

FIRST NATIONS AND THE TOXIC DRUG POISONING CRISIS IN BC

JANUARY - JUNE 2022

SUSTAINED HIGH RATES OF TOXIC DRUG DEATHS ARE AFFECTING FIRST NATIONS FAMILIES AND COMMUNITIES ACROSS BC EVERY DAY.



TOXIC DRUG POISONING DEATHS

NUMBER OF PEOPLE WHO DIED OF TOXIC DRUG POISONING

7.7% 

increase in toxic drug deaths compared to the same period in 2021. Note that 2021 saw the highest number of deaths on record and this 7.7% increase is in addition to that.

2022 (JAN-JUN)



168

 EQUALS 10 DEATHS

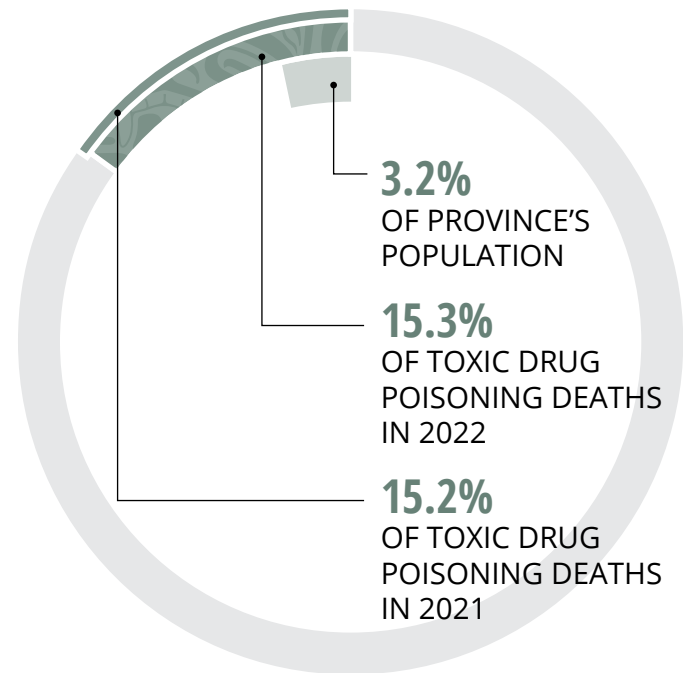
2021 (JAN-JUN)



156

 EQUALS 10 DEATHS

FIRST NATIONS PEOPLE ARE DISPROPORTIONATELY REPRESENTED IN TOXIC DRUG POISONING DEATHS



RATE OF TOXIC DRUG POISONING DEATH

5.3 x

First Nations people died at 5.3 times the rate of other BC residents in 2022 (Jan-June). This number was 5.4 for the same time period in 2021.

8.8 x

First Nations women died at 8.8 times the rate of other female BC residents in 2022

4.4 x

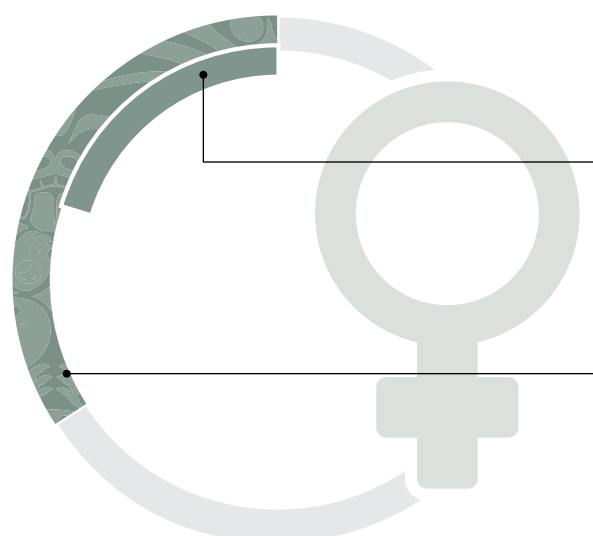
First Nations men died at 4.4 times the rate of other male BC residents in 2022

2022 (Jan-Jun) DEATHS OF FIRST NATIONS PEOPLE BY GENDER



Indigenous people who are not recognized as having First Nations status under the Indian Act are not represented in our toxic drug data. Additionally, two-spirit, transgender, non-binary, intersex, and gender diverse people may be identified by the biological sex assigned at birth, and therefore misidentified in the toxic drug data. The FNHA is committed to working with provincial partners towards meaningful, systemic change that will make more inclusive data collection possible.

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



20.2% OF OTHER BC RESIDENTS WHO DIED IN 2022 WERE WOMEN

33.9% OF FIRST NATIONS PEOPLE WHO DIED IN 2022 WERE WOMEN

ACTIONS TAKEN BY THE FNHA TO PREVENT DRUG POISONING DEATHS

JANUARY - JUNE 2022

PREVENT PEOPLE FROM DYING



- **Distribution of naloxone (nasal spray and injectable):** From Jan-Jun 2022, the FNHA dispensed:
 - 1,334 doses of nasal naloxone spray to individuals through community pharmacies, and
 - 4,165 nasal naloxone kits (each kit contains two doses) to 70 First Nations communities and organizations through bulk ordering.
 - The FNHA also collaborated with health system partners in their distribution of 3,750 injectable naloxone kits (each kit contains three doses) to 163 First Nations take-home naloxone sites.
- **Harm reduction-related grants:** The FNHA provided 87 harm reduction project grants of up to \$50,000 each to First Nations and Indigenous organizations and 11 “kickstarter” grants of \$1,200 - \$2,500 to harm reduction champions.

KEEP PEOPLE SAFE WHEN USING



- **Not Just Naloxone training:** 128 people completed virtual training sessions between January and June 2022; in these one- and two-day virtual workshops, participants learn how to use naloxone within a wholistic context that also explores the root causes of addiction, racism and prohibition in Canada, decolonizing substance use, and community and individual resilience.
- **Harm reduction community visits:** From January to June 2022, 148 people participated in in-person community engagement and education sessions, that focused primarily on naloxone training and also included various other types of harm reduction education.
- **Regional staff:** Expanded toxic drug response capacity with 10 Harm Reduction Educators and 10 Peer Coordinators who are deployed across all five regions in urban hotspots, based on health surveillance data, and five Child and Youth Care Community Coordinators who work to build youth connections and networks in First Nations communities.
- **First Nations Harm Reduction Policy:** The FNHA has worked to implement the five key action areas of the Policy, including provision of First Nations harm reduction services, expansion of substitution therapies, support for safer supply of illicit drugs, and bringing First Nations concerns to BC’s proposed decriminalization of people who use illicit drugs.

CREATE AN ACCESSIBLE RANGE OF TREATMENT OPTIONS



- **Opioid agonist therapy (OAT):** From January to June 2022, FNHA supported 30 rural and remote First Nations communities to improve access to treatment options for opioid use disorder, including OAT; registered nurse prescribing has been approved at five First Nations sites, with planning underway at seven other locations; and 26 nurses are enrolled in prescribing education (nine have completed training and preceptorship).
- **First Nations Virtual Substance Use and Psychiatry Service:** Psychiatrists and addictions specialists held 974 virtual sessions and care coordinators had 476 encounters with First Nations people and their family members to support access to culturally safe care planning, treatment and healing.
- **Indigenous and land-based healing:** Ongoing collaboration with partners and Indigenous service agencies to support and increase access to Indigenous treatment and land-based healing services that are grounded in cultural teachings.
- **First Nations treatment and healing centres:** Ongoing activities to revitalize six existing treatment centers across the province and construct two new healing centres in the Vancouver Coastal and Fraser Salish regions.
- **OAT clinic fees:** 259 people received subsidies to access OAT at medical clinics.

SUPPORT PEOPLE ON THEIR HEALING JOURNEYS



- **Courageous Conversations series, Indigenous Women’s Megaphone Speakers Bureau, and educational harm reduction webinars:** Hosted 11 webinars in which 712 people participated in difficult conversations about substance use and harm reduction
- **Indigenous Harm Reduction Community Council:** Convened and consulted a province-wide network of Indigenous people working on Indigenous approaches to harm reduction and sharing knowledge across all regions; developing a web portal to support this collaboration.
- **Unlocking the Gates:** Supported 140 people during their release from incarceration to address the link between transitioning out of correctional facilities and subsequent toxic drug poisoning events and deaths.
- **Promoting culturally safe services:** Nurtured partnerships with Indigenous service providers and health system partners to address cultural safety and systemic anti-Indigenous racism in health services provided to Indigenous people.