Overdose Response

CASE STUDY REPORT

Community members learn how to administer Naloxone as one harm reduction response to the overdose public health emergency.

AS PART OF THE EVALUATION OF THE TRIPARTITE FRAMEWORK AGREEMENT ON FIRST NATION HEALTH GOVERNANCE

Overdose Response Case Study
Prepared by Ference & Company Consulting

First Nations Health Authority
Province of British Columbia
Indigenous Services Canada

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The work represented in this report is carried out on the unceded territories belonging to self-determining First Nations in what is now British Columbia. The Tripartite partners acknowledge and thank those who took the time to share their guidance and wisdom.

Emotional Trigger Warning: This report discusses culturally unsafe experiences in health care, traumatic experiences and health and wellness topics that may trigger memories of personal experiences or the experiences of friends and family. While the report's intent is to create knowledge to begin addressing these negative experiences, the content may trigger difficult feelings or thoughts. First Nations and other Indigenous peoples who require emotional support can contact the 24-hour KUU-US Crisis Line at 1-800-588-8717.

I. Acronyms and Abbreviations

BCCDC	BC Centre for Disease Control
FNHA	First Nations Health Authority
FNIHB	First Nations and Inuit Health Branch
MMHA	Ministry of Mental Health and Addictions
OAT	Opioid Agonist Therapy
OERC	Overdose Emergency Response Centre
PHSA	Provincial Health Services Authority
ISC	Indigenous Services Canada

Terminology

The Canadian *Constitution Act* specifies that the Aboriginal peoples of Canada include the Indian (First Nations), Inuit and Métis peoples of Canada.[1] Increasingly, the term "Indigenous" is used in place of the term "Aboriginal", with an analogous meaning. In this report, the terms "Indigenous" and "Aboriginal" are used as they are in the source documentation cited.
The term "First Nations" is frequently used within this report. This term includes individuals with and without status under the *Indian Act*.[2]

This report uses a range of data sources, some of which rely on self-identification of ethnicity to identify Indigenous sub-populations, and others that are based on deterministic data linkages using the First Nations Client File. Following the protocol used in Provincial Health Officer and the First Nations Health Authority (FNHA) Chief Medical Office reporting, the term "Status First Nation" will be used in place of "Status Indian" in places in this report that refer to the First Nations Client File, recognizing that the legal connotation of the term "Indian" originates from a colonial framework.[3]

The terms "at-home" and "community-based" are used to refer to geographically based First Nations communities, whether they qualify as "reserves" under the *Indian Act* or whether the First Nation has signed a modern treaty or holds title to the land. The term "away from home" signifies First Nations individuals who live away from their First Nation community.
The references to the Government of Canada's participation in this report is sometimes referred to as "Health Canada" and sometimes as "Indigenous Services Canada." This reflects that the work originated while the First Nations and Inuit Health Branch was within Health Canada, and was then transferred in December 2017 to a newly created federal department called Indigenous Services Canada.

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[1] Government of Canada. (n.d.). *Constitution Acts 1867 to 1982*. Retrieved from: https://laws-lois.justice.gc.ca/eng/Const/page-16.html?txthl=inuit#inc.
[2] An Act to amend and consolidate the laws respecting Indians, S.C. 1876, c. 18.
[3] Office of the Provincial Health Officer. (2018). *Indigenous health and well-being: Final update*. Retrieved from http://www.fnha.ca/Documents/FNHA-PHO-Indigenous-Health-and-Well-Being-Report.pdf.

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Executive Summary

Case Study Overview

This case study assesses the efficacy of the response to the overdose emergency as it pertains to First Nations people and communities in BC and is intended to support ongoing learning and inform decision-making regarding the response. In June and July 2019, the authors of the case study reviewed files and documentation concerning the First Nations Health Authority's (FNHA) investments and actions guided by the *Framework for Action on Responding to the Overdose/Opioid Public Health Emergency for First Nations* (*Framework for Action*) and interviewed 16 key informants, including FNHA staff and provincial partners. This is one of five case studies informing the evaluation of the *British Columbia Tripartite Framework Agreement on First Nation Health Governance* (Tripartite Framework Agreement). Section 10.1 of the Tripartite Framework Agreement requires that Tripartite partners jointly evaluate the implementation of the agreement every five years. The evaluation examines the effectiveness of the new health governance structure over time, in addition to federal, provincial and First Nations relationships, and include health outcomes for First Nations communities and individuals in the province.

The Overdose Emergency, Needs and Response for First Nations in BC

British Columbians are experiencing unprecedented rates of overdose-related harm, including death, due to an unregulated drug supply that is highly toxic and unpredictable. As a result, the Provincial Health Officer declared a public health emergency under the *Public Health Act* in April 2016. Despite ongoing and escalated response efforts, at least 1,542 people died from confirmed or suspected drug toxicity in 2018 – an increase from 990 in 2016 and 334 in 2013.
The public health emergency has impacted First Nations disproportionately compared to other BC residents. For instance, First Nations individuals are more than four times likely to experience a fatal overdose than other residents. At least 193 First Nations people died from confirmed or suspected drug toxicity in 2018, up from 159 in 2017. Each of these deaths has had a devastating toll on First Nations communities and caused significant grief and loss. The public health emergency is a severe and growing threat to the health and wellness of First Nations communities in BC.

The gap in overdose-related health outcomes for First Nations people compared to other BC residents is wide and continues to grow, despite First Nations in BC having identified substance use as a priority issue for years. Factors contributing to this gap include systemic racism as a barrier to care, a lack of access to culturally safe and relevant mental health and substance use services for First Nations (including opioid agonist treatment (OAT)), ongoing gaps related to the social determinants of health, and intergenerational trauma both historical and contemporary.

To respond to the emergency in First Nations communities, the FNHA has supported the provincial response and implemented nine FNHA-specific initiatives. These are guided by its *Framework for Action* (Appendix 1) and a focus on meeting the most urgent needs of First Nations in BC (e.g., preventing deaths due to overdose), while simultaneously working to address broader mental health and wellness goals. The following table lists the FNHA's nine initiatives to respond to the overdose emergency:

Table 1: The FNHA's Nine Initiatives to respond to the Overdose Emergency for First Nations in BC

Naloxone Training Expansion
Peer (people who use drugs) Engagement, Coordination and Navigation
Increasing Access to OAT in Rural and Remote First Nations Contexts
Integrated First Nations Addictions Care Coordinator
Intensive Case Management
Clinical Pharmacy Services through Telehealth to Support Healthy Medication Use in First Nations Communities
Unlocking the Gates Peer Health Mentoring Program
Indigenous Harm Reduction Grants
Enabling the provincial Response Strategy

This continuum of initiatives is intended to build upon the strengths and resilience found within communities to address root causes of inequities while increasing access to wholistic, culturally relevant and safe care for all First Nations individuals, both at-home and away-from-home in BC. This approach aligns with the FNHA's *Policy on Mental Health and Wellness* released in December 2018. The response is supported by provincial partners, including service providers, and is enabled by provincial government funding of $36 million over five years (2017-2022) provided to the FNHA to implement its *Framework for Action*.

While implementation and evaluation of the response is ongoing, program data and feedback from key informants highlight numerous ways in which First Nations in BC are being positively served by the response. For instance, response activities are saving lives, increasing awareness of harm reduction principles, increasing the accessibility of services (e.g., cost, location, cultural safety and humility), keeping people safe through peer engagement coordination and navigation, and building community capacity to respond to the overdose emergency.

What is Working Well?

The response to the overdose emergency for First Nations in BC has been mobilized by the FNHA in partnership with the province, service delivery partners (e.g., other health authorities, people with lived and living experience) and First Nations, supported by the Tripartite Framework

Agreement. Through these partnerships, the response supports First Nations in BC along the continuum of care and across the province, both at-home and away-from-home, including through the inclusion of a harm reduction approach and expansion of wholistic and culturally safe and appropriate services. Key strengths of the response include:

- Promoting and supporting a harm reduction approach, particularly with a focus on "Indigenizing" harm reduction (e.g., Indigenous Harm Reduction Grants support community-driven harm reduction initiatives as well as peer engagement and coordination activities that help keep people safe when using);
- Increasing access to services that support First Nations people on their healing journey, such as expanded harm reduction and mental health and substance use services, such as OAT and FNHA-funded treatment centres;
- Strengthening relationships between both overdose response and Tripartite partners (i.e., partnerships have been created and leveraged to develop and deliver the FNHA's nine initiatives to respond to the emergency); and
- Innovative work undertaken by the FNHA on multiple levels, particularly by incorporating Indigenous ways of knowing and perspectives, as well as the inclusion of the FNHA in provincial governance structures, decision-making and partnerships.

What are the Challenges?

The overdose emergency is complex and requires a coordinated, sustained and multi-pronged approach that is community-driven and Nation-based. The primary challenges and constraints to implementing and sustaining an effective response for First Nations in BC include:

- Persistent needs and access barriers, particularly around access to treatment, culturally safe services and wraparound services;
- Issues around the timeliness and use of data present challenges for partners responding to the emergency. These challenges include delays with the data linkages needed to generate First Nations-specific surveillance data as well as uncertainty and limitations around the data, such as not including all First Nations individuals and not being able to share data in all instances due to the small sample size;
- Sustainability and capacity issues, particularly related to funding stability and recruiting, hiring and retaining human resources; and
- An overdose-specific response may not fully align with First Nations priorities, needs and more wholistic views of health and well-being. For instance, having overdose-specific funding criteria for community grant applications may not allow communities to focus on broader, more upstream needs such as investing in youth programs or in the social determinants of health.

Efforts to address these challenges were evident throughout the case study and included joint initiatives undertaken by partners to respond to commonly acknowledged challenges, integrating

capacity-building approaches into the response (e.g., train-the-trainer model workshops), and continuing to assess needs and promote innovative approaches to respond to the emergency.

What is Needed Moving Forward?

The case study identifies a handful of areas for further work that build upon efforts already underway. These build upon strengths in the response with regards to promoting a harm reduction approach, continuing to strengthen relationships between partners, and innovating to meet needs and increase access to services for First Nations living in BC. More specifically, this work will entail scaling up successful initiatives to enhance services in line with the needs of target populations, particularly those in urban settings as well as for women and individuals who are incarcerated or who have had recent involvement with the corrections system (e.g., scaling up peer initiatives and treatment services in urban areas as well as offering other services such as the women's-only overdose prevention service in Vancouver). It also includes scaling up initiatives that align with the expressed need for wraparound and wholistic services that connect clients with community, culture and treatment, such as land-based healing, as well as continuing to work with system partners to integrate services for First Nations in BC in to their response.

Additionally, the case study highlights a need to continue various efforts to enhance the response's effectiveness, particularly joint efforts undertaken by the partners. For instance, a key area identified was building upon the strides already taken by partners to enhance the cultural safety of harm reduction and treatment services, including for overdose prevention and supervised consumption services, drug checking, support for individuals in corrections facilities and low-barrier treatment options. Other areas include continuing to assess First Nations needs, promoting innovative and integrated approaches to address those needs, and continuing to build data analytics capacity within the FNHA by mobilizing more resources to support the FNHA's capacity for data analysis (e.g., staff, physical structures like servers) and improving documentation around data linkages so that the FNHA can ultimately conduct this process internally.

Finally, support for decriminalization of people who use drugs was also expressed by a few key informants, in line with a recent recommendation from BC's Provincial Health Officer, as well as sharing data that highlights the overrepresentation of First Nations individuals among BC's prison population.

Introduction

Background

In 2016, a public health emergency was declared in BC in response to an unprecedented number of overdose-related deaths. The number of deaths continued to increase significantly following the declaration, and available data show that First Nations in BC are disproportionately impacted by the emergency. Current actions to address the emergency are focusing on preventing harm due to overdoses, such as by increasing access to naloxone kits to prevent overdose deaths; highlighting the need for effective culturally safe support, prevention, harm reduction, treatment and intervention services for those who experience a non-fatal overdose (e.g., increased access to overdose prevention/supervised consumption services); and a safer drug supply.

The FNHA is engaged and participating in the provincial response, guided by its own four areas of focus: 1) effective engagement in the provincial response; 2) an FNHA-specific response; 3) strong internal coordination; and 4) future directions (i.e., continuous learning, evaluation and quality improvement). In June 2019, the FNHA developed a *Framework for Action: Responding to the Overdose/Opioid Public Health Emergency for First Nations*. Guided by the principle of reciprocal accountability and underpinned by the teachings of cultural safety and humility, the framework outlines a system-wide response to slow and stop overdose, focusing first on preventing deaths while also supporting the broader mental health and wellness goals of BC First Nations. The four goals outlined in the *Framework for Action* are to:

1. Prevent people who overdose from dying;
2. Keep people safer when using;
3. Create an accessible range of treatment options; and
4. Support people on their healing journey.

The provincial September 2017 Budget Update provided $608 million over five years (from 2017/2018 to 2021/2022) to support the provincial strategy to improve mental health and addictions services, with money for the Ministry of Health, Ministry of Mental Health and Addictions and the Ministry of Public Safety & Solicitor General. The funding includes $36 million over five years allocated to the FNHA to implement its *Framework for Action* to respond to the overdose emergency. The nine initiatives developed by the FNHA are consistent with the FNHA's areas of focus and *Framework for Action* and align with the four provincial action areas and the Overdose Emergency Response Centre's (OERC) Comprehensive Package of Essential Services for Overdose Prevention in BC,[1] shown below.

Table 2: Alignment of Provincial Action Areas and OERC's Essential Services for Overdose Prevention in BC with the FNHA's Nine Initiatives

Provincial Action Area	OERC Comprehensive Package of Essential Services for Overdose Prevention in BC	FNHA Initiatives
Saving lives (e.g., overdose prevention and supervised consumption services, naloxone training, expanded access to drug-checking services)	• Naloxone • Overdose prevention services	• Naloxone Training Expansion
Ending the stigma around addictions and mental illness (e.g., anti-stigma and public awareness campaigns for specific populations)	• Peer empowerment and employment • Addressing stigma, discrimination and human rights	• Peer (people who use drugs) Engagement, Coordination and Navigation
Rebuilding the network of mental health and addiction treatment services (e.g., rapid access to OAT, pain management, regional clinical addictions leadership and health provider education, expanded reach of addictions assessment, treatment and interventions)	• Acute overdose risk case management • Treatment and recovery	• Increasing Access to OAT in Rural and Remote First Nations Contexts • Integrated First Nations Addictions Care Coordinator • Integrated Case Management • Clinical Pharmacy Services through Telehealth to Support Healthy Medication Use in First Nations Communities
Addressing the full range of supports and social factors (e.g., increase access to psychosocial supports, outreach services, Emergency Department post-discharge follow-up, improved transitions between services)	• Social stabilization • Cultural safety and humility	• Unlocking the Gates Peer Health Mentoring Program • Indigenous Harm Reduction Grants
Other	• N/A	• Enabling the Opioid Response Strategy (Communications, Surveillance and Project Management)

Purpose

The FNHA Office of Policy, Planning and Quality conducted a case study of the FNHA's response to the overdose emergency and contracted Ference & Company Consulting Ltd. to support this work. The purpose of this case study is to support the FHNA in its ongoing learning on what has worked well and what is needed moving forward.

As this is one of several case studies informing the evaluation of the Tripartite Framework Agreement, it focused on themes specific to the evaluation. Key questions it addresses include:

1. To what extent has the Tripartite Framework Agreement enabled partnerships that have contributed to an enhanced health systems response to the overdose emergency for BC First Nations?
2. How are BC First Nations being served both at-home and away-from-home (by the FNHA and the Province)?
3. How are BC First Nations being impacted by the overdose emergency (e.g., grieving a loved one, accessing care, accessing knowledge)?
4. Are the nine FNHA initiatives reflective of what is most needed by First Nations in BC? Are there initiatives that should be scaled up, removed or modified?
5. What are the current gaps, and what resources are needed to fill those gaps?
6. Are there people or groups who should be further engaged to increase initiatives' responsiveness to BC First Nations?
7. What are the barriers and facilitators to reporting on overdose response funding/getting information to decision-makers in a timely manner?
8. Are there any sustainability issues associated with the FNHA's response to the overdose emergency?
9. To what extent can the FNHA's overdose response be considered innovative when it comes to addressing systemic barriers?
10. What have been the most significant changes seen to date as a result of the FNHA's response to the overdose emergency?

Methodology

The case study was informed by a document review and key informant interviews. The sections below detail data collection and analysis protocols and present the strengths and limitations of the methodologies used during the case study, as well as mitigation strategies employed to address the limitations.

Data Collection

Document Review

A systematic review of documentation and files was conducted to gather background information on the history of the overdose emergency as well as the FNHA's current response. Documents and files were provided by the FNHA Office of Policy, Planning and Quality and were identified by participants during key informant interviews and by Ference & Company through an internet search of publicly available information.

Key Informant Interviews

The following stakeholders were identified by the FNHA Office of Policy, Planning and Quality for inclusion in the key informant interviews: FNHA Management (e.g., directors), FNHA Initiative Managers, FNHA Regional Mental Health and Wellness Managers and provincial health partners (e.g., management from health-related ministries). The FNHA Office of Policy, Planning and Quality identified 27 key informants from across these categories who were invited via email by Ference & Company to participate in a scheduled telephone interview between July 4–19, 2019. An additional key informant was referred by a participant.

Semi-structured interviews (45-60 minutes each) were conducted over the telephone by Ference & Company using an interview guide developed jointly with the FNHA based on themes specific to the Tripartite Framework Agreement evaluation and taking preliminary findings from the document review into consideration. Interviews were recorded with participants' permission to enable transcription.

A total of 16 participants completed a telephone interview for a response rate of 57%. The following table shows the breakdown of participants by key informant category.

Table 3: Number of Key Informants by Category

Key Informant Category	Invited (n)	Participated (n)	Response Rate (%)	Proportion of Total (%)
FNHA Management	6	5	83%	31%
FNHA Initiative Managers	8	3	38%	19%
FNHA Regional Mental Health and Wellness Managers	6	3	50%	19%
Provincial Health Partners	8	5	63%	31%
Total	28	16	57%	100%

Analysis

Document Review

Documents and files were reviewed for evidence that correlated with the key case study questions. Relevant information was summarized in a descriptive or quantitative format, as appropriate, and organized by question in a results matrix. All information compiled in the results matrix was then analyzed by question to produce overall key findings related to each case study question.

Key Informant Interviews

The information collected during key informant interviews was coded and analyzed by question in Excel to identify response themes and patterns. All responses were qualitative in nature and were summarized and reported by theme, with the number of key informants who identified a given theme denoted as "n." The descriptive scale presented below was used to report on the frequency of responses.

Qualitative Data Response Summary

Table 4: Qualitative Data Response Summary

Response Summary	% Response
All	100%
Almost All	80-99%
Most	60-79%
Approximately Half	40-59%
Several	20-39%
A Few	<20%

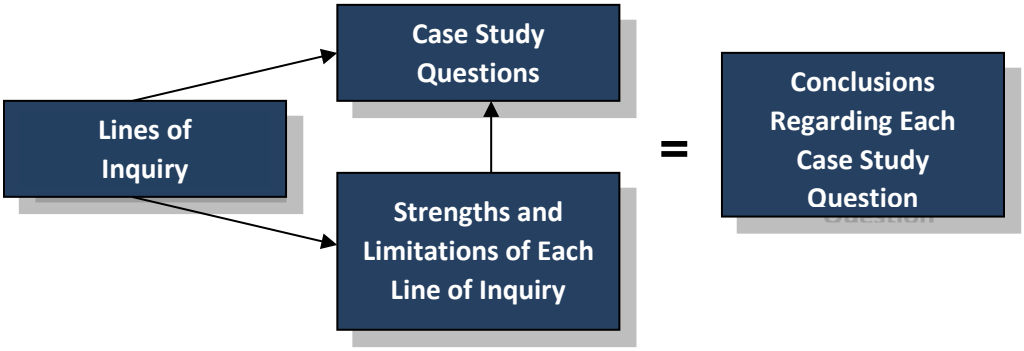
All key informant categories were grouped for data analysis. Findings were then compared across key informant categories and any differences were noted. All findings were added to the relevant section of the results matrix.

Triangulation of Findings

A two-tiered triangulation approach was employed. Findings from the document review and key informant interviews were first synthesized by question in the results matrix to ensure there was a strong foundation of evidence and findings upon which to base case study findings. Next, the findings for each case study question were reviewed to develop a preliminary conclusion for each question that took into consideration the relative strengths and limitations associated with each line of inquiry (i.e., not all data is created equal). In essence, greater priority was placed on data

considered to be more reliable or more relevant to the respective case study question by formally weighting the evidence as indicated in the figure below.

Figure 1: Triangulation of Multiple Lines of Evidence



Strengths

Strengths of the methodologies used during this case study included the identification of additional materials for inclusion in the document review by asking key informants (as well as through an internet search), using preliminary findings from the document review to inform the design of the key informant interview questions and guide, and employing a results matrix to compile and triangulate findings across lines of evidence. In particular, the latter was used to ensure that all analyses were sufficiently transparent and explicit to produce robust and reliable findings such that an independent team using the same evidence base would likely develop similar findings.

Limitations & Mitigation Strategies

The main limitation was the low initial key informant response rate given the compressed data collection window and key informants being out of office for summer vacations. Multiple strategies were employed to overcome this limitation, including sending follow-up email invitations, expanding the list to invite additional key informants and providing key informants with flexible options to participate (e.g., accommodating early morning and evening availability, accepting written responses, rescheduling interviews as needed, etc.).

Further, the small number of participants in some key informant categories (e.g., n=3) may reduce the ability to generalize findings. However, this limitation was mitigated by grouping key informants for data analysis and noting differences across categories as a secondary finding.

Key Findings

The Overdose Emergency and the Needs of First Nations Living in BC

British Columbians are experiencing unprecedented rates of overdose-related harm, including death, due to an unregulated drug supply that is highly toxic and unpredictable, particularly due to fentanyl.[2] As a result, the Provincial Health Officer declared a public health emergency under the *Public Health Act* in April 2016.[3,4,5] Despite ongoing and escalated response efforts, at least 1,542 people died from confirmed or suspected drug toxicity in 2018 – an increase from 990 in 2016 and 334 in 2013.[6]

Even before the provincial public health emergency declaration in 2016, and continuing since then, First Nations living in BC have disproportionately experienced overdose-related harm. First Nations individuals are more than four times as likely to experience a fatal overdose than other residents.[7] This disparity continues to widen, with at least 193 First Nations people dying from confirmed or suspected drug toxicity in 2018, up from 159 in 2017.[8] This widening disparity is illustrated in the Figure 2 and Figure 3 below.[9,10]

Figure 2: Nonfatal Overdose Rates

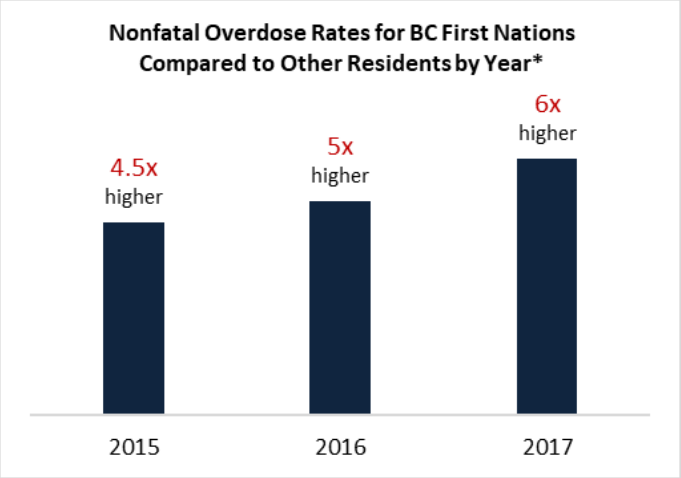
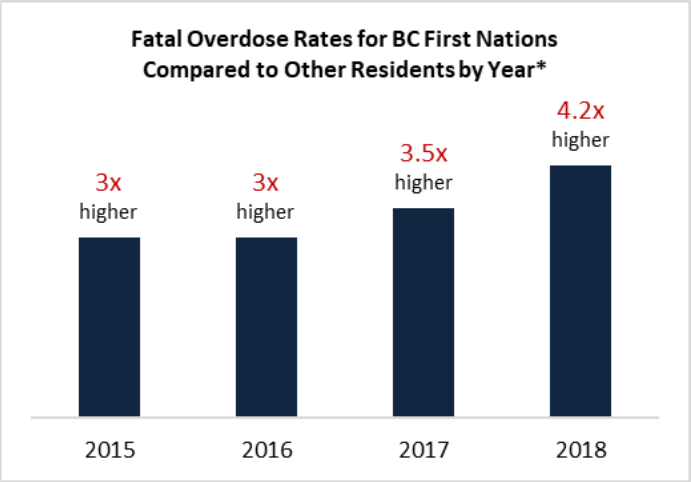


Figure 3: Fatal Overdose Rates



* Rates are FNHA estimates based on available data. Some years use different denominators for First Nations versus other resident populations; 2018 data is based on preliminary data from the BC Coroner's Office.

FNHA documents and data identify the following high-risk groups among First Nations individuals who are particularly impacted by the overdose emergency:

- Men aged 20-49;
- Individuals who live away-from-home (especially those in urban settings/regional hubs);
- Women (especially young women);
- Youth (particularly during the summer); and
- Individuals who use drugs alone.

Root causes for substance use include the effects of colonialism, intergenerational trauma, grief and pain that disproportionately impact First Nations, including social determinants such as the lack of stable housing and lower income that other BC residents, among other factors.[11]

In addition to the disproportionate share of the burden faced by First Nations individuals who experience overdose-related harm, there are many other ways BC First Nations are disproportionately impacted by the public health emergency. These are areas where there is a need for further action to combat the severe and growing threat to the health and wellness of First Nations communities in BC posed by the overdose emergency. These impacts were identified by both key informants and documents and include:

- **First Nations communities are disproportionately impacted by grief and loss:** As a result of the heightened overdose and death rates experienced by BC First Nations, most key informants identified the disproportionate impacts of grief and loss faced by families and communities. There is a wholistic loss to families and communities on many levels, including the loss of family members, their income, their parenting, and their ability to share their culture with others.

- **First Nations women are significantly overrepresented:** First Nations women experience an eight-fold greater rate of overdose events and a five-fold greater death rate due to overdose compared to other women who live in BC.[12]
- **The urban away-from-home population and those experiencing homelessness are particularly impacted:** While First Nations peoples and communities all across the province have been affected, those living in cities are experiencing the emergency most acutely, particularly people living in Vancouver's Downtown Eastside and Surrey.[13] However, there are also some urban hotspots for First Nations populations that differ from those for the general BC population (e.g., Campbell River, Kamloops) that have received comparatively fewer resources to provide treatment and harm reduction services.[14]
- **Incarcerated individuals are more likely to be Indigenous and face heightened risks:** First Nations individuals are over-represented among BC's prison population. For example, 50% of women who are incarcerated are Indigenous[15] and Canadian data shows that Indigenous women lose six to nine times more years of life due to time spent in incarceration than non-Indigenous women.[16] Moreover, individuals who are incarcerated face heightened risks upon release due to diminished opioid tolerance from abstinence while incarcerated, and, for those initiated on OAT while in corrections, challenges in accessing treatment in community. This heightened risk is highlighted by an Ontario study from 2016 (using data that pre-dates the current emergency), which found there was a 56-fold increase in deaths due to drug overdose in the two weeks following release from custody compared to what would be expected based on average risk.[17] Other challenges that can also increase the risk of overdose-related harm during reintegration include lack of treatment upon discharge, social exclusion, lack of social support, poverty and unstable/unsafe housing.
- **First Nations individuals are affected younger:** Data indicate that among people who experience an overdose event in BC, First Nations individuals are an average of four years younger than other BC residents.[18]

We are dying and being injured as result of overdose at a disproportionate rate, which means then that our families and communities are also disproportionately affected. That's from the grief and trauma of addiction, the grief and trauma of events that are beyond our control around the loss of a loved one, and the loss of that loved one's family, their income, their parenting. It's a cultural loss. It's a loss on a wholistic level – physically, mentally, spiritually. – FNHA Management

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Despite facing a disproportionate share of the burden and identifying substance use as a priority issue for years (e.g., in Regional Health and Wellness Plans, FNHA community consultations, etc.),[19,20,21] BC First Nations encounter numerous barriers to accessing safe and appropriate harm reduction services and appropriate mental health and addiction treatment for substance use

disorders.[22,23] The gap between First Nations and other BC residents is also widening. In particular, stigma and discrimination emerged as key barriers to accessing care – barriers that some key informants report the current emergency is amplifying within the health system (e.g., due to frequent emergency department visits). A distinct, but related barrier that can make it difficult for BC First Nations to access care is the limited availability of treatments that reflect a wholistic understanding of wellness and/or are culturally safe and relevant, as well as intergenerational trauma and underlying social determinants such as housing and poverty. Together, these barriers highlight the need for more culturally safe and appropriate services, trauma-informed practice, and cultural safety and humility training.

Further, there are some service gaps that are particularly pronounced for BC First Nations in rural and remote settings, highlighting ongoing areas of need. For instance, access to OAT has been limited in rural and remote settings as it requires access to a physician willing to prescribe it and, in some instances, qualified health care professionals to oversee its daily use – both of which have not been readily available in many communities.[24] Other needs identified in program documents include additional support for conducting meaningful peer engagement, enhancing pre-existing community infrastructure and facilitating collaboration, innovation and data collection.[25,26]

In response to the clear and urgent need to respond to the overdose emergency for First Nations in BC, the FNHA developed a *Framework for Action* in June 2016 that focuses on meeting the most urgent needs for BC First Nations (preventing deaths due to overdose) while simultaneously working to address broader mental health and wellness goals (see Appendix 1).[27] The *Framework for Action* is guided by reciprocal accountability and underpinned by the teachings of cultural safety and humility. The needs highlighted by this framework are:

- Prevent people who overdose from dying;
- Keep people safer when using;
- Create an accessible range of treatment options; and
- Support people on their healing journeys.

The FNHA and BC First Nations have also demonstrated the need to develop novel First Nations-led and community-driven strategies to respond to the public health emergency. For instance, they have worked to gather wisdom, generate new knowledge and raise awareness in response to the emergency, such as through talking circles and sharing stories, and they have considered new approaches for addressing substance use. As well, consideration has been given to moving away from abstinence-only approaches by incorporating harm reduction approaches and proposing to allocate resources to more upstream strategies, including the development of innovative programs and/or services.[28]

The Overdose Response for First Nations Living In BC

There are programs and services available to BC First Nations to address the overdose emergency that are administered by the Health Authorities and the FNHA and funded by the provincial government and/or the FNHA, depending on the service. Strategic program documents and key informants emphasized how both the province and the FNHA require a significant investment of resources to respond to the emergency, implement a harm reduction approach and expand access to harm reduction supplies/services, treatment options and culturally safe and appropriate services.

The Province of British Columbia has committed $608 million to address the public health emergency with a focus on priority actions that:[29, 30, 31, 32, 33, 34]

- Save lives;
- Reduce stigma;
- Build a network of treatment and recovery services;
- Address the full range of supports and social factors;
- Advance prevention; and,
- Improve public safety.

Guided by these action areas, the provincial response consists of a comprehensive package of interventions and strategies that aim to serve people across the province, including First Nations individuals living at-home or away-from-home, by increasing the availability of harm reduction supplies and services (e.g., naloxone, overdose prevention and supervised consumption services, and drug checking services), evidence-informed treatment and recovery services, and training for health care providers, as well as improving processes for peer engagement, promoting cultural safety and humility, and conducting monitoring, surveillance and research.[35]

While the FNHA partners with the province to support broader provincial planning and response activities, such as through the FNHA's inclusion in the Overdose Emergency Response Centre, it also has an FNHA-specific response that includes nine initiatives targeting the specific needs of BC First Nations, such as Indigenizing harm reduction and expanding access to OAT in rural/remote First Nations communities. Funded by the provincial government ($36 million over five years), these initiatives are guided by the FNHA's *Framework for Action* as well as four areas of focus that underpin the FNHA's response to the provincial Overdose/Opioid Public Health Emergency: 1) effective engagement in the provincial response; 2) an FNHA-specific response; 3) strong internal coordination; and 4) future directions (i.e. learning, evaluation, and quality improvement).[36, 37]

The following table summarizes the FNHA's nine initiatives, including a description of each and identifying how it aligns with the provincial action areas and the FNHA's Framework for Action. Separately, the FNHA also secured $40 million to build and upgrade urban treatment centres, which could ultimately complement the overdose response by increasing the availability of residential treatment services that meet the needs of First Nations in BC.[38]

Table 5: FNHA Initiatives to Respond to the Overdose Emergency for BC First Nations

Initiative	Description of How Initiative Serves BC First Nations	Framework for Action Goal	Provincial Action Area
1. Naloxone Training Expansion	This initiative expands naloxone training through a train-the-trainer model that is integrated within a capacity-building community education session on Indigenizing Harm Reduction. It also includes Not Just Naloxone trainings to build community understanding of addiction, substance use and harm reduction and Community to Community workshops to support discussion between communities.	Prevent people who overdose from dying	Saving lives
2. Peer (people who use drugs) Engagement, Coordination and Navigation	This initiative established Peer Coordinator positions in each health region as well as three dedicated to the Crosstown Clinic. It also includes expanding the reach of Compassion, Inclusion and Engagement events that are jointly hosted by the FNHA and BC Centre for Disease Control to support cultural safety/humility learning among service providers and leaders.	Keep people safe when using	Ending the stigma around addictions and mental illness
3. Increasing Access to OAT in Rural/Remote First Nations Contexts	This initiative increases access to OAT for First Nations individuals with opioid addiction who live in a rural/remote setting or seek treatment away from home. It includes contracting physicians to conduct telehealth and in-community suboxone treatment inductions; developing in-community suboxone programs; and increasing the capacity of FNHA-funded drug and alcohol treatment centres.	Create an accessible range of treatment options	Rebuilding the network of mental health and addiction treatment services
4. Integrated First Nations Addictions Care Coordinator	This initiative involves hiring an Integrated First Nations Addictions Care Coordinator to implement shared initiatives with the BC Centre on Substance Use. This role works with partner organizations to identify and implement strategic, preventative and treatment-related innovations and improve coordination of services and integration of the FNHA's cultural safety and humility efforts and traditional approaches into services.		
5. Intensive Case Management	This initiative involves supporting the First Nations-led recruitment, training and implementation of an interdisciplinary Intensive Case Management team in each region. Teams can include Cultural and Clinical Resources and involve various partners such as mental health professionals, local knowledge keepers, Elders, etc.		
6. Clinical pharmacy services through	This initiative adds a telehealth expansion to the pre-existing FNHA Healthy Medication Use project. The goal is to extend access to clinical pharmacy services aimed at		

Initiative	Description of How Initiative Serves BC First Nations	Framework for Action Goal	Provincial Action Area
telehealth to support Healthy Medication Use	preventing prescription and non-prescription drug misuse and improving medication management by providing enhanced supports for communities to engage local pharmacy services.		
7. Unlocking the Gates Peer Health Mentoring Program	This initiative is a community-based participatory support and outreach program that employs Peer Mentors to systematically engage with interested individuals during pre-release planning and connect them to necessary health and social services upon their release from BC provincial correctional centres.		Addressing the full range of supports and social factors
8. Indigenous Harm Reduction Grant	This initiative provides one-time funding of up to $50,000 to Indigenous organizations, groups and non-profits at-home and away-from-home to support harm-reduction-informed, community-driven initiatives.	Support people on their healing journey	
9. Enabling the Opioid Response Strategy	This initiative supports the FNHA's overdose response through 1) communications and research, 2) data and surveillance activities and 3) project management support	All	Other

This comprehensive continuum of initiatives is intended to build upon strengths and resilience to address the root causes of inequities while increasing access to wholistic, culturally relevant and safe care for all BC First Nations individuals, both at-home and away-from-home.[39] This approach aligns with the FNHA's *Policy on Mental Health and Wellness*, released in December 2018.[40] For example, initiatives such as the Naloxone Training Expansion address systemic access barriers for rural and remote communities through a self-replicating train-the-trainer model, which tailors training to the needs of First Nations clients to ensure it is delivered in a culturally safe and relevant manner and creating space for broader conversations around substance use. Examples of this approach include "Not Just Naloxone" workshops that build a greater understanding of addiction, substance use and harm reduction at the community level through a train-the-trainer model and Community to Community workshops that bring neighbouring communities together to discuss and exchange knowledge about harm reduction as well as emergency and response. Moreover, First Nations-led Intensive Case Management teams provide culturally relevant, wraparound services across each health region, helping expand access to culturally safe, coordinated care that can appropriately address the needs of First Nations individuals.

While implementation and evaluation of the response is ongoing, program data and feedback from key informants highlight numerous ways in which BC First Nations appear to be positively served by the response – namely, that to at least some extent it is:[41,42,43,44,45,46,47,48,49,50,51,52,53]

- Saving lives;
- Increasing awareness of harm reduction principles;
- Increasing the accessibility of services (e.g., cost, location, cultural safety and humility);
- Building community and family capacity to respond to the crisis and support members;
- Involving peers in the response;
- Connecting individuals to more wholistic health and social services along a continuum of care;
- Incorporating culture and tradition into treatment services (e.g., daily/weekly singing and drumming at Culture Saves Lives in Vancouver's Downtown Eastside);
- Expanding treatment options;
- Increasing health resources to respond to the public health emergency (e.g., staff, funding);
- Furthering partnerships with other provincial partners;
- Supporting First Nations-led data collection, analysis and dissemination; and,
- Generating new knowledge (e.g., identifying gaps/barriers and innovative approaches to address them).

Notably, several key informants reported that First Nations living in BC are being better supported by partners (e.g., the Province, regional Health Authorities, the BC Centre for Disease Control) who are increasingly acknowledging First Nations cultures and needs and are willing to make changes to provide better, safer services in partnership with the FNHA and First Nations communities.

What is Working Well?

The case study revealed numerous key strengths associated with the FNHA's overdose response, guided by its *Framework for Action*, that are supporting an enhanced health systems response for BC First Nations. Those aspects of the response that are working well include:

- **The overdose response has promoted and supported a harm reduction approach.** The shift towards an approach that incorporates harm reduction principles – and particularly one that has demonstrated a focus on Indigenizing harm reduction – is a key strength of the FNHA's response. In fact, most key informants identified it as the most significant change or impact resulting from the response, noting that initiatives and engagement that support harm reduction conversations are working well. For instance, a document highlighting survey data responses from people who have participated in Take Home Naloxone training sessions noted that people feel prepared to respond to overdoses, confident facilitating harm reduction conversations, and are generally more aware of harm reduction, stigma and trauma-informed approaches as a result of the training.[54] Indigenous Harm Reduction grants have also helped meet unique community needs across the province by providing $2.4 million in flexible funding for 55 community-driven harm reduction initiatives that address local issues in an appropriate and culturally relevant way (as of June 2018),[55] as highlighted by the examples in the table below.

Table 6: Overview of Projects Funded by Indigenous Harm Reduction Grants by Region[56,57,58,59,60]

Region	Number of Recipients (% of total)	Examples of Funded Projects
Fraser Salish	7 (13%)	Indigenous youth produced a survey that supports dialogue about harm reduction.
Interior	12 (22%)	Travel program providing shuttle service to help people get groceries and medications such as methadone and suboxone.
Island	13 (24%)	Planning a two-day Harm Reduction Symposium through the Community Harm Reduction Committee.
Northern	13 (24%)	Provided workshops regarding land-based health, medicine, healing, harm reduction, family violence, fishing and life skills support groups.

Vancouver Coastal	10 (18%)	Working to reduce stigma and discrimination among Indigenous women who are using drugs through public awareness and understanding of harm reduction principles.
Total	55 (100%)	

- **The overdose response is increasing access to services that support First Nations peoples.** Supported by funding and resources leveraged by the response, the FNHA and partners have developed and expanded substance use services, including harm reduction services, to increase access for First Nations living in BC. These efforts include increasing the capacity/cultural safety and humility/appropriateness of services (e.g., by building and renovating FNHA-funded treatment centres), bringing harm reduction training and services into community, funding new First Nations-specific roles within the health system (e.g., Addictions Specialists, Peer Coordinators) and removing cost barriers, among others. Approximately half of the key informants identified efforts to remove barriers as an aspect of the response that is working well, particularly around OAT. For example, the FNHA's initiatives have helped to cover clinic fees and promote acceptance of people on OAT into treatment centres. Health Canada's updated regulations that enable nurse practitioners and other allied health professionals to prescribe OAT are also increasing access to this service.
- **Relationships between partners have been strengthened by the overdose response and Tripartite Framework Agreement.** Relationships have been created and leveraged around the nine FNHA initiatives to respond to the emergency, each of which involves partners such as the BC Ministry of Health, the MMHA, the Provincial Health Services Authority, regional health authorities and First Nations.[61] The partnerships that were identified in the FNHA's overview of its nine initiatives are illustrated in the table below. [62,63]

Table 7: Overview of Partners by FNHA Initiative

Initiative	Partners*								
	FNHA	First Nations agencies	First Nations communities	MOH/ MMHA (OERC)	PHSA/ BCMHSUS/ BCCDC	RHAs	BCCSU	Service providers	Other (e.g., NGOs)
1. Naloxone Training Expansion	X	X	X	X	X				
2. Peer (people who use drugs) Engagement, Coordination and Navigation	X	X	X	X	X	X		X	

3. Increasing Access to OAT in Rural/Remote First Nations Contexts	X	X	X			X	X	X	
4. Integrated FN Addictions Care Coordinator	X		X			X	X	X	X
5. Intensive Case Management	X	X	X	X		X		X	X
6. Clinical pharmacy services through telehealth to support Healthy Medication Use in First Nations communities	X		X					X	X
7. Unlocking the Gates Peer Health Mentoring Program	X		X		X				X
8. Indigenous Harm Reduction Grant	X	X	X					X	X
9. Enabling the Opioid Response Strategy	X	X	X	X		X		X	X

*FNHA = First Nations Health Authority; MOH = BC Ministry of Health; MMHA = Ministry of Mental Health and Addictions; OERC= Overdose Emergency Response Centre; PHSA = Provincial Health Services Authority; BCMHSUS = BC Mental Health and Substance Use Services; BCCDC = British Columbia Centre for Disease Control; RHAs = Regional Health Authorities; BCCSU = British Columbia Centre on Substance Use

Most key informants discussed how these partnerships are facilitated by commitment to action and the development of mutual understanding and focus through formalized agreements and joint strategies with partners. For instance, approximately half credited the Tripartite Framework Agreement with providing the foundation for working together, as it creates direction, motivation and structure, while half also noted that the inclusion of the FNHA in provincial governance structures, such as the Joint Steering Committee on BC's Overdose Response, has furthered relationships by bringing First Nations perspectives to the table to help drive the work. Several key informants even identified the enhanced capacity of partners to work together to serve First Nations communities as one of the most significant impacts of the response.

I do think that these partnerships have been integral from the very beginning and that having the ongoing Tripartite Framework Agreement and the ongoing First Nations health committees has helped us to embed the FNHA and the issues around First Nations people in an appropriate way from the beginning. – Provincial Health Partner

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- **The FNHA and its response to the overdose emergency is innovative on multiple levels.** This belief was shared by most key informants and reflected in strategic program documents. The FNHA and its work are innovative at a high level for involving a First Nations-led response that is grounded in, and informed by, Indigenous ways of knowing and perspectives. Further, the FNHA's inclusion in provincial governance structures such as the OERC as well as in decision-making and partnerships, enable it to shape ground-breaking changes in the health system's response to address systemic barriers. For example, the FNHA helps design services that are culturally appropriate and safe, and the organization's response demonstrates innovation through its adoption of a harm reduction approach and commitment to identifying and implementing approaches to the emergency that focus specifically on addressing the needs of First Nations individuals and communities, often in novel ways. Examples of novel approaches spearheaded by the FNHA and First Nations alongside other system partners (e.g., BC Mental Health and Substance Use Services, UBC) include:
    - Piloting a unique integrative land-based healing program;
    - Expanding a new clinical pharmacy service model through telehealth; and,
    - Engaging peers in various aspects of the response, such as in the Unlocking the Gates program to connect individuals leaving incarceration with peer support or through Compassion, Inclusion and Engagement events that connect peers and service

providers to develop improvements in harm reduction services in response to reports of stigma and discrimination.

Other strengths of the FNHA's response that were noted included involving peers in the response to increase compassion and improve service design and delivery, the ability to generate First Nations-specific data to better understand the needs and inform decision-making, and the strong internal organization of the response to ensure there is good communication and coordination.

What are the Challenges?

While the FNHA's response succeeded in mobilizing partners and resources to respond to the emergency for First Nations living in BC, program documentation and key informants identified various challenges and constraints to the effectiveness of the response. Those most commonly noted include:

- **Unmet needs and access barriers remain.** Despite ongoing efforts at the provincial level and by the FNHA, approximately half of the key informants discussed how unmet needs and access barriers continue to constrain the effectiveness of the response. This was the most frequently noted challenge and was particularly emphasized around OAT barriers as well as a lack of culturally safe services and wraparound services. For instance, treatment centres may not accept people on OAT or services may be located in overly formal settings such as hospitals that might not be culturally safe. Geographic challenges were also identified for both rural and remote communities and urban settings. For example, the former may lack access to health care providers or nearby services, while the latter has received less funding as part of the response despite the high acuity of needs.
- **Timeliness and use of data.** Most key informants identified the limited access to timely First Nations-specific surveillance data as the greatest information and reporting barrier. However, several also noted that partners have been taking steps to address this issue, such as the FNHA and the Ministry of Health undertaking a review of the data linkage process and the FNHA's ongoing work to develop a data strategy. As well, the BCCDC has provided support to FNHA staff through co-location to build data analytics capacity. While key informants provided mixed responses for the cause of the delays, common themes included recognizing the time-consuming and infrequent process through which the First Nations Client File is linked to other provincial datasets (e.g., from the Ministry of Health or BC Coroners Service) to generate First Nations-specific overdose event data, as well as acknowledging that external partners face competing priorities for data analysis and decision-making. Related barriers identified by several key informants – and FNHA Regional Mental Health and Wellness Managers in particular – were the uncertainty and limitations surrounding data generated through the linkage process. For example, data may be skewed as it only includes Status First Nations individuals. Further, data may have limited use if it does not provide additional detail such as who is affected, where they are from, and what their journey has been or if it cannot be shared at a regional or Nation level due to the small sample size.

> *I think that people respond to numbers. They're so concrete, but I find that my hands are tied a lot of the time being able to release information to the people that want to hear it.* – FNHA Regional Mental Health and Wellness Manager

- **Sustainability and capacity issues with the response.** Most key informants reported that there are sustainability issues, with approximately half identifying the lack of predictable, stable funding as a key challenge that limits longer-term planning and the sustainability of the response. It is hard to attract skilled people for time-limited contract positions and to invest in upstream determinants and build capacity within a limited timeframe. Another human resources challenge identified by approximately half of key informants involves difficulties with hiring and retaining the personnel necessary to implement and sustain the FNHA's response due to factors such as competition with bigger organizations for the same personnel, difficulty attracting providers to rural/remote settings and high turnover. Notably, strategic planning documents flagged each of these challenges as a potential and/or realized issue and often paired them with intended mitigation strategies – particularly the incorporation of a capacity-building approach.[64,65,66,67] That they remain challenges suggests further room for improvement in this area.

> *We worry about cycles of funding… The funding goes year to year. If you are looking for quality people… it is very hard to entice somebody to leave their full-time position with benefits for a 20-month contract. The position has a lot of potential to be innovative, but it is very hard to ask somebody to take a position that's very tenuous – it's a lot to ask.* – FNHA Initiative Manager

- **An overdose-specific response may not fully align with First Nations priorities and needs.** As identified by several key informants as well as program documentation, other issues of importance within the broader social, health and wellness portfolio – such as diabetes, other substance use disorders, upstream determinants and preventive public health measures – haven't been as prioritized, as responding to the overdose emergency has required substantial resources. Moreover, there is also some indication of differing priorities between partners with regards to how to respond to the emergency. This is exemplified by overdose funding criteria, which may not always align with a more strengths-based and wholistic First Nations view of health and well-being. For example, funding criteria for overdose response initiatives may not allow for investing in broader, upstream community needs (such as programs that support youth in line with the need for health promotion-focused, upstream services identified by the MMHA[68]) or may come with a timeframe for spending the funding that limits a community's flexibility to respond to evolving needs over time.

Finally, a handful of challenges were also identified in areas that were primarily recognized for their success throughout the case study. While the promotion of harm reduction emerged as a clear strength of the FNHA's response, some municipalities and First Nations communities have demonstrated resistance to harm reduction approaches. Similarly, while most key informants discussed ways in which relationships between partners have been strengthened by the Tripartite Framework Agreement and the response, several noted that they had experienced challenges with partners who may not always follow through on their commitments or prioritize First Nations issues.

What is Needed Moving Forward?

Various suggestions and focus areas for enhancing the health system's responsiveness to BC First Nations were identified. Largely centred on furthering interconnected efforts between partners that are already underway, these suggestions for improvement include:

- **Enhance the response for target populations, particularly in urban settings and for women and individuals who are incarcerated.** Most key informants reported that efforts and initiatives addressing the needs of at least one of these target populations should be scaled up, with approximately half identifying the need to enhance the urban response. Program documentation similarly emphasized these needs.[69,70,71] Suggestions for how to enhance the response for these groups included scaling up peer initiatives and treatment services in urban areas, offering services focused on or exclusively for women (e.g., the women's-only overdose prevention service in Vancouver) and expanding supports for individuals leaving corrections facilities. A few key informants also expressed support for decriminalizing people who use drugs, in line with a recent recommendation from BC's Provincial Health Officer as well as data highlighting the overrepresentation of First Nations individuals among BC's prison population (as discussed above in the section on "The Overdose Emergency and the Needs of First Nations Living in BC").

> *I think the one area that should be scaled up and that we need to continue to think about is how to better support First Nations peoples who are living away-from-home and, in particular, in urban areas where we know the death rates and the overdose rates are much, much higher.* – Provincial Health Partner

- **Work with partners to increase culturally safe and trauma-informed services.** First Nations people are more likely to access care when health care professionals are equipped to engage with them respectfully from a place of cultural humility and can provide care that is culturally appropriate. There is therefore a need to build upon the work already underway among system partners to further enhance the accessibility of culturally safe harm reduction and treatment services, including overdose prevention and supervised consumption services,

drug checking, support for individuals in corrections facilities, and low-barrier treatment options, among others. This need is supported by program documents and was identified by approximately half of the key informants as integral to addressing gaps in the response.[72,73,74,75]

- **Further assess and address the needs of BC First Nations.** Several key informants noted that there is room for further research and assessment regarding the needs of BC First Nations and how to meet them. For instance, are services actually being used? Do BC First Nations perceive them to be accessible? Related suggestions for how to better reflect First Nations needs and priorities in the response included scaling up wraparound, wholistic services that connect clients with community, culture (e.g., land-based healing) and treatment (e.g., retention on to OAT) across the continuum of care, as well as working with partners to better integrate the response within the broader landscape of other health and social services, such as through housing supports.
- **Continue building data analytics capacity.** This will enable enhanced reporting and decision-making related to the response and require that partners work together to address the lack of timely data access. This strategy will also build the FNHA's capacity to manage and conduct data analytics for needs-based planning. Several key informants identified this need. One suggested response was mobilizing additional resources to support the FNHA's capacity for data analysis, such as more staff and physical structures like servers. It was also suggested that greater capacity could be built within partner organizations to support the FNHA to access timely data, such as by improving documentation around how linkages are done so that the FNHA can ultimately take on this process and more middle managers will be empowered to make decisions related to data analysis. Generating or improving access to supplementary information (e.g., emergency health services data, service-level data) was also identified as a way that decision-making could be enhanced. Finally, key informants also recommended continuing ongoing efforts to improve partners' ability to work together in an efficient manner, such as the BCCDC's support for building data analytics capacity among FNHA staff and the Ministry of Health and the FNHA's joint work to review the data linkage process.

A few other shared suggestions were discussed throughout the case study. These suggestions emphasized the importance of continuing to:

- Work with partners to secure stable, predictable funding for FNHA initiatives moving forward;[4]
- Involve First Nations and peers in service design and delivery and quality improvement initiatives;
- Engage with service providers and health care professionals to strengthen relationships and the response, such as around the implementation of cultural safety and humility commitments or to support physicians in prescribing OAT;

[4] Note that a few key informants indicated provincial funding for the response has been annualized, pending a formal written commitment.

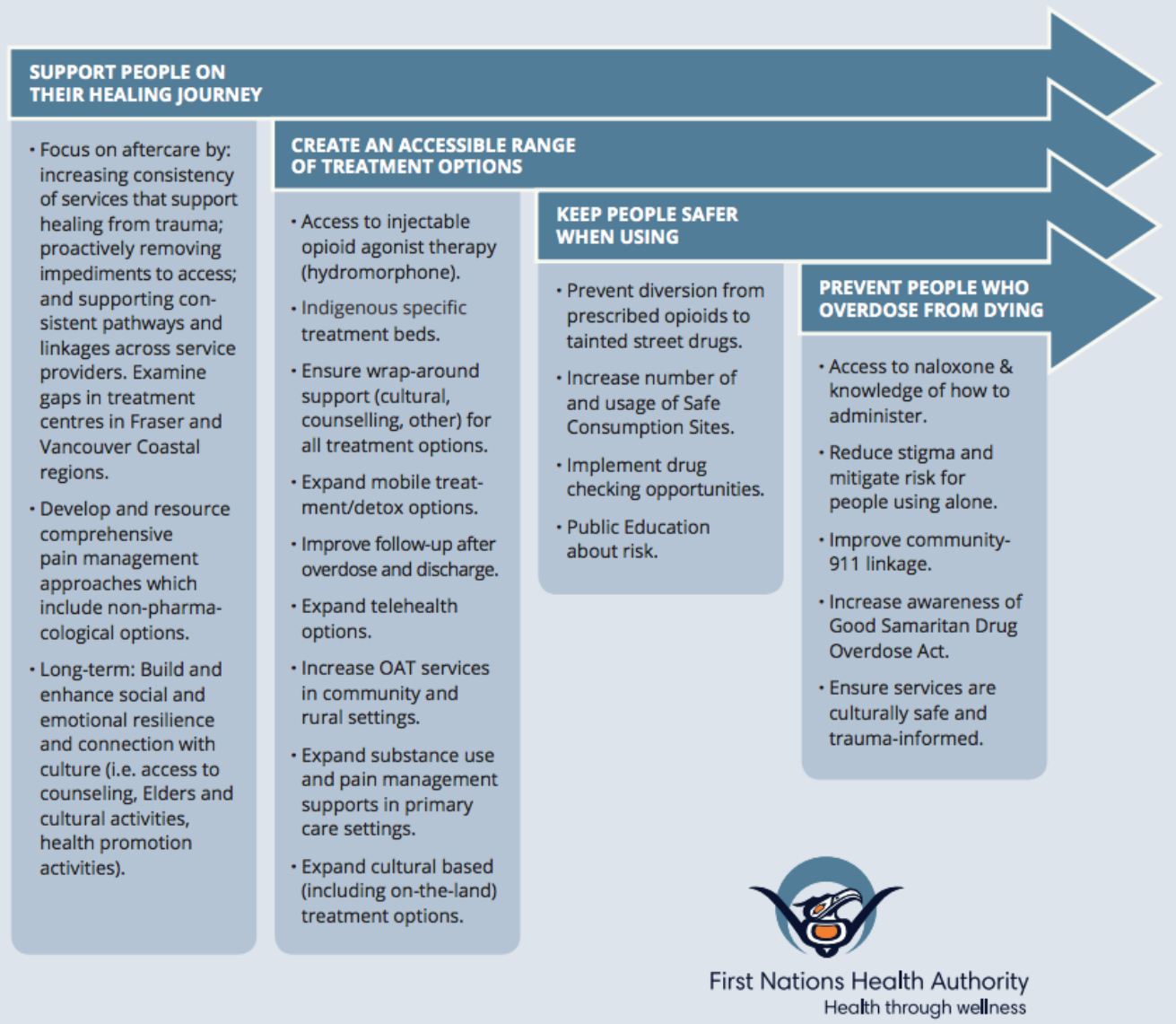
- Partner with other public institutions, such as the justice system, BC Housing, school districts and emergency responders, to better align the work around the social determinants of health; and
- Identify, design and implement innovative approaches to address the emergency and systemic barriers faced by First Nations individuals in BC.

Conclusion

Altogether, this case study paints a picture of a comprehensive response to the overdose emergency for BC First Nations that has been mobilized by the FNHA in partnership with the Province, service delivery partners and First Nations, and supported by the Tripartite Framework Agreement. The response supports BC First Nations along the continuum of care and across the province, both at-home and away-from-home, through the inclusion of a harm reduction approach and expansion of wholistic and culturally safe and appropriate services. Nevertheless, the emergency is multi-faceted and therefore requires a coordinated, sustained and multi-pronged approach that is community-driven and Nation-based. Areas for improvement moving forward include furthering efforts to improve access to services for BC First Nations, such as targeting key populations and enhancing the cultural safety and responsiveness of services, as well as strengthening partnerships and processes, such as access to timely First Nations-specific surveillance data, which can enable and sustain an effective response.

Appendix 1: The FNHA'S Framework for Action

Responding to the Overdose Public Health Emergency for First Nations



Appendix 2: Indigenous Harm Reduction Grants – Interior Region Snapshot

Overview

In response to the FNHA's call for proposals for Indigenous Harm Reduction Grants, 183 applications were received provincially. All approved grants were awarded at the level of the funding request made.

Summary of Approved Grants

Grant Recipient	Grant Summary	Approved Grant
Aboriginal Coalition to End Homelessness Society	First Nations leaders, including members of the Aboriginal Coalition to End Homelessness board, traditional healers, Elders, members of the Aboriginal Street Community, as well as local and national Indigenous organizations and non-Indigenous community and research organizations (Victoria Cool-Aid Society); Island Health; and the Canadian Institute for Substance Use Research in Victoria, BC) to collaborate and develop an Indigenous harm reduction framework that is rooted in Indigenous context and delivery over a two-day ceremony and workshop event.	$29,960
Adams Lake Indian Band	The grant will be used to enable a motivational speaker (Gabor Mate, Martin Brokenleg) to present on healthier living, self-esteem and harm reduction. A bi-weekly group will also be hosted and will focus on harm reduction and wellness. A summer intern will be hired to host and connect with youth through ceremony. Cultural activities may include retreats, medicine wheel workshops, respecting tobacco, medicine gathering and a traditional medicine workshop.	$30,000
Boston Bar First Nation	Boston Bar First Nation, along with Spuzzum First Nation, will host a wellness day event at Tuckkwiowhum Heritage Village. This event will target all age groups. Bringing in local resources will help educate participants about the positive outcomes of harm reduction and how it can be applied within our First Nation communities and provide support for a healthier life style, while destigmatizing those who are still actively using drugs and or alcohol. The use of cultural activities and providing traditional foods will reconnect people to our land and its natural resources.	$1,150

Central Interior Native Health Society	In response to the opioid crisis, the Central Interior Native Health Society delivers the weekly Opioid Antagonist Therapy (OAT) program. This grant will be used for wraparound services for OAT programing in the form of monthly medical group visits, peer support, outreach support and wellness counselling to provide more assistance to clients. Part of the funding will be used to raise awareness of intergenerational trauma and reduce stigma by hosting the Totem Pole Walk.	$50,000
Circle of Eagles Lodge Society	Phase 1: An Elder-led circle with the Brothers and Sisters that have/or are having addiction issues. Phase 2: Taking the results from Phase 1 and bringing them to a joint community gathering (including Correction Services Canada and other halfway houses in the Greater Vancouver area that work with Indigenous offenders) and provide some insight from information gathered within the community to start a conversation on how we can support the Brothers and Sisters that are on parole to be safe. Phase 3: The purpose of this Community Gathering and Elder-led Circle is to start the conversation on how we can promote harm reduction in a population that is limited in its ability to use harm reduction sites or adopt safe practices without breeching their conditions.	$20,000
Dawson Creek Aboriginal Family Resources	Using the Medicine Wheel as a guide to mental, physical, emotional and spiritual well-being; and incorporate a harm reduction model to introduce the women and community of Dawson Creek to an awareness/healing concept. (Prevention, intervention, and sustainability.)	$50,000
Daylu Dena Council	Taking community members (mainly community males) out for an extended period for an on-land based therapeutically focused camp to focus on personal, relational and professional development and healing, and to offer, present and practise healthy approaches to life and its obstacles. The camp will show hunting techniques and explore harm reduction, and promote a healthy and positive approach to life's obstacles and challenges. The effort and focus of hunting and gathering allows for a culturally driven approach to harm reduction and healing.	$50,000

Dze L K'ant Friendship Centre Society	There has been a growing interest in the Wet'suwet'en Land in a patrol like those found in the inner-city regions in Manitoba, Ontario and Saskatchewan. The patrols are designed to meet emergencies halfway, by making available street counselling, naloxone kits, defibrillators, first aid, radio communication, cellphone communication, self defense and empowerment, de-escalation for mental health cases, suicide intervention, police observing, human rights knowledge, emergency operations training and other applicable skills.	$50,000
Eagle Nest Community and Aboriginal Services	A full-day conference that is open to community members, support services and professionals. We will have guest speakers that are directly related to addictions and recovery, elders from the Carrier Sekani Nation to encourage connection to culture and traditional healing, and community resources that are harm-reduction based, such as a needle exchange. The hope is that we can connect our community together and encourage relationships that increase awareness of issues directly facing us, provide networking for professionals and ensure connection for community members who are actively in addiction.	$50,000
Esketemc	A five-day retreat to Williams Lake that will include 50 youth. Attendees will participate in workshops on addictions and Naloxone training, mental wellness, suicide prevention, positive relationships, sexual health and LGTBQ topics. Participants will also take part in cultural and wellness activities throughout the retreat.	$50,000
Fraser Region Aboriginal Friendship Centre Association	Outreach, utilization and promotion of local safe injection and safe inhalation sites along with mobile needle exchanges and paraphernalia. Peer-based needle and pipe exchanges will contribute to a pragmatic approach to supporting drug users as community members, as well as an opportunity to introduce resources and services that address ensuing drug issues. Our program will use an Indigenous model of care that empowers and respects the autonomy and self will of the drug user as a community member with something important to contribute to the conversation. We will also host and facilitate regular groups to introduce safe, sacred and therapeutic spaces for drug users to be empowered and empower each other; building bridges to peer-driven knowledge as a resource.	$50,000

Gitxsan Health Society	Gather and develop series of culturally relevant material to educate individuals, families, communities and service agencies on addictions and harm reduction. Public education materials will be in the form of short videos, flyers, posters unique to Gitxsan Nation and communities. Develop and implement an Outreach to individuals and families in "Around the Kitchen Table" format. Sponsor a major event that will link trauma, addictions and harm reduction from a Gitxsan cultural perspective.	$50,000
Hailika'as Heiltsuk Health Centre Society	Elders and youth will join together to host a conference focused on drug awareness, prevention and harm reduction. The conference will be open to all Central Coast communities, such as Kitasoo, Nuxalk, Wikinuxv & Heiltsuk. The session will include education, prevention and wellness ceremonies, and we are looking to run a two-day event in collaboration with other social programs.	$50,000
Hesquiaht First Nation	The Hesquiaht Health and Awareness Initiative will address current issues directly affecting the people in Hot Springs Cove such as addictions, access to services (due to the remoteness of the community) and harm reduction awareness. By providing a series of workshops, with qualified professionals over a series of six months, this project will align with Hesquiaht's mission to increase capacity and improve relationships within the community and our service people.	$6,500
Indigenous Women's Sharing Society	The opiate epidemic has greatly affected our community. We would like to provide additional services to enhance those that are already being provided in our community. We can offer three different skill-building and harm reduction education groups to the community. The groups will consist of a bi-monthly family and friends support group, a bi-monthly support group for individuals themselves who are struggling with opiate addiction and a monthly harm reduction education/hip hop night for youth and teens. Support groups will offer harm reduction education, healthy coping skills training, and Indigenous storytelling and teachings from respected Elders in our community and sharing society. The goal of these support groups will be to share our Indigenous knowledge and provide support to reduce the harm the opiate epidemic is having on our community, as well	$36,500

	as give individuals a sense of empowerment, connection and belonging. The teen hip-hop night/harm reduction education night will be led by a Youth Leader, Brandon Gane. Brandon is a First Nations NIC student majoring in sociology. He is a hip-hop artist and enjoys collaborating with artists to empower youth. The teen hip hop night would include harm reduction information and presentations, as well as support from our Elders and community members. The goal of this monthly event is to empower our youth with healthy and creative coping skills through music, while providing them with access and information to reduce harm.	
Ka:'yu:'k't'h'/Che:k' tles7et'h' First Nations	Our goal is to have more than one workshop for information sharing and educational purposes. By having a target group participate, we will reach the local school, our administration, health personnel, our legislature, cultural leaders, community members (young and old) and members not living at home, and that way have the whole nation represented. The target group will also include people in the community struggling with opiates. We want to train trainers to build more resources in our community. By having "Champions" in our community we will be able to have a long-lasting effect on the community.	$50,000
KDC Health	1. A peer distribution network targeting bringing naloxone kits and training, and harm reduction, directly to homes of those in addiction. 2. An outreach worker strengthening access to existing services, creating greater community connection and relationships, addressing stigma and social isolation, and creating greater connection to traditional and cultural paths to healing. 3. A Harm Reduction Symposium bringing together local leaders, Elders, service providers, peers in addiction, family members of those who have lost loved ones to the fentanyl crisis and community members to share solutions, stories and struggles.	$49,577

KDC Health (K'omoks)	This will be a one-day event featuring First Nations speakers who have freed themselves from addiction. We will also have a mother who has family members trapped in addiction speak about how their addiction affects her and other family members who don't have addiction issues. This mother has offered to be a peer support person for people affected by addiction. This event will be in response to a request made by a community Elder for harm reduction from an Indigenous point of view. We will also have a nurse available who can supply naloxone kits and training.	$2,000
Kermode Friendship Society	The aim of this project is to document and disseminate information on innovative and useful ways that harm reduction programs and practices are being offered in Terrace, and review some of the more effective ways that challenges can be overcome. Six workshops throughout the year will incorporate a community-led and client-centered approach, as well as peer support training.	$50,000
Kitasoo Band Council Box 88 Klemtu BC V0T1L0	1. Harm Reduction Community Workshop related to recreational drugs, with consultants presenting a harm analysis workshop to members and recreational drug users and family members. 2. Naloxone Training Session, with an FNHA nurse providing onsite training for take-home naloxone kits.	$50,000
Kwakiutl Health Centre	Provide a series of workshops, reaching out to different age groups/populations (youth, women, general) to facilitate discussion, understanding and compassion, as well as strategies to move forward in a positive way. Formulating community feedback on strategies and activities they would like to participate in that are regularly inclusive of everyone on the "continuum" of using substances from none to challenges with addiction.	$15,500
Kwantlen First Nation	The focus will be on eight community workshops on what it means to work towards harm reduction and addictions. What does harm reduction mean to a person, family and community? Guest speakers will include people who are recovering and want to have the support of their community. Each workshop will include a partnership of an organizer co-partner with an individual who has experienced or is experiencing support or treatment programs. The sessions will be intertwined with healing themes from either the medicine wheel and or Sto:lo's 7 Laws of Life.	$19,025

Laichwiltach Family Life Society	Provide outreach services for mental health and addictions that is inclusive, caring and trauma informed. Provide 1:1 support to help people get to detox or treatment or mental health care (cultural safety approach). Incorporate Elders and cultural people to work in groups to help guide the process so that clients have a sense of belonging.	$50,000
Lake Babine Nation	Plan and coordinate Indigenous Harm Reduction & Naloxone Training in the three communities of Lake Babine, namely; Fort Babine on March 7, 2018, Tachet Health Centre on March 8, 2018; and Woyenne Margaret Patrick Memorial Centre on March 9, 2018. The workshop will target all age groups in our communities. The second phase will work with each of the Wellness Team members from the communities identified above and review evaluation feedback to identify what the members would like to see implemented, such as an awareness campaign or community activity. Establish a planning committee with representation from each community that would consist of one Elder/hereditary chief and youth from each community. The proposed community activity and campaign will work towards recruiting members to share lived experienced stories and work towards a video documentary and poster campaign. > Proposed to have Planning Committee for the first month; > Set out a schedule with each community on the proposed awareness campaign (video and posters); > Recruit youth, middle age and Elders from each community for interviews to share lived experience of drugs and alcohol; > Research and recruit a film producer to document and interview the youth, middle age and Elders; > Planning Committee will review and edit the video and poster campaign, which will be driven by those recruited from each community; > Once the video is completed, the Band will launch the video and poster at a community gathering that will be conducted in a traditional ceremony; and > The Band proposes to work towards a Wellness Plan and after-care program with the target group identified.	$50,000

Lhoosk'uz Dene Nation	Creating a Life Skills Support Group for people who use substances to develop life skills. The group would meet and respect people where they are at and emphasize harm reduction strategies. The support group would focus on life skills as both a prevention and early intervention strategy, fitting with harm reduction principles.	$50,000
Lhtako Dene Nation	Host an inclusive Healing Circle for community members to share and draw upon the diversity of views and talents of those present in the group to improve decision-making and strengthen community by reaching high-level collaboration and relationship-building. The implementation of harm reduction strategies in the Healing Circle would allow for the delivery of safe, welcoming spaces for all individuals suffering from addictions who live in-community or away from home. It will also offer a space where peers can support one another.	$50,000
Lillooet Friendship Centre Society	A community-hosted program that will focus on team building, skill development and empowerment towards harm reduction. A celebration for community will be held and will take place on the historical old bridge spanning the Fraser River as the People of the St'at'imc Territory are River People and others who have come to settle built and crossed this bridge into this territory upon arrival.	$50,000
Little Shuswap Lake Indian Band	Little Shuswap Lake Indian Band will host a dinner and presentation on harm reduction for alcohol and opiate use. The grant will also be used to run a travel program to aid in the transport of those seeking support in accessing harm reduction supplies. In collaboration with the Medical Travel Assistance Program, we will fill the gap of supporting clients and community members with travel assistance for methadone/suboxone treatment.	$50,000
Matsqui-Abbotsford Impact Society	A youth-led, adult-supported process led to this proposed program to increase understanding and identify actions that will support people who use drugs to stay safe, make connections and experience less stigma in their communities. The program will include hiring a Fraser-Salish Regional Coordinator, establishing a youth steering committee, working with youth to understand harm reduction, developing a community plan to enhance harm reduction approaches and sharing knowledge, successes and challenges between all communities.	$50,000

Mission Friendship Centre Society	We will enhance our peer-to-peer support networking by hiring a coordinator who will increase access to cultural teachings (medicine wheel, drumming, smudging and more) to build capacity in our harm reduction programs (with Elders, youth, health care providers and others), with more positive outcomes. We find that many of our Indigenous members who struggle with opioid use are generationally impacted by residential schools. We will be addressing this in our program and in our community dialogue, as well as by offering a family group.	$50,000
Musqueam Indian Band	Phase 1: "Letting Go of Stigma" to open up dialogue on this topic and try to decrease/eliminate lateral violence/discrimination. Phase 2: "Protecting Our People" to coordinate a series of workshops, a community signage campaign, a town hall event and naloxone training. Phase 3: "Moving Beyond Addiction" to coordinate our key staff and community position to establish a program of biweekly group meetings for community member substance users.	$50,000
NEC Native Education College	Reconnecting youth, community and those suffering from addictions to cultural ways of being as a tool for building strength and building roots. We will offer cultural workshops, camps and a toolkit for each individual student and participant to carry forward for future use. The project content will include mental health supports, cultural awareness, identity building, goal setting and creating safe support networks in a non-judgemental environment.	$50,000
Nenqayni Wellness Centre Society	Organize, administer and host a two-day opioid-specific knowledge exchange session targeting First Nation community health workers and community-level leadership, including two to three members of community health staff and leadership from each of the 15 communities of the three Nations in the Central Interior. This includes the Secwepemc (Shuswap), Tsilhqot'in (Chilcotin) and Dakelh (Carrier) Nations. The curriculum will focus on the opioid crisis in the First Nations context and include inviting Elders and youth to support the development and the curriculum.	$33,846
North Wind Wellness Centre Society	Invite community leaders throughout the northeast to a discussion table (including Elders, chiefs and councils from neighbouring First Nations communities, and mayors and councils from the cities and villages) and facilitate a workshop on harm reduction and the opioid crisis. This workshop will highlight the scope of possible prevention work within the	$50,000

	northeast, identify organizations that are already providing services (their program services), and educate participants on how even recreational drug users are being affected by the opioid crisis. Friends and families of people who use substances (along with those individuals who use substances) will be a part of the educational workshop.	
Okanagan Indian Band	The Okanagan Indian Band Harm Reduction Education and supply distribution and collection program will be led by the Okanagan Indian Band clinical team and will recruit two community members who are either in active substance abuse or have been affected by substance abuse to help provide harm reduction education, harm reduction supply distribution and harm reduction supply collection.	$50,000
OMVC Haida Health	Support mental wellness and discuss harm reduction at the men's health gathering that is planned for July 2018 (120 participants from Nations all over BC). Plan to host an Around the Kitchen Table training at the same time as the men's health gathering, with support from Chee Mamuk. We will then offer one day of programming for men and women together to provide a space for sharing and integrating the learnings to support a unified community approach to healing and mental wellness. We recognize the need to start an ongoing women's health program to support our women in the same way that we support our men	$50,000
Pacific Association of First Nations Women	Our program will build relationships with Indigenous women who are harm reduction service clients and provide the necessary supports to reduce stigma and discrimination and increase public awareness and understanding of harm reduction principles. We will develop a series of workshops, information events, a public awareness campaign and healing circles to combat stress by incorporating traditional cultural practices into the lives of the participants of our program.	$50,000
Sacred Wolf Friendship Centre Society	Forged from collaborative planning and engagement with leaders from the local nations, including Gwa'Sala-'Nakwaxda'xw, Quatsino, Kwakiutl, Namgis and Sacred Wolf Friendship Centre, the primary intention is to partner with local leaders in Island Health to deliver a two-day symposium filled with cultural practices and teachings, stories and other sharing on current health care and treatment approaches.	$50,000

Seabird Island Band	Create an innovative community-based multifaceted harm reduction model to address intergenerational trauma and overall mental health. The entire community, leaders, youth and substance use clients at the Seabird Stabilization and Transitional Living Residences will be engaged into the understanding of the opioid crisis. Community workshops will be open to all Indigenous people, including our neighboring First Nations, and specific workshops will be held at the schools and Seabird Island College.	$49,906
Skidegate Health Centre	We will provide programs for all communities on the islands including ASIST Applied Suicide Intervention Skills Training, Mental Health First Aid, community-specific training (such as harm reduction engagement in Skidegate) and a paddle journey aimed at harm reduction and safe practices.	$50,000
Southern Stl'atl'imx Health Society	Through respectful engagement, the Stl'atl'imx Men's Health Group will design their own program based on the unique needs relevant to their communities. Through the provision of stable programming the essential elements of harm reduction will be enhanced, supported and developed. These elements include building up peer support networks, enhancing relationships with the health society and building on relationships with external First Nations and governmental agencies and other communities.	$50,000
Splatsin Health Services	A culturally rooted, community-based wellness workshop will be delivered to community governance, front-line workers and members at large focused on the impact of colonialism and its relationship to alcohol and drug misuse (and suicide and violence). A "Train the Trainer Program for Community Connection Circles" will develop community capacity. In addition, the grant will fund weekly Holistic Community Outreach (Service Delivery) to support connection and provide wholistic harm reduction services.	$50,000
The Gitksan Wet'suwet'en Education Society	As a united group of communities, we will educate, engage and develop harm reduction strategies so our communities can move away from the stigmas or comments such as "heavy drugs are not in our communities" or "they are only doing damage to themselves with their substance abuse." We need to provide a caring environment that lets the individual, their circle of family and friends, and the community know they are important and that we are here to help and support them. We need to teach ourselves not to isolate those with addictions but to uplift them. We also need to encourage those struggling with addictions, both past and present, to participate in the development of this campaign to	$50,000

	ensure we recognize their needs and always remain focused on the health and wellness of our members.	
Tillicum Lelum Aboriginal Friendship Society	We will add a Community Outreach Wellness Navigator to address the overwhelming opioid crisis, which is a multifaceted issue requiring a culturally sensitive approach on how mental health and trauma-related needs are addressed within the community. These services will create initiatives that will promote awareness and early intervention in regards to the opioid crisis and help improve the mental health and well-being of the urban (away-from-home) Aboriginal population; services will be available to the community as a whole.	$50,000
Tl'azt'en Nation	Conduct a year-long multifaceted, individual- and group-based initiative to educate people on drug use and mental wellness, promote mental well-being, and help discuss the much stigmatized topic of drug use and abuse.	$50,000
Ts'ewulhtun Health Centre	We would like to enhance the harm reduction activity around sharps retrieval and raise community awareness of harm reduction. A great way to reach community has been to provide harm reduction reports and materials to community members about sharps retrieval and other harm reduction information around safer use; sharps retrieval has also reduced stigma for injection drug users.	$50,000
Tsawout First Nation	We will identify harm reduction champions in community who are excited to receive training and mentorship in harm reduction principles with the intent of sharing this information with peers and building capacity within community. These individuals will connect with community members in their homes or other venues of their choice to discuss harm reduction, provide naloxone training and distribute naloxone kits. We will work with local youth to run two or three youth "naloxone boot camps" and will host a harm reduction/cultural health and wellness luncheon for Elders.	$36,000
Tsawwassen First Nation	The family circle of support program will ensure individuals seeking to reduce the harms of their substance use have the supports they need at home. Individuals who seek treatment are offered two models of support: to attend treatment and work with TFN staff during and	$50,000

	after treatment for support or to engage in a family circle of support program. In keeping in line with harm reduction frameworks, the family support model will be implemented with the intention of reducing stigma for the person navigating their healing journey with substance use while ensuring that client-centered supports are put in place.	
Tseshaht First Nation	A three-day gathering will focus on harm reduction for the Nuu-chah-nulth people and families suffering through this opiate crisis by using the Nuu-chah-nulth culture and traditions provided within our family structures. The gathering will offer connection and transformation fostering mental, physical, social, spiritual and emotional well-being.	$50,000
Tsleil-Waututh Nation Health Department	The grant funding will be used for three separate initiatives, all of which will focus on providing mental health and substance use support services. Initiatives include a couples workshop to help build healthy relationships for families affected by addiction-related trauma; an evening men's group facilitated by a community member with lived experience and knowledge in addictions recovery; and an addictions education series, primarily tailored towards youth.	$50,000
Upper Nicola Band	UNB will hire a part-time coordinator to develop and implement the community-based harm-reduction program, working with families, Elders, Knowledge-Keepers, our Grandmothers Group and our wellness team. The coordinator will organize a family-based “wellness” session with a qualified counsellor or support worker for each family wishing to participate.	$50,000
Urban Native Youth Association	A land-based summer support group for Indigenous male youth who use drugs and alcohol and who reside in the Vancouver, Richmond and North Shore area. The Urban Native Youth Association will run the program.	$30,000
Westbank First Nation	Hire a harm reduction outreach support worker who will engage with the community through building relationships and providing helpful information on harm reduction. This individual will be familiar with Indigenous concerns and provide culturally safe, community-based, non-judgmental services that enhance overall health and mental wellness.	$50,000

White Buffalo Aboriginal & Metis Health Society	The White Buffalo Aboriginal & Metis Health Society will use this grant to provide individuals with self-care and harm reduction kits as well as educational workshops that will cover the importance of self-care.	$50,000
Wuikinuxv Village	An addictions community support worker will provide support to people experiencing substance use by creating a safe space using Indigenous harm reduction approaches. The addictions community support worker will also provide individual and group support for families and friends.	$50,000

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