First Nations Health Authority
Health through wellness

Toxic Drug Poisoning Events and Deaths and FNHA's Response

Community Situation Report: January 1, 2020 to September 3o, 2021

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Introduction

Each month, the First Nations Health Authority (the FNHA) reports on the number of toxic drug poisoning events and deaths that have taken place in 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, 2020 to September 30, 2021.

For previous reports, see Harm Reduction on FNHA.ca.

Summary Update (September 2021)

First Nations Toxic Drug Poisoning Events and Deaths

In September, 2021 there were a total of 281 paramedic-attended drug poisoning events reported among First Nations people.This represents a -8.5 % decrease from the previous month and a 18.6 % increase from September of last year.

First Nations people represented 18 % of all toxic drug poisoning events this month.

Women represented 37.9 % of all First Nations toxic drug poisoning events; among other residents, 22.6 % of all drug poisoning events were women.

In September we lost an additional 22 First Nations people due to toxic drug poisoning.First Nations people represented 14 % of all deaths this month. Since 2016, the year in which a public health emergency was declared we have lost a total of 1071 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, Intensive Case Management (ICM) Teams, Indigenous land-based healing services, "Not Just Naloxone" training, the development of a network of peer coordinators, hiring of harm reduction educators, dispensing opioid agonist therapy (OAT) and distributing naloxone.

Provision of Opioid Agonist Therapy (OAT)

Based on prescription drug claim data of FNHA clients, 2,347 First Nations people were dispensed OAT in September 2021. Of these:

- approximately 63 per cent were dispensed methadone, 23 per cent were dispensed buprenorphine/naloxone (Suboxone), 16 per cent were dispensed slow-release oral morphine (Kadian) and a small per cent were dispensed buprenorphine extended-release (Sublocade)
- 2.3 per cent were dispensed OAT through FNHA Health Benefits for the first time

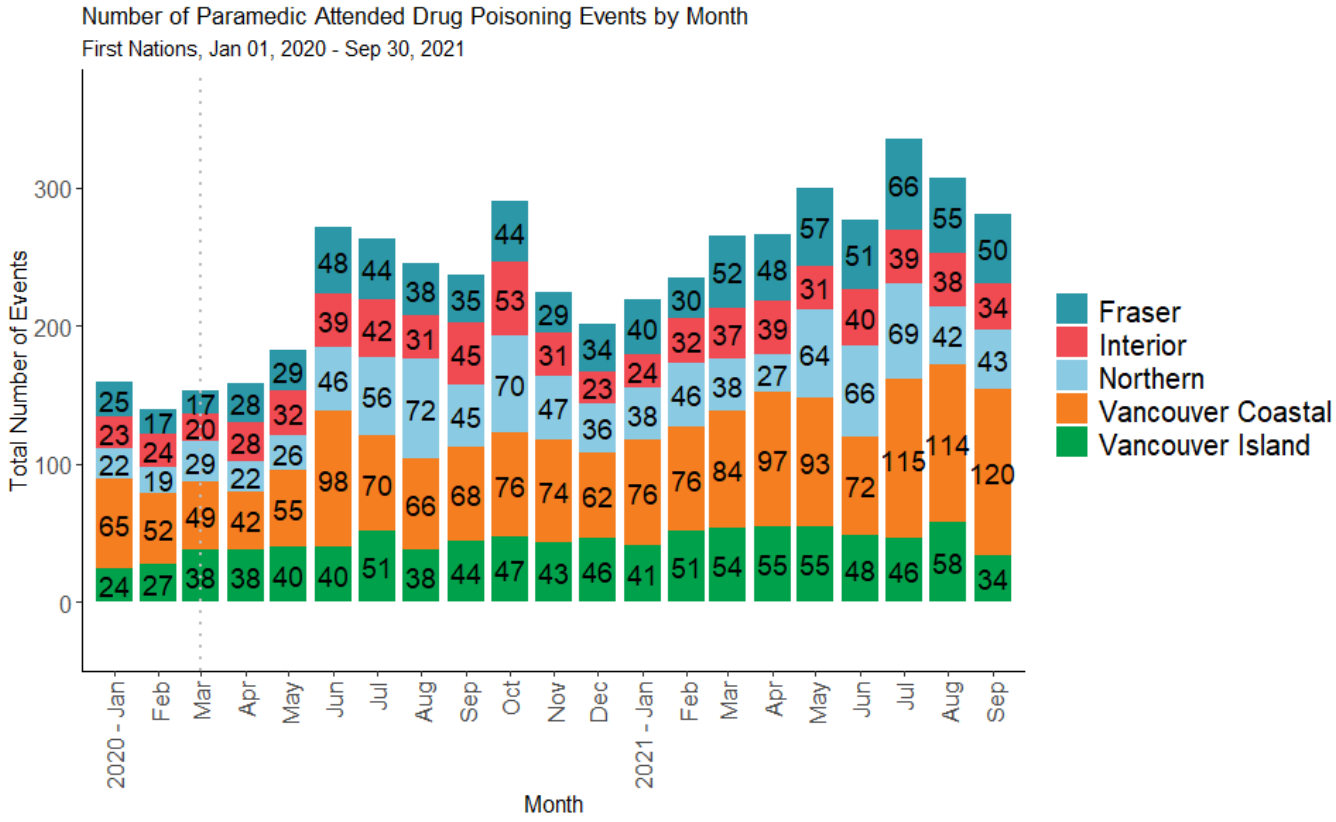
Naloxone Distribution

- 6,328 doses of nasal naloxone sprays were distributed to FNHA clients and community organizations
- 530 injectable naloxone kits were ordered for First Nations sites or Friendship Centres

Toxic Drug Poisoning Events and Deaths Data (January 1, 2020 to September 30, 2021)

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.



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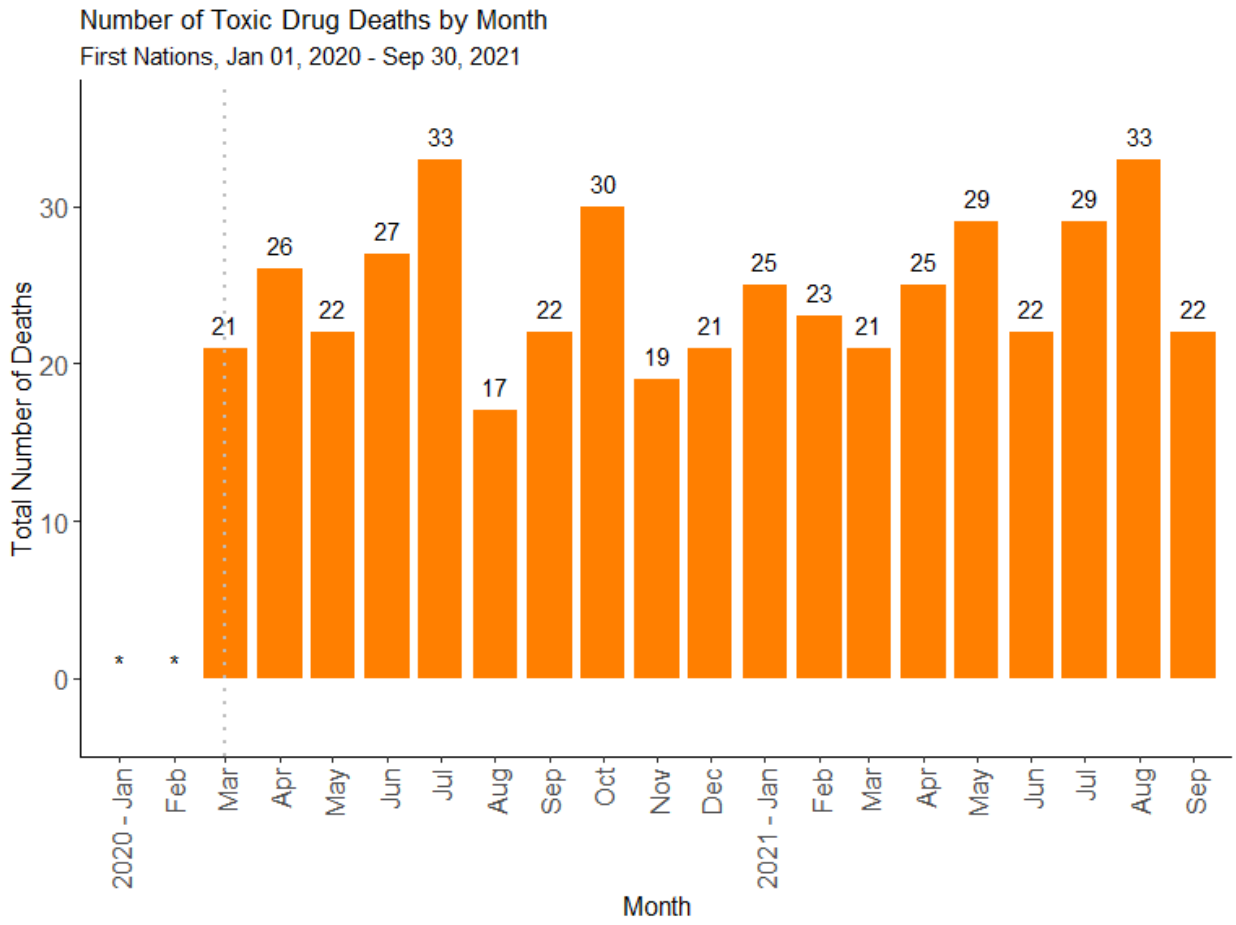
Deaths by Month



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

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Events and Deaths by Region

	Fraser Salish	Interior	Northern	Vancouver Coastal	Vancouver Island	BC
Total Paramedic-Attended Drug Poisoning Events	449	314	433	847	442	2,485
Total Number of Deaths	43	35	40	74	37	229
Percentage of the Population that is First Nations[1]	1.4	4.1	14.8	2.1	4.2	3.3
Percentage of all Events that were First Nations[2]	9.7	14.9	54.1	20.3	20.9	18.0
Percentage of all Deaths that were First Nations	**	**	**	**	**	14.5
Crude Drug Poisoning Event Rate (per 1,000)[3]	22.8	12.5	13.9	46.7	16.5	20.4
OAT Claimants (as of Sep 2021)[4]	613	323	306	694	503	2,347

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

[1] Based on 2018 estimates from First Nations Client File (FNCF) 2018 and BC Stats Population Estimates.
[2] Based on records with a complete Personal Health Number (PHN) only.
[3] Estimated rate for 2021 based on 9 months of data; 2019 population estimates via 2018 First Nations Client File (FNCF).
[4] 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.

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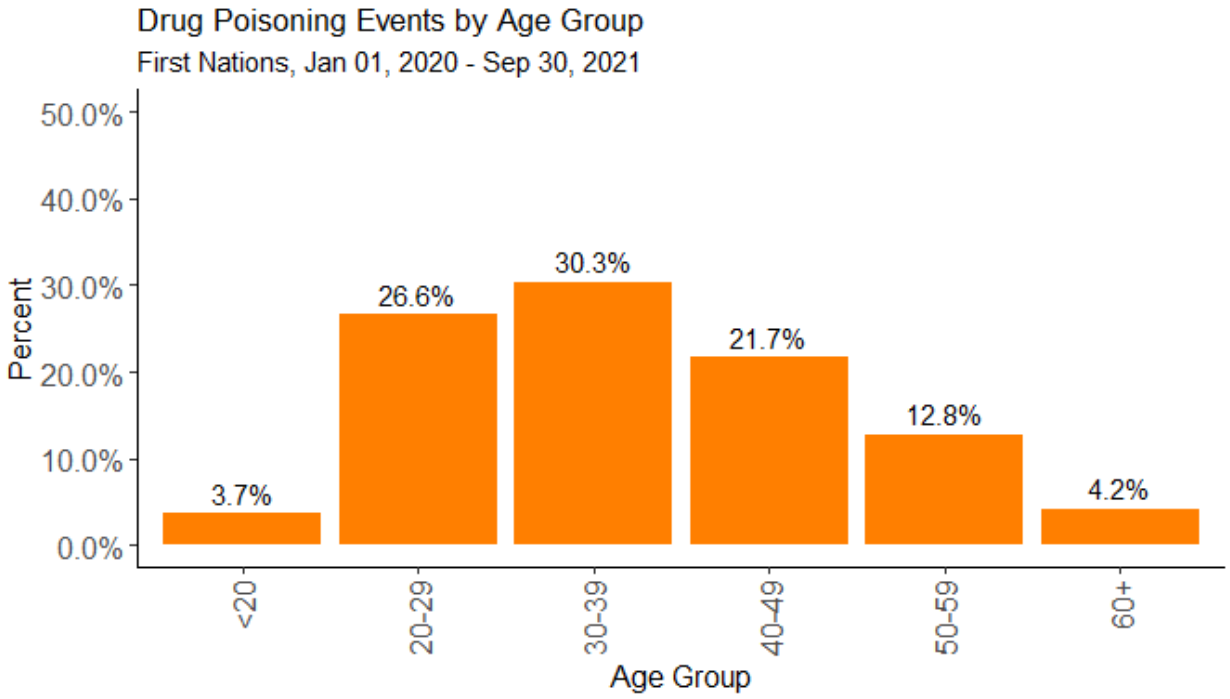
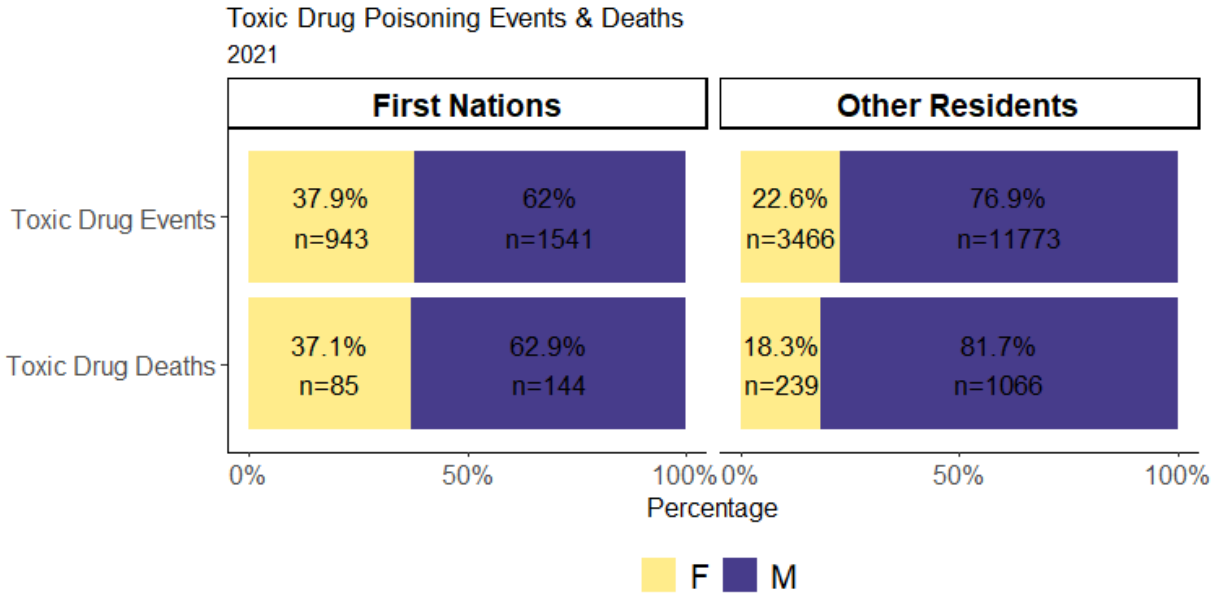
Paramedic-Attended Events by Age Group



More than 60% of all First Nations persons who had a paramedic attended drug poisoning event in the first 9 months of 2021 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.*

Women continue to represent higher proportions of First Nations toxic drug poisoning events and deaths compared to Other Residents.

- 37.9 % of toxic drug poisoning events among First Nations involved women, this compares to 22.6% among other residents of BC.
- 37.1% of toxic drug poisoning deaths among First Nations involved women, this compares to 18.3% among other residents of BC.

For provincial-level data, please see:

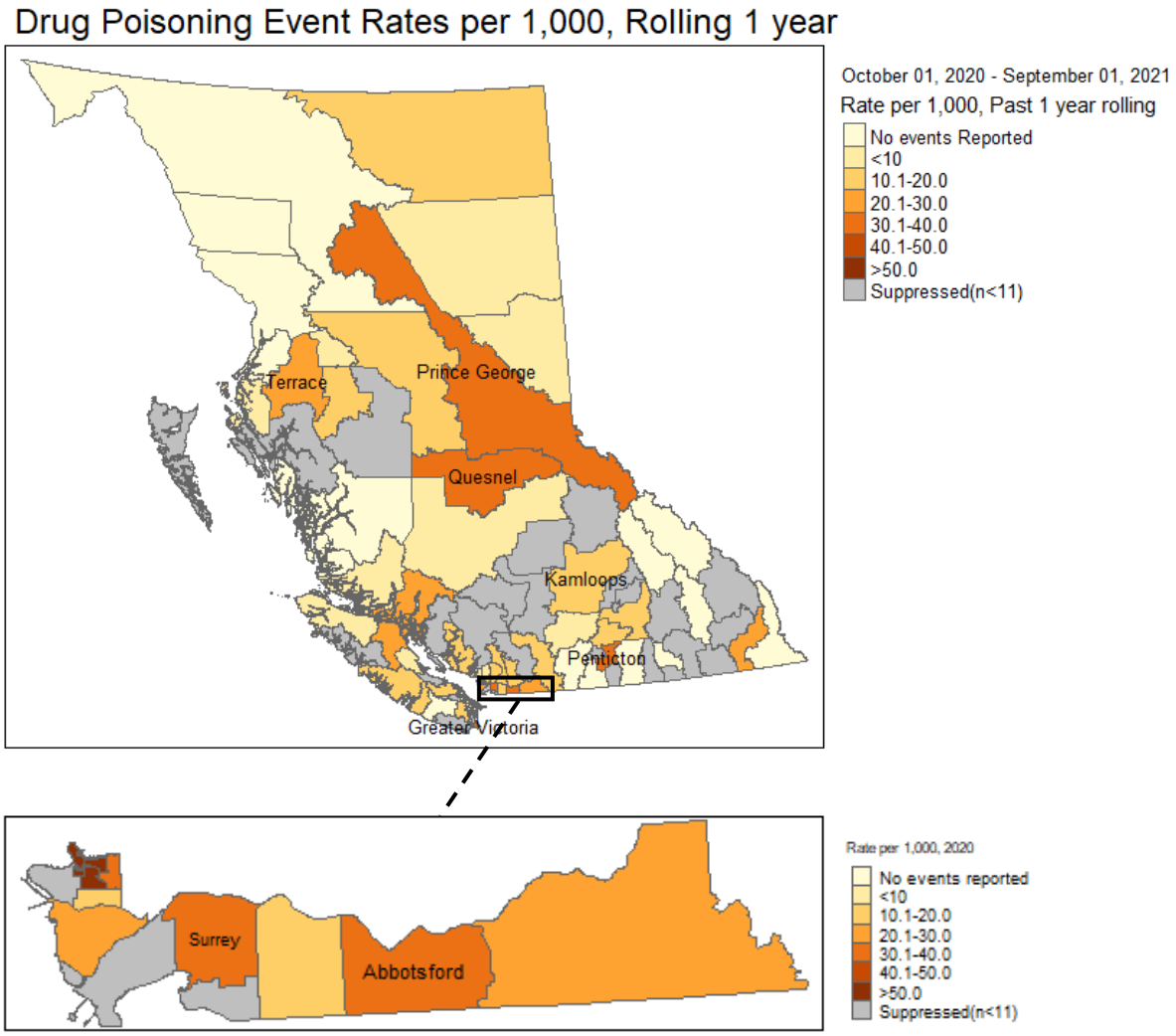
- Illicit Drug Toxicity Deaths in BC (BC Coroners Service)
- Overdose in BC during COVID-19 (BCCDC)
- Overdose Response Indicators (BCCDC)

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 1 year (October 01, 2020 - September 01, 2021 were:

- Vancouver - Centre North (137.9 per 1,000),
- Vancouver - City Centre (106.5per 1,000),
- Vancouver - Midtown (53.4per 1,000),
- Abbotsford (37.1per 1,000),
- Penticton (34.6 per 1,000),
- Prince George (32.4 per 1,000).

The local health areas with the highest drug poisoning counts (not displayed on map) were Vancouver Centre North, Prince George, Kamloops, Greater Victoria, Cowichan Valley South and Surrey.



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

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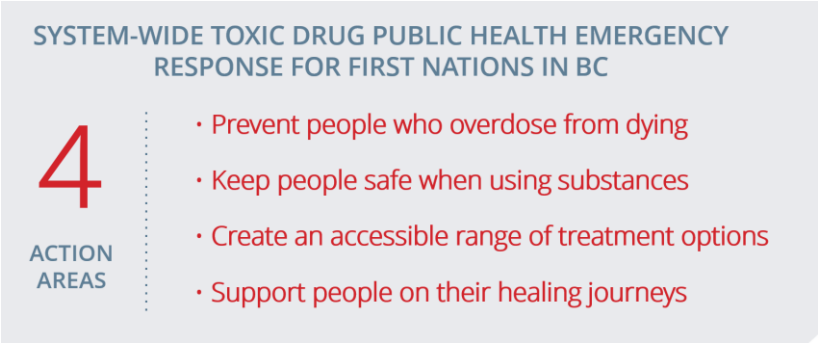
FNHA's Response to the Toxic Drug Emergency

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.



Learn more: 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:

- Eight **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
- **Intensive Case Management (ICM)** Teams 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 teachings are provided at 147 sites across BC
- Virtual and in-person **harm reduction education through Not-Just-Naloxone training** and community visits; 243 people completed virtual training sessions and 252 participated in in-person visits (January – July 2021)
- 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 **new hires of harm reduction educators and peer coordinators** – being deployed in urban hotspots, based on health surveillance data
- Increasing access to **OAT**:
    - directly through nurse prescribing (underway at four sites, 17 nurses enrolled in prescribing training)
    - by supporting 29 rural and remote First Nations communities to improve access to OAT for their members
- Developed the **Indigenous Harm Reduction Community Council** – a province-wide network of Indigenous people working on Indigenous approaches to harm reduction. The Council is

coordinated by 14 members representing all five regions; a web portal for the network is under development

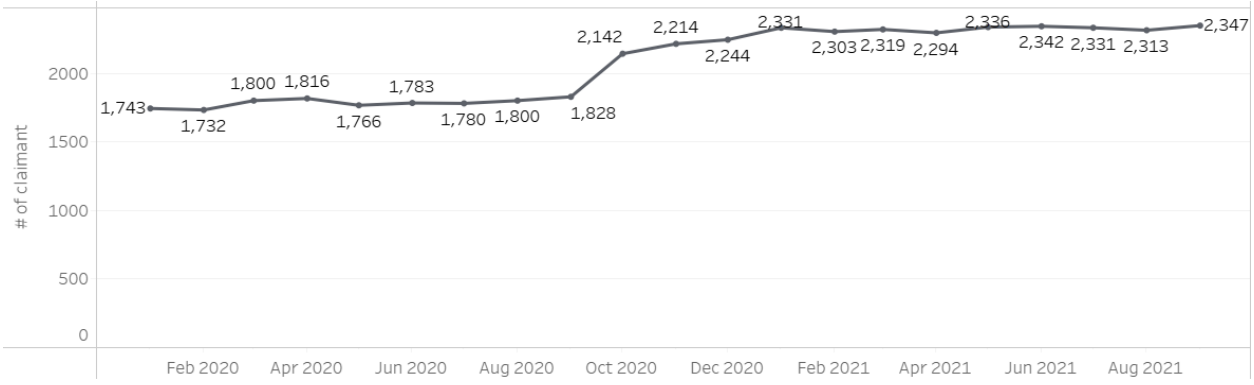
- Approved a Harm Reduction Policy with five areas for action:
    - increase access to cultural activities
    - expand access to substitution therapies (such as OAT)
    - provide harm reduction services and promote expansion of related strategies
    - engage with people with lived and living experience in design and implementation
    - support expansion of pharmaceutical alternatives to toxic street drugs

The FNHA also has several new and emerging initiatives:

- the FNHA is establishing three **Indigenous-specific overdose prevention sites** (OPS) in the Vancouver Coastal, Vancouver Island and Fraser Salish regions – to be run by partnering Indigenous organizations
- the FNHA has coordinated with the Western Aboriginal Harm Reduction Society (WAHRS) to open an **episodic OPS** in the Downtown Eastside and is working on identifying other sites in BC for e-OPS projects
- the FNHA will 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 will engage with First Nations families and communities to explore the **decriminalization of people who use substances**; guided by these conversations the FNHA will work with system partners to ensure First Nations priorities, perspectives and experiences influence discussions and decisions on decriminalization in BC
- the FNHA is partnering with Cheam First Nation and Fraser Health to implement a first of its kind **OPS** in the Cheam First Nation community

Opioid Agonist Therapy

Number of FNHA Clients Dispensed OAT



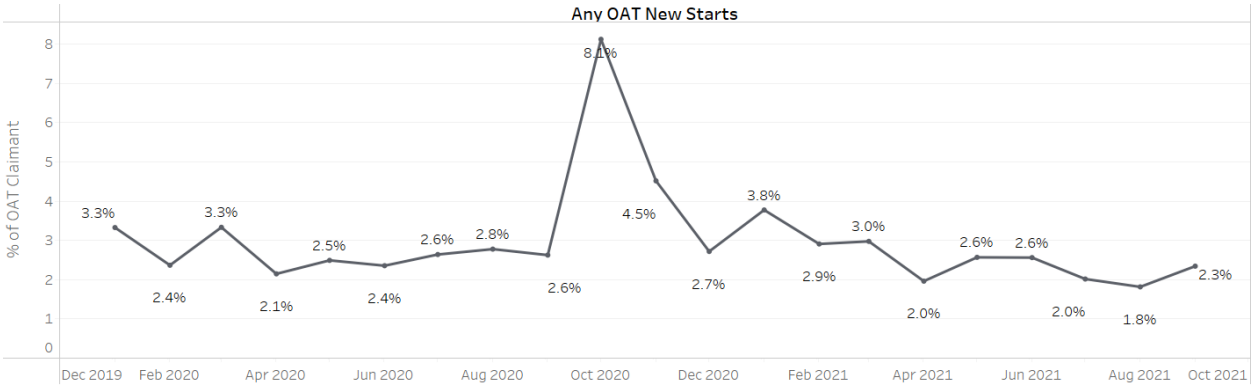
OAT is one of the recommended pharmacotherapy options to reduce opioid-use related harms and to support long-term recovery for persons with opioid use disorder. The medications include but not limited to methadone, buprenorphine/naloxone (Suboxone), slow-release oral morphine (Kadian) and buprenorphine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

With the expansion of OAT initiatives throughout the province, the total number of FNHA clients dispensed any type of OAT covered by the FNHA pharmacy benefit plan has steadily increased to 2,347 persons in September 2021.

Methadone was the most commonly prescribed type of OAT among FNHA clients dispensed OAT in September 2021. 63 per cent of FNHA clients dispensed any type of OAT under the FNHA health benefit plan in September 2021 were prescribed methadone, while 23 per cent of were prescribed buprenorphine/naloxone (Suboxone), the recommended first-line therapy. 16 per cent were dispensed slow-release oral morphine (Kadian), while a small per cent 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.

The large increase in the number of FNHA clients dispensed OAT in October 2020 was attributed to FNHA's enrollment initiative, which successfully signed up thousands of First Nations individuals into Pharmacare's Plan W. Previously, these individuals may have been covered by Pacific Blue Cross parallel plan W, or by other PharmaCare plans, such as plan C (recipients of BC Income Assistance), or plan G (Psychiatric Medications). For individuals previously covered by other PharmaCare plans, their claim history prior to October 2020 was unknown to the FNHA.

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



Of all 2,347 FNHA clients dispensed OAT in September 2021, 2.3 per cent were dispensed OAT through the FNHA health benefits plan for the first time.

The large increase in the number of FNHA clients dispensed OAT through the FNHA health benefits plan for the first time in October 2020 was attributed to FNHA's enrollment initiative. Please note the seemingly "new" OAT clients after October 2020 may not be new to the treatment, but new to FN Health Benefits pharmacy benefit by plan W group enrollment effort, with their previous claims history unknown to the FNHA.

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 Indigenous service organizations:

- In September 2021, 6,328 doses of nasal naloxone spray were distributed, of which 4,678 sprays were dispensed through community pharmacies and 1,650 sprays were ordered through the FNHA bulk purchase program. FNHA Nasal Naloxone fact sheet
- Additionally, 530 injectable naloxone kits were ordered by 162 First Nations sites or Friendship Centres in September 2021. 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 Harm Reduction on FNHA.ca, which includes:

- Get Help
    - Virtual Substance Use and Psychiatry Services
    - Harm Reduction Services
        - overdose prevention sites and episodic overdose prevention sites (e-OPS)
        - naloxone: nasal naloxone and FNHA community bulk purchase
        - workshops including Not Just Naloxone, Decolonizing Substance Use and Tackling Stigma
        - land-based healing programs
        - opioid agonist therapy (OAT)
        - 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
    - Indigenous treatment centres
- Support Others
    - Indigenous harm reduction
    - Take-Home Naloxone: for the FNHA nasal naloxone programs
    - FNHA Indigenous Wellness Program
    - learning resources for helping people who use substances

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Latest News

- Ten Indigenous Activists and Artists You Should Be Following Right Now (Nanook Gordon, who founded the Toronto Indigenous Harm Reduction collective, is featured for his work in this article)
- B.C. to Provide Regulated Substances under Safe Supply Directive to Mitigate Drug Overdoses
- Coroner's Inquest Suggest Creation of Wellness Center in Port Alberni
- Indian Country Echo: Indigenous Harm Reduction
- Peer Connect BC program launch: https://news.gov.bc.ca/releases/2021MMHA0037-001380
- Scared Straight Tour Endangers People Who Use Substances (article)
- Thunderbird Foundation Fact Sheet: Harm Reduction (May 6, 2021)

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Appendix: Data Sources and Definitions

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 First Nations Client File, a cohort of all individuals registered with Indigenous and Northern Affairs Canada (INAC) as of 2018 and living in BC, as well as their eligible descendants. Only persons with Status are captured via linkage. First Nations people without status, Métis and Inuit persons are not captured in the above data.

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

Identification of drug-poisoning records are 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 First Nations Client File requires a Personal Health Number (PHN). When a PHN is unavailable, we are not able to identify whether the record was of a First Nations persons or not.

In 2020, approximately 24 per cent of events did not have a PHN; in 2019 approximately 18 per cent of events did not have PHN and were not linkable to the First Nations Client File (FNCF). Consequently, paramedic-attended drug poisonings are likely underestimated for First Nations people. 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 reduce with time.

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

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FNHA Health Benefits Opioid Agonist Therapy (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 September 15, 2019), BC PharmaCare Plan W (since September 2017) and Pacific Blue Cross Parallel Plan W (since September 2019). Since October 2017, the majority (greater than 93 per cent) of FNHA clients have been enrolled in Plan W.

All the measures in this report are broken down by provider region, except for unique prescriber counts that are broken down by assumed prescriber region.