

Media Release

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Partners Call for Systems-Wide Response to Overdose Emergency in Collaboration with First Nations in B.C. with Release of New Data

COAST SALISH TERRITORY – VANCOUVER, B.C. – Experts attribute ongoing and historic colonization, trauma and dispossession of lands and resources as contributing to the impacts of the overdose public health emergency for First Nations peoples in B.C. Preliminary data released today point to emerging trends that First Nations peoples are overrepresented in this health emergency, similar to other health indicators driven by the social determinants of health.

First Nations leaders and health experts in B.C. propose four broad action areas to guide a systems-wide provincial response to address the opioid overdose emergency in partnership, starting from the highest level of acuteness. All actions must include culturally safe and trauma informed responses as they are implemented.

- 1) **Prevent people who overdose from dying**
- 2) **Keep people safe when using**
- 3) **Create an accessible range of treatment options**
- 4) **Support people on their healing journey**

The document [*Overdose Data and First Nations in BC Preliminary Findings*](#) provides a snapshot in time of First Nations overdose events from Jan. 1, 2015-Nov. 30, 2016 and First Nations overdose deaths between Jan. 1, 2015-July 31, 2016.

It also describes how racism and intergenerational trauma increases risk of problematic substance use and is a barrier to accessing health care services; and how First Nations report reduced access to culturally safe mental health and addictions treatment across the province. The First Nations Health Authority and its partners have committed to work together to speed up data linkage processes and implement actions based on timely data.

The priority of partners across the system is to use the new information to stop people from dying, reduce stigma and harm to those using drugs, and provide clear pathways to support First Nations people on their healing journeys.

Responding to the opioid overdose crisis with First Nations people must incorporate a First Nations perspective on health and wellness that begins with the individual, family and community, and requires work together with many partners, including each regional health authority, the province of B.C., the Office of the Provincial Health Officer, BC Coroners Service, and the Government of Canada.

Quotes:

Judy Darcy, Minister of Mental Health and Addictions

“We are committed to working in partnership with First Nations communities to heal wounds and prevent future tragedies caused by this devastating overdose crisis. Together, armed with this new information, we can identify the areas where actions will have the greatest impact so people in First Nations communities get the support they need.”

Dr. Shannon McDonald, First Nations Health Authority Deputy Chief Medical Officer

“People who use substances need kindness, love and support rather than blame and condemnation which further stigmatizes and can lead to additional substance use. We urge health practitioners, media and the public to learn about the roots of addiction for First Nations and Aboriginal peoples, including the trauma from historic and ongoing colonial policies and discrimination – and to practice cultural humility in a collective response in partnership with First Nations and Aboriginal peoples.”

Dr. Perry Kendall, Provincial Health Officer of B.C.

“The overdose health emergency, like the shared history of colonization and current efforts toward reconciliation, belongs to all of us - it will take a systems-wide response to slow and stop First Nations overdose deaths.”

Lisa Lapointe, Chief Coroner, B.C. Coroners Service

“Through a Memorandum of Understanding created in 2014, the First Nations Health Authority and the BC Coroners Service committed to work collaboratively to improve First Nations health and safety in our province. This includes the Coroners Service’s collection of accurate, meaningful and timely data to support the community-driven and nation-based decision making of First Nations. Our strong partnership with the First Nations Health Authority helps to guide our work and supports our mutual goal of saving lives.”

Grand Chief Doug Kelly, First Nations Health Council Chair

“The data regarding opioid deaths and critical events is not a surprise to First Nations leaders, Health Directors and caregivers. Our leadership and caregivers know that our people are in pain, and that far too many of our people self-medicate with alcohol and prescription and non-prescription drugs to numb this pain. We need to address our unresolved grief. We need work with our partners and stop focusing on the symptoms and start addressing the root causes of pain through increased access to trauma-informed mental health services.”

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Backgrounder

Four action areas are proposed to guide a system-wide response to address the overdose emergency, in partnership with First Nations, starting from the highest level of acuity. The partners confirm the need for culturally safe and trauma informed responses when implementing all actions:

- 1) **Prevent people who overdose from dying:** Increase access and training for Naloxone, improve 911 services for First Nations and increase awareness of the Good Samaritan Drug Overdose Act.
- 2) **Keep people safe when using:** Reduce harm to those using drugs and their families through increased access to safe use sites, reducing stigma related to drug use, targeting strategies to people using drugs alone, and implementing drug checking.
- 3) **Create an accessible range of treatment options:** Increase mobile and out-patient treatment options, Indigenous-specific beds in or near urban centres, rapid access, strengthen culture-based treatment.
- 4) **Support people on their healing journey:** Strengthen aftercare options, alternate and complementary pain management strategies, support social and emotional resilience and cultural interventions.

Data found in the document *Overdose Data and First Nations in BC Preliminary Findings* are from the BC Coroners Service, Drug and Poison Information Centre, BC Emergency Health Services/BC Ambulance Service and emergency department visits at hospitals across BC, as well as the BC Centre for Disease Control, Medical Service Plan and PharmaNet.

The First Nations Client File is a cohort based on Indian status and is not inclusive of all First Nations in B.C., since there are many First Nations members who are not eligible for registration or choose not to register under the provisions of the Indian Act and therefore are considered 'non-status'. These data also do not include Métis or Inuit peoples.

There are limitations within the provincial surveillance system that impact these data or the completeness of this information, for example not all hospital emergency departments track individual overdose events, and there are delays in reporting. The FNHA is working with all parties to improve timeliness and completeness of information collection and analyses.

Colonization disrupted First Nations health and well-being through displacement from lands, and disconnection from culture, family and community, ceremony, language, knowledge, and traditions. As a result of this and related trauma, First Nations peoples in British Columbia experience health challenges, such as problematic substance use and harmful behaviours, reduced life expectancy and other health outcome disparities.

Partners have committed to approaching this work with a spirit of shared responsibility, recognizing that family members, community leaders, and health system partners all have a role to play. Together they have agreed to build upon existing relationships and agreements to act quickly to reduce overdose events. In the current state of emergency, the immediate focus is on reducing harm and keeping people as safe as possible.