



First Nations Health Authority
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COVID-19 Vaccination Update and BC's Toxic Drug Emergency

September 1, 2022





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COVID-19 Updates





Fall COVID-19 and Influenza Campaigns

COVID-19 vaccine

- Fall booster campaign planned to begin week of September 19 – based on availability of a new bivalent vaccine (Wuhan/omicron BA1)
- “Baby” Moderna (for 6 month to 4 years) is currently in use
- “Baby” Pfizer (6 month to 4 years) expected approval by Health Canada in early Sept.
- Booster for 5-11 years: NACI has recommend for kids at higher risk at 6+ months. BC will be taking a permissive approach for all other 5-11 year olds

Influenza vaccine

- Starting in late September, influenza vaccine will be available to communities and administered through regional health authority and pharmacy clinics
- Encouraging communities to consider co-administration of COVID booster and influenza vaccine to maximize health human resources. It is safe to do so.



COVID-19 Vaccination Uptake

- As of August 9, 79.8% of 5+ years Status and Status eligible First Nations people in BC have received at least one dose of COVID-19 vaccine, 73.5% have received at least two doses, 35.9% have received at least three doses, and 6.2% have received at least four doses
- As of August 13, 2022:
 - 65,772 first doses, 55,236 second doses, 27,498 third doses, and 3,640 fourth doses have been administered through First Nations community vaccination clinics as part of a whole of community approach
 - Regional health authority partners and community pharmacies are also supporting vaccinations of members living away from home



COVID-19 Boosters

- Initial booster (third dose) uptake in the 60+ age group is strong and over 40% of Status and Status eligible First Nations aged 70+ have already received their fourth dose (second booster)
- **Uptake of booster doses remains a challenge** among younger age cohorts – particularly for those under 40 and in children age 12-17 (18.3%)
- Getting the message out:
 - FNHA is running radio and television ads talking about the importance of getting booster shots and promoting through social media channels
 - Recent collaboration with BCCDC and Indigenous organizations on new resource to raise awareness on importance of boosters
 - Junior VaxChamp campaign continues to promote vaccination of children
 - Caring Conversations Toolkit being finalized



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COVID-19 Supports

- ISC ramping down COVID-19 funding this fiscal given change in COVID risk, high uptake of vaccinations and the virus' journey to become endemic
- Need to review FNHA's COVID-19 Support Guide to focus primarily on:
 - Communicable disease emergencies planning
 - Vaccination efforts
 - Community based testing and treatment
 - Health human resource capacity
- Evolving isolation supports (meal and accommodation) to support instances where this type of support is deemed medically necessary as of October 15th





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BC's Toxic Drug Emergency





The Impact of the Toxic Drug Emergency

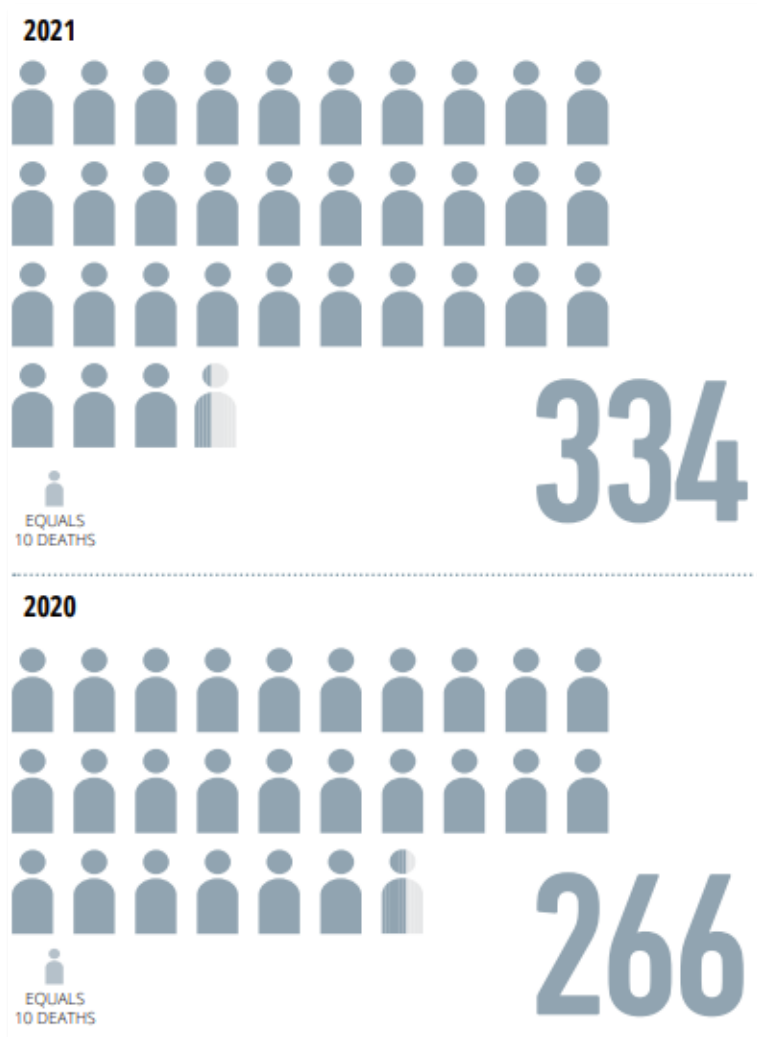
- In the six years since BC declared a public health emergency, First Nations communities across BC have lost too many loved ones to an increasingly poisoned drug supply. This loss of life is now more than 1300 family members and friends.
- First Nations people are disproportionately impacted. The significant gap between First Nations and non-First Nations people has been consistent throughout the public health emergency.
- As the COVID-19 pandemic compounded risks and harms for people who use substances, drug poisoning event and death rates increased dramatically.



First Nations drug poisoning deaths, 2021



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TOXIC DRUG POISONING DEATHS

NUMBER OF PEOPLE WHO DIED
OF TOXIC DRUG POISONING

25.6% 

increase in toxic drug deaths compared to
the same period in 2020.

First Nations drug poisoning deaths and events by region, 2021



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	Fraser Salish	Northern	Interior	Vancouver Coastal	Vancouver Island
Number of drug poisoning deaths	63	63	55	104	49
Percent of drug poisoning deaths in region	8.2%	42.9%	15.8%	16.8%	15%
Number of poisoning events attended by paramedics	643	612	457	1126	574
Percent change in events compared to 2020	53.5% increase	22.9% increase	11.5% increase	41.6% increase	17.4% increase



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Impact on First Nations women

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



19.2%
OF OTHER BC RESIDENTS WHO
DIED IN 2021 WERE WOMEN

36.3%
OF FIRST NATIONS PEOPLE
WHO DIED IN 2021 WERE
WOMEN

9.8 x

First Nations women died at **9.8 times** the rate of other female BC residents in 2021

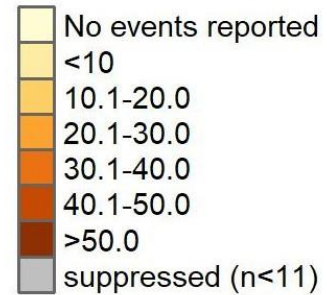




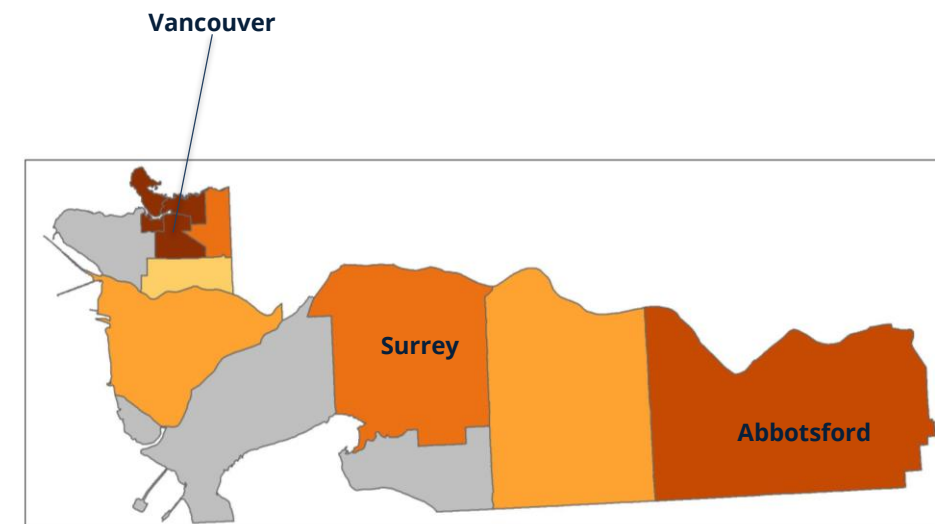
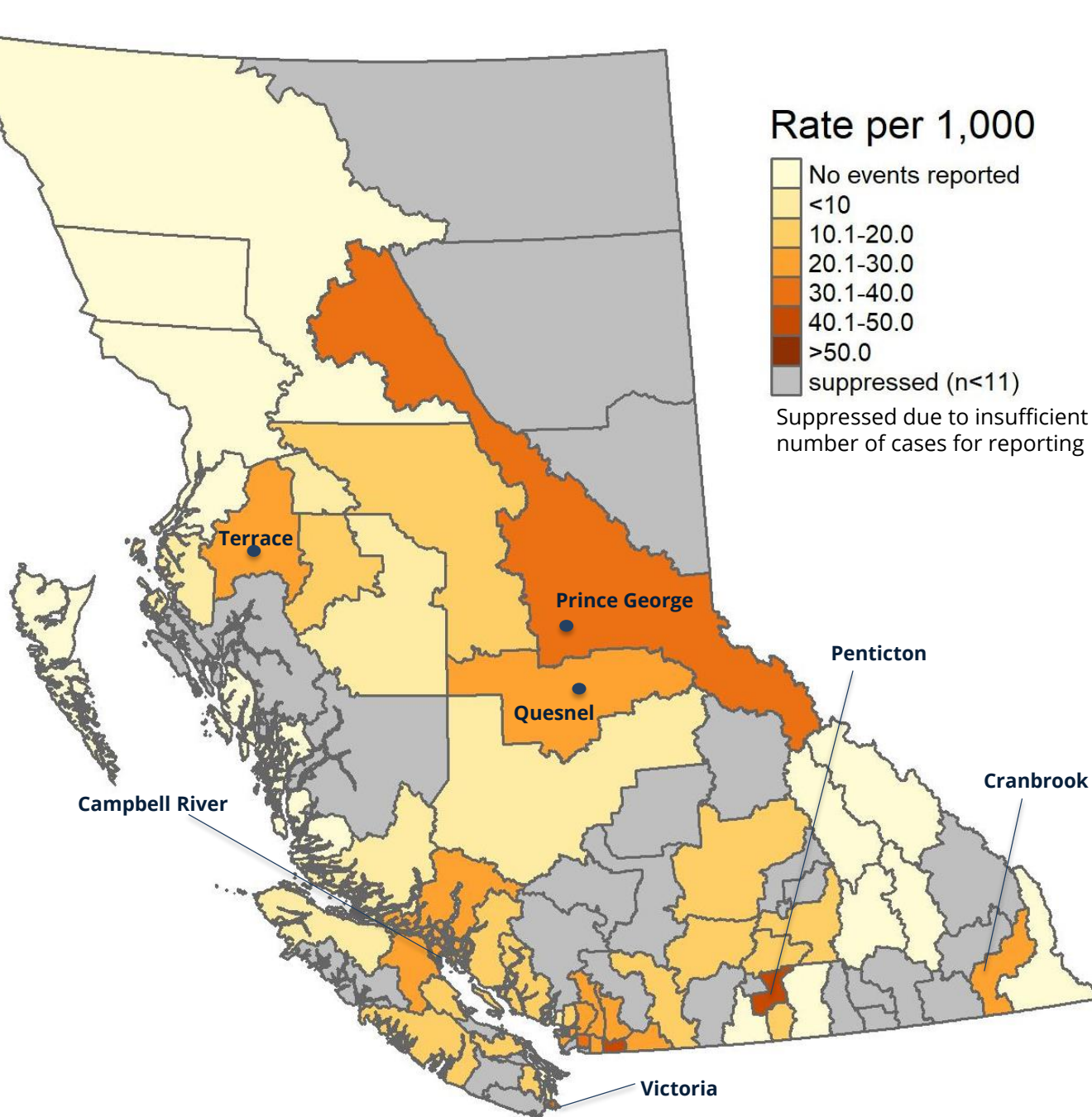
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Where toxic drug events are occurring most often among First Nations people

Rate per 1,000



Suppressed due to insufficient number of cases for reporting



Remembering and Honouring Loved Ones Lost to the Toxic Drug Crisis



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- Safe and welcoming digital space to remember, honour and grieve loved ones lost to the toxic drug crisis
- Sharing of videos, photos, artwork or an audio recording are all welcome
- For each loved one honoured a tree will be planted in a dedicated area in the health region where the storytellers live



Framework for Action - Ongoing Initiatives



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SYSTEM-WIDE TOXIC DRUG PUBLIC HEALTH EMERGENCY RESPONSE FOR FIRST NATIONS IN BC

4

ACTION
AREAS

- Prevent people who overdose from dying
 - Injectable and nasal naloxone, community grants
- Keep people safe when using substances
 - Community train-the-trainer sessions, Indigenous peer support in communities and in urban centres
- Create an accessible range of treatment options
 - Opioid agonist therapy, land based healing, First Nations treatment centres
- Support people on their healing journeys
 - Harm reduction education, community-based wrap around teams, supporting people transitioning from correctional facilities



FNHA's expanded response initiatives

- Established **Virtual Substance Use and Psychiatry Service**: provides assessment, referral, treatment planning, and withdrawal management guidance
- **Added regional capacity**: Addictions Specialists, Harm Reduction Educators, Peer Coordinators, and Child and Youth Care Community Coordinators
- Developed **Indigenous Harm Reduction Community Council** – a BC-wide network of Indigenous people working on Indigenous approaches to harm reduction
- Establishing and expanding **Indigenous-focused overdose prevention sites**
- Expanding **supports for people experiencing grief and loss** from the passing of loved ones including **healing grants** to mark International Overdose Awareness Day
- Engaging with communities to assess need for **pharmaceutical alternatives to poisoned drugs** (“safer supply”) by First Nations people at risk of overdose

Next Steps in Response



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- **Moving to a Level 2 Emergency Response** – in alignment with FNHA's Emergency and Disaster Management and Business Continuity Policy
 - Enhanced coordination including onboarding teams with special skill sets/areas of expertise
 - Mobilization and re-assignment of resources or services required to support response
 - Work with partners to ensure communities can access culturally safe supports and services
- CEO has offered to host community, Nation, cultural family and/or regional workouts to identify gaps and enhance planning and action
- Expand harm reduction education and strengthen community capacity
- Work with province and regional health authorities to allocate regional detox and treatment beds to specifically support rapid access for First Nations people
- Identify existing and new funds to enhance response in communities

Decriminalization of people who use drugs in BC



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- On May 31, Health Canada approved BC's request for decriminalization of certain drugs: opioids (e.g. heroin and fentanyl), cocaine (powder/crack), MDMA, and methamphetamines
- Begins January 31, 2023 for an initial 3 year period
- Before that date, Health Canada requires BC to "uphold the spirit and principles of reconciliation under the *BC Declaration on the Rights of Indigenous Peoples Act*, and continue to consult with Indigenous governments, communities, partners and experts when working towards the implementation"
- Once in effect, adults 18+ will be allowed to possess up to 2.5 grams of illegal substances (total weight), without being subject to fines, arrest or drug seizures
- **Decriminalization is not legalization.** Trafficking of drugs will remain illegal; there will not be government-approved systems for manufacturing and selling of drugs

Making Sense of Decriminalization



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- Decriminalization creates a shift for those who use substances from a criminal justice response to a public health response – this is especially significant for Indigenous/First Nations people who are disproportionately impacted in the criminal justice system
- Decriminalization alone will not directly prevent toxic drug poisoning events or deaths
- For people who use substances, decriminalization involves enhancing efforts to address the shame, stigma, stereotyping & discrimination around substance use
- The police officer: person encounter will involve the transfer of health system information
- As FNHA, we are not implementing decrim, rather, our role is to support conversations with communities to explore what this means for them – we seek to listen and understand