

Creating a Culturally Informed Model of Care to Reduce the Harms of Opioids and Methamphetamines in First Nations Communities

ISC's Ontario Joint Gathering

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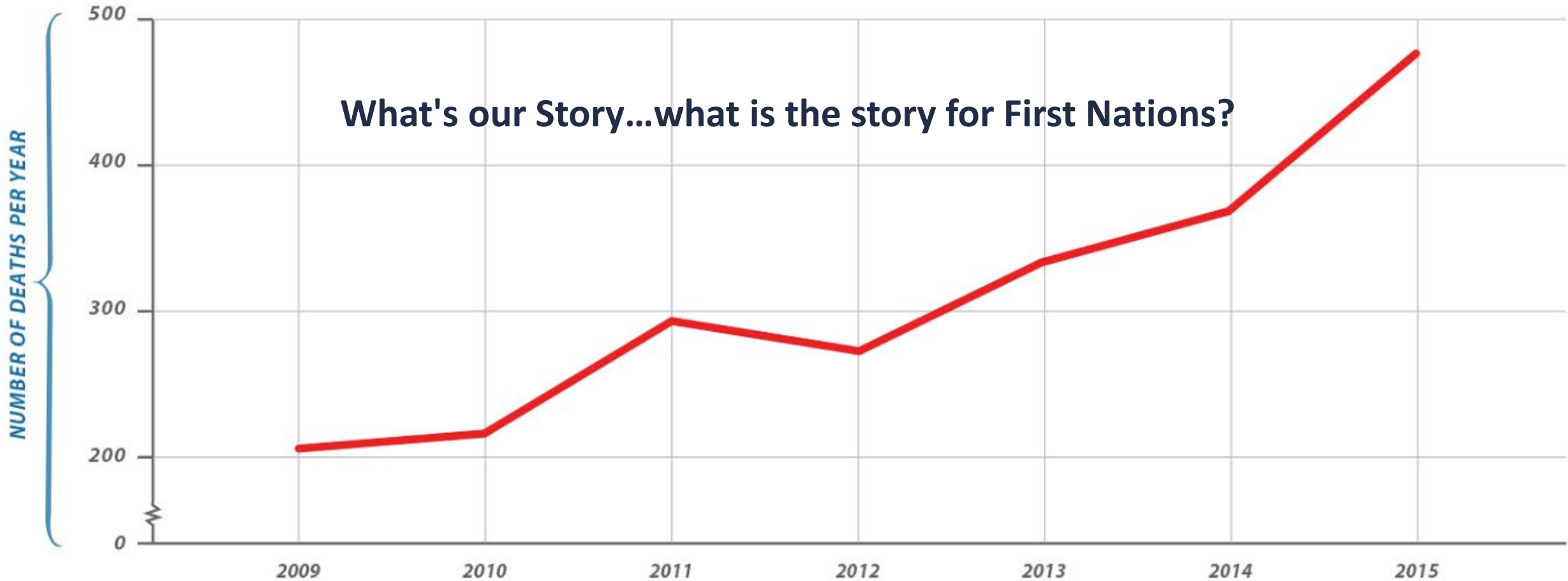


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Mental Health & Addictions Among First Nations Communities

- First Nations communities have consistently identified the problematic use of substances, including alcohol, opioids, methamphetamines, and other controlled substances as a priority health concern
- Over the years First Nation communities **declared a state of emergency** due to the rapidly increasing number of substance use harms including overdoses and deaths
- During the Covid19 Pandemic, **Provinces declared a State of Emergency** due to the Overdose Crisis
- First Nations suffered **more deaths due to the toxic drug supply** compared to Canadian population

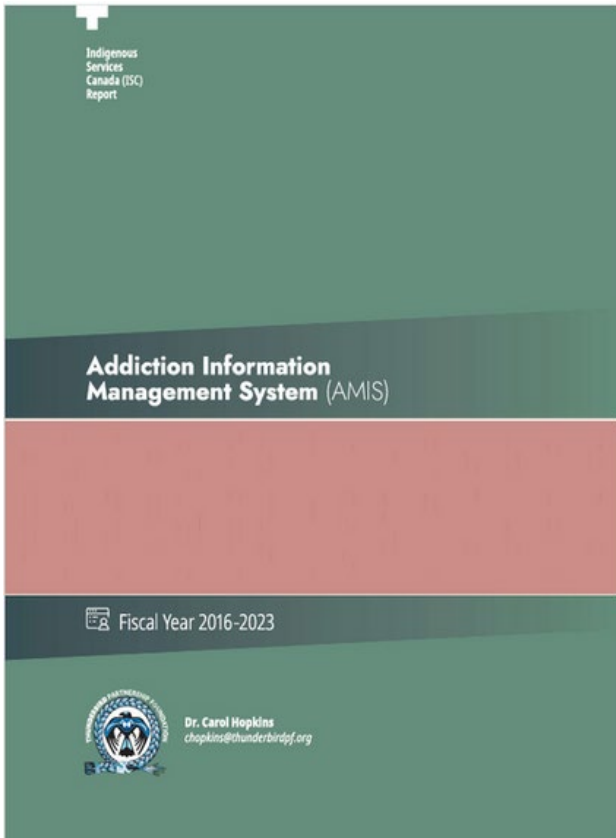
ILLICIT DRUG OVERDOSE DEATHS IN BRITISH COLUMBIA



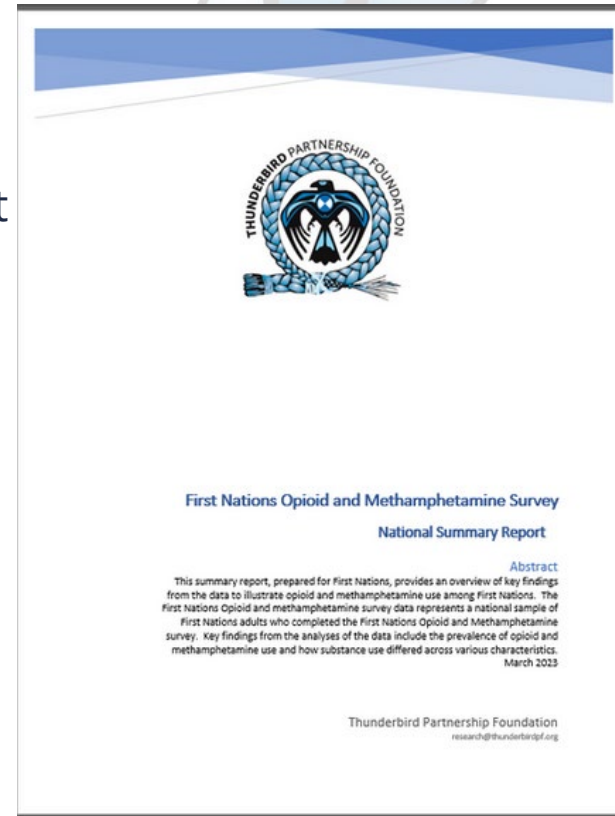
There were 474 apparent illicit drug overdose deaths in 2015, which is a 30% increase in deaths from 2014 (365 deaths)

There were 76 deaths in Jan. 2016, which is the largest number of deaths in a single month for the examined period (Jan. 1, 2007 to Feb. 29, 2016).

Mental Health & Addictions among First Nations Communities: AMIS & FNOM



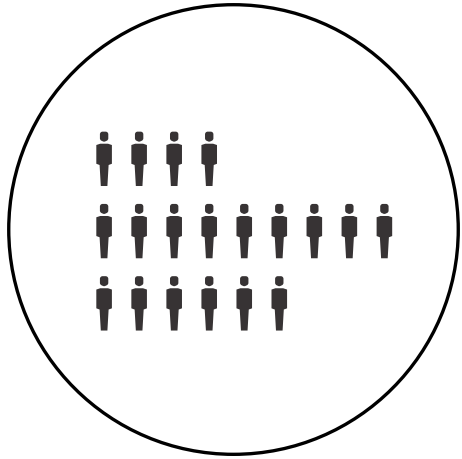
- Drug Use Screening Inventory-Revised questionnaire
- Native Wellness Assessment
- Utilized by the First Nations Addiction Management Information System that collects data from National Native Alcohol Drug Abuse Program (NNADAP) and National Youth Substance Abuse Program (NYSAP) treatment centre across Canada



- First Nations Opioid and Methamphetamine Survey
- Native Wellness Assessment
- n=1729 surveys completed by First Nation communities

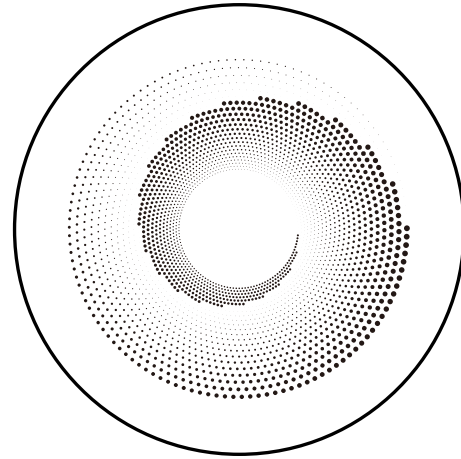
Opioid & Methamphetamine Data (2019 - 2022)

N=1,792



Prevalance

- 28% have used opioids
- 18% have used methemphetamines



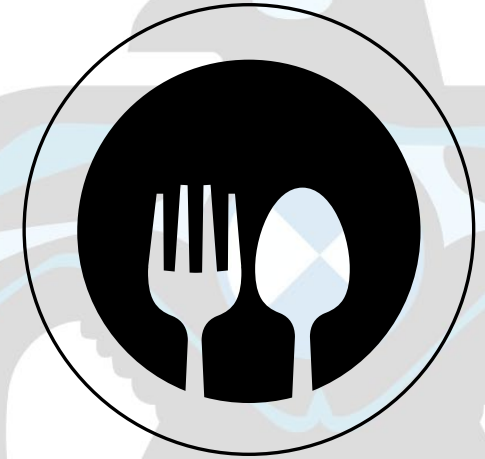
Trauma

- Without supports, trauma significantly increased risk of harm



Housing

- Individuals who lived in a household of 7 or more people were significantly at increased the risk of using opioids

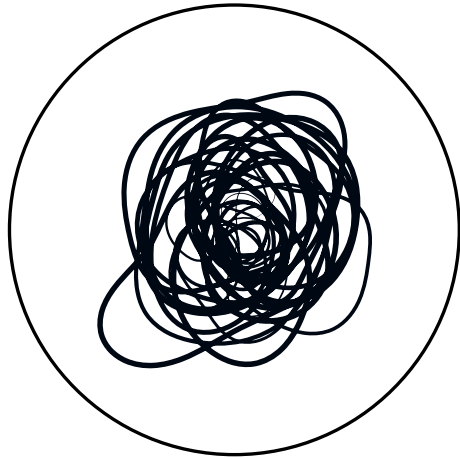


Food Security

- Individuals who were not food secure were 2X more likely to use methamphetamine

Opioid & Methamphetamine Data (2019 - 2022)

N=1,792



Hopelessness

- 40% of people using methamphetamine felt helpless to change their life
- Feeling helpless increased the risk of opioid use



Supports

- Not having positive role models, employment/school, supportive friends/family, or drug awareness education increased risk of methamphetamine use by 1.6X



Populations at risk

- 18 to 29 year old age group more likely to use opioids compared to those older than 50
- Males or 2SLGBTQ2+ are 2X more likely to use methamphetamine than females

Mental Health & Addictions among First Nations Communities: Affects of the Pandemic

- During the first year of the pandemic, First Nations peoples are 2X more likely to die from an opioid-related death compared to non-First Nations (Chiefs of Ontario and Ontario Drug Policy Research Network Data, 2021)
- The First Nations Opioid & Methamphetamine Survey (2022) found 10% of adults and 6% of youths started to use substances during the pandemic
- 25% of all clients reported an increase in their substance use
- Substance use frequency increased by ~5% (20 or more times/month)

Ontario

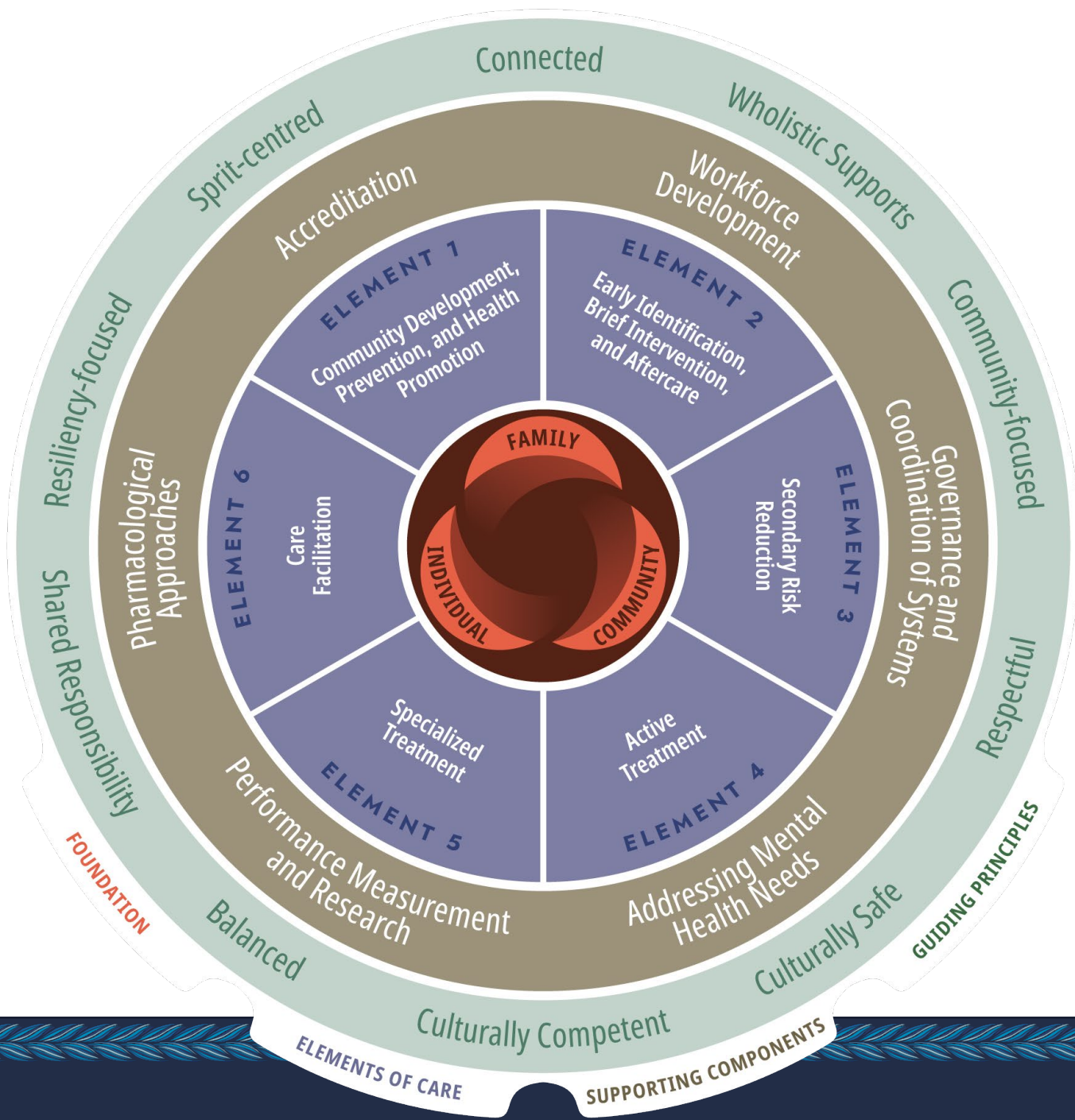
36% increase in opioid-related deaths among First Nations

BC

93% increase in opioid-related deaths among First Nations

Alberta

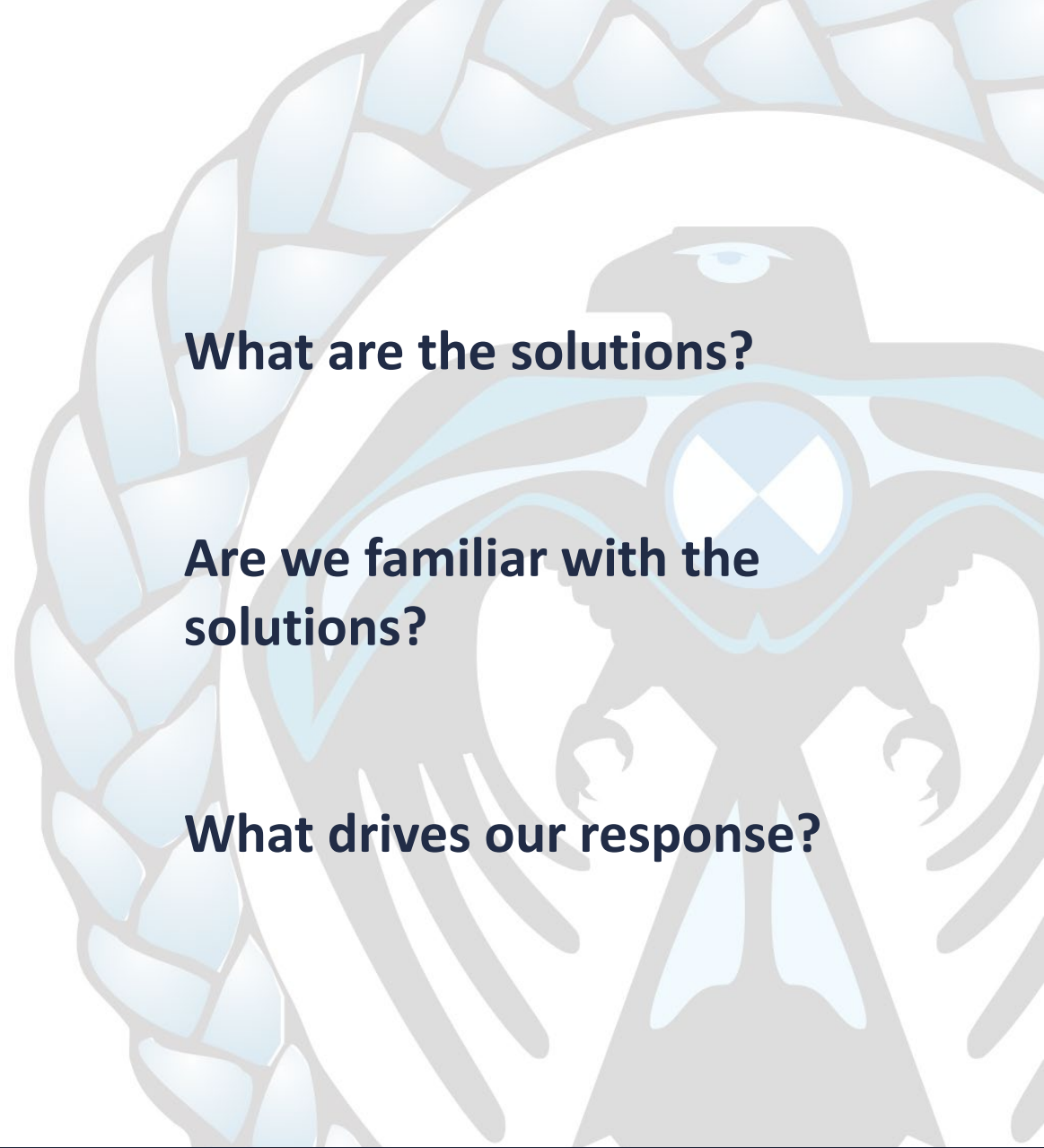
First Nations accounted for 22% of all opioid-related deaths



What are the solutions?

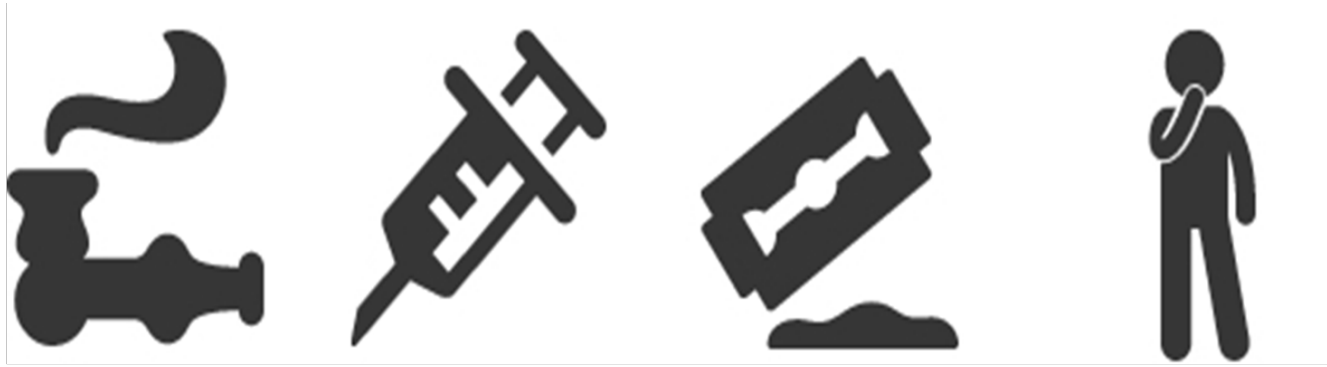
Are we familiar with the solutions?

What drives our response?





“The eye sees only what the mind is prepared to comprehend.” Henri Bergson



Smoked

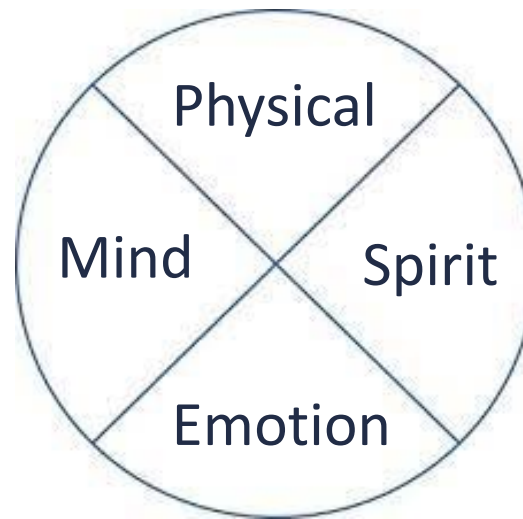
Injected

Snorted

Ingested



Where do we start?



Usually where we are most familiar!

Community-based Addictions Program: Hub and Spoke Model

Key Principles:

- Services provided within a trauma informed lens
- involves training for all community workers and leaders
- community innovation and development are critical
- Culturally safe and competent service providers



Treatment

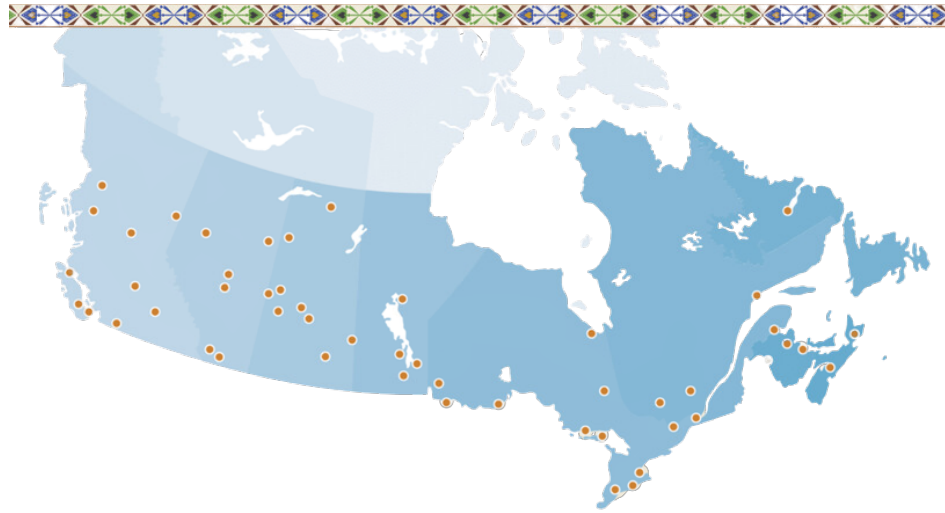
What is it?



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The NNADAP & NYSAP Culturally Appropriate Treatment

- National Native Alcohol and Drug Abuse Program (NNADAP) and National Youth Solvent Abuse Program (NYSAP) make up a network of programming that includes:
 - First Nations addiction treatment centers
 - NNADAP community-based prevention programs

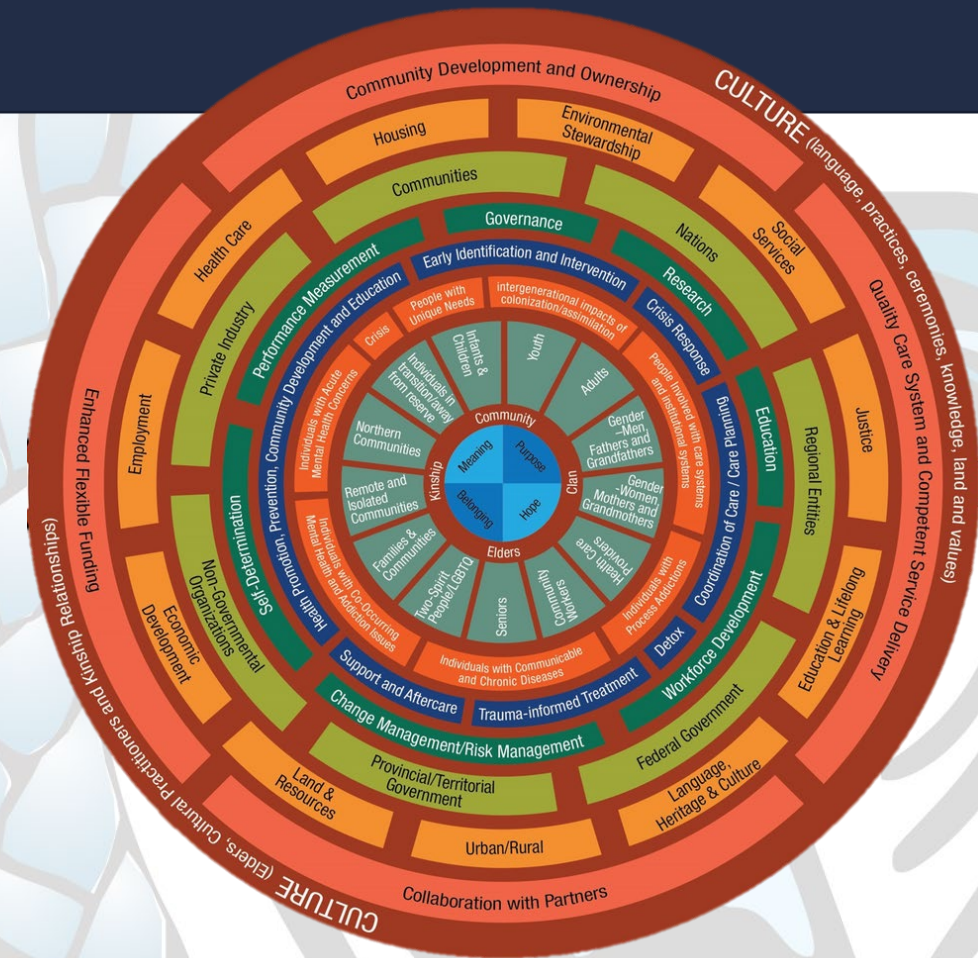


- 52 treatment centres (10 for youth) across nine provinces.
- Approximately 700 treatment beds.
- More than 500 alcohol and drug prevention community-based programs.
- Approximately 730 community workers.

The NNADAP & NYSAP Culturally Appropriate Treatment

These programs

- Measure their outcomes of service delivery,
- operate with standards of excellence
- have a workforce that is trauma informed and certified in addictions core competencies
- Are aligned with First Nations values and culture-based practices for healing and wellness
- Make a difference in Hope, Belonging, Meaning and Purpose



First Nations Mental Wellness Continuum Framework
Thunderbird Partnership Foundation, 2015

The NNADAP & NYSAP

What the situation looks like

- Due to pandemic restrictions in 2020, there was a dramatic drop in **attending clients** (65%); however, in subsequent years there has been **significant increases in 2021 (72%) and in 2022 (45%)**
- Most clients (82.2%) entering treatment **use more than one substance**, of which 90.3% report problematic alcohol use, followed by cannabis, cocaine, and opioids
- 33.6% of First Nations **who use opioid have diagnosed or suspected mental health disorder.**
- 44% of clients had a **history of suicide ideation or experienced a suicide attempt**
- 71.2% of clients **terminate use of alcohol post-treatment, 67.4% terminate use of cannabis, 81.8% terminate use of cocaine and 72% discontinue misuse of opioids**
- Of those who continued to use substances post-treatment, **94.9% use less than before they committed treatment**
- **90% of post-treatment clients report they have more control over their life, improved positive relationships, can ask for help when needed, and have a sense of purpose**

Innovations in Addiction Treatments During COVID-19

- In response to the sharp increases in substance use, mental health issues, and family violence during the pandemic, NNADAP and NYSAP developed mental wellness and addiction programs to help meet health needs
- Developed virtual (e.g. virtual counselling) and land-based programming (e.g. outdoor spaces utilized; on-the-land programs)

EXAMPLES

The image displays four example cards, each representing a different organization's innovation in addiction treatment during the COVID-19 pandemic. Each card features a logo at the top, the organization's name, and a list of innovative practices. The cards are arranged horizontally and have a decorative blue and white patterned border at the bottom.

- Charles J. Andrew Youth & Family Treatment Centre (NFL&L)**
 - Early innovations for virtual community support:**
 - Live streamed and recorded activities through Facebook (including Virtues classes, story time, wellness videos, and cultural activities)
 - Scavenger hunt, contests, and other family activities (e.g., trivia)
 - Zoom circles
 - Provision of tablets for clients without connection wishing to access content
 - On-call counselling available 24/7
- Mark Amy Treatment Centre (AB)**
 - Early innovations of virtual psychoeducational curriculum development:**
 - "Lite" version of educational programming offered with sessions promoted through Facebook; program had clear criteria of expectations
 - Also offer Knowledge Keeper teachings without registration
 - Shifted attention to those in recovery programs and aftercare during early months of pandemic, provided structured supports including employment support.
- Wanaki Center (QC)**
 - Supporting community and frontline workforce through virtual programming and services.**
 - Bilingual virtual psychoeducational programming: 3-weeks, 4 hours/day
 - Virtual supports:
 - Weekly virtual circles
 - Wellness hotline
 - Facebook wellness contests
 - Telephone contact with past clients
 - Provision of tablets for clients without connection wishing to access content
 - Center remains flexible and focused and has expanded support to frontline workers and community needs
- Native Alcohol and Drug Abuse Counselling Association (NADACA) of Nova Scotia**
 - Provided virtual programming nationally and to different populations.**
 - Use of Google Classroom to support 4 week virtual psychoeducational programming:
 - Video-based, non-triggering; 1 hour/day; counsellors available
 - Reach – able to deliver programming to some in incarceration and to clients nationally
 - Provision of outpatient programming using outdoor facilities

NWA™ – Outpatient Virtual

- Outpatient Virtual services includes virtual treatment provided on a non-residential basis, usually in regularly scheduled sessions (ie. 1-2 hours per day).
- wellness increased from 8 – 10% due to culture interventions used during outpatient virtual services at First Nations adult and youth treatment centres across Canada.

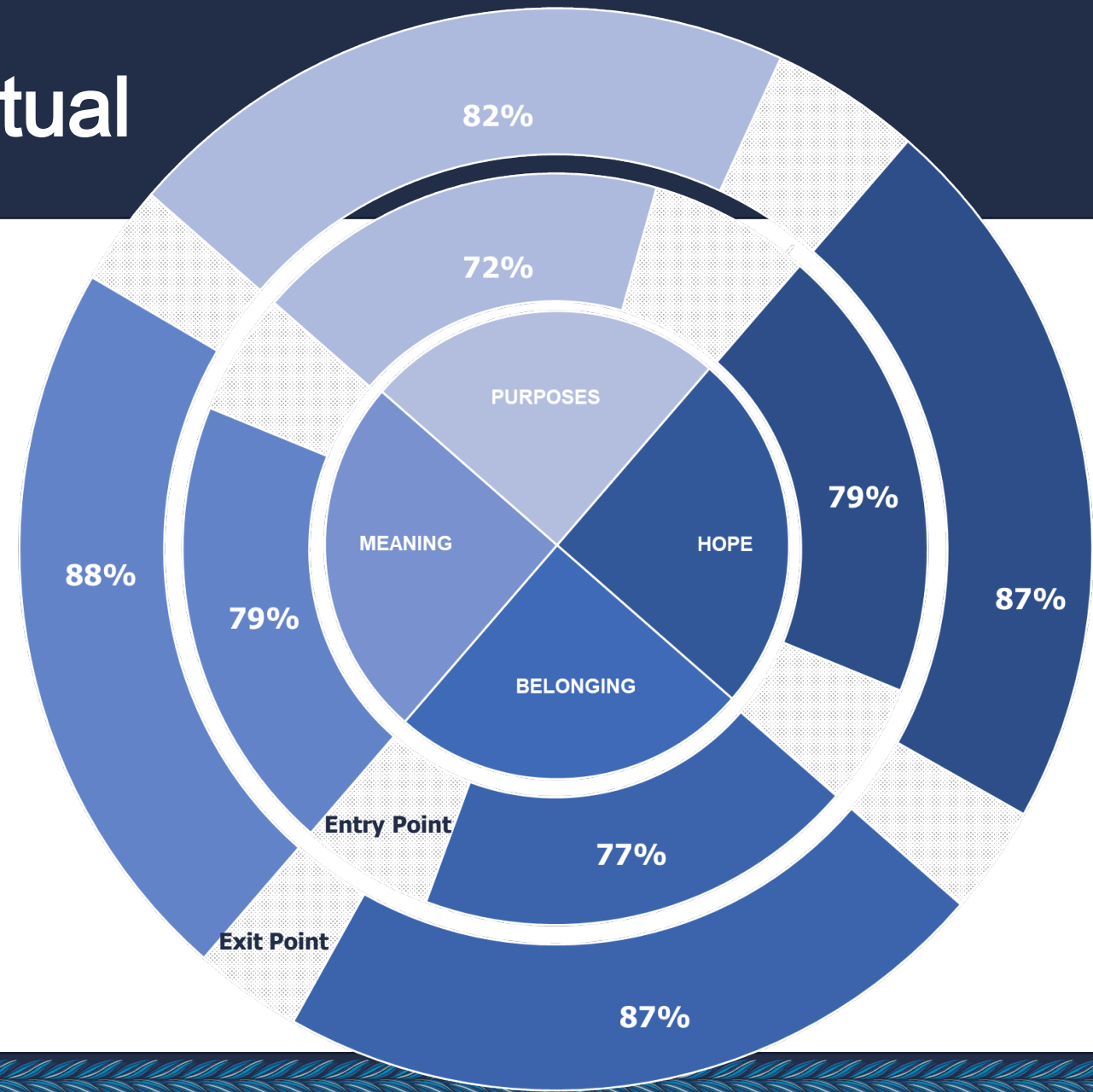


Figure 1: A Comparison of Balance in wellness across time. *Data provided as an average over Episodes of Care 1 and 2

Physical Life First

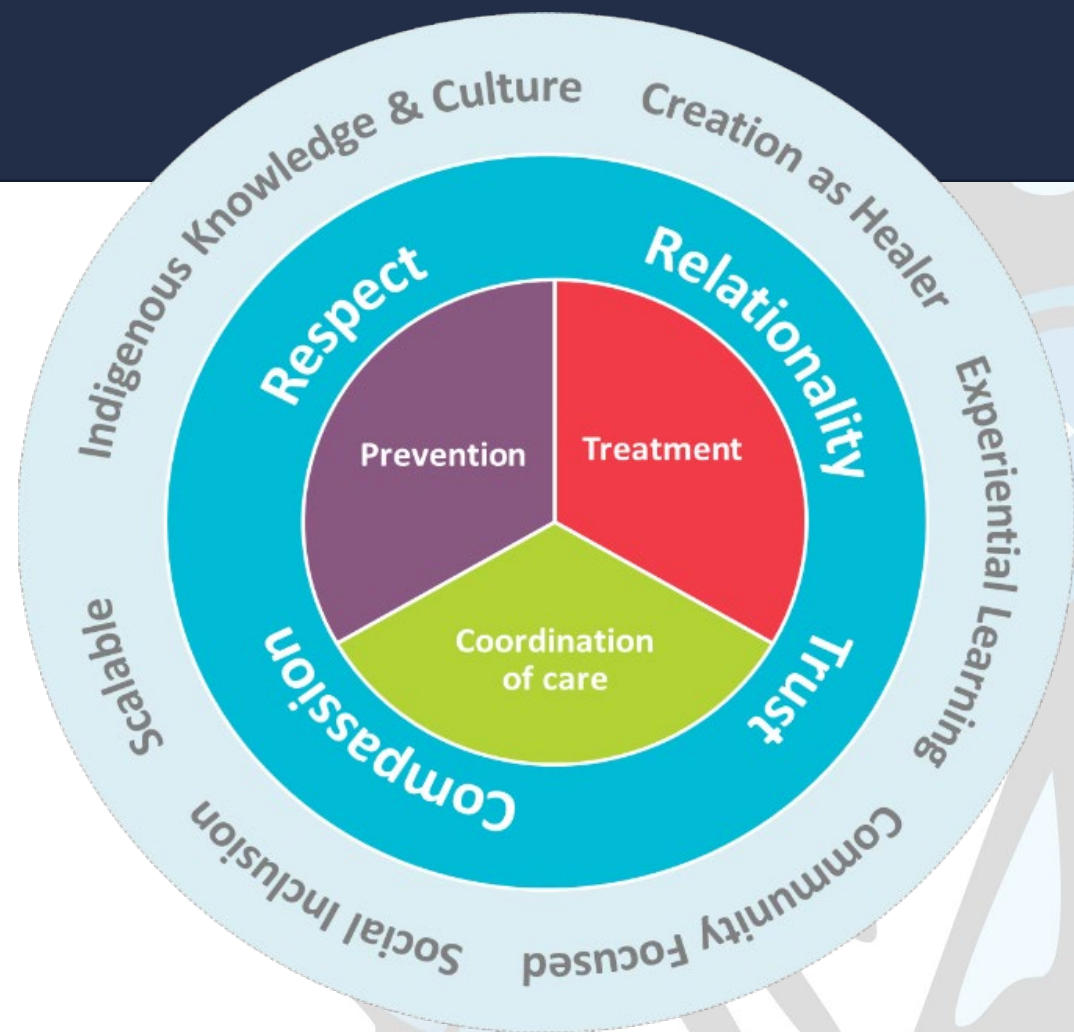
Preserving the right to life



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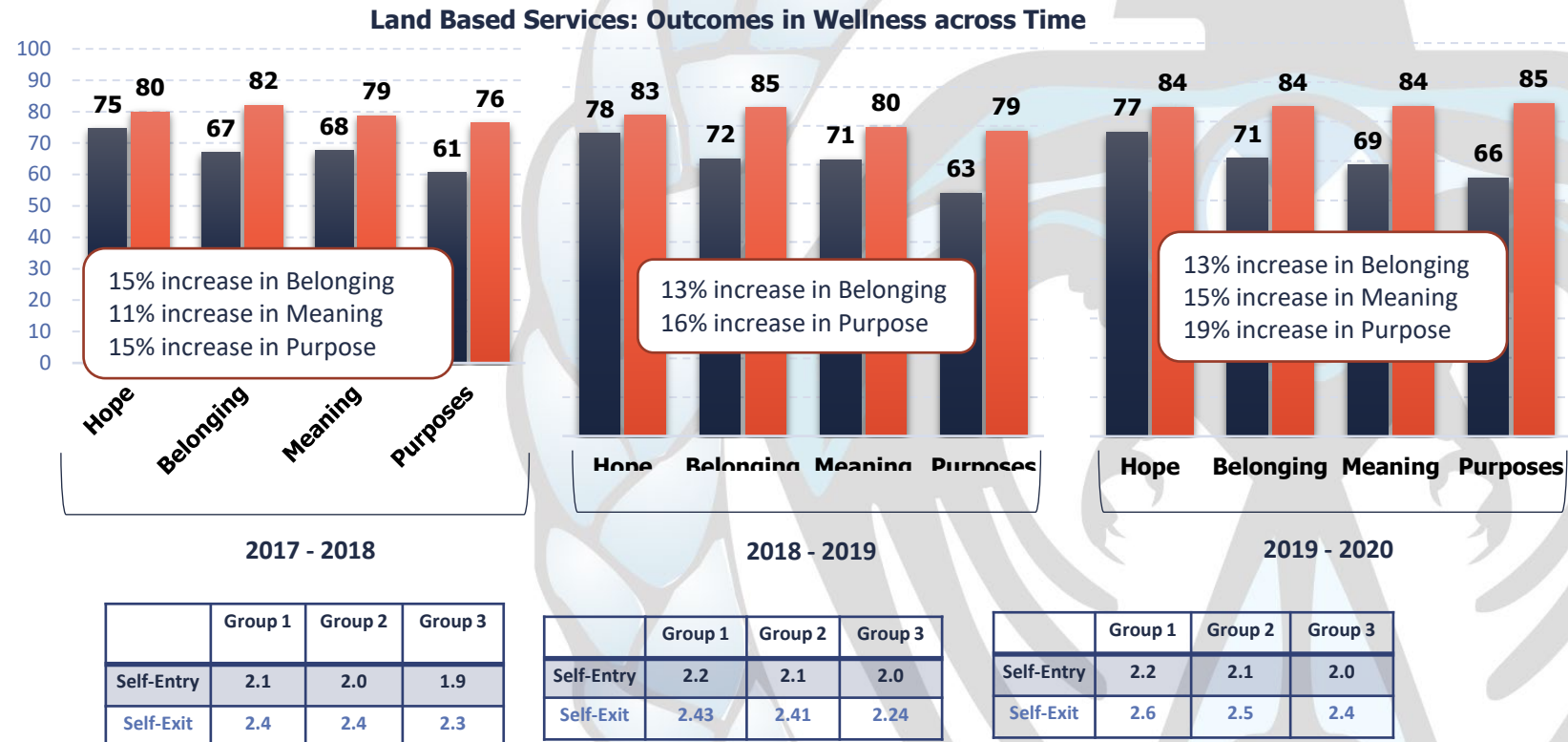
Land for Healing

- Land for healing has 6 dimensions:
- Land as a central dimension of wellness is embedded in Indigenous knowledge, and is a necessary foundation for culturally responsive mental health care
- Land-based activities and practices are linked to an increase in connection to culture

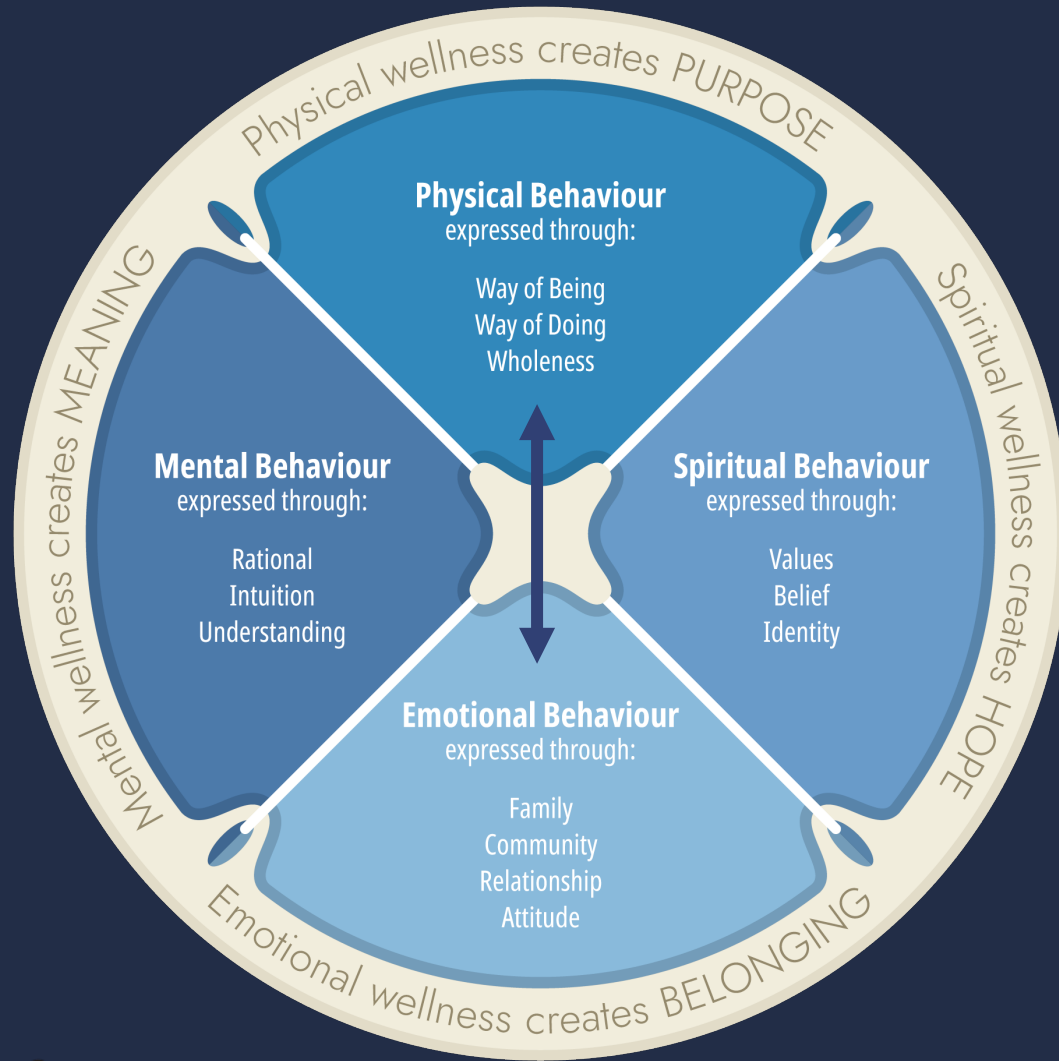


Land for Healing: Key Findings Using The Native Wellness Assessment

- Measured change in wellness (Hope, Belonging, Meaning, and Purpose) over time with land-based cultural interventions
- Consistently, all wellness indicators of Hope, Belonging, Meaning, and Purpose improved over time



Group 1: daily or several times a week: such as prayer, smudge
 Group 2: weekly or monthly, such as Sweatlodge
 Group 3: seasonal, may require specific ceremonial practice, such as Fasting



Belonging and Purpose balance each other

Belonging:



Purpose:

- Family
- Community
- Relationships
- Attitude

- Way of Being
- Way of Doing
- Wholeness



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Community Response



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Attitudes that support harm reduction

everyone has the right to health: prevention and treatment,

Accept people where they are at with their choice about their use substances **without requiring abstinence to access services**

community wide response vs an addictions specific response

People who use drugs are critically important for shaping harm reduction policy, programs and service delivery

Services must be tailored to the First Nations population: youth, women, pregnant women, mental health, trauma, men, incarcerated populations, people involved with child welfare, people involved in justice / probation and parole



Benefits of Treatment for Crystal Meth

- through community-based outreach
- directed towards people with no motivation toward recovery; establishing connection and relationship; easily accessible and patient centered.
 - Medical complications must be addressed with the health care system
 - Psychiatric complications – treated with cultural ceremony, or with psychiatric inpatient unit.
 - Pharmacological interventions aimed at treating Integrated with public health / health care



Benefits of Treatment for Crystal Meth

- Treatment Interventions and Goals – initially focused on basic needs, social protection (stigma and discrimination) supported through incentives
 - The use of ceremony and First Nations language
 - Matrix model - help with housing, access to jobs, life skills
 - CBT – help for managing negative thinking & developing coping skills
 - Motivational Interviewing

Rapid Access to Addictions Medicine



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Low Barrier clinics Expand Access

- Low-barrier, walk-in clinic that provide help for a substance use disorder without an appointment or formal referral
- Rapid Access programs exist across provinces: BC, Alberta, Saskatchewan, Manitoba, Quebec

Improve access to medication-assisted treatment by:

- Treatment is offered on the first visit (no wait times)
- Both counselling and medication are provided
- Trauma informed-care
- Manage many types of substance use dependency



70 clinics in Ontario
funded by the Ministry
of Health

Additional 30 clinics
have formed without
gov't funding

META:PHI: Evaluations of Ontario RAAM Clinics

- Looked at how often clients used healthcare services three months before their first RAAM visit, then compared it to how often clients used services in the three months after
- 168 clients
- ED visits decreased (247 to 110)
- 76.8% decrease in the number of days spent as in-patient
- Healthcare costs declined by 72.1%

Other studies showed:

- Reduction in hospitalizations, deaths
- Good uptake of anti-craving medications, reduction of alcohol and opioid use



In Conclusion

- Wholistic, trauma-informed, and culturally safe interventions provides results and needs to be embedded in the continuum of care.
- Strengthening and maintaining health infrastructure needs to address the determinants of health, including employment, housing, and education.
- Government collaboration and sustainable, and ongoing investments are required to force meaningful change.



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