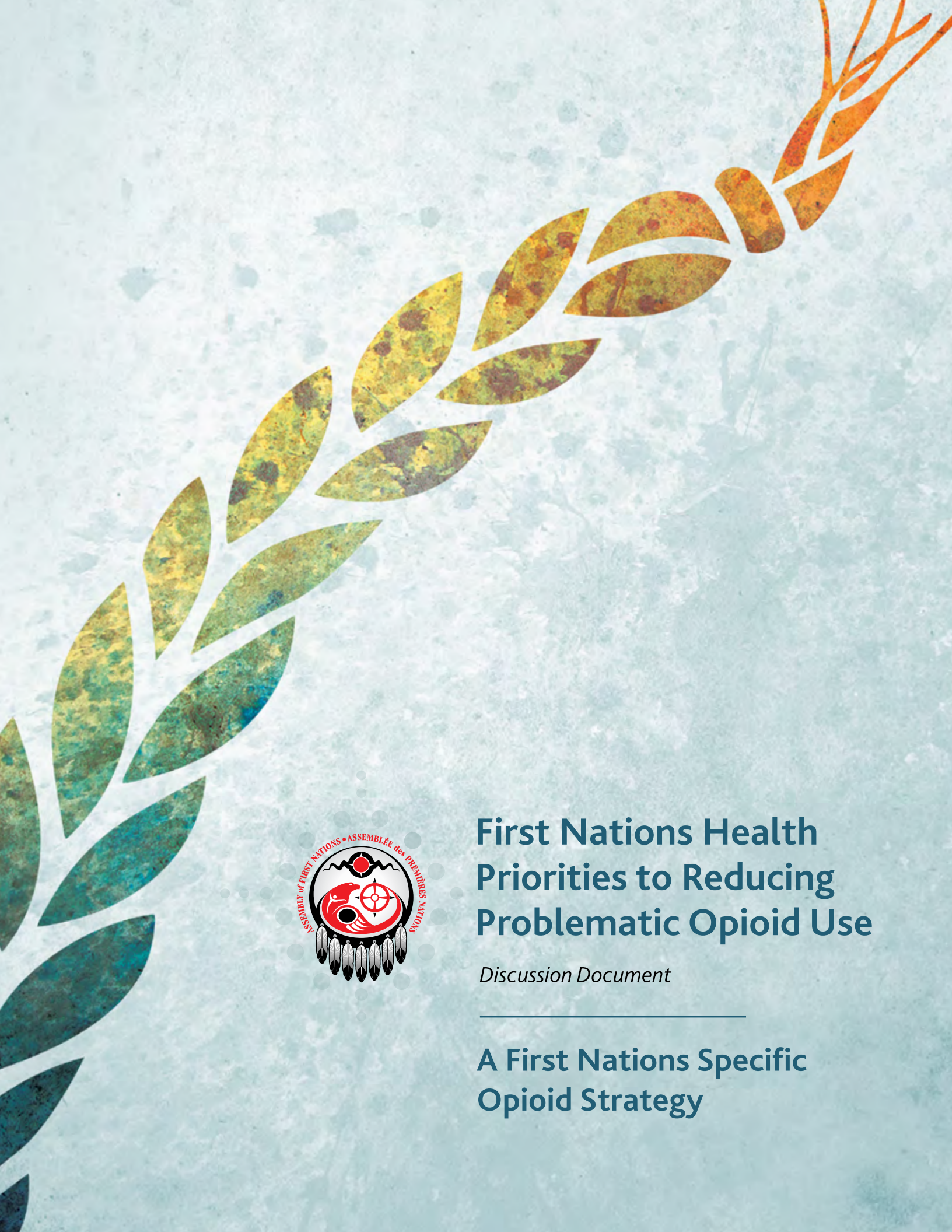

First Nations Health Priorities to Reducing Problematic Opioid Use

Discussion Document

A First Nations Specific Opioid Strategy

AFN OPIOID STRATEGY REPORT

Table of Contents

Priorities for Action and Collaboration

Priority Area	First Nations Health Priorities to Reducing Problematic Opioid Use: Action and Collaboration	Responsibility		
		Prov/ Fed/ Terr	First Nation	Medical Industry
First Nations Engagement, Control & Ownership	ACTION: All levels of government meaningfully engage with First Nations to determine community priorities and support community based solutions to addressing and reducing problematic opioid use.	✓	✓	
	ACTION: Health Canada-First Nations and Inuit Health Brand (FNIHB) work with First Nations to develop an appropriate funding formula for comprehensive community planning aimed at community wellness across program areas and departments, with support for data analysis and planning, and capacity building.	✓	✓	
	ACTION: All levels of government recognize substance misuse as a complex, multifactorial, public health concern with social and historical causes and consequences that can be prevented and addressed through community based and determined solutions and strengthened community capacity.	✓		
	ACTION: All levels of government work with First Nations to develop and strengthen relationships and capacity of health, social and law enforcement and other departments, to implement a comprehensive, integrated and balanced responses.	✓	✓	
Prevention/ Health Promotion/ Early Intervention	ACTION: Enhanced and flexible funding to facilitate effective and practical primary prevention measures as a means for First Nations to develop skills and design opportunities for healthy lifestyles, supportive parenting, healthy social environments, and ensuring equal access to education and vocational training.	✓		
	ACTION: Build health literacy within early education programs amongst young people.	✓	✓	

Priority Area	First Nations Health Priorities to Reducing Problematic Opioid Use: Action and Collaboration	Responsibility		
		Prov/ Fed/ Terr	First Nation	Medical Industry
Prevention/ Health Promotion/ Early Intervention	ACTION: Enhanced cooperation between public health, education and law enforcement authorities when developing prevention initiatives.	✓		✓
	ACTION: Enhanced and flexible funding for First Nations to develop and improve recreational facilities and provide access for children and youth to regular sports and cultural activities, with an emphasis on promoting healthy lives and lifestyles.	✓		
	ACTION: Enhanced and flexible funding for the promotion of the well-being of First Nations as a whole, centred on and tailored to the needs of individuals, families and communities as part of a comprehensive, balanced, and a non-discriminatory approach.	✓		
	ACTION: Enhanced and flexible funding for targeted health intervention for women of child bearing years to support birthing and mothering.	✓		
Community Based Detox	ACTION: Enhanced funding to ensure First Nations have adequate access to culturally appropriate detox services.	✓		
	COLLABORATION: Support for a system-wide approach to withdrawal management and treatment to ensure coordination and information exchange between services.	✓	✓	✓
	COLLABORATION: Stabilization services and supports for people experiencing persistent psychological effects after successfully withdrawing from a substance.	✓	✓	✓
	ACTION: Enhanced funding and collaboration to ensure First Nations have adequate access to follow-up services immediately after participating in detox, such as transition into long-term addiction treatment including medications, psychosocial interventions, residential treatment, or any combination of these.	✓	✓	✓
Community Based Treatment	ACTION: Enhanced funding to community health envelopes for community based opioid agonist treatment programs, as well as National Native and Alcohol and Drug Addiction Program (NNADAP) and National Youth Solvent Abuse Program (NYSAP) treatment centers in order to support capacity building for managing clients.	✓		
	ACTION: Health Canada-FNIHB support, through policy and funding, the formal inclusion of traditional healing within programming including within mental wellness programming.	✓		

Priorities for Action and Collaboration *(continued)*

Priority Area	First Nations Health Priorities to Reducing Problematic Opioid Use: Action and Collaboration	Responsibility		
		Prov/ Fed/ Terr	First Nation	Medical Industry
Community Based Treatment	ACTION: All levels of government work with First Nations to implement the First Nations Mental Wellness Continuum Framework to ensure access to community-based and culturally-specific treatment programs along a continuum of care.	✓	✓	
	ACTION: All levels of government work with First Nations to ensure non-discriminatory access to health and social services in prevention, primary care and treatment programs.	✓	✓	✓
	ACTION: All levels of government work with First Nations to ensure access to quality drug treatment and rehabilitation services.	✓	✓	✓
	COLLABORATION: All levels of government support treatment programs that are responsive to individual and community needs, which support individuals to stop or reduce substance use, improve their overall quality of life, and reconnect with family, community, and cultural supports.	✓	✓	
	ACTION: NIHB invest in access to non-pharmacologic services e.g. chiropractic, massage therapy, physiotherapy, recreation therapy, and traditional medicines.	✓		
	ACTION: All levels of government work with First Nations to determine and fund enhanced capacity for community based treatment options and practices.	✓	✓	
	COLLABORATION: Non-Insured Health Benefits (NIHB) provide coverage and access to abuse-deterrent formulas for First Nations that request access.	✓		
	ACTION: All levels of government work with First Nations to support patient choice and patient-centred care.	✓	✓	✓
Trauma Informed Treatment	ACTION: All levels of government invest in enhanced training on trauma-informed care for all health care professionals that work with First Nations.	✓	✓	

Priority Area	First Nations Health Priorities to Reducing Problematic Opioid Use: Action and Collaboration	Responsibility		
		Prov/ Fed/ Terr	First Nation	Medical Industry
Prescribing Practices	ACTION: Effective and comprehensive medical assessments by primary care providers.			✓
	ACTION: Effective screening to identify the least intensive and least intrusive health intervention that is appropriate to address individual needs.			✓
	ACTION: Ongoing follow-up and monitoring through assessments by health care providers to monitor symptoms and side effects.			✓
	ACTION: Community-based services that help with the coordination of care for individuals on medication which may include traditional and complementary medicine.	✓		✓
	ACTION: Multidisciplinary team approaches to care that help address the complex needs of those on medications.	✓		✓
	ACTION: Alternative pain management and treatment therapies.	✓		✓
	ACTION: Enhanced investment and greater accessibility to interdisciplinary pain management services, including pharmacological and non-pharmacological treatment approaches.	✓		✓
	ACTION: Enhanced investments in community-based prevention and harm reduction programming and approaches to mitigate the harms of de-listing.	✓		
Harm Reduction	ACTION: Enhanced investments for community capacity to support community health planning and furthering education on harm reduction approaches.	✓	✓	
	ACTION: All levels of government ensure wide access to Naloxone, including training/education on how to administer Naloxone, for all First Nations despite residence.	✓		
	ACTION: All levels of government invest in a train the trainer model for Naloxone in First Nations.	✓		
Aftercare	ACTION: Support for every community to develop an effective and comprehensive aftercare model.	✓	✓	
	ACTION: Ensure community-based efforts have support from more specialized services and that referral guidelines are clear and well understood.	✓		✓
	COLLABORATION: Discharge planning and aftercare efforts that work with a client and their support networks to ensure access to a range of care options that build on the treatment experience and address key social determinant of health areas.	✓	✓	✓

Background

Research indicates that the high prevalence of licit and illicit opioid misuse continues to be a persistent challenge for many First Nations. The challenge of opioid misuse is now further complicated by the recent spike in fentanyl and carfentanyl use that is moving from the west coast, eastward. Public health emergencies are being declared due to deaths caused by fentanyl overdoses and a number of First Nations have declared states of emergency.

Ultimately, the solutions to the opioid crisis reside in First Nations themselves and will vary based on culture, location and context. As such, it is neither desired nor possible for this discussion document to be understood as the single, complete and universal policy response to the crisis of opioids. Rather, this paper is meant to serve as a catalyst to spur and support discussions around the high prevalence of licit and illicit opioid misuse occurring in First Nations across the country. It also provides some important context for community-level discussions towards mapping the way forward in addressing this complex challenge in a way that is collaborative, holistic, and built on the strengths of First Nations. Finally, it may provide governmental and non-governmental partners some insights into the particular challenges and solutions related to First Nations opioid use.

This discussion document is the result of a 2016 emergency resolution passed by Chiefs-in-Assembly calling for action to address the opioid problem that continues to grow in First Nations. There is much work that has already been done by First Nations to address opioid misuse. This document relies heavily on these innovative solutions and attempts to expand on them in light of a changing landscape of opioid misuse, most prominently the alarming introduction of fentanyl and carfentanyl.

This document will first explore the issue of licit and illicit opioid misuse among First Nations and First Nations across Canada. To date, detailed research and statistical surveying in this area has been extremely limited; as such, this paper will amalgamate information from a number of sources to reflect on the current situation. Noticeable gaps in data demonstrate areas for further research, and the need for a streamlined and coordinated national approach to research and data collection in Canada. Importantly, this document will explore alternative, culturally relevant measures to prevent and address opioid misuse.

Terminology

Opioids (also called opiates) are a class of drug that share physiological properties and are meant to treat acute and chronic pain – they are also the most commonly misused prescription drug. Opioids such as morphine and codeine occur naturally in opium, whereas, semi-synthetic opioids, such as heroin, oxycodone, hydromorphone and hydrocodone are made by changing the chemical structure of naturally occurring opioids, and synthetic opioids such as methadone are made from chemicals without using a naturally occurring opioid as a starting material.[1] Methadone and buprenorphine/naloxone (Suboxone®) are used for the treatment of opioid dependency, and Naloxone hydrochloride (naloxone) is a non-prescription drug that is used in emergency situations to counter the effects of opioid overdose.

When discussing opioid misuse, we are referring to prescription drug abuse/misuse – whether obtained legally or illegitimately – as well as use of illicit drugs that contain opioids and counterfeit pharmaceuticals in the illicit market.

'Prescription drug abuse/misuse' specifically refers to the misuse or non-medical use of a controlled psychotropic pharmaceutical drug (i.e. the use of a drug for any other purpose than its intended medical or psychiatric one).[2] Defining and assessing prescription drug misuse is complicated by unclear boundaries between "appropriate" use and inappropriate use or abuse.[3]

Opioid misuse is also occurring when individuals use illegal substances (such as heroin or cocaine) that are laced with lethal opioids, such as fentanyl or carfentanyl. Fentanyl is fast-acting and can create a sense of euphoria, but can also cause individuals to experience breathing problems and even death from overdose within 15 minutes of consumption. While carfentanyl, a synthetic opioid and an analogue of fentanyl, is also beginning to emerge. Carfentanyl is reported to be 100 times more potent than fentanyl, 10,000 times more potent than morphine, and 4,000 times more potent than heroin.

Lastly, counterfeit pharmaceuticals in the illicit market are also becoming more frequent and problematic. This may include counterfeit pharmaceuticals such as OxyContin®, Percocet®, Xanax®, and Norco® tablets. These counterfeit pharmaceuticals contain synthetic opioids such as fentanyl and fentanyl analogues, and W-18, which can increase risks of overdose.

[1] Canadian Drug Policy Coalition
[2] Honouring Our Strengths, 2011, pg 26.
[3] McHugh, 2015, pg 3.

Opioid Misuse

Canada ranks the second highest per-capita user of prescription opioids in the world, while the non-medical use of prescribed opioids is the fourth most prevalent form of substance use in Canada.[4] Data also suggests that the harms associated with opioid misuse occur at disproportionately high levels in First Nations. Some First Nations have reported epidemics with as many as 43% to 85% of the communities' population dependent on opiates.[5]

- Approximately 50 percent of annual drug deaths in Canada are prescription opioid related.[6]
- In 2016 there were at least 2,816 opioid related deaths in Canada, marking the national opioid-related death rate at 7.8 per 100,000.[7]
- In 2017, the First Nations Health Authority (FNHA) also reported that 14% of all overdoses in British Columbia (B.C.) were experienced by First Nations, and First Nations are five times more likely than non-First Nations to experience an overdose.[8] In B.C. First Nations are three times more likely to die due to an overdose than non-First Nations.[9]

According to the National Native Alcohol and Drug Abuse Program (NNADAP) treatment activity reporting system (TARS), prescription drug abuse is "increasing among First Nations and Inuit people who are referred to NNADAP in-patient treatment programs."[10]

- 2016-2017 Addictions Management Information System (AMIS) data indicates that 73% of women and 74% of men entering treatment for substance use issues reported opioid misuse.[11]
- 23% of female youth and 14% of young men entering Youth Substance Abuse Program (YSAP) Treatment Centres for substance use issues reported opioid misuse.[12]

In regards to fentanyl and carfentanyl, deaths due to overdose have reached crisis rates.

- In March 2015, Blood Tribe declared a state of emergency due to high incidence of deaths from fentanyl.
- In April 2016, British Columbia declared a public health emergency due to deaths caused by fentanyl overdoses.

[4] Canadian Drug Policy Coalition
[5] NACPDM, 2013
[6] Canadian Drug Policy Coalition
[7] National Report: Apparent Opioid-Related Deaths (2016) and Q1 2017
[8] First Nations Health Authority, Overdose Data and First Nations in BC, Preliminary Findings
[9] First Nations Health Authority, Overdose Data and First Nations in BC, Preliminary Findings
[10] NACPDM, 2013
[11] Addictions Management Information System, 2017. Thunderbird Partnership Foundation Annual Report
[12] Addictions Management Information System, 2017. Thunderbird Partnership Foundation Annual Report

- In Alberta, 120 people died in 2015 from fentanyl, compared to six in 2011, and in Ontario there were 162 fentanyl-related deaths reported in 2015 and 32 fentanyl-related deaths in Atlantic Canada.
- According to the Chief Coroner for British Columbia, the percentage of illicit drug deaths involving fentanyl increased from 5% in 2012 to 60% in 2016. Most recently, FNHA is reporting that from January to April 2017, fentanyl was detected in 72% of overdose deaths in B.C.[13]

Opioid overdose and death are preventable; however, the rates of overdose within Canada continue to increase. The use of opioids does not pose a risk of overdose in itself, but rather, overdose deaths are most frequently due to a toxic drug supply and there are factors that can further contribute to one's vulnerability to overdose. Such factors include mixing opioids with other substances, reduced tolerance due to a period of non-use, beginning to introduce tapering opioid therapy, lack of access to primary care, or when a prescription opioid is delisted or suddenly made unavailable and individuals are left to seek other means to address their pain.[14]

Guiding Principles

It is important to outline the principles that guide this discussion document and the principles that must be considered when discussing responses to opioid misuse, grounded in the cultural worldviews of First Nations people.

Culture as Foundation – First Nations culture is central to promoting health and well-being among First Nations people – ceremony, language and traditions help to focus on strengths and reconnecting people with themselves, the past, family, community and land.[15] Culture is the foundation for a *good life*, and the knowledge contained within culture applies across the life span and addresses all aspects of life.[16]

Strengths-Based – A strength-based approach sees potential, rather than deficit, and encourages hope for the future through resiliency at both the individual and community level.[17]

(W)holistic – There is interconnectedness between the physical, mental, emotional and spiritual, as part of overall wellness.

Community Determined and Focused – The diverse nature of First Nations people requires that all programming must be community developed to meet the unique contexts and needs of the community.

Cultural Humility – In order for service providers to be culturally competent and culturally safe, a process of cultural humility is required. Cultural humility is "a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience."[18]

[13] First Nations Health Authority, Overdose Data and First Nations in BC, Preliminary Findings
[14] Canadian Drug Policy Coalition
[15] HOS pg 7
[16] Continuum pg 22
[17] Continuum pg 43
[18] Ibid.

Additionally, understanding the functioning and impacts of colonialism is central to a fulsome understanding of First Nations wellness, and particularly when it comes to mental health and substance use. Colonialism has profoundly shaped the lives of First Nations in Canada from governance, economics, politics, gender relationships, spirituality, language, familial relations, and relationships to the land, among others. The most emblematic example of colonization as a determinant of health is the ongoing intergenerational impacts of the Indian Residential School experience. Simply, the dislocation from culture and identity inflicts profound wounds on individuals, families and communities. These impacts continue to be felt across the determinants of First Nations health.

First Nations Determinants of Health and Mental Wellness

The challenge of opioid misuse in First Nations does not occur in a vacuum. Rather, there is a clear connection between substance misuse, mental wellness, and the social determinants of health. Studies have found that:

> *The consumption of alcohol and other intoxicating substances is often a contributing factor to suicide for several reasons. Alcohol and other central nervous system depressants can reduce inhibitions, increase impulsivity, and intensify negative emotions (e.g. sadness, depression, anger, and anxiety). They may also decrease a person's fear of death and an ability to imagine the consequences of their actions. Taken together with other drugs, alcohol can increase the lethality of over-the-counter and prescription medications or drugs that are often used as instruments of suicide. On occasion, people who have been drinking without serious suicidal intent may impulsively attempt suicide while intoxicated.*[19]

Social determinants of health are the conditions that are predictive of good health. The World Health Organization defines the social determinants of health as:

> *The conditions, in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.*

And more specifically, First Nations health determinants are defined as:

> *Community readiness, economic development, employment, environmental stewardship, gender, historical conditions and colonialism, housing, land and resources, language, heritage and strong cultural identity, legal and political*

[19] Laurence J. Kirmayer et al., "Suicide amongst Aboriginal People in Canada," The Aboriginal Health Foundation Research Series, (2007): pg. 38.

> *equity, lifelong learning, on and off reserve, racism and discrimination, self-determination and non-dominance, social services and supports, and urban and rural.*[20]

Defining Mental Wellness

Lastly, for the purposes of this discussion it is important to outline what mental wellness means from a First Nations perspective. The First Nations Mental Wellness Continuum Framework defines mental wellness as:

> *A balance of the mental, physical, spiritual, and emotional. This balance is enriched as individuals have: purpose in their daily lives whether it is through education, employment, care-giving activities, or cultural ways of being and doing; hope for their future and those of their families that is grounded in a sense of identity, unique Indigenous values, and having a belief in spirit; a sense of belonging and connectedness within their families, to community, and to culture; and finally a sense of meaning and an understanding of how their lives and those of their families and communities are part of creation and a rich history.*[21]

Needed Access to Opioid Medications

Before moving forward, it is imperative to recognize at the outset that many First Nations rely on opioid medications for legitimate health reasons, such as for long term and chronic pain, and we must ensure that we do not stigmatize or label our community members that currently use opioids to manage pain. It is also important to be mindful that First Nations are disproportionately impacted by trauma, chronic illness, accidents, and violent incidents, which may require long term pain relief, or for some, have not been offered anything other than opioid medications. In fact, the 2008/10 First Nations Regional Health Survey (RHS) found that 63% of First Nations adults living on reserve or in northern First Nations have at least one chronic health condition, while 40% of First Nations adults report having more than one chronic condition.[22] Of the First Nations adults with chronic health conditions, the 2008/10 RHS found that 68% of individuals are undergoing treatment or taking medication. Ultimately, all opioid use is for pain, whether that be for physical pain or psychological pain related to trauma.

Access to medications under the federally funded Non-Insured Health Benefits (NIHB) program is often a challenge in general,[23] while access to alternative pain management therapies, such as massage therapy or chiropractic care, is often an unattainable option. The 2008/10 RHS survey found that over a third (34.8%) of First Nations adults living on reserve or in northern First Nations reported difficulties with accessing NIHB health services, and of this, medication (13%) was reported as the most difficult service to access.[24] Furthermore, the 2008/10 RHS also found that women have more difficulty with accessing NIHB health services than men (37.6% versus 32.1%) and specifically, 16% of women and 10% of men had difficulty with accessing medication covered under NIHB.[25]

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[20] Assembly of First Nations, First Nations Holisitic Policy and Planning Model: Social Determinants of Health, (2013).
[21] Mental Wellness Continuum Framework (n.p.)
[22] RHS 2008/10 Adult Survey - Chapter 10: Chronic Health Conditions.
[23] Such challenges include policy barriers preventing access to medically necessary medications due to cost containment measures and benefit administration.
[24] RHS 2008/10 Adult Survey - Chapter 5: Health Care Access, page 67.
[25] Ibid.

Also important to mention, there are anecdotal reports that some First Nations members are facing challenges with obtaining opioid prescriptions for needed medical reasons, such as for chronic and long term pain, and are denied opioids because of prescriber fear that opioids are too addictive for First Nations. However, perhaps most importantly, it must be clarified that opioids are not more addictive for First Nations than other populations, but that denial of opioid prescriptions is related to judgement of patients as drug seeking. Being aware of the dangerous effects of strong opioid medications is important, however, it is essential that those who need opioid medications are not denied access and left to suffer in pain, similar to it being essential that First Nations are not stigmatized by colonial notions of addictions. It must be recognized that access to health care is a determinant of health, which can often be one of the many contributing factors for First Nations developing chronic health conditions and having poorer health outcomes when compared to the Canadian population.[26]

Fentanyl and Carfentanyl

Most recently, there is growing concern about the spike in the deaths due to fentanyl and carfentanyl laced drugs in toxic drug supplies, and the spread of these drugs from the west coast, eastward. Originally developed to treat extreme pain, fentanyl is 100 times more potent than morphine and can create a sense of euphoria, but can also cause individuals to experience breathing problems and death from overdose within 15 minutes of consumption. In addition, carfentanyl, a synthetic opioid and an analogue of fentanyl, is reported to be 100 times more potent than fentanyl, 10,000 times more potent than morphine, and 4,000 times more potent than heroin. The use of fentanyl is occurring due to prescription drug misuse, such as when individuals use prescribed fentanyl patches for other intended purposes – such as using discarded patches, attempting to chew or smoke patches. However, the primary reason for the recent spike in overdose is due to individuals using other illegal substances (such as heroin or cocaine) that are laced with fentanyl or carfentanyl.

The Canadian Centre on Substance Abuse reported that during 2009 and 2014 there were 655 deaths in Canada where fentanyl was determined to be a cause or a contributing cause.[27] This means an average of one fentanyl-implicated death every three days during this time period. British Columbia has been most affected by fentanyl and carfentanyl. British Columbia reported that in the short period of seven months during 2016 there was a 60% increase in the number of deaths due to apparent illicit drug overdose.

[26] Health Canada, "A Statistical Profile on the Health of First Nations in Canada: Self-rated Health and Selected Conditions, 2002 to 2005" (Health Canada Publication No. 3556) (2009); RHS 2008/10 Adult Survey - Chapter 10: Chronic Health Conditions.
[27] CCSA, CCENDU Bulletin

The Way Forward: Rights of Self-Determination

It is clear that the challenges of opioid misuse are complex and, as such, solutions that must be equally comprehensive, flexible, holistic, and sustainable. Most importantly, First Nations must determine the solutions to the challenges that they themselves face in their own communities. Such rights of self-determination are affirmed within First Nations inherent and treaty right to health, the United Nations Declaration on the Rights of Indigenous Peoples (UN Declaration), and The Truth and Reconciliation Commission (TRC) of Canada.

Inherent and Treaty Right to Health

Under section 35 of the Constitution Act, 1982, First Nations have inherent Aboriginal and Treaty rights that include the right to health and self-determination over health systems. In the case of health, Treaties reaffirmed First Nations jurisdiction over their own health care systems and established a positive obligation on the Crown to provide "medicines and protection,"[28] while Aboriginal rights affirm First Nations right to self-determination towards their way of life.

While the most commonly cited reference to the treaty right to health is found in Treaty 6, there is significant evidence demonstrating explicit promises of health provision in numerous treaty negotiations. Noted legal scholar and expert on Aboriginal health and the law, Dr. Yvonne Boyer notes that in "Treaties 6, 8, 9 and 10 there is explicit reference to medicine in either wording of the treaties or in records of the oral negotiations surrounding treaties. Treaty 7 elders confirm the treaty right to medicines, medical care, and indeed health was negotiated."[29]

Boyer also notes in her research that the Federal Court clarified the extent of the medicine chest clause in the 1935 Dreaver decision to include "all medicines, drugs, or medical supplies… to be supplied free of charge to Treaty Indians."[30] Significantly, this judgement "has not been overruled."[31] Also significant is that the Supreme Court articulated that Treaties should be interpreted flexibly and that "any ambiguities about the language in a treaty or the negotiations must be resolved in favour of the Indian signatories. Further, any treaty limitations that restrict the rights of Indian signatories must be narrowly interpreted."[32]

When it comes to health, these inherent rights are predicated on the fact that pre-contact First Nations had total control over complex and diverse health practices and wellness activities to ensure a healthy society. These inherent rights have never been extinguished or altered and, therefore, First Nations continue to maintain the right of self-determination over their health practices and systems.

[28] Yvonne Boyer, Moving Aboriginal Health Forward: Discarding Canada's Legal Barriers, (Saskatoon: Purich Publishing Limited, 2014): 141.
[29] Ibid, 143.
[30] Ibid, 147.
[31] Ibid, 147.
[32] Yvonne Boyer, "Aboriginal Health: A Constitutional Rights Analysis," NAHO Discussion Paper Series: Legal Issues, (June 2003): 17.

United Nations Declaration on the Rights of Indigenous Peoples

Reinforcing the First Nations right to health and self-determination in health, The United Nations Declaration on the Rights of Indigenous Peoples (UN Declaration) represents forty-six articles that describe specific rights held by Indigenous peoples and state obligations to protect these rights. Outlining this right to health and self-determination of health policy is detailed in Article 18:

> *Indigenous peoples have the right to take part in decision-making in all matters affecting them. This includes the right of indigenous peoples to select who represents them and to have indigenous decision-making processes respected.*

Article 19 also outlines that governments must work with Indigenous people in affirming their right to self-determination:

> *States shall consult and cooperate in good faith with the Indigenous peoples concerned through their own representative institutions in order to gain their free, prior and informed consent before laws are passed or policies or programs are put in place that will affect indigenous peoples.*

Lastly, directly tied to health and wellness, Article 24 states:

> *Indigenous peoples have the right to their traditional medicines and to maintain their health practices…Indigenous individuals also have the right to access, without any discrimination, to all social and healthcare services.*

United Nations Declaration on the World Drug Problem

The United Nations General Assembly held a Special Session (UNGASS) on drugs in 2016, creating a joint commitment to effectively address and counter the world drug problem. The declaration affirms government responsibility to establish a foundation of a drug control system protecting the health of people from the inappropriate use of drugs. UNGASS asserted:

> *We reaffirm the need to address the key causes and consequences of the world drug problem, including those in the health, social, human rights, economic, justice, public security and law enforcement fields, in line with the principle of common and shared responsibility, and recognize the value of comprehensive and balanced policy interventions, including those in the field of promotion of sustainable and viable livelihoods.*

Truth and Reconciliation Commission of Canada

The Truth and Reconciliation Commission (TRC) of Canada detailed the necessary action required for reconciliation from the legacy of the residential school system. The TRC Calls to Action affirm the importance of the *UN Declaration* and also outlines the essential action needed towards Indigenous health. TRC Call to Action # 18 calls upon:

> *The federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including Indian Residential Schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law and constitutional law, and under the Treaties.*

Directly affirming the importance of Indigenous peoples' right to health and self-determination of health policy, Call to Action #22 calls on:

> *Those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.*

Lastly, in consideration of the large amounts of overdoses occurring in the urban centres where First Nations people are away from home and often overly impacted by the opioid crisis, Call to Action #20 states:

> *In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.*

The Way Forward: First Nation Determined Solutions

As previously mentioned, there is much work already done by, and in partnership, with First Nations, to address opioid misuse. Using the First Nations Mental Wellness Continuum Framework (FNMWCF) and the First Nations Health Transformation Agenda (FNHTA) as the foundation, the following discussion attempts to expand on innovative solutions provided by First Nations in light of a changing landscape of opioid misuse, and most prominently the alarming introduction of fentanyl and carfentanyl into Canada.

The First Nations Mental Wellness Continuum Framework

Opioids and their harms do not exist in a vacuum. Lawrence Kirmayer (2007) explains:

> *Promoting and recognizing a culturally competent workforce includes recognition of Elders and other cultural practitioners within communities. They have a critical role to play in individual, family, and community wellness. Their expertise and value as part of a comprehensive continuum of care must be recognized through the provision of proper resources and compensation.*[33]

[33] First Nations Mental Wellness Continuum Framework (FNMWC), p 47.

Developed by the AFN, Health Canada-First Nations Inuit Health Branch (FNIHB), and Indigenous mental health leaders, the First Nations Mental Wellness Continuum Framework describes how First Nations can work to enhance service coordination and support culturally-centered delivery of services, such as those provided by Traditional Healers and Elders.

The FNMWCF offers a model of comprehensive First Nations mental wellness programming and services by accounting for the diverse determinants of health and within the unique political and jurisdictional context of First Nations in Canada. It articulates a determinants model based on the specific needs and context of First Nations. The model identifies numerous determinants that can either support, or conversely, negatively impact mental wellness. These include employment, education, access to justice and adequate housing, among others. The FNMWCF identifies the need for a comprehensive continuum of mental wellness programs and services including health promotion, prevention, community development and education, early identification and intervention, crisis response, coordination of care and care planning, detox, trauma-informed treatment, and support and aftercare.

The First Nations Health Transformation Agenda

Calling on provinces, territories and the federal government to advance First Nations health with First Nations as full partners, the First Nations Health Transformation Agenda encourages relationship building, outlines a menu of policy options and highlights innovative practices with the potential to continue to transform health systems for First Nations for the better.

The Agenda has three key messages. They are:

- Getting the Relationships Right – for all of those within the healthcare world, but in particular federal, provincial and territorial governments, to work with First Nations in a way which respects First Nations right to self-determination, as part of Treaty, inherent and international rights. The FNHTA seeks to push federal/provincial/territorial actors to engage with First Nations rights-holders in building these vital relationships.

- Meaningful Investments in First Nations Health – the need for significant and immediate investments in program areas across the board. First Nations health systems are profoundly underfunded a fact which contributes significantly to the overall poor health outcomes of First Nations people.

- Support First Nations Capacity First – the need to support First Nations people, communities and organizations in building capacity in the area of health and wellness, rather than turning to mainstream organizations to do work on behalf of First Nations. First Nations have the right and the knowledge to develop their own healthcare and health systems solutions. The missing link continues to be capacity support.

Prevention, Health Promotion and Early Identification

Firstly, community engagement, ownership, and control must be the core of initiatives for prevention and responses to problematic opioid use so that each community can design and implement programs in a way that addresses their unique needs and priorities based on its unique asserts. Health services must be community driven and not derived from the top-down. The potential for buy in from community members is vastly improved when solutions come from the grassroots. Care and support should be First Nations developed in collaboration with all levels of jurisdiction. Partnership and collaboration is required among governments, municipalities, and First Nations, and this requires dialogue and sharing of information.

- ACTION: All levels of government meaningfully engage with First Nations to determine community priorities and support community based solutions to addressing and reducing problematic opioid use.

Community development and capacity at the local level can also be an effective tool for improving community health and wellness. Community development can lead to better health, economic, and social outcomes in First Nations by empowering communities to define and manage their own services, utilize their cultural knowledge, and build on their unique strengths. Skills that support these activities include building relationships, engaging natural or informal supports within the community, communication, team-building, decision-making, and planning.

- ACTION: Health Canada-FNIHB work with First Nations to develop an appropriate funding formula for comprehensive community planning aimed at community wellness across program areas and departments, with support for data analysis and planning, and capacity building.

- ACTION: All levels of government recognize substance misuse as a complex, multifactorial, public health concern with social and historical causes and consequences that can be prevented and addressed through community based and determined solutions and strengthened community capacity.

Innovation: Community Initiatives

Community-wide dissemination on the effects of opioid misuse, how to define opioid misuse, and safe storage and disposal of prescription drugs

Drug education programs in educational settings

Inclusion of First Nations Elders in educational systems to foster mentorship and guidance

Youth peer support/ mentorship and gatekeeper training

Community activities for youth to build self-confidence and enforce healthy lifestyle choices

Parental support and mentorship from Elders

Including medical professionals in sharing information on opioids

Community led activities, such as "take back your meds day"

Building on existing community programs to integrate information on preventing drug misuse (Brighter Futures, Aboriginal Head Start)

- ACTION: All levels of government work with First Nations to develop and strengthen relationships and capacity of health, social and law enforcement and other departments, to implement a comprehensive, integrated and balanced responses to substance misuse and mental wellness.

Early Identification and Intervention

Early identification and intervention can often be instrumental in preventing opioid misuse as well as fostering healthy development and healthy communities. Early identification involves formal and informal screening of those who may be at risk for developing, or who already have, a substance use issue. By identifying those who may be at risk, service providers and community-based workers can intervene in a tailored, specific way that is brief, focused, culturally relevant, and effective. Early identification can occur in settings such as daycares, schools, family support programs, pre-employment and training programs, workplaces, and health and social service programs. If parents and families are provided with support for early identification interventions along with first level screening and assessment services, the potential outcome is improved health for children, families, and communities.

Health Promotion and Prevention

Prevention is the most effective tool in fighting opioid misuse and the consequential impacts. For First Nations, culture and community are deeply involved in developing a healthy and safe environment free of drug misuse. Prevention efforts are instrumental in fostering protective factors while addressing risk factors of opioid misuse. In the prescription abuse strategy, Take a Stand, created

Innovation: Culture as Prevention

Strategies that are designed to be community-specific, draw on the worldview inherent in the First Nations language or languages of the community, centered in the history of the community, and the community's connection to land and ancestors.

Use of First Nation language and values in programs

Opportunities for youth to learn more about their heritage and traditional medicines from Elders / Knowledge Keepers

Use of the land as a teaching environment (fishing, hunting, and gathering)

Elder groups for support and guidance

Celebration of the past (through pictures / stories / historical events) so children and adults may nurture a sense of identity as well as pride in their heritage

Re-introduction of traditional roles and responsibilities in the community (Elders, men, women, youth) to give everyone a purpose (e.g. Rites of Passage, fasting camps, sweat lodge activities and spiritual outings). *(Continued on next page)*

by the Chiefs of Ontario and the First Nations and Inuit Health Branch Ontario Region, health promotion is identified as one the four key strategic areas for addressing prescription drug misuse. Health promotion includes addressing the social determinants of health, such as income, housing, food security, employment, and quality working conditions – all of which support behaviours that promote health. Also, as outlined in Honouring our Strengths: a renewed framework to address substance use issues among First Nations people in Canada, health promotion is described as, "a process of empowering people to increase control and improve their health and its determinants. These efforts help people engage in safer and healthier lifestyles, create conditions that support such lifestyles, and restore healthy and supportive family and community dynamics."[34]

Innovation: Culture as Prevention

Build upon historical community strengths to solve community problems as a collective.

Alternatives to pharmaceutical medication

First Nation ceremonies to honour the strengths of healthy relationships

Take a stand, page 14, 20

The *First Nations Mental Wellness Continuum Framework* also emphasizes the importance of prevention, education, and health promotion, as they create changes in awareness, attitude, and behaviour; help people engage in safer and healthier lifestyles; and create conditions that support such lifestyles, reduce the occurrence of harmful behaviours, and support healthy and supportive family relationships.[35]

- ACTION: Enhanced and flexible funding to facilitate effective and practical primary prevention measures as a means for First Nation communities to develop skills and design opportunities for healthy lifestyles, supportive parenting, healthy social environments, and ensuring equal access to education and vocational training

- ACTION: Build health literacy within early education programs amongst young people.

- ACTION: Enhanced cooperation between public health, education and law enforcement authorities when developing prevention initiatives

- ACTION: Enhanced and flexible funding for First Nations to develop and improve recreational facilities and provide access for children and youth to regular sports and cultural activities, with an emphasis on promoting healthy lives and lifestyles

The Continuum Framework further highlights the importance of having culture as the foundation when considering health promotion, education, and prevention:

Cultural knowledge is critical to increasing skills and knowledge for living as a whole and healthy person, family, or community. Health promotion, prevention, and education strategies focus on restoring linkages to cultural strengths, enhancing empowerment at the individual and community levels to increase participation in family and

[34] HOS, page 21
[35] Continuum, page 14

community life, strengthening resilience, increasing protective factors, and decreasing risk factors. Due to the interconnectedness of mental wellness with physical well-being, health promotion activities that target physical health, such as illness prevention, healthy living, physical activity, injury prevention, and safety are also critical to improving mental wellness.[36]

Targeted Prevention[37]

For specific populations that are at risk of developing an opioid misuse problem or are showing early signs of a substance use issue, targeted prevention approaches can reduce risk factors, promote protective factors, prevent future dependency issues, and promote community and cultural connections.

Unique-needs populations include individuals:

- with a mental health issue or disorder;
- with a parent who is or has been alcohol or drug dependent;
- who have been physically, sexually or emotionally abused
- who have recently been released from incarceration;
- who are involved with a gang;
- who are lesbian, gay or bisexual; and
- who have experienced childhood traumas or family disturbances, including former residential school students and their families

Innovation: Risk Reduction Initiatives

Community-based support through formal and informal (community cultural gatherings) interventions to reduce risky behaviour and promote connection to family, community, and culture;

Outreach to substance users within and outside the community in order to assess needs, motivation to change, and link them with health, social, and cultural supports;

Ongoing risk assessment and management to organize necessary services and supports to reduce risk factors and behaviours related to substance use; and

A range of efforts (e.g., case management) that will ensure clients are connected with care options specific to their needs and supported throughout their healing journey.

-HOS

The abovementioned populations may not feel fully connected to their community and may experience distinct barriers that impact on their ability to access services or may not be the focus of prevention efforts. A systems-wide goal to address the needs of all populations is required to remove barriers, combat stigma, and ensure proper services and full community participation.[38]

[36] Continuum, page 14
[37] HOS, page 30
[38] HOS

- ACTION: Enhanced and flexible funding for the promotion of the well-being of First Nations as a whole, centred on and tailored to the needs of individuals, families and communities as part of a comprehensive, balanced, and a non-discriminatory approach

- ACTION: Enhanced and flexible funding for targeted health intervention for women of child bearing years, including:

    - Support in Birthing: rights to *mother* and rights to continuity of health care for newborn and mother together; attention in addressing neonatal abstinence syndrome focused on destigmatizing treatment for opioid dependency and focus on support for continuity of treatment.

    - Support in Mothering: lactation support, First Nations culture specific Doula care

Igniting the Conversation

An essential part of prevention and risk reduction is having an open conversation with all community members, especially young people, about the harms and risks of opioids and the newly emerged fentanyl and carfentanyl. Using a public health approach, key communication strategies include:

- Reducing the stigma of talking about substance use and mental health to facilitate open dialogue
- Raising awareness and increasing knowledge of opioids and fentanyl by providing appropriate and accurate information, while being honest about the harms of opioids and removing the abstractness of harms where youth come to realize that harms can in fact happen to them or someone they love
- Mobilize young people to be the change in their communities and promote essential attitude change

The goal of a communication strategy is to increase knowledge, to raise awareness, and to encourage strength and empowerment to facilitate healthy attitudes, choices, and behaviours towards substance use so that all individuals can make informed decisions.

Community Based Treatment

Rather than utilizing treatment far away from communities, there must be support for the development of community-based treatment as a best practice. First, this requires support for capacity within First Nations in developing, implementing and governing opioid treatment and prevention activities. For example, capacity support must also be available to communities to engage and develop governance around opioid misuse strategies. Capacity funding must be flexible to ensure support for cultural and clinical practices in a multi-disciplinary fashion.

Detox

Withdrawal management (detoxification or *detox*) and stabilization refer to processes of support that help people withdraw from the use of opioids. These services can be an important first step in a long-term recovery process in which timely access to culturally appropriate services is necessary. Limited access to provincially-based detoxification services has been a recognized barrier to effective client care. Where detoxification services are available,

some communities have reported concerns with the cultural appropriateness of these services, as well as difficulties accessing them due to long wait lists. However detox should not be understood as a sole intervention for opioid treatment. There is growing concern that there is an increased risk of overdose subsequent to detox, therefore long-term treatment is paramount.

- ACTION: Enhanced funding to ensure First Nations have adequate access to culturally appropriate detox services, taking into account problem severity, substance(s) being used, health risks, and, as needed, culturally based medicines, ceremonies and supports. It would include the need for stabilization, pre-treatment supports and limited medical supports, where required.

- COLLABORATION: Support for a system-wide approach to withdrawal management and treatment to ensure coordination and information exchange between services.

- COLLABORATION: Stabilization services and supports for people experiencing persistent psychological effects after successfully withdrawing from a substance, such as a variety of post-withdrawal management and pre-treatment programming for clients who are not able to or do not want to immediately access more intensive services, and could be offered in a range of settings, such as recovery houses or through outpatient, day or evening programming. These services are crucial for transitioning an individual from withdrawal management when appropriate services are not available.

- ACTION: Enhanced funding and collaboration to ensure First Nations have adequate access to follow-up services immediately after participating in detox, such as transition into long-term addiction treatment including medications, psychosocial interventions, residential treatment, or any combination of these.

Treatment

Health Canada funded options available to First Nations for addiction treatment includes the National Native Alcohol and Drug Abuse Program (NNADAP) and the National Youth Solvent Abuse Program (NYSAP). These on-reserve services include 49 alcohol and drug abuse treatment centres, more than 550 NNADAP community-based prevention programs, and nine NYSAP residential treatment centres. Originally based on the Alcoholics Anonymous model,

NNADAP has proven to be effective because of First Nations governance of the services and the innovation and determination of the NNADAP workers. However there are many longstanding challenges that have been identified with

NNADAP/NYSAP. Such challenges include the need for investment and the lack of wage parity between NNADAP/NYSAP and mainstream workers. This lack compensation that is in accordance with provincial equivalents results in challenges with recruitment, retention, and qualified workers available to provide effective treatment.

- ACTION: Enhanced funding to community health envelopes for community based opioid agonist treatment programs, as well as NNADAP and NYSAP treatment centers in order to support capacity building for managing clients

Furthermore, First Nations may have access to funding for the consultation services of psychologists or social workers within NNADAP/NYSAP, yet First Nations often struggle to secure support for cultural practitioners and Elders that they may want to contract for cultural interventions and clinical supervision in these same programs and services. Culturally-based programs, particularly those in mental wellness and addictions, require staff with cultural knowledge and those consultants should be paid on par with other types of consultants that First Nations health programs may hire.

- ACTION: Health Canada-FNIHB support, through policy and funding, the formal inclusion of traditional healing within programming including within mental wellness programming (which includes Non-Insured Health Benefits) and the First Nations and Inuit Home and Community Care program. This process must be led by First Nations. *As a first step, the AFN recommends that this include an annual investment of $27.9 million.*

Within the current provision of mental health and addictions treatment services, both within provincial/territorial and federal systems, there is often a lack of coordinated services, limited cultural safety in those services that are available, and gaps in the continuum of services. As previously outlined, the First Nations Mental Wellness Continuum Framework (FNMWCF) is a roadmap for a coordinated continuum of services for First Nations, moving away from siloed programs, delivery mechanisms and structured gaps, while putting First Nations culture as the foundation to all mental wellness programming.

- ACTION: All levels of government work with First Nations to implement the First Nations Mental Wellness Continuum Framework to ensure access to community-based and culturally-specific treatment programs along a continuum of care.

- ACTION: All levels of government work with First Nations to ensure non-discriminatory access to health and social services in prevention, primary care and treatment programs.

    - Early identification and intervention through effective screening, assessment, and appropriate referral to services;
    - Withdrawal management and stabilization services, when necessary, to support and stabilize clients withdrawing from opioids;
    - Case management where various health and social services are coordinated to meet unique needs

- ACTION: All levels of government work with First Nations to ensure access to quality drug treatment and rehabilitation services.

- COLLABORATION: All levels of government support treatment programs that are responsive to individual and community needs, which support individuals to stop or reduce substance use, improve their overall quality of life, and reconnect with family, community, and cultural supports.

- ACTION: Non-Insured Health Benefits invest in access to non-pharmacologic services e.g. chiropractic, massage therapy, physiotherapy, recreation therapy, and traditional medicines.

The diverse nature of First Nations people requires programming to be community developed. It has been repeatedly demonstrated that land-based initiatives are extremely effective in combatting substance abuse.[39] *Honouring Our Strengths* calls for community-based healing programs for those impacted by opioid misuse, including family support, parenting programming, culturally specific interventions such as land-based activities, and mental-health focused services.

- ACTION: All levels of government work with First Nations to determine and fund enhanced capacity for community based treatment options and practices, including, but not limited to:
  - Land based programming
  - Community based counselling services, physicians, nurses, addiction counsellors
  - Traditional healers, Elders, and Knowledge Keepers

In certain instances, land-based or cultural treatment needs to be combined with Western medicine to be the utmost effective. The scientific community has invested in and developed abuse deterrent technologies that make it much harder to chew, crush, inhale or dissolve tablets for injection and it seems that this has helped mitigate some of the abuse of prescription medicines.

- COLLABORATION: Non-Insured Health Benefits provide coverage and access to abuse-deterrent formulas for First Nations that request access.

There is anecdotal evidence and a pharmacologic basis for supporting the use of buprenorphine/ naloxone (Suboxone®) over methadone for patients anticipating tapering off of and discontinuing opioid substance therapy. Methadone is not feasible in many isolated First Nations, which often lack a methadone prescriber, a pharmacy open seven days per week, and emergency services. Patients from First Nations have to travel long distances to receive methadone treatment, putting strains on medical travel budgets and often taking them away from essential psychological

[39] First Do No Harm, 2013, page 16

and community supports. Travel supports provided by Health Canada are time limited to four months. We have heard of people being left to hitch-hike to access their methadone treatments, an option which is especially troubling given the crisis of missing and murdered Indigenous women and girls.

In Ontario, buprenorphine/naloxone is emerging as an effective and feasible alternative to methadone treatment in some isolated rural communities (Kanate et al, 2015). In the Sioux Lookout area, approximately 500 patients living in remote First Nations have been treated in community-based buprenorphine/naloxone treatment programs, with strong support from the communities' leaders. Buprenorphine/naloxone treatment is initiated either by the community's primary care physician or by urban addiction physicians through telemedicine or fly-in locums. The primary care physician continues prescribing once the patient is stable and buprenorphine/naloxone is dispensed daily through nurses and nurse practitioners. Each of these communities has established a recovery program that involves community mental health workers who provide both conventional counselling and culturally appropriate, traditional healing practices. This comprehensive approach has enabled many patients to not only stop their opioid use, but also to return to work, school and family (Standing Committee on Health, 2014). Kanate and colleagues (2015) documented remarkable results from a program in North Caribou Lake First Nation. The Sioux Lookout community developed a buprenorphine/naloxone substitution and maintenance program that includes intensive, in-community aftercare counseling by First Nations healers. A year after program initiation, criminal charges decreased, the needle distribution program dispensed less than half its previous volume, and rates of school attendance increased (Keante et al. 2015).

- ACTION: All levels of government work with First Nations to support patient choice and patient-centred care. This includes:
    - Access to community based treatment programs that attend to the physical, mental, emotional, and spiritual needs of individuals, families and communities through cultural approaches.
    - Supporting First Nations in addressing opioid dependency in a trauma-informed and strengths based manner
    - Support for the development and implementation of guidelines for community based opioid treatment
    - Buprenorphine-Naloxone (Suboxone®) as first line of treatment for First Nations
    - Expanded scope of practice and education for nurses working in First Nations, allowing nurse practitioners to prescribe buprenorphine/ naloxone (Suboxone®)

Opioid Substitute Treatment Options: Buprenorphine/Naloxone and Methadone

	Buprenorphine/Naloxone (Suboxone®)	Methadone
Active Ingredient	Buprenorphine and Naloxone (Naloxone prevents misuse)	Methadone
Dosage	Sublingual dosages of 2 mg, 4 mg, 8 mg, and 12 mg	Dosage closely monitored in an outpatient treatment program; majority of patients require 50-100 mg per day
Forms	Sublingual film	Tablets, oral solution (liquid), and injection
Side Effects	-May increase the effects of other drugs that cause drowsiness (antidepressants, alcohol, anxiety medicines, antihistamines) -Nausea, drowsiness, dizziness, headache, cognitive/neural inhibition	-Drowsiness; Nausea or vomiting; Constipation; Dizziness, lightheadedness, or feeling faint. -Dangerous when mixed with other substances, including alcohol and benzodiazepines
Risk of Dependency	Lower than Methadone	High
Risk of Overdose	Low	High
Advantages	-Can often get to a maintenance dose within first or second day -When dose is properly adjusted, does not cause sedation or euphoria -Can be safely prescribed and dispensed in rural communities that lack an emergency department, pharmacy, physicians -Better safety profile -Harder to abuse so patients are allowed to take it home -May be easier for tapering	-Works better for individuals with heavy opiate habits and serious de-pendency -Cheaper than Buprenor-phine/Naloxone (Suboxone®)
Disadvantages	-May not fully satisfy cravings or block withdrawal symptoms for those with high tolerance -Dose adjustments may be difficult	-Easier to abuse, requiring patients to travel to a clinic daily -Patients more likely to overdose

Trauma Informed Approaches to Treatment[40]

Given the number of adverse experiences and the history of trauma in First Nations, a trauma-informed approach to care is necessary. Trauma is defined as an experience that overwhelms an individual's capacity to cope. Whether it is experienced early in life (e.g., a result of child abuse, neglect, witnessing violence, or disrupted attachment) or later in life (e.g., due to violence, accidents, sudden and unexpected loss, or other life events that are out of one's control) trauma can be devastating. Research demonstrates that adverse childhood experiences can have mental and physical health impacts that extend into adulthood. Daily life events may trigger individuals to re-live past trauma and undermine their present mental health. Experiences like these can interfere with a person's sense of safety, decision-making ability, sense of self and self-efficacy, and ability to regulate emotions and navigate relationships.

With trauma-informed care, the service provider or frontline worker is equipped with a better understanding of the needs of First Nations clients affected by trauma. This knowledge increases their sensitivity to viewing trauma as an injury and their ability to support healing based on compassion, placing priority on a trauma survivor's safety, choice, and control. A trauma-informed approach can include building trauma-informed systems, assessing and treating trauma, addressing secondary trauma in caseworkers, and providing trauma training. It can also mean developing trauma resources for prescribers (including physicians, nurse practitioners, and dentists), caseworkers, caregivers, and families. Effective and appropriate interventions ("culture-based" and/or "Western") for specific sources of trauma are important.

- ACTION: All levels of government invest in enhanced training on trauma-informed care for all health care professionals that work with First Nations

Better Prescribing Practices

Physicians and other health care providers also play an instrumental role in reducing and eliminating opioid overuse and misuse. This includes a need for physician education on better opioid-prescribing practices and alternative prescribing practices for opioids as well as training to assist health care providers in being able to identify substance-use disorders and knowing how to appropriately intervene. Key approaches to help facilitate safer and better prescribing practices include:

- ACTION: Effective and comprehensive medical assessments by primary care providers
- ACTION: Effective screening to identify the least intensive and least intrusive health intervention that is appropriate to address individual needs
- ACTION: Ongoing follow-up and monitoring through assessments by health care providers to monitor symptoms and side effects
- ACTION: Community-based services that help with the coordination of care for individuals on medication which may include traditional and complementary medicine

[40] Continuum Framework

- ACTION: Multidisciplinary team approaches to care that help address the complex needs of those on medications
- ACTION: Alternative pain management and treatment therapies

The Canadian Medical Association Journal (CMAJ) recently released new guidelines for opioid prescribing for Canadians with non-cancer pain. However, caution must be considered in how these new guidelines may affect First Nations people. Key highlights of the new guidelines direct prescribers to:

- Avoid prescribing opioids as a first-line treatment to patients with chronic, non-cancer pain, and to first try other medications or non-pharmaceutical therapies
- Taper patients off opioids that are currently using 90 mg morphine or more, and possibly even discontinuing opioids
- Patients with a history of substance use (including alcohol), an active substance use disorder, or active mental illness, should not be prescribed opioid medications

Caution must be considered with the new pan-Canadian guideline for multiple reasons. Primarily, taking an individual off opioids altogether or aggressively tapering them off opioids may have unintended consequences, such as withdrawal, and for those that may be denied opioids for legitimate pain may to seek out opioids from other illegitimate sources. Additionally, recommendations that specifically target individuals with a history of substance misuse and mental health illness, could seriously limit First Nations people's access to opioid medications. First Nations face higher mental health and substance use challenges, therefore the new recommendations and possible unintended outcomes for First Nations are concerning. For example, the 2008/10 Regional Health Survey (RHS) found that "approximately half (50.7%) of all First Nations adults reported either moderate or high levels of psychological distress, compared to only one-in-three adults (33.5%) in the general Canadian population."[41] The RHS 2008/10 study also found that 63.6% of First Nations adults reported heavy drinking on a weekly basis[42] and 36.9% of First Nations adults used illicit drugs.[43]

- ACTION: Enhanced investment and greater accessibility to interdisciplinary pain management services, including pharmacological and non-pharmacological treatment approaches

[41] RHS 2008/10,pg.197
[42] Ibid. pg. 98
[43] Ibid. pg. 98

- ACTION: Enhanced investments in community-based prevention and harm reduction programming and approaches to mitigate the harms of de-listing

Harm Reduction

Principles of Harm Reduction acknowledge that licit and illicit drug use occurs, but that work can be done to minimize the harmful effects of substance use, rather than condemning individuals. Harm Reduction also emphasizes non-judgmental, non-coercive provision of services and resources to assist with eventual drug use reduction. British Columbia's First Nations Health Authority (FHNA) has taken a harm reduction approach, and they define this as: "meet[ing] people where they are at and with open arms, acceptance, and compassion - not judgment or shame. A harm reduction approach recognizes that every life is valuable and that substance use and addiction are complex and challenging."

- ACTION: Enhanced investments for community capacity to support community health planning and furthering education on harm reduction approaches.

Innovation: Harm Reduction Initiatives

Drug test strips – testing for fentanyl and fentanyl analogues.

"Know your Source" – Education materials informing individuals to make sure they know who they are buying drugs from.

Providing advice on how to use illicit drugs – such as advising against using drugs alone so that there is help nearby if needed, injecting slowly, not mixing drugs and alcohol or other drugs as this increases the likelihood of an overdose.

Educating individuals and families about the signs and symptoms of an overdose, such as severe sleepiness, heavy snoring, or slow, shallow breathing.

Safe injection/consumption sites.

Needle exchange programs to prevent the spread of disease.

Overdose survival guide – Tips to save a life.

Naloxone[44]

Naloxone, or Narcan®, is an antidote for opioid overdose. Naloxone reverses an opioid overdose, preventing death or brain damage, and restores normal breathing and consciousness. Naloxone works when someone takes too much of an opioid drug (like morphine, heroin, methadone, oxycodone, and fentanyl) but does not work for non- opioid overdoses (like cocaine, ecstasy, GHB or alcohol). If an overdose involves multiple substances, including opioids, naloxone helps by temporarily removing the opioid from the equation. Naloxone can be given by injection (into a muscle, vein, or under the skin) or intranasally (sprayed into the nose).

- ACTION: All levels of government ensure wide access to Naloxone, including training/education on how to administer Naloxone, for all First Nations despite residence.

- ACTION: All levels of government invest in a train the trainer model for Naloxone in First Nations.

[44] Towardstheheart.com

Aftercare[45]

Aftercare provides an active support structure within communities and across services to facilitate the longer term journey of individuals and families toward healing and integration back into a positive community life once the need for intensive treatment has passed. Aftercare can and should include ongoing involvement with community-based workers, professional counsellors, self-help groups, and cultural practitioners who address mental wellness. Supports related to housing, education or training, employment, child care, and parenting are also important to effective after-care. Stages or phases of aftercare with decreasing levels of intensity and with the capacity to re-engage higher levels of intensity if needed could also be helpful. The involvement of extended family and a range of community resources (e.g., relating to culture, heritage, employment, and recreation) could also be part of aftercare.

- ACTION: Support for every community to develop an effective and comprehensive aftercare model.
- ACTION: Ensure community-based efforts have support from more specialized services and that referral guidelines are clear and well understood.
- COLLABORATION: Discharge planning and aftercare efforts that work with a client and their support networks to ensure access to a range of care options that build on the treatment experience and address key social determinant of health areas (e.g., housing, employment, education, living conditions, and social support).

[45] Continuum Framework, page 19

Substance Use/Mental Health Resolutions

08/2016	Increased and enhanced flexibility of mental wellness funding to First Nation communities	Chief Cathy Merrick, Cross Lake Band of Indians, MB	Chief Leroy Denny, Eskasoni First Nation, NS

THEREFORE BE IT RESOLVED that the Chiefs-in-Assembly:

1. Direct the National Chief to advocate with federal, provincial and territorial governments and partners to increase and enhance flexibility of mental wellness funding in order to:
    a. Allow communities to better plan, implement and coordinate comprehensive responses to the full range of mental wellness challenges in a manner consistent with community priorities.
    b. Support communities to use funding in a more holistic way, informed by the essential continuum of services and recognizing the impact of the determinants of health on mental wellness.
    c. Support a shift away from fragmented, siloed programming toward a comprehensive system based on a continuum of care across the lifespan.
    d. Support First Nations control of services and the self-determination of communities to design, deliver and evaluate their own culturally relevant and culturally safe health programs that addresses their most pressing needs.
    e. Reorient existing resources to eliminate silos, as well as time-limited and project-based funding so that communities can make the best possible use of funds in addressing community needs while improving the coordination of programs and services to reduce administration reporting burdens.

22/2014	Support for the First Nations Mental Wellness Continuum Framework	Chief Maureen Chapman, Skawahlook First Nation, BC	Chief Candice Paul, Saint Mary's First Nation, NB

THEREFORE BE IT RESOLVED that the Chiefs-in-Assembly:

1. Endorse the First Nations Mental Wellness Continuum Framework.
2. Direct the AFN to continue discussion with Health Canada to advocate for the inclusion of provinces and territories in all future discussions regarding the implementation activities of the First Nations Mental Wellness Framework.
3. Direct the AFN to advocate to the federal government to support the full implementation of the First Nations Mental Wellness Continuum Framework at all levels (community/provincial/ territorial/federal).
4. Direct the AFN to continue to advocate for adequate resources to support the implementation of the First Nations Mental Wellness Continuum Framework.

41/2014	Prescription Drug Abuse Crisis in Manto Sipi Cree Nation	Roger Ross, Proxy, Manto Sipi Cree Nation, MB	Chief Walter Spence, Fox Lake First Nation, MB

THEREFORE BE IT RESOLVED that the Chiefs-in-Assembly:

1. Support Manto Sipi Cree Nation' s resolve and undertaking to address the epidemic on prescription drug abuse in Manto Sipi Cree Nation to bring wellness to the families by implementing a community-based, holistic wellness program based on the First Nations Mental Wellness Continuum Framework.
2. Direct the Assembly of First Nations (AFN) National Chief and the AFN Health Unit to assist in lobbying Health Canada - First Nations and Inuit Health Branch (FNIHB) to jointly develop with Manto Sipi Cree Nation a Prescription Drug Abuse Wellness Program using the Community Profile on Prescription Medication Use: Manto Sipi Cree Nation 2007-2012 as a tool for planning, developing and implementing various strategies.
3. Call on both Health Canada First Nations and Inuit Health Branch (FNIHB) and Manitoba Health to provide human resources, funding and guidance in the development of the Prescription Drug Abuse Wellness Program in Manto Sipi Cree Nation.

Substance Use/Mental Health Resolutions *(continued)*

30/2013	Support for a First Nations Mental Wellness Continuum Framework	Chief Candice Paul, St. Mary's First Nation, NB	Chief Maureen Chapman, Skawahlook First Nation, BC

THEREFORE BE IT RESOLVED that the Chiefs-in-Assembly:

1. Support the process used to date to develop a First Nations Mental Wellness Continuum Framework and the dialogue that exists between the AFN, Health Canada (HC) and the Indigenous mental health leaders.
2. Direct AFN to continue discussions with HC to advocate for the inclusion of the provinces and territories in all future discussions regarding the First Nations Mental Wellness Continuum Framework.
3. Direct the AFN to advocate to the federal government to support the full implementation of the First Nations Mental Wellness Continuum Framework at all levels (community/provincial/territorial/federal).
4. Direct the AFN to continue to advocate for additional funds to support the implementation of the First Nations Mental Wellness Continuum Framework.

08/2013	Pay Equity Renewal Opportunities for the National Native Alcohol and Drug Abuse Program (NNADAP) workforce in Honouring our Strengths	Quinn Meawasige, Proxy, Serpent River First Nation, ON	Chief Rufus Copage, Shubenacadie (Indian Brook) First Nation, NS

THEREFORE BE IT RESOLVED that the Chiefs-in-Assembly:

1. Support the pay equity initiatives being championed by the Treatment Centre Directors of Ontario and the Ontario Regional Addictions Partnership Committee.
2. Mandate the Assembly of First Natopms to map out current wage trends and inequities across Canada, with a particular focus or comparison on NNADAP workers and general addiction workers, i. e., independent or provincial workers.
3. Support other regions in the development of pay equity initiatives.
4. Urge the First Nations and Inuit Health Branch to provide ample resources to support regionally -driven pay equity initiatives for the NNADAP community based workers and the NNADAP Treatment Centres nation-wide.
5. Support seeking funding from corporations, in addition to seeking funding from the federal government.

Substance Use/Mental Health Resolutions *(continued)*

55/ 2012	Support of Suboxone as Medical Detoxification from Opioid Addiction	Chief R. Donald Maracle, Mohawks of the Bay of Quinte, ON	Alvin Fiddler, Proxy, Wapakeka First Nation, ON

THEREFORE BE IT RESOLVED that the Chiefs-in-Assembly:

1. Support the Suboxone detoxification and aftercare program models developed by First Nation communities and Leadership and direct the National Chief to advocate with the federal and provincial governments to secure funding for development of a comprehensive model that could be adapted by other interested First Nations. This would include funding to provide professional fees for Traditional healers, physicians, nurses, qualified addiction counsellors, and alternative pain management therapies to assist with treatment, detoxification and maintenance aftercare.
2. Direct the AFN to advocate for increased funding of both community-based action plans, access to Suboxone for all Nishnawbe Aski Nation (NAN) First Nations, and funding and resources to ensure that all NAN members have access to a thorough, coordinated continuum of addiction and mental health care.Support other regions in the development of pay equity initiatives.
3. Direct the AFN to urge the First Nations and Inuit Health Non -Insured Health Benefits (NIHB) program to approve the use of Suboxone for the purposes of Clinical Medical Detoxification for First Nation members, irrespective of geographic location or road access to Methadone, which would allow detoxification within the communities. Urge the First Nations and Inuit Health Branch to provide ample resources to support regionally -driven pay equity initiatives for the NNADAP community based workers and the NNADAP Treatment Centres nation-wide.
4. Direct Health Canada to conduct an independently verified cost comparison of lifelong Methadone treatment, including medical transportation costs, loss of employability due to daily dose requirements, and Suboxone tapering program with aftercare counselling and support, including quality of life measures for participants.
5. Direct the AFN to urge provincial and federal governments to provide additional funding for after-care programs for the Suboxone medical detoxification program model.
6. Direct the AFN to advocate Health Canada to reconsider the decision to approve the generic Notice of Compliance for Oxycodone CR or any formulation that is not highly tamper resistant.
7. Direct the AFN to work with NIHB to prevent a generic form of Oxycodone from being listed on the Drug Benefit List.

08/2012	Federal Government of Canada Failing to provide Mental Health Services	Chief Nelson Genaille, Sapotaweyak Cree Nation, MB	Chief Marcel Head, Shoal Lake First Nation, SK

THEREFORE BE IT RESOLVED that the Chiefs-in-Assembly:

1. Direct the Assembly of First Nations to continue a proactive process to engage the federal government in resolving the lack of Mental Health Services for all First Nations across Canada.
2. Direct the Assembly of First Nations to begin discussions with all First Nations to address community based issues about Mental Health and addressing Mental Health issues in First Nation communities.Support other regions in the development of pay equity initiatives.
3. Direct the Assembly of First Nations to advocate that Canada provide adequate and sustainable Mental Health funding to First Nations.

Substance Use/Mental Health Resolutions *(continued)*

07/2011	Support for Nishnawbe Aski Nation and Grand Council Treaty #3 Strategy on Restoring our Nations: Action Plan for Community Recovery from Opioid Addiction"	Bruce Achneepineskum, Proxy, Marten Falls First Nation, ON	Chief Warren White, Naotkamegwanning First Nation, ON

THEREFORE BE IT RESOLVED that the Chiefs-in-Assembly:

1. Support the Nishnawbe Aski Nation (NAN) and Grand Council Treaty # 3 (GCT#3) " Restoring Our Nations: Action Plan for Community Recovery from Opioid Addiction", a strategy to address the increasing addiction to opiate drugs so they can fund programs and services for their members.
2. Direct the National Chief and the Assembly of First Nations (AFN) Executive Committee to urge the Federal government to develop, implement and fund a First Nations Opiate Recovery and Prevention Strategy, outside of the National Native Alcohol and Drug Program.
3. Direct the AFN to assist NAN and GCT#3 with securing funding for the " Restoring Our Nations: Action Plan for Community Recovery from Opioid Addiction" strategy.
4. Direct the AFN to report back to Chiefs -in -Assembly on progress developing a National First Nations Opiate Recovery and Prevention strategy.
5. Direct the AFN to urge other jurisdictions to examine how this opioid epidemic has placed innocent women and children at risk and has violated their rights to live in a safe environment due to lack of resources for security and policing and targeting those who prey on innocent women, youth and children.
6. Direct the National Chief and AFN Executive Committee to advocate for First Nations inclusion in the Anti -Drug strategy that will fund community security members to implement search and seizure of illicit drugs and charges against drug dealers and to encourage that the profits from illicit drug trade be directed back to the community for prevention programs.
7. Direct the AFN to lobby for NIHB access to Suboxone and Subutex for medical detoxification and/ or maintenance, and ensure controls are in place for documented medical legitimacy for OxyContin.

Substance Use/Mental Health Resolutions *(continued)*

07/2011	Ratification of Renewed Program Framework for the National Native Alcohol and Drug Abuse Program (NNADAP) and Youth Solvent Addiction Program YSAP)	Grand Chief Doug Kelly, Proxy, Soowahlie First Nation, British Columbia	Chief Gilbert W. Whiteduck, Kitigan Zibi Anishinabeg First Nation, Quebec

THEREFORE BE IT RESOLVED that the Chiefs-in-Assembly:

1. Urge First Nation Governments, health programs, Tribal Councils, Provincial/ Territorial Organizations to work together on the development of comprehensive strategies for advocacy.
2. Urge Health Canada to:
   a. Identify funds to resource the adequate and effective implementation of the Renewed Program Framework as guided by the National Native Alcohol and Drug Abuse Program (NNADAP) and Solvent Addiction Program (YSAP) Leadership Team, the AFN and National Native Addictions Partnership Foundation (NNAPF);
   b. Identify funds to resource adequate community- based program operations as outlined in the Renewed Program Framework, including suicide intervention;
   c. Ensure that the implementation of the Renewed Program Framework is administered in tandem with the national and regional implementation of the MWAC Strategic Action Plan;
   d. Ensure continued efforts to invest resources towards process addictions such as gambling.
3. Support that the NNADAP and YSAP Renewed Program Framework is created with the voice of First Nation communities via AFN regions and others and will therefore facilitate change towards implementation of the Renewal Framework where possible.
4. Support the Renewal Leadership Team in its efforts to guide and advocate for implementation of the renewal framework amongst the three partners: AFN, NNAPF, and Health Canada, and accompanying networks and through other appropriate partnerships.
5. Support in- principle the NNADAP and YSAP Renewed Program Framework, provided that:
   e. Resourcing required for the implementation and ongoing operations of the NNADAP I YSAP program are secured to support implementation and comprehensive operations as identified in the Renewed Program Framework;
   f. Measures are taken to ensure that the northern AFN regions of the Yukon and Northwest Territories are provided with an opportunity to provide feedback and recommendations to the draft of the Renewed Program Framework by February 2011, and that such feedback and recommendations are included in the draft;
6. The AFN and NNAPF continue to be recognized as key partners to Health Canada in guiding implementation of the Renewed Program Framework.

Notes:

Notes:

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