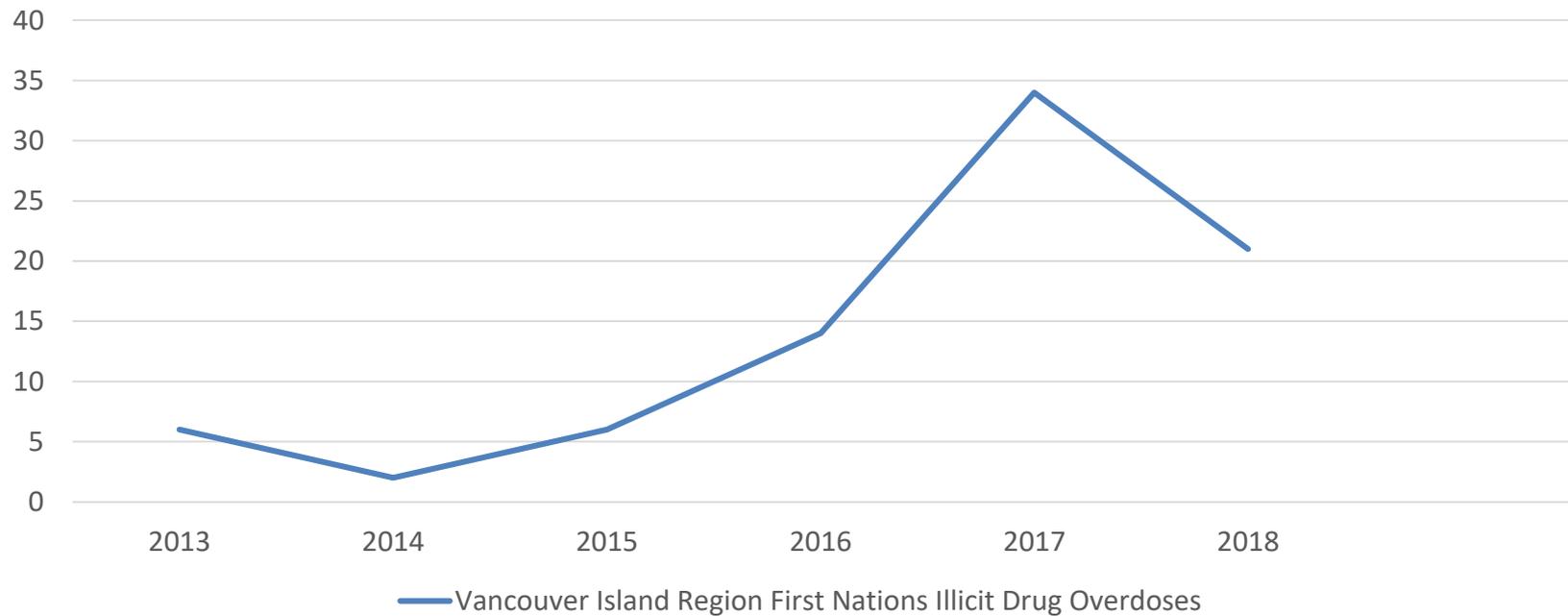
BC First Nations stats consistently state male death overdose rate higher than female



Death by Overdose: Gender



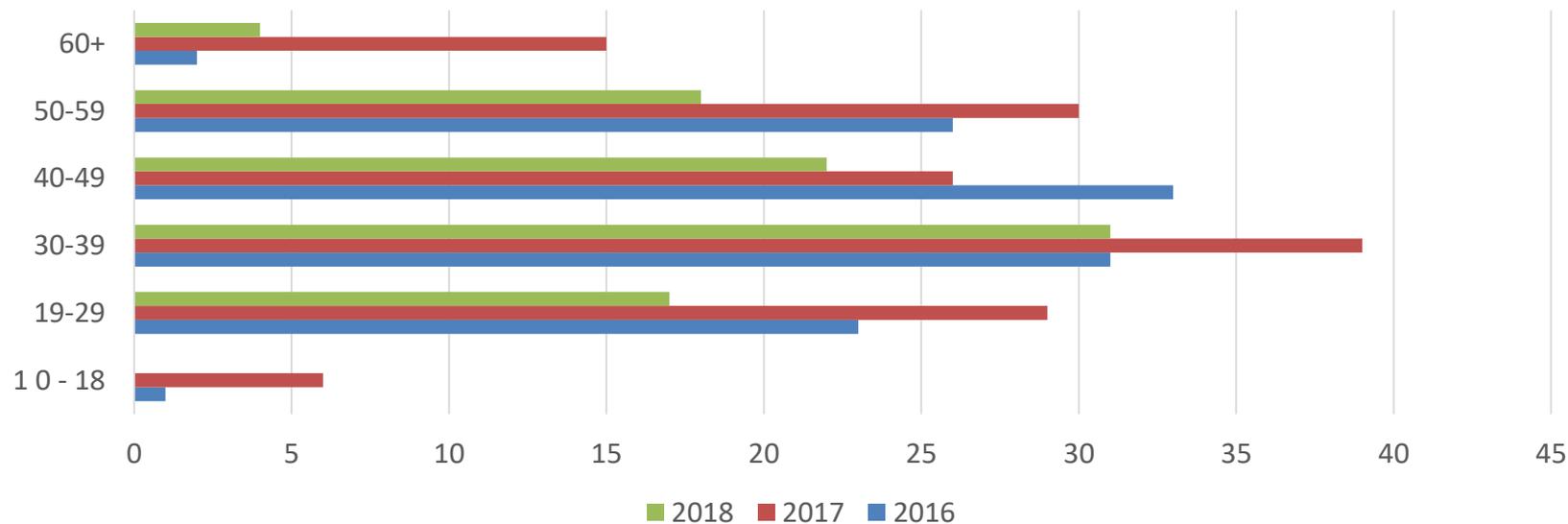
First Nation Illicit Drug Overdose Rate: Vancouver Island



BC First Nation Overdose Death Rate by Age



FN Overdose Death by Age



Illicit Drug Overdose Deaths in BC, Findings of Coroners' Investigations (Sept 27, 2018)

- 65% never married
- Majority lived and overdosed in private residences (72% and 63%)
- 44% were **employed** at time of death
- Of those employed, 55% employed in **trades and transport**
- 79% had **contact with health services in the year preceding death**. Of these, over half (56%) had contact for **pain-related issues**. More than half (52%) were reported to have had a clinical diagnosis or evidence of **mental health issues**.

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

Island Health Substance Use Continuum of Care

Prevention, Early Intervention	Harm Reduction	Treatment	Recovery/Relapse Prevention
<ul style="list-style-type: none">• Education/Awareness• School-based Programs• Self-Management• Walk-in screening• Perinatal Programs	<ul style="list-style-type: none">• Overdose Prevention• Supervised Consumption• Harm reduction supply distribution• Take Home Naloxone• Sobering and Assessment	<ul style="list-style-type: none">• Detox/Stabilization• Sobering and Assessment• Opioid Agonist Therapy• Supportive Recovery• Addictions Outpatient Treatment• Intensive Case Management• Assertive Community Treatment• Intensive Treatment	<ul style="list-style-type: none">• Opioid Agonist Therapy• Supportive Recovery• Addictions Outpatient Treatment• Individual/Group Counselling

Primary Care, Community Agency Partnerships, Peer Supports

Continuum of Care



- Intake
- Accessibility
- Culturally Relevant
- Land Based Healing programming

Treatment

Detox

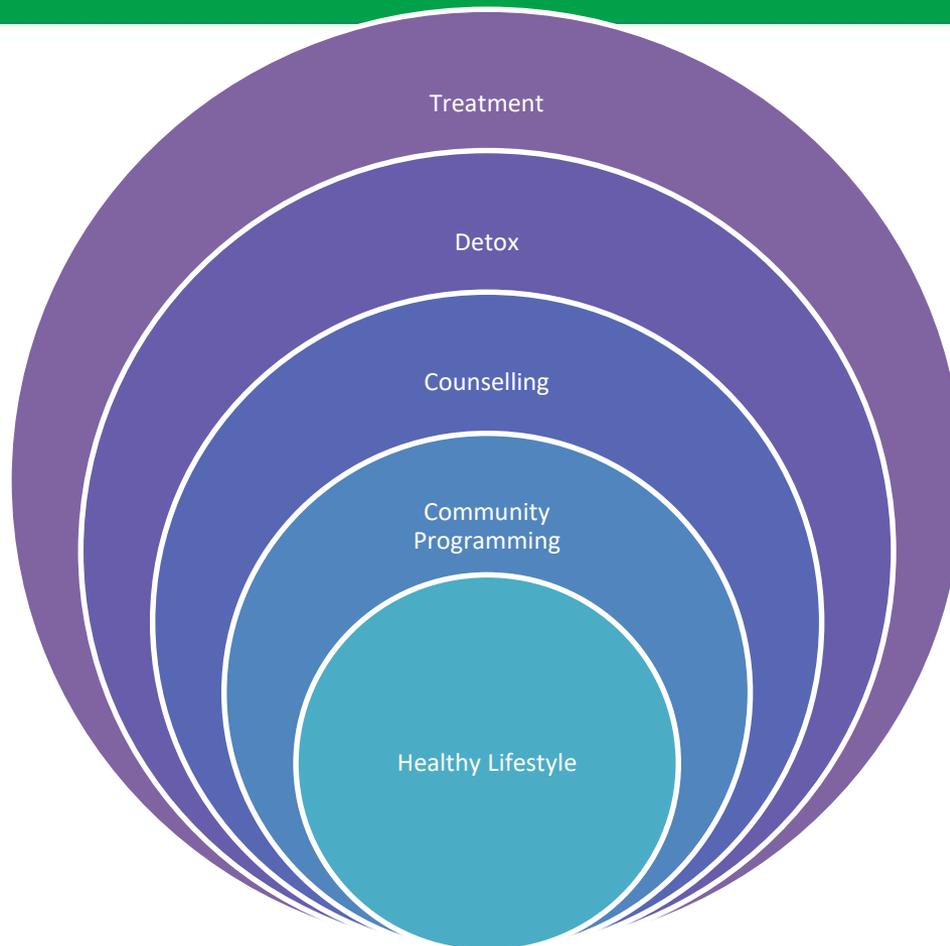
Counselling

Community Programming

Healthy Lifestyle

- Safe discharge
- 2nd stage housing
- Relapse Prevention

Holistic Approach



Working Together

- To assist where requested to build capacity in communities to receive or maintain **naloxone training**
- Support opportunities to build capacity and offer supports to build a **peer/outreach supports**
- **Improve access to services**
- **Strengthen post-overdose follow up:** Exploring joint opportunities to develop training to BCEHS, Acute Services and RCMP around Trauma informed care and practice
- Explore **pathways into and out of treatment and detox** to identify gaps in service
- Incorporate and expand **peer engagement and employment** initiatives
- Ensure **cultural and trauma informed lenses** are purposefully applied to all programs, with ongoing quality improvements
- Address **human rights and stigma**, including service provider and staff perceptions

THANK YOU



VANCOUVER ISLAND REGION
First Nations Health Authority

