



First Nations Health Authority
Health through wellness

January 27, 2016

Lisa Lapointe, Chief Coroner
Province of British Columbia
Office of the Chief Coroner
Suite 800-4720 Kingsway
Burnaby, BC V5H 4N2

Re: Response to BC Coroner Service Child Death Review Panel Report and Recommendations – January 27, 2016

Dear Ms. Lapointe:

Thank you for the opportunity to provide a response to the recommendations made by Michael Egilson in the recent BC Coroners Service Child Death Review Panel Report. We want to acknowledge the effort and good work of the BC Coroners Service in preparing this report. We also want to thank our fellow panelists for their contributions to understanding why young people in BC continue to die from overdoses. The First Nations Health Authority wholeheartedly accepts the recommendations of this report and will work with First Nations in BC and our government partners to implement the findings.

Substance use remains an issue for all communities, whether or not they are First Nations. As the report correctly points out, the reasons for substance use are varied and complex. Because a youth is First Nations, it does not automatically mean that they are at a higher risk for substance use or subsequent death from overdose, but the determinants acting in their lives may put them at higher risk, such as the strong relationship between the direct and generational effects of residential school attendance and the risk of substance use. While the youth who died from overdose did not attend residential school themselves, the traumatic impacts of physical, sexual, and emotional abuse and loss of culture and language experienced by parents and grandparents can be passed down through the generations. Often, as is the case for many First Nations youth, substance use stems from a need to cope with the unhappy circumstances of daily life that are made more challenging by this history of colonization, residential school, and ongoing racism and discrimination. While the death of any youth or young adult is tragic, the deaths of First Nations youth

create additional trauma for communities that are already coping with the loss of so many of their young people as a result of injuries or suicide.

The focus of this report is what can be done to prevent death after an overdose. It presents three broad recommendations on how we can better help young people during the short period of time between overdose and death. While these recommendations are a sensible harm reduction approach and are achievable within a reasonably short period of time, it is also necessary to look 'upstream' at the circumstances in which young people attempt to create and maintain their health and wellness. As a society, we need to be fostering conditions in which our youth don't feel that they have to use substances to cope with their day to day lives.

As an example of how social conditions could be changed for youth, this report indicates that the risk of fatal overdose increases as young people move from youth into young adulthood. Leaving childhood behind is a scary part of the life journey for any person, regardless of ethnic or cultural heritage. First Nations youth could be better supported during this transition by their communities and by society at large through the assurance that basic needs for physical and mental health are met, but also through meeting cultural and spiritual needs through participation in ceremony and traditional rites of passage. By drawing from First Nations culture at this vulnerable time, youth have a social network of family, friends, Elders, leaders, and clan members that they can turn to for guidance and support during the transition. Research and experience has demonstrated that re-connecting with culture that has been devalued by mainstream society can promote positive health outcomes in First Nations peoples of all ages.

The finding that diagnosed mental health issues are present in one-third of the young adult overdose deaths means that we need to better understand the relationship between mental health and substance use, particularly for First Nations youth in this age range. The First Nations Health Authority, in partnership with the provincial federal governments, has recognized the importance of the complex relationship between mental health and substance use with the development of a 10-year plan to address these issues and are working towards the goal of ensuring that all First Nations and Aboriginal people in BC are supported in a manner that respects their customs, values, and beliefs to achieve and maintain mental wellness and positive, healthy living regardless of where they live.

More recently, through community engagement and feedback, FNHA is creating a 'Mental Health and Wellness' strategy that is closely linked to regional needs and priorities through the Regional Health and Wellness Plans. This strategy aims to meet the need for an accessible, seamless continuum of mental health services through partnerships with Regional Health Authorities and service providers. In this way, responses to mental health

issues are truly community-driven and nation-based so that supporting young people will happen in a way that is meaningful to them.

An example of a successful community-based treatment program for alcohol and drug abuse is the 'National Native Alcohol and Drug Abuse (NNADAP)' program which offers a team-based approach to recovery from substance use issues. The programming is generally holistic in nature and rooted in First Nations cultural perspectives and values. The programs provide a broad scope of focus that address different phases and stages of addiction, including life skills development, '12-step' programs, improving coping capacity, communication, anger resolution skills, grief and trauma work, and individual and group therapy.

The 10 NNADAP treatment center sites in BC recently underwent a review process in 2014 following the transfer of responsibility for this program from Health Canada to the FNHA. This was the first phase of the review. The second phase, currently underway, includes regional sessions with community workers and other mental health and wellness personnel. Both phases of the review revealed several findings that will shape the evolution of future NNADAP programming for First Nations peoples in BC. One area of focus will be a Joint Project Board partnership initiative that will see addictions treatment services move to a more collaborative approach. The vision is for team-based, 'wrap-around' services lead by physicians and nurses that address mental, physical, emotional, and spiritual needs related to recovery from substance abuse. In addition, the capacity of NNADAP workers is being developed through training and certification to facilitate a transition in the level of service delivery from first line service (i.e. moderate needs that compromise wellness) towards the ability to successfully serve First Nations individuals with intensive needs that affect wellness, such as serious mental illness or complex behavioural issues. The JPB initiative and enhancing community worker skills will assist in better serving the First Nations youth identified in this report, particularly those who are further marginalized by needs not addressed by current NNADAP systems (i.e. LGBTW youth, those with concurrent disorders, chronic disease, or youth with ongoing substance use issues).

While improving social conditions for First Nations youth is ultimately a long-term approach to reducing overdose deaths, FNHA has already begun taking steps to address the report recommendations around bystander education of overdose symptoms in an effort to lower overdose deaths in the shorter term. In response to recent increase in deaths from Fentanyl use, we have rolled out a "Take Home Naloxone" program in communities that incorporates a sustainable 'train-the-trainer' approach to Naloxone usage for opioid overdose. Six First Nations health sites have registered so far to take part in the Take Home

Naloxone program since May 2015, when the RN scope of practice changed to allow nurse dispensing of Naloxone. Recent changes in the federal prescription status of Naloxone means that access to the drug for emergency opioid overdose will be greatly increased outside of hospital settings and in community. With respect to the third recommendation to support interagency learning around overdose deaths, the FNHA and the Ministry of Health have agreed to review the BC Coroners Service files and data from 2009 to 2013 with the goal of better understanding how First Nations people are dying from prescription opioid overdose. This data will assist with the preparation of a strategic guidance report, and will facilitate ongoing engagement with health system partners and stakeholders. FNHA and BCCS have agreed to discuss whether or not additional analysis will be undertaken for non-prescription opioid use and overdose.

The BC Coroners Service Child Death Review Panel Report provides sound recommendations in three broad categories. While they may effectively prevent overdose deaths in non-First Nations youth and young adults at the time of an overdose, additional considerations must be given to these recommendations to ensure that they are culturally relevant, appropriate, and safe for First Nations youth given the historical context and current challenging social conditions of this population. It is our hope that this response has provided a starting point of how we can better support First Nations youth and young adults through transition into adulthood, thereby preventing more needless and tragic deaths from overdose.

Yours in wellness,



Dr. Evan Adams
Chief Medical Officer



Richard Jock
Chief Operating Officer