



Impact of the Opioid Crisis on Indigenous People in BC

November 2020

Background

In April 2016, then Public Health Officer (PHO) Dr. Perry Kendall declared the opioid crisis a public health emergency under the Provincial Health Act. People were dying at alarming rates that surpassed those seen in a 1998 public health emergency declaration in response to increasing HIV infections and illicit substance fatalities.ⁱ Moreover, opioids were detected in roughly 5% of overdose deaths in 2012 and that number jumped to 60% of overdose deaths in 2016.ⁱⁱ Indigenous populations in BC (First Nations, Inuit and Métis) are disproportionately affected by the opioid crisis. There are numerous factors that have led to this inequality such as systemic racism, intergenerational trauma and the culturally inappropriate treatment options.

With the exception of 2019, the number of Indigenous people who have died due to overdose has increased steadily since 2016.ⁱⁱⁱ While Indigenous people make up approximately 3.3% of the total BC population, they comprise 16% of substance overdose deaths between January and May 2020.^{iv} This is 93% increase in overdose deaths compared to the same time period in 2019.^v This data compiled from the BC Coroners Service, Drug and Poison Information Centre and BC Health Services/Ambulance Service, remains a snapshot of the devastating effects that the opioid crisis has on Indigenous people in the province.^{vi}

A [2019 research study](#) published in the Harm Reduction Journal employed the use of talking circles to learn more about health care focused on the needs of Indigenous people, and specifically discussions focused on barriers to culturally appropriate care. The talking circles identified primary themes including barriers to accessing effective detox and substance use treatment, culturally inappropriate policies and structures, such as faith-based recovery plans, and the importance of providing Indigenous peoples with a peer-led treatment program.^{vii} Many participants noted that they had personally sought treatment before, but were dissuaded from continuing due to excessively long wait times, and because the treatment programs were grounded in a faith they did not share.

Additionally, the [2003 Cedar Project](#) interviewed Indigenous people aged 14 to 30 to explore why they use substances. During the period of this study, 40 of the 610 participants died from factors relating to illicit substance use.^{viii} The study determined that many Indigenous people today use substances as a coping mechanism when dealing with intergenerational trauma and racism, as well as grief and stress that has been passed down since colonial times.^{ix} These findings paired with that of the 2019 study, demonstrate that Indigenous people do not have sufficient or timely enough access to mental health and substance use supports and that the impact of this lack of access is deadly.

Indigenous overdose events have been exacerbated during the COVID-19 pandemic. Unfortunately, some of the COVID-19 protocols have had unintended negative side effects on the opioid crisis. People who use substances are typically encouraged to do so in the company of another person in order to mitigate the risk of dying alone. However, many Indigenous people who use substances are doing so alone in order to comply with social distancing required during the pandemic. This prevents people from accessing lifesaving supports.^x This does not mean that these protocols should not be followed, but outlines some of the complexities that are as a result of dual health emergencies. Dr Bonnie Henry's provincial health order signed in September 2020 further details how the pandemic has inadvertently increased toxicity of illicit substances and has unfortunately created barriers to accessing appropriate social services and treatments.^{xi}

The First Nations Health Authority (FNHA) has outlined a [four-pillar approach](#) on how to support Indigenous people through the opioid crisis. These four pillars include preventing overdose events from becoming overdose deaths, keeping people safe when they use substances, creating more accessible treatment methods, and providing adequate support to those who are currently on their healing journeys.^{xii} Harm reduction takes many forms and is integral to preventing overdose events from becoming overdose deaths. One example of harm reduction that can be readily accessed in BC is naloxone treatment. Since 2018, naloxone nasal spray has been listed as an open benefit to Indigenous people in BC through the Department of Indigenous Services Canada's Non-Insured Health Benefits Program (NIHB).^{xiii}



Without a doubt more work needs to be done to address racism and stigma towards Indigenous people in health care. While there are Indigenous-focused health care centres around BC, more must be done to provide culturally appropriate and safe care for Indigenous people in all health care locations. The recent death of an Atikamekw woman in a hospital in Quebec is one of many examples of how racism is still prevalent in the health care system.^{xiv} This young woman, Joyce Echaquan, was mistrustful of the health care system and routinely recorded her interactions with health care providers and streamed them live as a way of documenting her treatment. In June 2020, Health Minister Adrian Dix appointed Mary Ellen Turpel-Lafond to conduct an [independent investigation](#) into discrimination against Indigenous people in the BC health care system. This investigation will detail specific forms of systemic racism in BC health care, and will outline steps to rectifying this issue moving forward.^{xv} These results combined with increased funding to provide more culturally safe treatment centres and programs for Indigenous people, as well as more harm reduction projects are critical next steps in ensuring that the disparity of overdose deaths amongst Indigenous people is rectified.

Nurses play an important role in remedying this situation. The [Truth and Reconciliation Commission of Canada](#) has provided a [list of action items](#) which nurses and health care workers can use to become more aware of this important subject. Nurses can advocate for health care change and funding for culturally and spiritually appropriate Indigenous treatments, programs for substance use treatment, and can promote naloxone treatment as well as teach the community about its efficacy. Additionally, nurses can further educate themselves about systemic racism by taking courses on Indigenous health issues, the history of racism in Canada, and treaties and Indigenous rights.^{xvi} Together, nurses in BC and across Canada can address racism in health care and work to reduce the disproportionate impact that the opioid crisis has on Indigenous people.

Key Messages

- Many Indigenous people in BC use substances as a coping mechanism when dealing with intergenerational trauma and the impacts of systemic racism.
- The number of Indigenous people who have died from overdose has continued to increase since the opioid crisis was declared a public health emergency in 2016.
- Indigenous people (First Nations, Inuit and Métis), are disproportionately impacted by the opioid crisis.
- Indigenous people require culturally appropriate substance use treatment programs.
- Indigenous people often do not receive adequate treatment for substance use or other medical needs because of ongoing discrimination in the health care system.
- Nurses must continue to educate themselves on the history of systemic racism in health care via resources outlined by the Truth and Reconciliation Commission of Canada.

Further Reading and Resources

- [Overdose Data and First Nations in BC: Preliminary Findings](#)
- [First Nations Health Authority: Overdose Prevention & Harm Reduction](#)
- [BC Centre for Disease Control: Public health emergency in BC](#)
- [COVID-19 Pandemic Sparks Surge in Overdose Deaths this Year](#)
- [Addressing Racism: An independent investigation into Indigenous-specific discrimination in B.C. health care](#)
- [Need for equity in treatment of substance use among Indigenous people in Canada](#)
- [The Cedar Project: mortality among young Indigenous people who use drugs in British Columbia](#)
- [CNA: Addressing Racism and Discrimination to Improve Health Equity for Aboriginal Peoples](#)



- [Canadian Nurse: Combatting racism together](#)
- [Order of the PHO: RN and RPN Public Health Pharmacotherapy](#)
- [Health Council of Canada: Empathy, dignity and respect – Creating cultural safety for Aboriginal people in urban health care](#)

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ⁱ BC Centre for Disease Control, January, 2017. *Public health emergency in BC.* <http://www.bccdc.ca/about/news-stories/stories/public-health-emergency-in-bc>

ⁱⁱ Ibid

ⁱⁱⁱ FNHA, July 2020. <https://www.fnha.ca/about/news-and-events/news/covid-19-pandemic-sparks-surge-in-overdose-deaths-this-year>.

^{iv} FNHA, July 2020. <https://www.fnha.ca/about/news-and-events/news/covid-19-pandemic-sparks-surge-in-overdose-deaths-this-year>.

^v Ibid

^{vi} FNHA, 2017. *Overdose data and First Nations in BC: Preliminary Findings.*

https://www.fnha.ca/AboutSite/NewsAndEventsSite/NewsSite/Documents/FNHA_OverdoseDataAndFirstNationsInBC_PreliminaryFindings_FinalWeb_July2017.pdf

^{vii} Lavalley, J., Kastor, S., Tourangeau, M. *et al.* *You just have to have other models, our DNA is different: the experiences of indigenous people who use illicit drugs and/or alcohol accessing substance use treatment.* *Harm Reduct J* **17**, 19 (2020).

<https://doi.org/10.1186/s12954-020-00366-3>

^{viii} CMAJ, 2017. *The Cedar Project.* <https://www.cmaj.ca/content/cmaj/189/44/E1352.full.pdf>

^{ix} FNHA, 2017. *Overdose data and First Nations in BC: Preliminary Findings.*

https://www.fnha.ca/AboutSite/NewsAndEventsSite/NewsSite/Documents/FNHA_OverdoseDataAndFirstNationsInBC_PreliminaryFindings_FinalWeb_July2017.pdf

^x Ibid

^{xi} Order of the PHO, 2020. *RN and RPN Public Health Pharmacotherapy.* <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-pho-order-rn-pharmacotherapy.pdf>

^{xii} FNHA, 2017. *Overdose data and First Nations in BC: Preliminary Findings.*

https://www.fnha.ca/AboutSite/NewsAndEventsSite/NewsSite/Documents/FNHA_OverdoseDataAndFirstNationsInBC_PreliminaryFindings_FinalWeb_July2017.pdf

^{xiii} Government of Canada. *Naloxone Nasal Spray now available.* <https://www.canada.ca/en/indigenous-services-canada/news/2018/04/naloxone-nasal-spray-now-available-to-first-nations-and-inuit-through-non-insured-health-benefits-program.html>

^{xiv} CBC News, September 2020. *Investigations launched after Atikamekw woman records Quebec hospital staff uttering slurs before her death.* <https://www.cbc.ca/news/canada/montreal/quebec-atikamekw-joliette-1.5743449>

^{xv} Government of British Columbia, July 2020. *Turpel-Lafond Launches Independent Investigation.*

<https://engage.gov.bc.ca/addressingracism/turpel-lafond-launches-independent-investigation-into-indigenous-specific-racism-in-b-c-health-care/>

^{xvi} Truth and Reconciliation Commission of Canada: Calls to Action, 2015. http://nctr.ca/assets/reports/Calls_to_Action_English2.pdf