FIRST NATIONS AND THE TOXIC DRUG POISONING CRISIS IN BC
JANUARY - JUNE 2021
LARGE INCREASE IN TOXIC DRUG POISONING DEATHS DURING SECOND YEAR OF COVID-19 PANDEMIC

TOXIC DRUG POISONING DEATHS
NUMBER OF PEOPLE WHO DIED OF TOXIC DRUGS

25.7% increase in toxic drug deaths from January to June 2021 compared to the same period in 2020.

2021 (JANUARY TO JUNE)

equals 10 deaths

142

2020 (JANUARY TO JUNE)

equals 10 deaths

113

FIRST NATIONS PEOPLE ARE DISPROPORTIONATELY REPRESENTED IN TOXIC DRUG POISONING DEATHS

3.3% OF PROVINCE’S POPULATION
14.0% OF TOXIC DRUG POISONING DEATHS JANUARY-JUNE 2021
14.9% OF TOXIC DRUG POISONING DEATHS JANUARY-JUNE 2020

RATE OF TOXIC DRUG POISONING DEATH

First Nations people died at 4.8 times the rate of other BC residents in 2021 (January - June). This number was 5.3 for 2020 (January - December).

First Nations women died at 9.9 times the rate of other female BC residents in 2021 (January - June).

First Nations men died at 3.7 times the rate of other male BC residents in 2021 (January - June).

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

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.

17.5% OF OTHER BC RESIDENTS WHO DIED IN 2021 (JANUARY - JUNE) WERE WOMEN
37.3% OF FIRST NATIONS PEOPLE WHO DIED IN 2021 (JANUARY - JUNE) WERE WOMEN

The FNHA gratefully acknowledges the health partners that make this data available:
BC Centre for Disease Control, BC Coroners Service, BC Emergency Health Services, and the BC Ministry of Health.
PREVENT PEOPLE FROM DYING

- Distribution of naloxone (nasal spray and injectable): The FNHA dispensed 19,880 doses of nasal naloxone spray to individuals through community pharmacies, and 1,105 nasal naloxone kits to 22 First Nations communities/organizations through bulk ordering from January to July 2021 (each kit contains two doses); and coordinated with health system partners in their distribution of 5,458 injectable naloxone kits to 160 FNHA take-home naloxone sites during that same period (each kit contains three doses).

- Grants to harm reduction champions: Distributed 17 community grants of $2,000 - $5,000 each to support graduates of FNHA’s Not Just Naloxone trainings to host virtual or in-person training events in First Nations communities.

KEEP PEOPLE SAFE WHEN USING

- Harm Reduction Policy: Approved policy in January 2021 with five key action areas, including provision of Indigenous harm reduction services, expansion of substitution therapies, and support of pharmaceutical alternatives to toxic street drugs.

- Not Just Naloxone training: 243 people completed virtual training sessions; 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: 252 people participated in in-person community visits that focused primarily on naloxone training and also included various other types of harm reduction education.

- Regional staff: Hired 10 Harm Reduction Educators, 10 Peer Coordinators, and five Child and Youth Care Community Coordinators to serve First Nations communities across BC.

CREATE AN ACCESSIBLE RANGE OF TREATMENT OPTIONS

- Opioid agonist therapy (OAT): The FNHA has supported 29 rural and remote First Nations communities to improve access to treatment options for opioid use disorder, including OAT; registered nurse prescribing planning is underway at four sites, and 17 nurses are enrolled in prescribing education (six have completed training and preceptorship).

- First Nations Virtual Substance Use and Psychiatry Service: Psychiatrists, addictions specialists and care coordinators held 1,406 virtual sessions with First Nations people and their family members.

- 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 and construct two new healing centres in the Vancouver Coastal and Fraser Salish regions.

- OAT clinic fees: more than 180 people have received subsidies to access OAT at medical clinics.

SUPPORT PEOPLE ON THEIR HEALING JOURNEYS

- Courageous Conversations Webinar Series: Hosted seven webinars in which 393 people participated in difficult conversations about substance use.

- Indigenous Harm Reduction Community Council: Consulting a province-wide network of Indigenous people working on Indigenous approaches to harm reduction and providing knowledge sharing across all regions.

- Unlocking the Gates: Supported 313 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: Nurturing 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.

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