First Nations Health Authority
Health through wellness

Toxic Drug Poisoning Events and Deaths and FNHA's Response

Community Situation Report – May 2021

Summary

First Nations Toxic Drug Poisoning Events and Deaths (May 2021)

In May 2021, there were a total of 278 paramedic-attended drug poisoning events reported among First Nations people; this represents an 12.1% increase from the previous month and a 62.6% increase from May of the previous year.

First Nations people represented 18.7% of all toxic drug poisoning events in BC.

Women represented 37.4% of all First Nations toxic drug poisoning events; among other residents, 22.2% of all drug poisoning events were women.

We lost an additional 26 First Nations people to toxic drug poisoning in BC. Since 2016, the year in which a public health emergency was declared, we have lost a total of 960 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 and distributing naloxone.

Provision of Opioid Agonist Therapy (OAT)

Based on prescription drug claim data of FNHA clients, 2,337 First Nations people were dispensed OAT in May 2021. Of these:

- approximately 62.3% were dispensed methadone, 22.8% were dispensed buprenorphine/naloxone (Suboxone), 14.9% were dispensed slow-release oral morphine (Kadian) and 2.5% were dispensed buprenorphine extended-release (Sublocade)
- 2.6% were dispensed OAT through FNHA Health Benefits for the first time

Naloxone Distribution

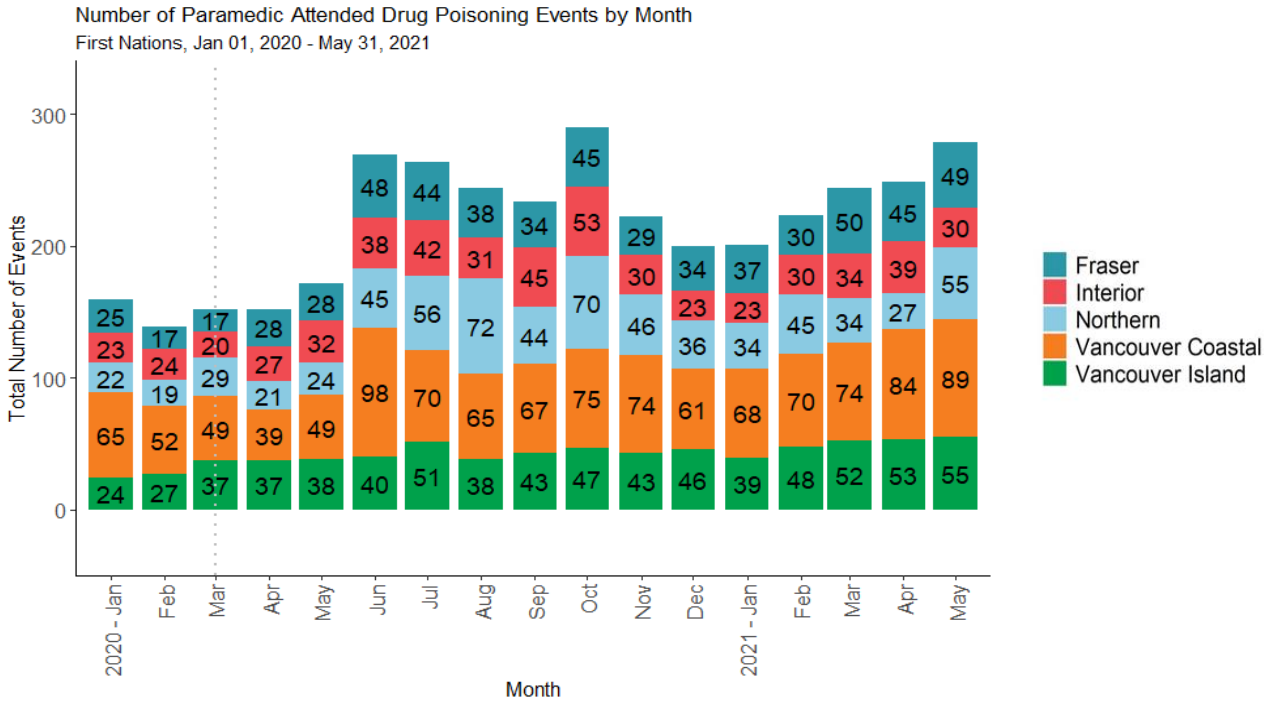
- 4,416 doses of nasal naloxone sprays were distributed to FNHA clients and community organizations
- 985 injectable naloxone kits were ordered for First Nations sites or Friendship Centres

First Nations Toxic Drug Poisoning Events and Deaths Data

Paramedic-Attended Toxic Drug Poisoning Events by Month (First Nations, January 2020 – May 2021)

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.

The highest number of paramedic-attended toxic drug events occurred in the Vancouver Coastal region, but the number of events are increasing across all health authorities.



Note: June 2020 data numbers have been revised due to geocoding error.

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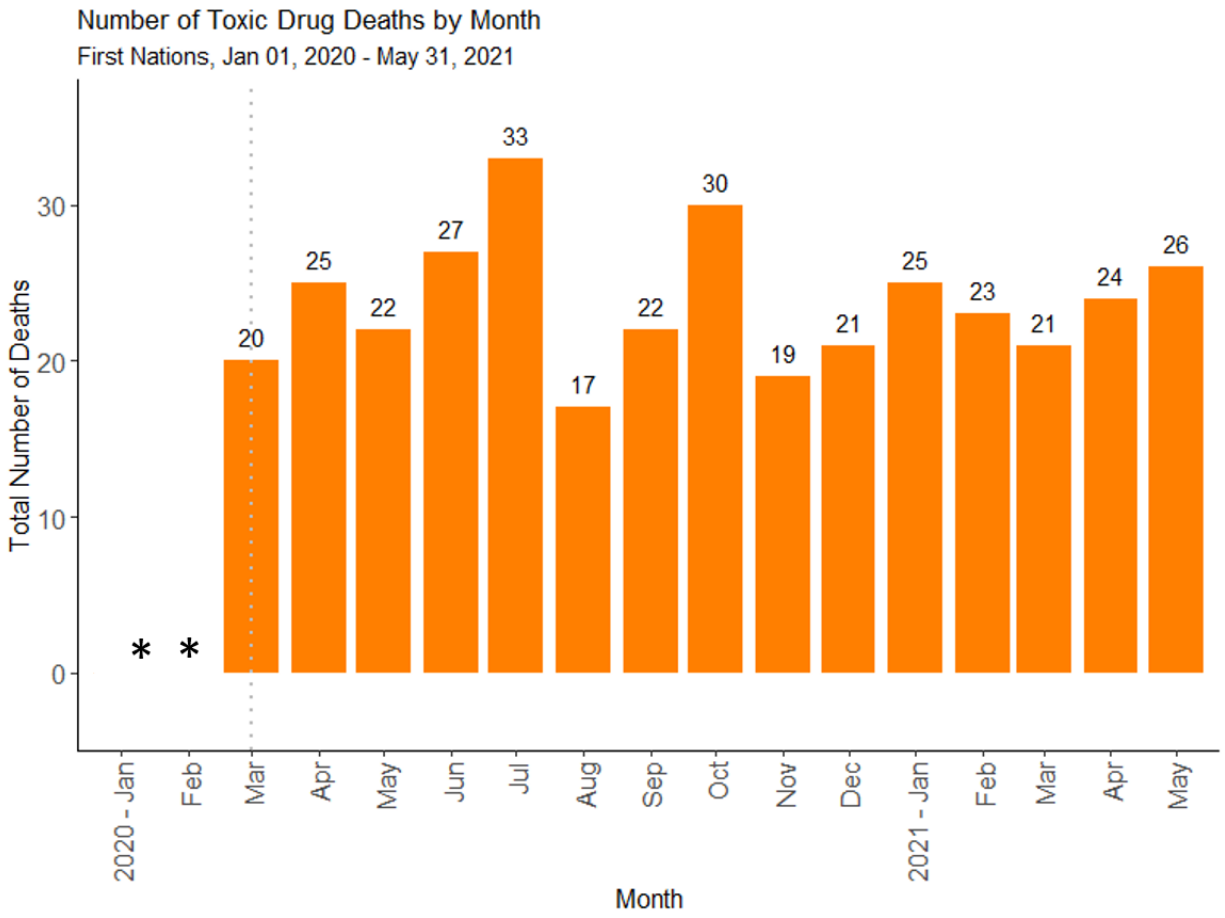
Toxic Drug Poisoning Deaths by Month (First Nations, January 2020 – May 2021)



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

Regional Toxic Drug Poisoning Events and Deaths (January 2021- May 2021)

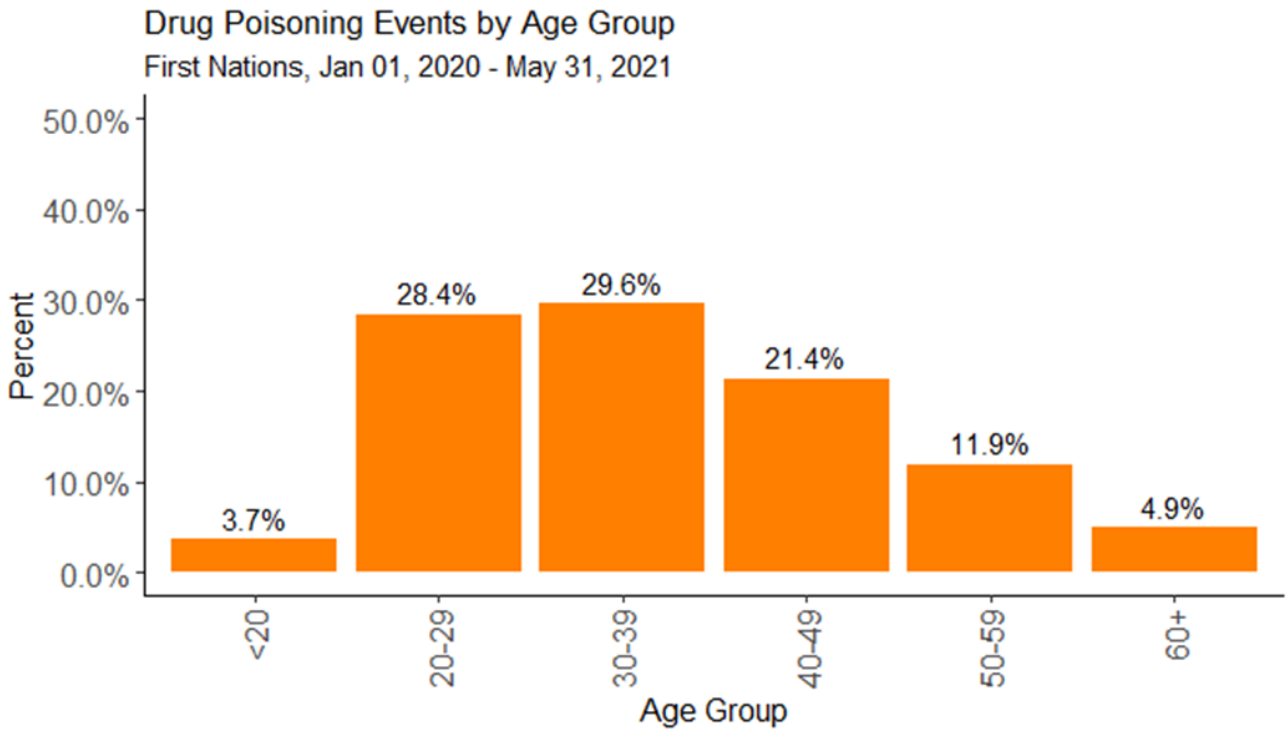
	Fraser Salish	Interior	Northern	Vancouver Coastal	Vancouver Island	BC
Total Paramedic-Attended Drug Poisoning Events	211	156	195	385	247	1,194
Total Number of Deaths	19	14	19	47	20	119
Percentage of the Population that is First Nations[1]	1.4	4.1	14.8	2.1	4.2	3.3
Percentage of all Events that were First Nations[2]	9.6	15.5	54.2	20.5	22.7	18.3

[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.

Percentage of all Deaths that were First Nations	6.5	10.8	32.8	20.2	14.4	14.0
Crude Drug Poisoning Event Rate (per 1,000)[3]	19.3	11.2	11.3	38.2	16.6	17.7
OAT Claimants (as of May 2021)[4]	615	297	296	713	493	2,337

Note: * Suppressed when less than or equal to 10 or to avoid back calculation of another number that is less than or equal to 10.

Paramedic-Attended Events by Age Group (First Nations, January 2021 – May 2021)



Less than 60% of all First Nations persons who had a paramedic attended drug poisoning event in the first four months of 2021 were younger than 40 years of age.

For provincial-level data, please see:

- Illicit Drug Toxicity Deaths in BC January 1, 2011 – June 30, 2021 (BC Coroners Service)
- Overdose in BC during COVID-19 (BCCDC)
- Overdose Response Indicators (BCCDC)

[3] Estimated rate for 2021 based on 3 months of data; 2019 populations 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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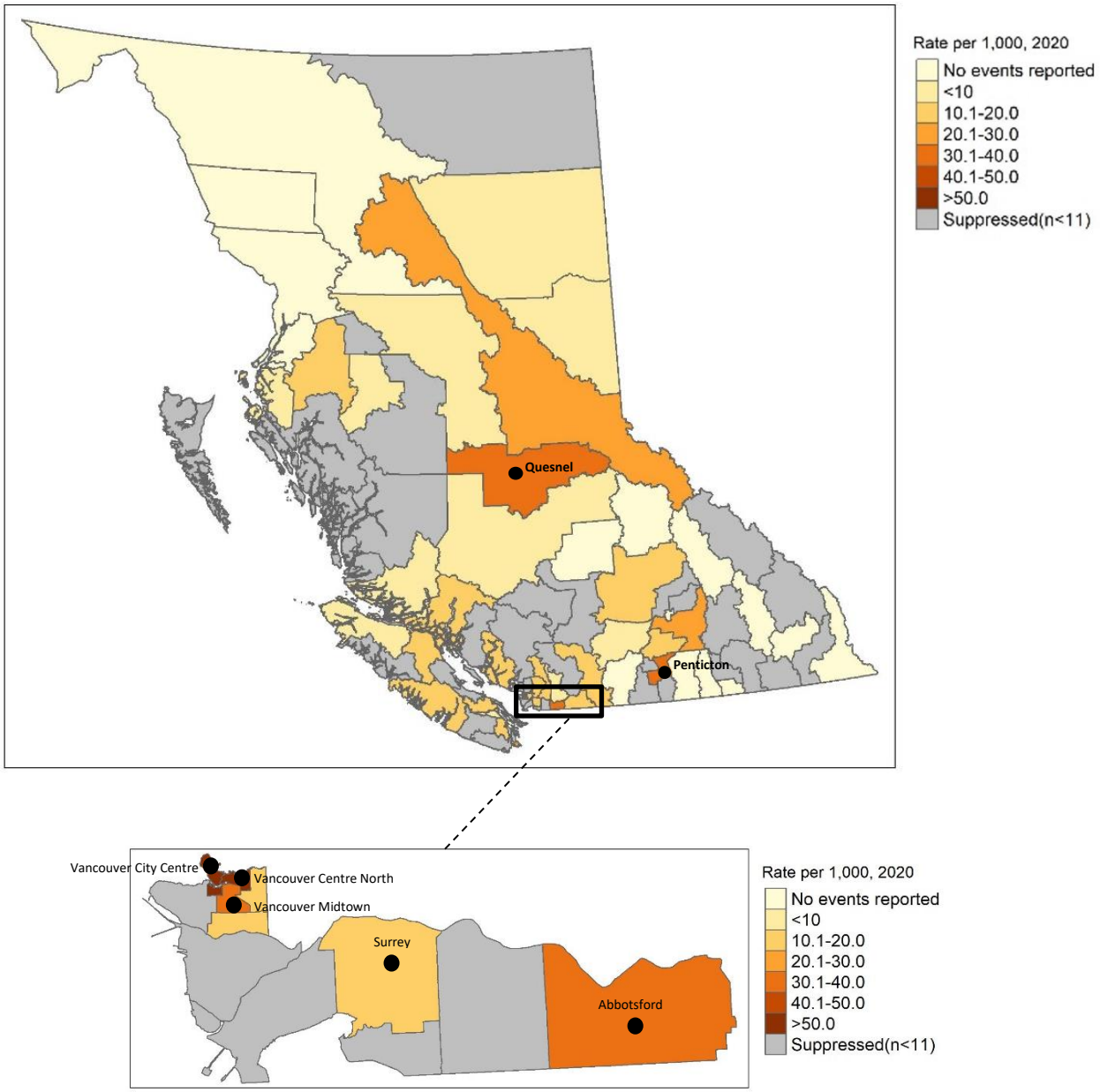
Paramedic-Attended Toxic Drug Poisoning Events by Local Health Area (First Nations, 2020, rate per 1,000 people)

The local health areas with the highest drug poisoning event rates (indicated on the map below) in 2020 were: Vancouver Centre North (103.4 per 1,000), Vancouver City Centre (74.5 per 1,000), Vancouver Midtown (39.9 per 1,000), Abbotsford (38.5 per 1,000), Penticton (34 per 1,000) and Quesnel (31.6 per 1,000).

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



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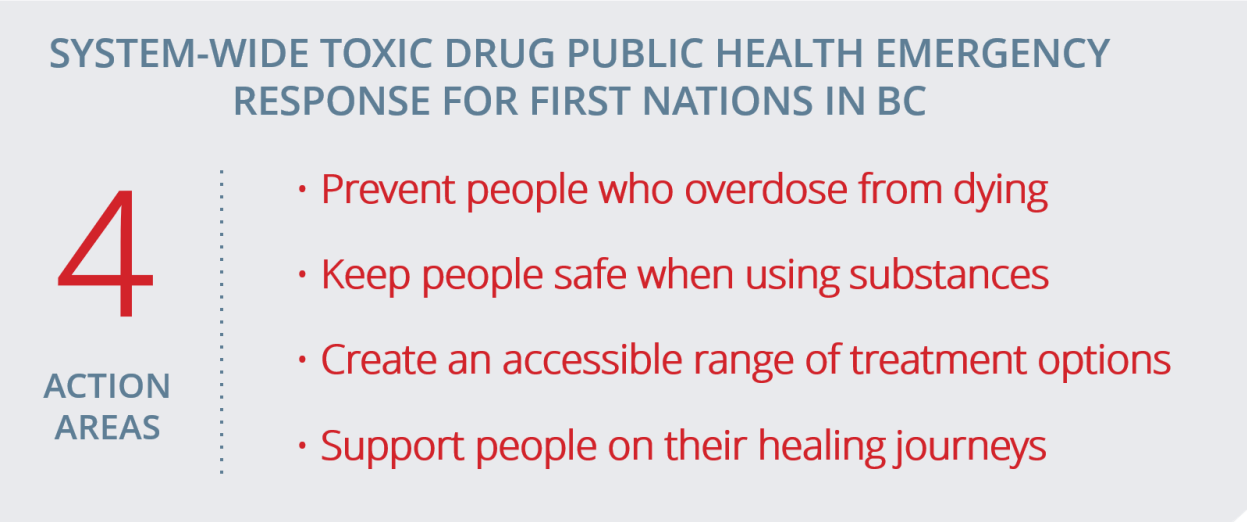
FNHA's Response to the Toxic Drug Emergency

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** (two of each roles in each region) – being deployed in urban hotspots, based on health surveillance data; five Child and Youth Care Community Coordinators have also been hired (one per region)

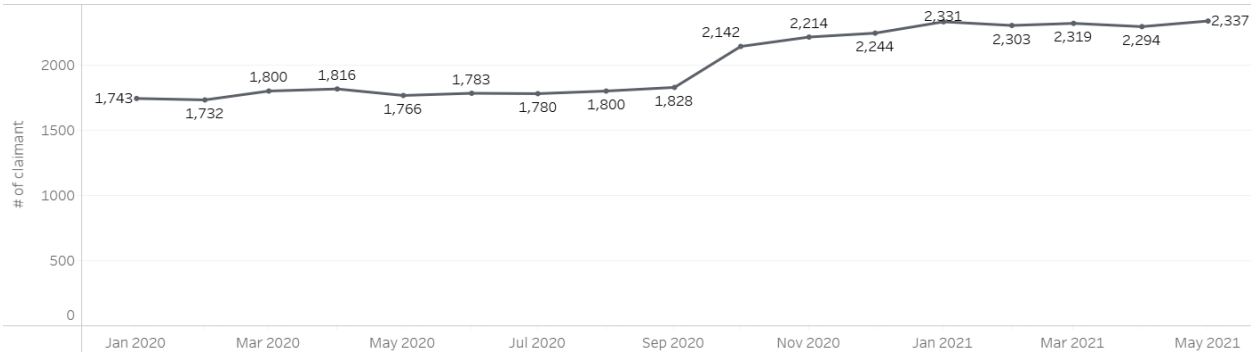
- Increasing access to **opioid agonist therapy (OAT)**:
  - directly through nurse prescribing (underway at four sites, 17 nurses enrolled in prescribing training)
  - by supporting 29 rural and remote First Nations communities to improve access to OAT for their members
- Developed the **Indigenous Harm Reduction Community Council** – a province-wide network of Indigenous people working on Indigenous approaches to harm reduction; 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:

- establish 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 also 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

Opioid Agonist Therapy

Number of FNHA Clients Dispensed OAT (January 2020 – May 2021)



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).

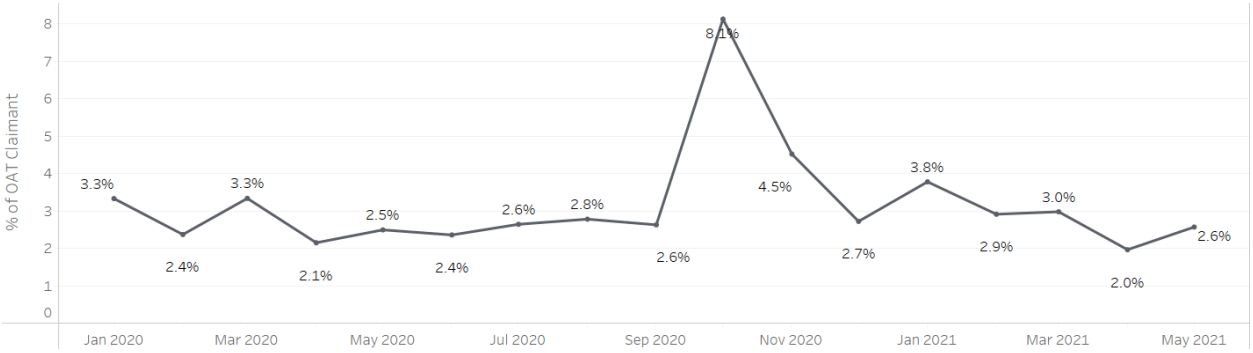
In this report, the word “claimants” is used to describe the number of persons who have filled a prescription for any type of OAT (methadone, Suboxone, Kadian, Sublocade) in a specific month through the First Nations Health Benefits program provided by the FNHA.

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 2,337 persons in May 2021.

Methadone was the most commonly prescribed type of OAT among FNHA clients dispensed OAT in May 2021. 62.3% of FNHA clients dispensed any type of OAT under the FNHA health benefit plan in May 2021 were prescribed methadone, while 22.8% of were prescribed buprenorphine/naloxone (Suboxone), the recommended first-line therapy. 14.9% were dispensed slow-release oral morphine (Kadian), while 2.6% 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 (January 2020 – May 2021)



Of all 2,337 FNHA clients dispensed OAT in May 2021, 2.6% 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 (May 2021)

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:

- 4,416 doses of nasal naloxone spray were distributed in May of 2021, of which 3,796 sprays were dispensed through community pharmacies and 620 sprays were ordered through the FNHA bulk purchase program. For more information on nasal naloxone, please see: https://www.fnha.ca/Documents/FNHA-Nasal-Naloxone-Fact-Sheet.pdf
- additionally, 985 injectable naloxone kits were ordered by 160 First Nations sites or Friendship Centres in May 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, please see https://towardtheheart.com/naloxone

Harm Reduction on FNHA.ca

For help with substance use, to get informed and to support others, visit harmreduction.fnha.ca

Get Help

Visit https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/overdose-information/get-help to find out about:

- 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

Visit https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/overdose-information/get-informed to find out about:

- personal stories about overdose and harm reduction; the new FNHA harm reduction campaign can also be accessed here: https://harmreduction.fnha.ca/
- learning resources
- news
- FNHA's Framework for Action
- FNHA toxic drug annual data releases
- Get treatment: visit https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/treatment-centres to find out more about Indigenous treatment centres

Support Others

Visit https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/overdose-information/support-others to find out about:

- Indigenous harm reduction
- Take-Home Naloxone: for the FNHA nasal naloxone programs visit: https://www.fnha.ca/Documents/FNHA-Nasal-Naloxone-Fact-Sheet.pdf
- FNHA Indigenous Wellness Program
- learning resources for helping people who use substances

Latest News

- Remembering Our Wholeness – Online forum for "Indigenous Wisdom for Addiction and Opioid Recovery": www.rememberingourwholeness.com/
- Thunderbird Foundation Fact Sheet: Harm Reduction (released on May 6, 2021): thunderbirdpf.org/fact-sheet-harm-reduction/
- Indian Country Echo: Indigenous Harm Reduction: indiancountryecho.org/wp-content/uploads/2021/06/Indigenous-Harm-Reduction-5.27.21.pdf
- Article: 'Scared Straight Tour Endangers People Who Use Substances': the-peak.ca/2021/07/the-scared-straight-tour-endangers-people-who-use-substances/
- Article: 'Coroner's Inquest Suggest Creation of Wellness Center in Port Alberni': www.vicnews.com/news/coroners-inquest-suggests-creation-of-wellness-centre-in-port-alberni/
- '10 Indigenous Activists and Artists You Should Be Following Right Now': www.globalcitizen.org/en/content/indigenous-activists-artists-canada/?template=next – Nanook Gordon, who founded the Toronto Indigenous Harm Reduction collective, is featured for his work in this article
- Peer Connect BC program launch: https://news.gov.bc.ca/releases/2021MMHA0037-001380
- Article: 'B.C. to Provide Regulated Substances under Safe Supply Directive to Mitigate Drug Overdoses': https://www.theglobeandmail.com/canada/british-columbia/article-british-columbia-to-provide-regulated-substances-under-safe-supply/

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.

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% of events did not have a PHN; in 2019 approximately 18% 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 compared to previous years due to higher numbers of events in which a PHN was not available in that year. 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.

FNHA Health Benefits Opioid Agonist Therapy (OAT) data

Opioid Agonist Therapy (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%) 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.