



First Nations Health Authority
Health through wellness

Opioid Agonist Therapy found to reduce death among First Nations and other residents with concurrent alcohol and opioid use disorders

What is this study about?

The objective of this study was to:

- i) examine whether concurrent Alcohol Use Disorder (AUD) and Opioid Use Disorder (OUD) increases the risk of death and,
- ii) assess the impact of receipt of opioid agonist therapy ([OAT], e.g., methadone, Suboxone) on the risk of death among First Nations and other BC residents with concurrent AUD and OUD.

Why conduct this study?

Since 2016, more than 10,000 people in British Columbia died due to increasingly toxic unregulated (“street”) drugs, resulting in a declining average life expectancy in BC for the first time since 1990. As a result of the historical and ongoing impacts of colonialism, including intergenerational trauma, First Nations individuals and communities face higher levels of harms from alcohol and drugs. For example, in 2020, First Nations individuals died from illicit drug toxicity (i.e., overdose) at 5.3 times the rate of other residents in BC.

OAT, like buprenorphine (Suboxone) and methadone (Methadose), is a safe, effective, and life-saving method for treating opioid dependency. OAT prevents withdrawal symptoms and reduces cravings. OAT is part of the harm reduction continuum that can support individuals on their healing journeys.

In BC, OAT is publicly available for all First Nations individuals with OUD. However, certain communities, especially those in rural, remote, and isolated areas, face challenges or limited access to OAT. The First Nations Health Authority (FNHA) is committed to expanding access to OAT in First Nations communities.

KEY FINDINGS

- We found high rates of concurrent Alcohol Use Disorder (AUD) among Opioid Agonist Therapy (OAT) recipients in British Columbia.
- Having AUD and OUD increases the risk of death for First Nations and other residents.
- OAT saves lives: OAT reduces the risk of dying, even if someone has AUD.
- OAT and harm reduction programs are an opportunity to support everyone on their healing journeys.



For more information on OAT, please visit [Opioid Agonist Therapy for Clients](#).

For those who use alcohol and opioids together, we wanted to determine if they were able to access OAT and what impact receiving OAT medications had on risk of death. We also wanted to know if concurrent alcohol and opioid use disorders increased the risk of death.

How was the study done?

Health records from all individuals aged 12 and older in BC who received at least one OAT prescription between 1996 and 2020 were used. We included information from hospital stays, doctor visits, emergency room visits, pharmacy dispensations, and deaths in BC. Under the stewardship of the FNHA, this includes health records of all status First Nations residents in British Columbia.

We looked at the health records for repeated alcohol- and substance use-related health care visits to assess likely AUD and OUD, prescriptions of OAT, and number of deaths.

What did the study find?

- Since 1996, 62,110 British Columbian residents received OAT.
- Among all individuals who received OAT, we found elevated rates of mental health conditions (79.6%), chronic pain (69.2%), HIV seropositive (4.6%) and Hepatitis C seropositive (15.9%).
- 6,305 or 10% were First Nations, of whom, 3,156 or 50.1% were detected to have AUD and 742 or 11.8% died (from any cause) over the study period.
- 55,805 or 90% were other residents (non-First Nations), of whom, 16,871 or 30.2% were detected to have AUD and 7,821 or 14% died (from any cause) over the study period.
- Having AUD doubled the risk of death for both First Nations and other residents in our study.
- **Despite having AUD, receiving OAT substantially lowered the likelihood of dying. For instance, mortality rates were three times lower for First Nations on OAT compared to First Nations not receiving OAT and over 2.5 times lower for other residents on OAT compared to those not receiving OAT.**

What do these findings mean?

- Concurrent AUD and OUD increase the risk of death for both First Nations and other residents, compared to those who do not have AUD. However, OAT reduces the risk of death even if concurrent AUD and OUD are present – in other terms, OAT saves lives.
- There are higher rates of AUD and OUD among First Nations compared to other residents but this should be considered alongside colonialism, trauma and racism – so as not to stigmatize or judge First Nations people struggling with AUD and OUD. We know that stigma and discrimination in society and the health system isolate people who use drugs and prevent them from seeking help.
- OAT/harm reduction programs are an opportunity to support First Nations people on their healing journeys.



What are the study limitations?

- We did not have information on deaths, OAT prescriptions or health care visits that happened outside of BC.
- AUD and OUD were not diagnosed by a clinician but rather identified for repeated alcohol- and opioid-related health care records.
- As a result of systemic discrimination and racism in the BC health system, First Nations people may have been more likely to have been identified as having AUD or alcohol-related health issues than other residents.
- The opposite of addiction is connection. If you know someone struggling with AUD or OUD, the FNHA has resources and groups to help. For more information on how the toxic drug crisis is impacting First Nations communities please refer to: [Toxic Drug Crisis Data](#) (fnha.ca)

Resources on FNHA.ca

- [Listen to the voices of people](#) with lived and living experience to learn about their substance use and wellness journeys.
- Start the conversation: check out the FNHA's [Courageous Conversations on Substance Use Toolkit](#).
- Browse [FNHA's Indigenous harm reduction webpage](#) to explore videos and resources on First Nations perspectives on harm reduction, connecting back to culture, and taking care of each other.
- Access other FNHA resources on the [Harm Reduction and the Toxic Drug Crisis webpage](#).
- [Eliminating Stigma Around Substance Use Will Help Save Lives](#)
- [Mental health and cultural supports](#)

Barker B, Min JE, Homayra F, Piske M, Sabeti S, Meilleur L, Nosyk B, Wieman N. Opioid agonist therapy and mortality among First Nations and other residents with concurrent alcohol use disorder in BC, Canada: A population-based cohort study. *Drug & Alcohol Dependence* 250:110908. doi: [10.1016/j.drugalcdep.2023.110908](https://doi.org/10.1016/j.drugalcdep.2023.110908).

The present study was led by the FNHA in partnership with the Centre for Advancing Health Outcomes (formerly CHÉOS). The FNHA adheres to the First Nations principles of OCAP® (ownership, control, access and possession) and data governance (The First Nations Information Governance Centre, 2021). For more information about this study please contact Dr. Brittany Barker brittany.barker@fnha.ca.