First Nations Health Authority
Health through wellness

Toxic Drug Crisis Events and Deaths and FNHA's Response
COMMUNITY SITUATION REPORT: AUGUST 2023

FNHA Public Health Response

Last updated: November 9, 2023

Introduction

Each month, the First Nations Health Authority (FNHA) reports on the number of toxic drug poisoning events[1]and deaths[2] that have taken place among First Nations populations in BC. In the report, the FNHA also summarizes the actions that the FNHA is taking in response to the toxic drug emergency. This report covers the period January 1, 2021 to August 31, 2023. For previous reports, see FNHA's harm reduction webpage.

Summary Update (August 2023)

First Nations Toxic Drug Poisoning Events and Deaths

In August 2023, there were a total of 205 paramedic-attended drug poisoning events reported among First Nations people. This represents a 17.3% decrease from the previous month and a 20.6% increase from August of last year. Due to updates in how unique paramedic-attended drug poisoning events are counted, the total number of events is reduced by about 3% between 2010 and February 2022[3].

First Nations people represented 18.5% of all toxic drug poisoning events this month.

In the first eight months of 2023, women represented 40.1% of all First Nations toxic drug poisoning events; among other residents, 24.9% of all drug poisoning events were women.

In August 2023, we lost an additional 21 First Nations people due to toxic drug poisoning. First Nations people represented 12.1% of all deaths this month. Since 2016, the year in which a public health emergency was declared, we have lost 1,919 First Nations people to toxic drug poisoning.

FNHA's Response to the Toxic Drug Emergency

As described in the FNHA Programs and Outcomes section of this report, the FNHA has developed an expanding range of programs and initiatives to combat the toxic drug crisis. These are designed in culturally safe ways that confront the anti-Indigenous racism and systemic inequity built into Canada's health system.

Key programs include First Nations Treatment and Healing Centres, wrap-around care teams, Indigenous land-based healing services, Not Just Naloxone training, the development of a network of peer

[1] FNHA utilizes the term "drug poisoning" instead of "overdoses" to emphasize the contamination and inherent danger within the unregulated drug supply, acknowledging the risk to users who may unknowingly consume toxic substances. See Appendix 2

[2] See Appendix 1

[3] As of June 21, 2023, the BCCDC has updated the way it counts the number of paramedic-attended drug poisoning events per patient to reduce duplicate counting (ie. Counting multiple records of the same person as separate events). The total number of drug poisoning events is now reduced by approximately 3% between 2010 and February 2022. Updated numbers may be inconsistent with numbers in archived documents.

coordinators, hiring of community-facing harm reduction educators, dispensing opioid agonist therapy (OAT), and distributing naloxone.

Provision of OAT

Based on prescription drug claim data of FNHA clients, 2,652 First Nations people were dispensed OAT in August 2023. Of these:

- 55.8% were dispensed methadone, 22.0% were dispensed buprenorphine/naloxone (Suboxone), 19.8% were dispensed slow-release oral morphine (Kadian) and a small percent were dispensed buprenorphine extended-release (Sublocade)
- 2.1% were dispensed OAT through FNHA Health Benefits for the first time

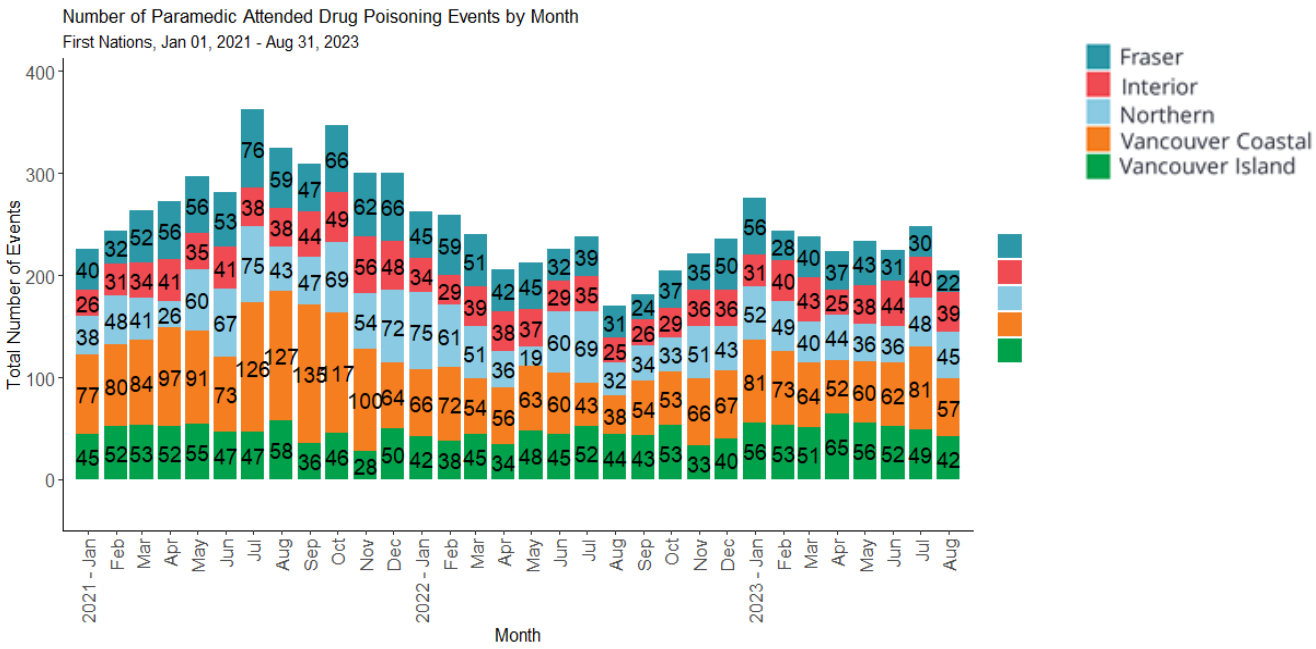
Naloxone Distribution

- Through FNHA's bulk ordering program, 395 nasal naloxone kits were distributed to First Nations and community organizations in August 2023 (each kit contains two doses).
- 1,552 injectable naloxone kits were ordered for First Nations sites or Friendship Centres (these kits contain three doses).

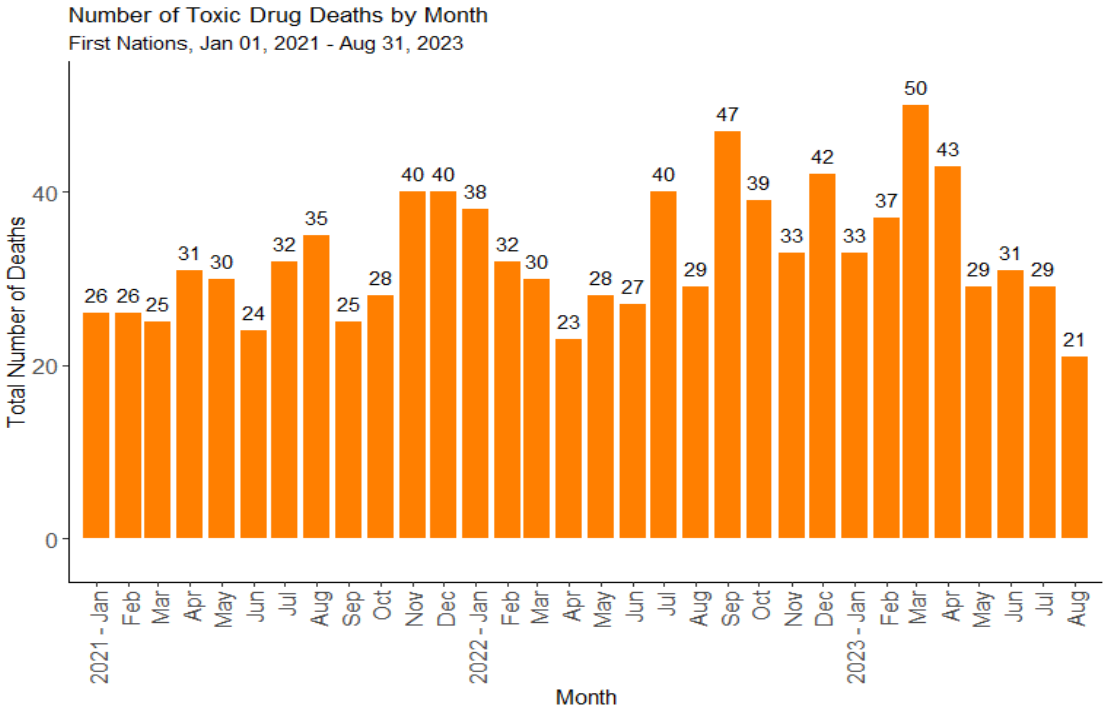
Toxic Drug Poisoning Events and Deaths Data (January 1, 2021 to August 31, 2023)

Paramedic-Attended Events by Month

Since COVID-19 was declared a pandemic, there have been increases in the number of both toxic drug events and deaths among First Nations people, although there has been a decline in drug poisoning events since the peak in July 2021.



Deaths by Month



Note: *Suppressed when the number of deaths is less than 10 or to avoid back-calculation of another number that is less than 10*

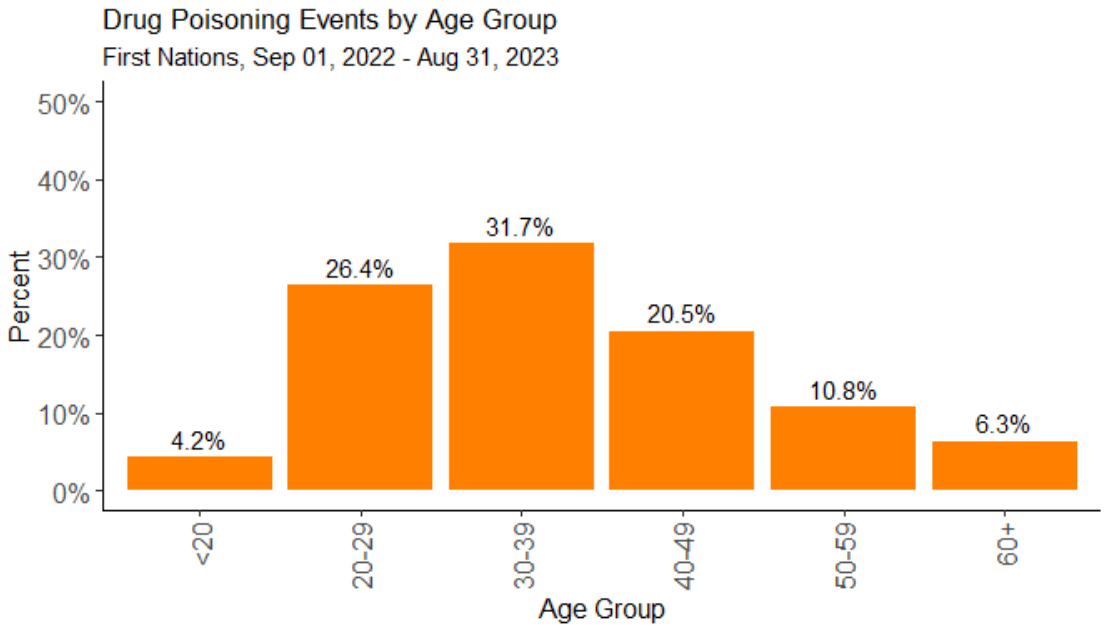
Events and Deaths by Region (January 1, 2021 – August 31, 2023)

	Fraser Salish	Interior	Northern	Vancouver Coastal	Vancouver Island	BC
Total Paramedic-Attended Drug Poisoning Events	1,442	1,174	1,554	2,393	1,510	8,073
Total Number of Deaths	153	165	205	338	182	1,043
Percentage of the Population that is First Nations[4]	1.5%	4.5%	14.8%	2.1%	4.5%	3.4%
Percentage of all Events that were First Nations[5]	10.9%	17.1%	53.7%	21.2%	22.1%	19.7%
Percentage of all Deaths that were First Nations*	7.8%	15.4%	44.4%	19.1%	17.1%	16.5%
Crude Drug Poisoning Event Rate (per 1,000)[6]	47.9	30.7	34.5	90.4	37.9	44.7
OAT Claimants (in August 2023)[7]	662	364	391	749	587	2,652

** The number of deaths by region and the proportion of all deaths that were First Nations are updated quarterly in order to protect privacy.*

[4] Based on 2018 estimates from First Nations Client File (FNCF) 2018 and BC Stats Population Estimates.
[5] Based on records with a complete Personal Health Number (PHN) only.
[6] Estimated rate for 2021-2023 based on 32 months of data; 2019 population estimates via 2018 FNCF.
[7] If a person was a claimant in two or more different regions in any given month they will count as a claimant for each region; hence, the sum of the regions is greater than the BC number presented in the table.

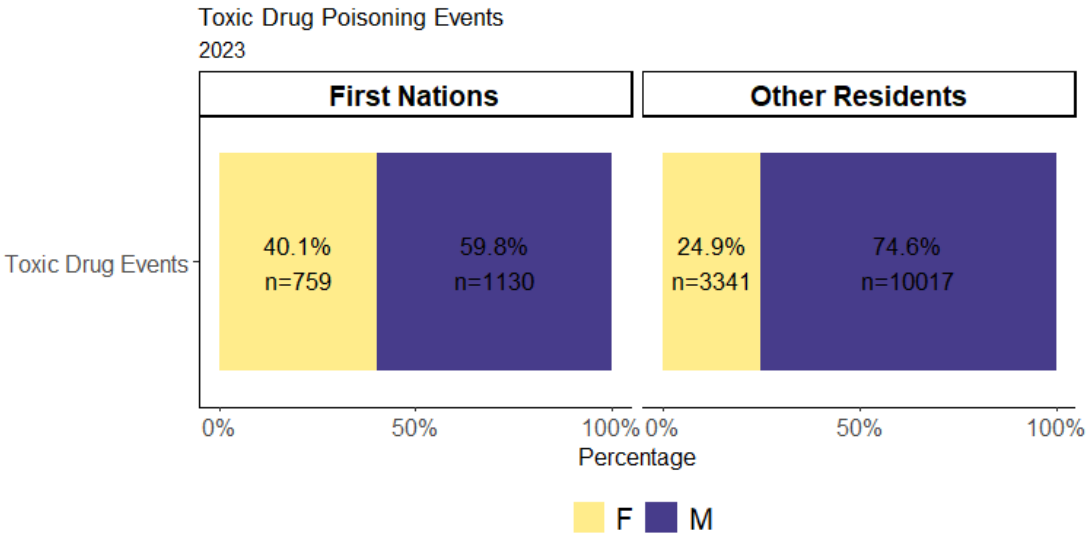
Paramedic-Attended Events by Age Group (1 year Rolling)



Between September 1, 2022 and August 31, 2023, the highest percentage of paramedic-attended drug-poisoning events occurred among the 30-39 year old age group, followed by the 20-29 year old age group.

Approximately 59.5% of all First Nations persons who had a paramedic attended drug-poisoning event in August 2023 were younger than 40 years of age.

Paramedic Attended Events by Sex



Note: *Data on toxic drug deaths by sex is updated quarterly in order to protect privacy.*

Between January 1, 2023 and August 31, 2023, women continued to represent higher proportions of First Nations toxic drug poisoning events compared to Other Residents.

- 40.1% of toxic drug poisoning events among First Nations involved women, this compares to 24.9% among other residents of BC.

For provincial-level data, please see:

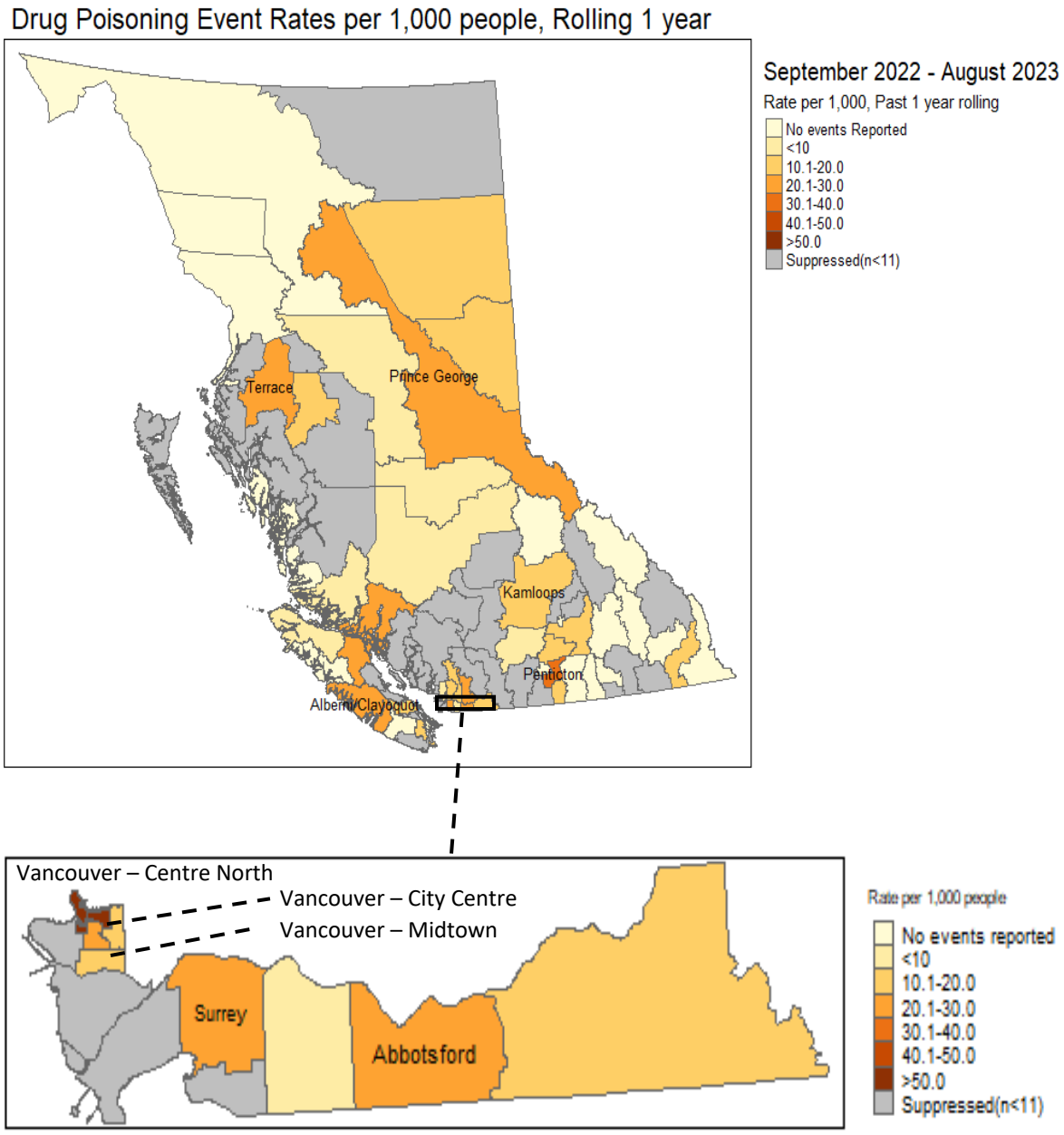
- Illicit Drug Toxicity Deaths in BC (BC Coroners Service)
- Overdose in BC during COVID-19 (BCCDC)
- Overdose Response Indicators (BCCDC)

Paramedic-Attended Events by Local Health Area

The local health areas with the highest drug poisoning event rates (indicated on the map below) in the most recent 12-month period (September, 2022 – August, 2023) were:

- Vancouver - Centre North (103.5 per 1,000),
- Vancouver - City Centre (59.3 per 1,000),
- Penticton (32.9 per 1,000),
- Alberni/Clayoquot (29.8 per 1,000),
- Vancouver - Midtown (27.3 per 1,000) and
- Abbotsford (26.3 per 1,000).

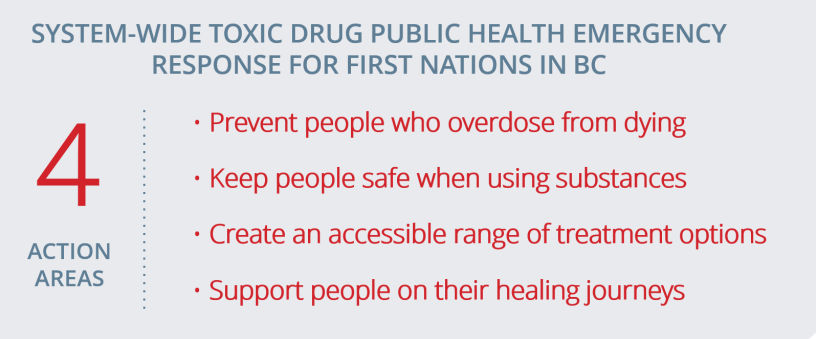
The local health areas with the highest drug poisoning counts (not displayed on map) were Vancouver - Centre North, Prince George, Alberni/Clayoquot, Kamloops, Terrace and Surrey.



Note: *LHAs with the highest* ***rates*** *or highest* ***number*** *of events have been labelled in the map above.*

FNHA's Response to the Toxic Drug Emergency

FNHA's Toxic Drug Emergency Response Framework for Action spells out an iterative approach to evolving our response to the crisis based on what we hear from community members, health directors, leaders, frontline staff, peers and others throughout the process of implementation.



The full Framework is available here: A Framework for Action: Responding to the Toxic Drug Crisis for First Nations.

FNHA Programs and Outcomes

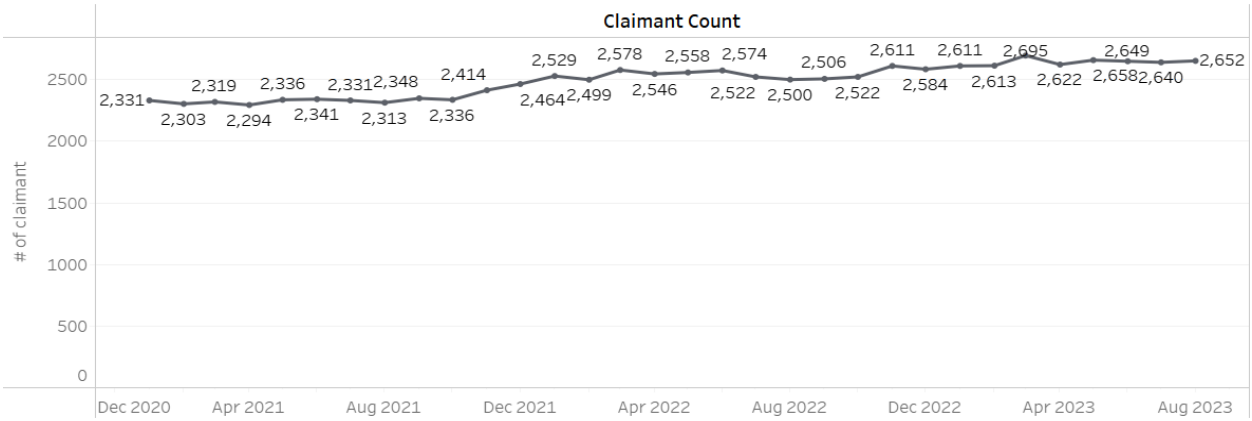
As the drug toxicity emergency has unfolded and worsened during the COVID-19 pandemic, the FNHA has implemented numerous ongoing and new programs and initiatives, including:

- Nine **First Nations treatment and healing centres** operate across BC and two new facilities are being planned – one in the Vancouver Coastal region and the other in the Fraser Salish region
- Funding a variety of programs and services that provide wrap-around support for individual and family wellness and access to care in all five regions
- **Indigenous land-based healing services** grounded in cultural knowledges are provided at 147 sites across BC
- Virtual and in-person **harm reduction education through Not Just Naloxone training** and community visits; from September 1, 2022 to September 30, 2023 22 training sessions were held and 514 health care workers, youth, Elders and community champions were trained
- Broadened access to **nasal spray naloxone** through bulk supply ordering by First Nations communities and organizations across BC (see table below)
- **Unlocking the Gates** supports people who are leaving prison and are at a dramatically higher risk of overdose from toxic drugs
- Expanding the regional overdose response capacity with human resources; communities can access support from **addiction specialists and harm reduction educators**
- Increasing access to **OAT**:
    - directly through nurse prescribing; and
- by supporting 31 rural and remote First Nations communities to improve access to OAT for their members compared to 28 rural and remote First Nations in July 2022, and 9 in May 2022.
- The FNHA is partnering to establish **First-Nations-focused overdose prevention sites (OPS) and mobile harm reduction services**

  - in the Fraser Salish region, the FNHA partnering with Cheam First Nation and Fraser Health has implemented a first of its kind **OPS** in the Cheam First Nation community and it opened on International Overdose Awareness Day
  - FNHA has funded Nuu-Chah-Nulth Tribal Council (NTC) for a harm reduction mobile van to provide outreach with expanded service hours; services will include drug testing; accessing harm reduction supplies; assisting with detox/treatment application; and cultural support uplifted with additional elders and peers
- The FNHA supports the Western Aboriginal Harm Reduction Society (WAHRS) to run an **episodic OPS** in the Downtown Eastside and is working on identifying other sites in BC for these projects, to be known as Raven's Eye Sage Sites
- The FNHA also supports the **POUNDS project** to run an OPS in Prince George in the Northern region.
- The FNHA is supporting First Nations communities with their response to the **decriminalization of people who possess small amounts of unregulated substances**, and working with provincial partners to monitor and evaluate BC's approach to decriminalization
- The FNHA will also engage with communities to assess the need and preferences for **pharmaceutical alternative to toxic street drugs** by First Nations people who are at risk of overdose
- The FNHA created the pathway for requests to access FNHA-purchased **private treatment centre beds to address unmet needs**. The requests for these beds go through an existing subsidy portal for treatment access.

Access to OAT

Number of FNHA Clients Dispensed OAT (Jan 2021 – August 2023)

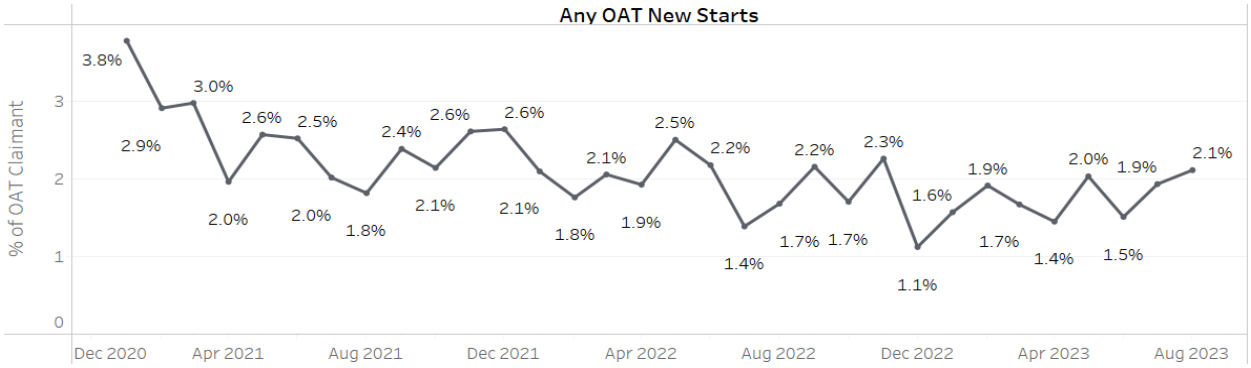


OAT is one of the recommended pharmacotherapy options to reduce opioid-use related harms and to support long-term recovery for persons with opioid use disorder. The medications include but are not limited to methadone, buprenorphine/naloxone (Suboxone), slow-release oral morphine (Kadian) and buprenorphine extended-release (Sublocade).

With the expansion of OAT initiatives throughout the province, the total number of FNHA clients who were dispensed any type of OAT covered by the FNHA pharmacy benefit plan has slightly increased to 2,652 persons in August 2023, compared to the previous month.

Methadone was the most commonly prescribed type of OAT among FNHA clients dispensed OAT in August 2023. 55.8% of FNHA clients dispensed any type of OAT under the FNHA health benefit plan in August 2023 were prescribed methadone, while 22.0% of were prescribed buprenorphine/naloxone (Suboxone), the recommended first-line therapy. 19.8% were dispensed slow-release oral morphine (Kadian), while a small percent were prescribed the injectable buprenorphine-extended release (Sublocade) intended for moderate to severe opioid-use disorder management. Note that some clients might be dispensed more than one type of OAT in a given month.

Percentage of FNHA Clients Dispensed OAT for the First Time through the FNHA Health Benefits Plan by Month



Of all 2,652 FNHA clients dispensed OAT in August 2023, 2.1% were dispensed OAT through the FNHA health benefits plan for the first time.

Naloxone Distribution

Naloxone is an opioid antagonist that is used in an emergency response situation to temporarily reverse the effects of life-threatening opioid overdose. It is available in injectable or nasal spray form and often is bundled with other supplies (such as gloves or a breathing mask) in a carrying case or kit. The nasal spray is provided by the FNHA through two routes: by way of community pharmacies to First Nations individuals and through bulk supply to communities and First Nations service organizations:

- Through FNHA's bulk ordering program, 792 nasal naloxone kits were distributed to s and community organizations in August 2023 (each kit contains two doses). FNHA Nasal Naloxone fact sheet
- Additionally, 1,552 injectable naloxone kits were ordered by 175 First Nations sites or Friendship Centres in August 2023. Injectable naloxone is available for free in the province to anyone at risk of an overdose or likely to witness one. For information on how to access and use an injectable naloxone kit, see Toward the Heart

Harm Reduction on FNHA.ca

For information about substance use, to get informed, and to support others, visit Mental Health and Substance Use on FNHA.ca, which includes:

- **Get Help**: Harm Reduction Hub and Addictions Medicine Support Line; harm reduction services, including OPS/harm reduction sites/LifeGuard app/drug checking, naloxone (nasal and injectable naloxone), workshops including Not Just Naloxone, Decolonizing Substance Use, and Tackling Stigma, land-based healing programs, OAT, and drug testing

- **Get Informed**: personal stories about overdose and harm reduction; FNHA harm reduction campaign; learning resources; news; FNHA's Framework for Action; FNHA toxic drug annual data releases; and Indigenous treatment centres
- **Support others**: FNHA Toxic Drug Emergency Community Support Guide; Indigenous harm reduction; Take-Home Naloxone for the FNHA nasal naloxone programs; FNHA Indigenous Wellness Program; and learning resources for helping people who use substances

Latest News

- FNHA Northern Region Funds Worker to Support Opioids Outreach in Vancouver. November 7
- FNHA Statement on the BC Coroners Service Death Review Panel Report. November 2
- Two FNHA Recovery Wellness Champions Share Their Stories. September 1
- FNHA Statement on Reporting of First Nations Data About the Toxic Drug Emergency. September 1
- Eliminating Stigma Around Substance Use Will Help Save Lives. August 31
- New Harm Reduction Campaign supports 'Connecting to Culture' for International Overdose Awareness Day. August 24
- Treatment Centre Client and Family Surveys. July 19
- First Nations Health & Wellness Summit: Sharing Wise, Community-Driven Practices for Wholistic Wellness. May 18

Appendix: Data Sources and Definitions

Appendix 1: BC Coroners Drug Toxicity Data

As defined by the BC Coroners Service (BCCS), "illicit drug overdoses include those involving street drugs (controlled and illegal: heroin, cocaine, MDMA, methamphetamine etc.), medications that were not prescribed to the deceased, combinations of the above with prescribed medications and those overdoses where the origin of the drug is not known. Both open and closed cases are included." (BCCS, 2018).

BCCS operates in a live database and includes both open and closed cases. Thus, data are subject to change as investigations are completed and data is refreshed. Small changes in numbers of deaths are expected with every refresh.

First Nations–specific information is identified via linkage to the FNCF, a cohort of all individuals registered with Indigenous Services Canada (ISC) as of 2018 and living in BC, as well as their eligible descendants. Only persons identified as status First Nations are captured via linkage. First Nations people without status, Métis and Inuit persons are not captured in the above data.

Appendix 2: BC Emergency Health Services (BCEHS) Paramedic-Attended Drug Poisonings

Identification of drug-poisoning records is based on paramedic impression codes as well as 911 dispatch codes or where naloxone was administered by a paramedic. Alcohol and prescription drug related overdoses are excluded.

The majority of drug poisoning events identified by BCEHS data are nonfatal; however, it is possible that some deaths are also captured (BCCDC, 2021). Paramedic-attended toxic drug events include all events where 911 was called and BCEHS paramedics responded. Drug poisonings reversed in community where paramedics were not called are not captured.

Linkages to the FNCF requires a PHN. When a PHN is unavailable, FNHA is unable to identify whether the record was of a First Nations persons or not. In 2021, approximately 25 per cent of events did not have a PHN; in 2020 and 2019, approximately 24 and 18 per cent of events respectively did not have a PHN and were thus not linkable to the FNCF. Consequently, paramedic-attended drug poisonings are likely underestimated for First Nations people.

As of June 21, 2023, the BCCDC has updated the way it counts the number of paramedic-attended drug poisoning events per patient to reduce duplicate counting (i.e. Counting multiple records of the same person as separate events). As a result of this change, the number of drug poisoning events is now reduced by approximately 3% between 2010 and February 2022. Updated numbers may be inconsistent with numbers in archived documents. Additionally, there is likely a greater underestimation for 2020 and 2021 compared to previous years due to higher numbers of events in which a PHN was not available in these years. BCEHS is able to recover some of the missing PHNs; however, this process takes time. The Ministry of Health is able to run an additional algorithm to recover PHNs for some of the records. This absence of data is expected to decline with time.

First Nations data includes only persons with status and their descendants. First Nations persons without status are not included.

Appendix 3: FNHA Health Benefits OAT Data

OAT data comes from line-level claims data for pharmacy dispensations through the First Nations Health Benefits program. There are three sources of this data: the federal Non Insured Health Benefits (NIHB) program (up to Sep 15 2019), BC PharmaCare Plan W (since Sep 2017), and Pacific Blue Cross Parallel Plan W (since Sep 2019). As of August 2021, the majority (97.4%) of FNHA clients have been enrolled in Plan W. All measures in this report are broken down by provider region, except for unique prescriber counts which are broken down by assumed prescriber region.