Opioid Agonist Therapy 101:
An Introduction to Clinical Practice Workshop

Indigenous Health and Opioid Agonist Therapy

Speaker: Caitlin McNeill, RN BN

Adapted from presentation by
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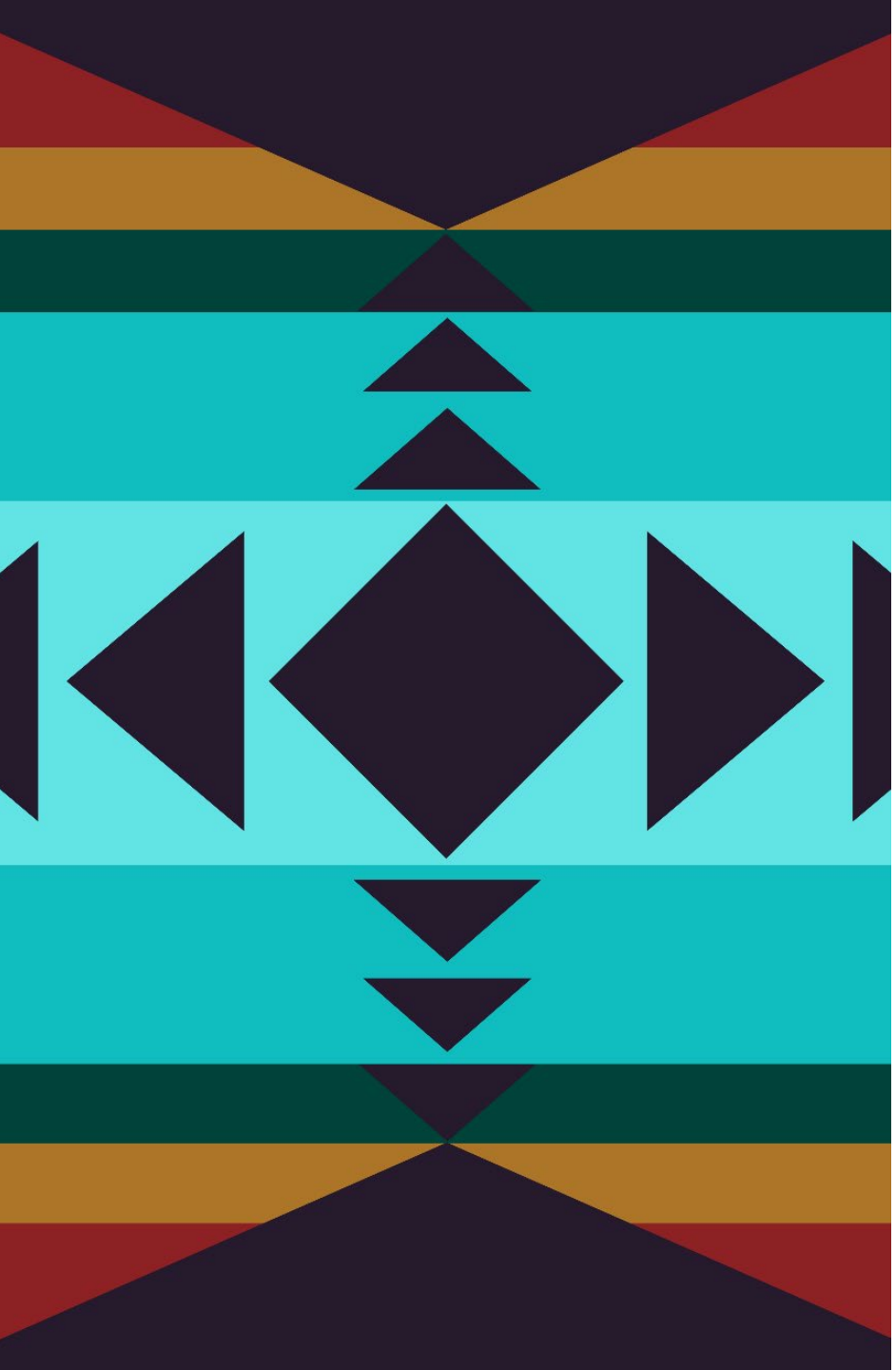

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None identified

Faculty/Presenter Disclosure

- **Faculty: Caitlin McNeill, RN BN**

- **Relationships with commercial interests:**

  None to disclose

Learning Objectives

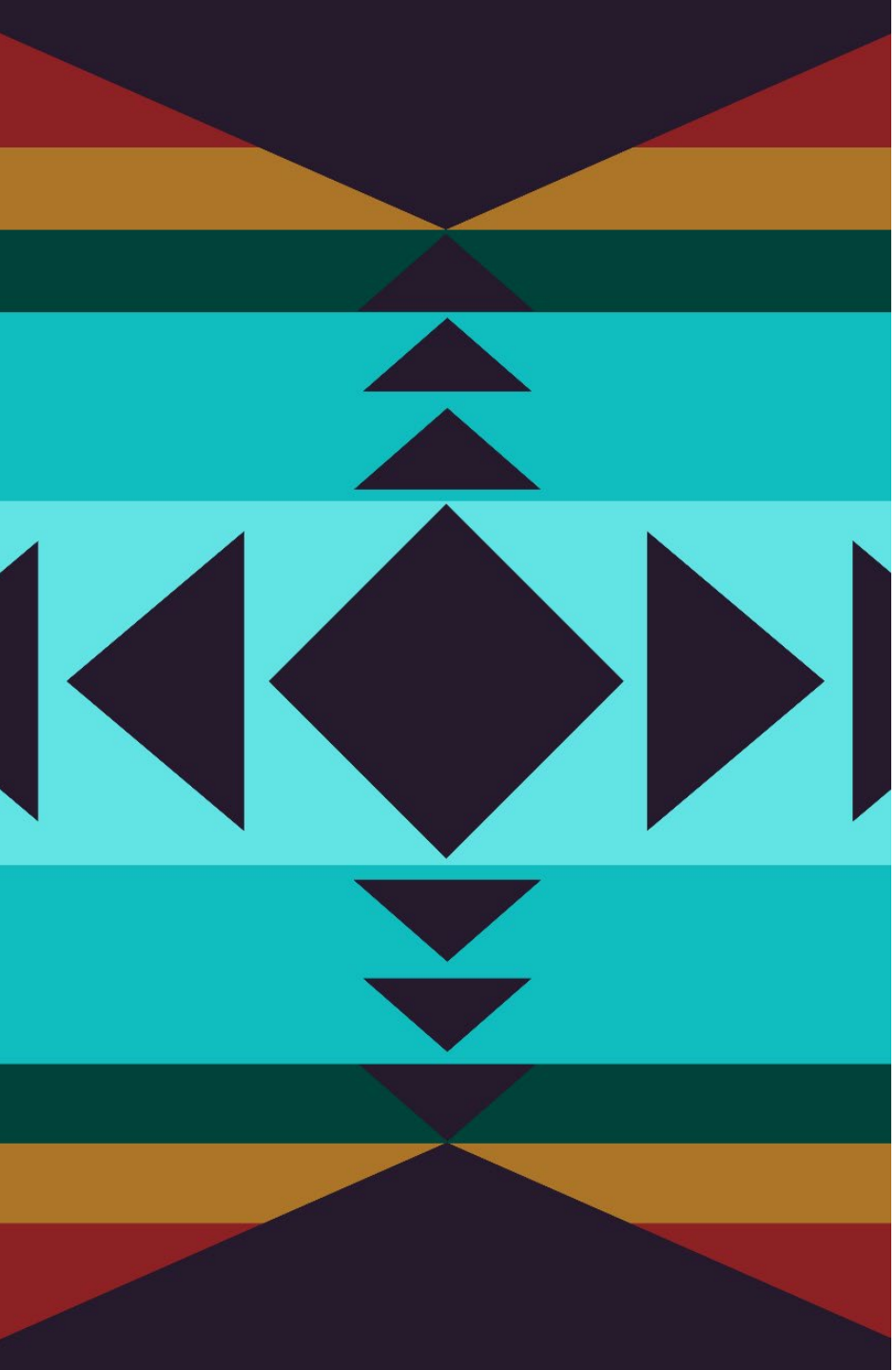
At the conclusion of this presentation, participants will be able to:

1. **Briefly describe how historical trauma/government policies continue to impact Indigenous peoples in the present day**
2. **List some of the inquiries that have examined the impact of government policies & systems on Indigenous peoples in Canada**
3. **Discuss some examples of systemic racism that exist in our province**
4. **List differing rates of opioids dispensed to First Nations in rural areas & in urban areas (First Nations peoples off-reserve)**
5. **List some of the barriers that exist for Indigenous peoples in relation to harm reduction**
6. **Describe the unique circumstances that must be considered when providing OAT services to First Nations communities**
7. **Provide a brief history of the OAT program in Opaskwayak Cree Nation**
8. **List documents and resources that you should consider reading in the spirit of reconciliACTION**

Land Acknowledgement

Winnipeg is located on Treaty 1 territory, the homelands of the Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene peoples, and the homeland of the Metis Nation.

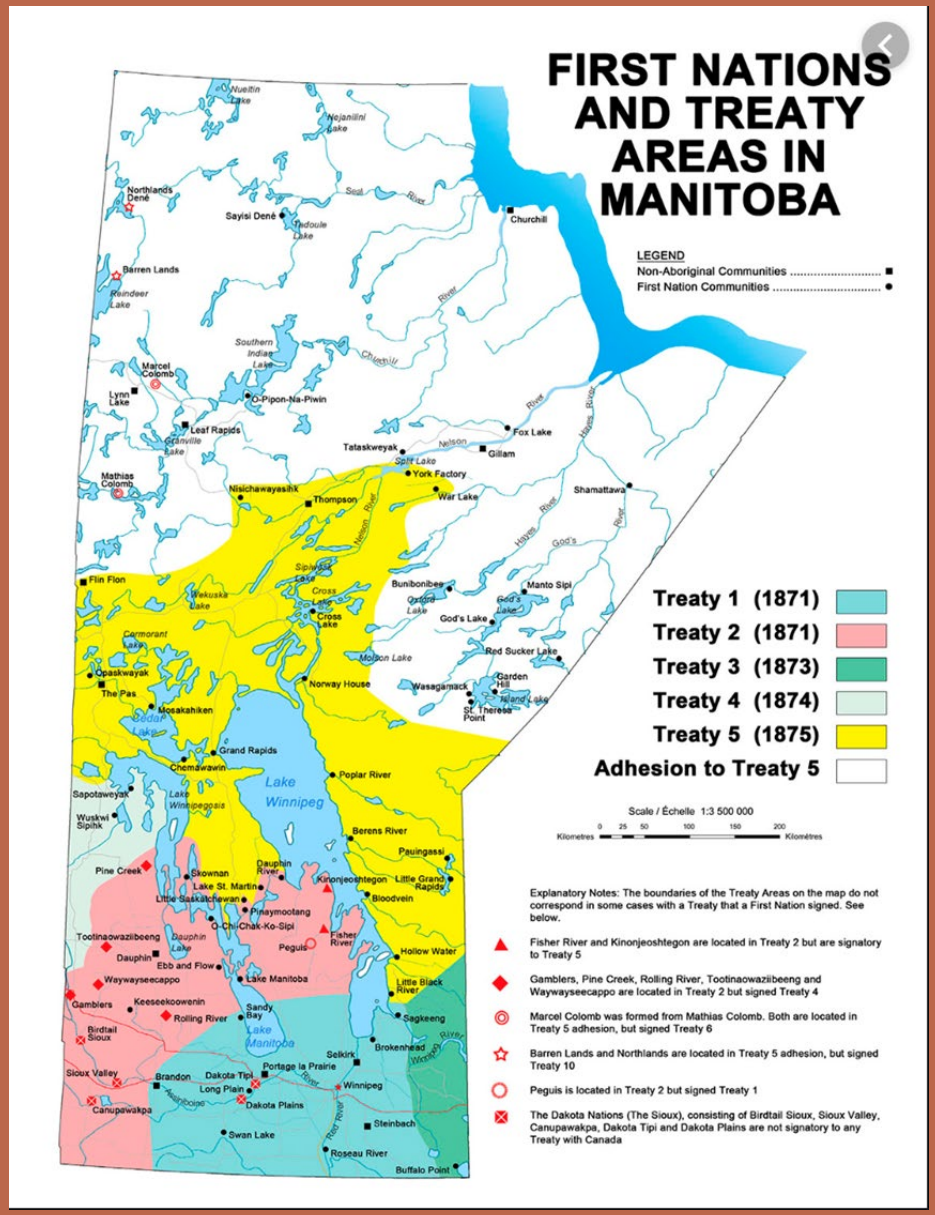
We respect the Treaties that were made on these territories, we acknowledge the harms and mistakes of the past and present and we dedicate ourselves to move forward in partnership with Indigenous communities in the spirit of truth, reconciliation, and collaboration.



Indigenous Peoples of Manitoba

- **5 main linguistic groups:**
  - Cree
  - Ojibway
  - Oji-Cree
  - Dakota
  - Dene
- **63 First Nations & numerous Metis settlements**
- **The Metis language is called Michif**

The Metis Nation


FIRST NATIONS AND TREATY AREAS IN MANITOBA
LEGEND
Non-Aboriginal Communities
First Nation Communities
Treaty 1 (1871)
Treaty 2 (1871)
Treaty 3 (1873)
Treaty 4 (1874)
Treaty 5 (1875)
Adhesion to Treaty 5
Scale / Échelle 1:3 500 000
Kilometres
Kilomètres
Explanatory Notes: The boundaries of the Treaty Areas on the map do not correspond in some cases with a Treaty that a First Nation signed. See below.
Fisher River and Kinonjeoshtegon are located in Treaty 2 but are signatory to Treaty 5
Gamblers, Pine Creek, Rolling River, Tootinaowaziibeeng and Waywayseecappo are located in Treaty 2 but signed Treaty 4
Marcel Colomb was formed from Mathias Colomb. Both are located in Treaty 5 adhesion, but signed Treaty 6
Barren Lands and Northlands are located in Treaty 5 adhesion, but signed Treaty 10
Peguis is located in Treaty 2 but signed Treaty 1
The Dakota Nations (The Sioux), consisting of Birdtail Sioux, Sioux Valley, Canupawakpa, Dakota Tipi and Dakota Plains are not signatory to any Treaty with Canada
Churchill
Northlands Dené
Sayisi Dené
Barren Lands
Marcel Colomb
Lynn Lake
O-Pipon-Na-Piwin
Leaf Rapids
Mathias Colomb
Nisichawayasihk
Thompson
Tataskweyak
Fox Lake
Gillam
York Factory
War Lake
Shamattawa
Flin Flon
Bunibonibee
Manto Sipi
God's Lake
Red Sucker Lake
Cormorant Lake
Opaskwayak
The Pas
Mosakahiken
Norway House
Wasagamack
Garden Hill
St. Theresa Point
Grand Rapids
Chemawawin
Poplar River
Lake Winnipeg
Sapotaweyak
Wuskwi Sipihk
Berens River
Pauingassi
Pine Creek
Skownan
Lake St. Martin
Little Saskatchewan
Pinaymootang
O-Chi-Chak-Ko-Sipi
Peguis
Kinonjeoshtegon
Little Grand Rapids
Bloodvein
Tootinaowaziibeeng
Dauphin
Ebb and Flow
Waywayseecappo
Lake Manitoba
Fisher River
Hollow Water
Little Black River
Gamblers
Keeseekoowenin
Rolling River
Sandy Bay
Sagkeeng
Birdtail Sioux
Brokenhead
Selkirk
Portage la Prairie
Winnipeg
Sioux Valley
Brandon
Dakota Tipi
Long Plain
Dakota Plains
Canupawakpa
Steinbach
Swan Lake
Roseau River
Buffalo Point

Aboriginal Justice Inquiry (1991)

Truth & Reconciliation Commission (2015)

Royal Commission on Aboriginal Peoples (1996)

National Inquiry into Missing & Murdered Indigenous Women & Girls (2019)

A Survey of the Contemporary Indians of Canada (1966)

(Hawthorn Report)

Inquiries

There have been a number of large-scale inquiries and reports looking at the status of Indigenous peoples and the impact of government policies on their wellbeing (ie. Residential schools, the Indian Act, the 60s scoop, child welfare systems, etc., etc.). The findings of these inquiries have been consistent for nearly **60 years.**
Indigenous peoples continue to have less access to:

- Income
- Education
- Food security
- Adequate housing
- Appropriate health care
- Fair justice system

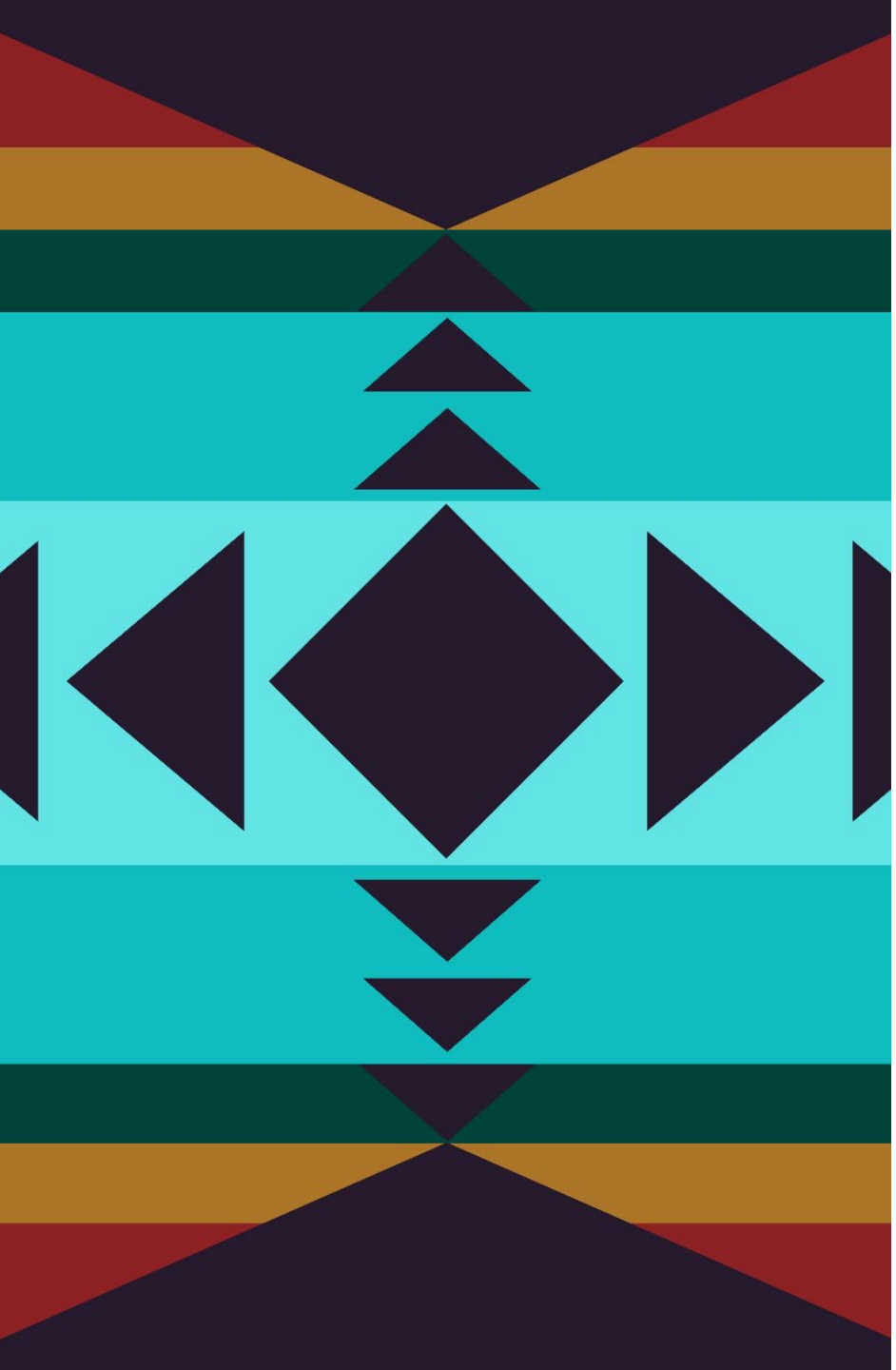
These collective and historical traumas obviously have significant impact on health and quality of life. Indigenous peoples therefore have overrepresentation of:

- those who are street involved
- those who use alcohol, substances, or injection drugs
- those who have experience of sex work
- those who have an incarceration history
- those who have inequities across the majority of health outcomes

Loss of Identity

- **Separation from land & resources**
- **Loss of Family**
- **Loss of Language (Knowledge is passed down orally in Indigenous cultures)**
- **Loss of Culture & Ceremonies**
- **Violence against Indigenous Women & Girls**
- **Loss of Self**
- **Suffered many forms of abuse**
- **Intergenerational trauma**

"The drugs alone are not the crisis and as long as we continue to focus just on the drugs, we will see one fall and another one rise up in its place. The real crises are the historic and current factors that place some populations at higher risk of harmful drug use than others."
- Anderson & Champagne, 2018



Systemic Racism

Systemic Racism: Differential access to the goods, services, and opportunities of society by RACE. It is structural having been codified in our institutions of custom, practice and law so there need not to be an identifiable perpetrator. … Institutionalized racism is often evident as inaction in the face of need.

(Dr. Camara Jones)

Systemic Racism

Pimicikamak Cree Nation / Cross Lake

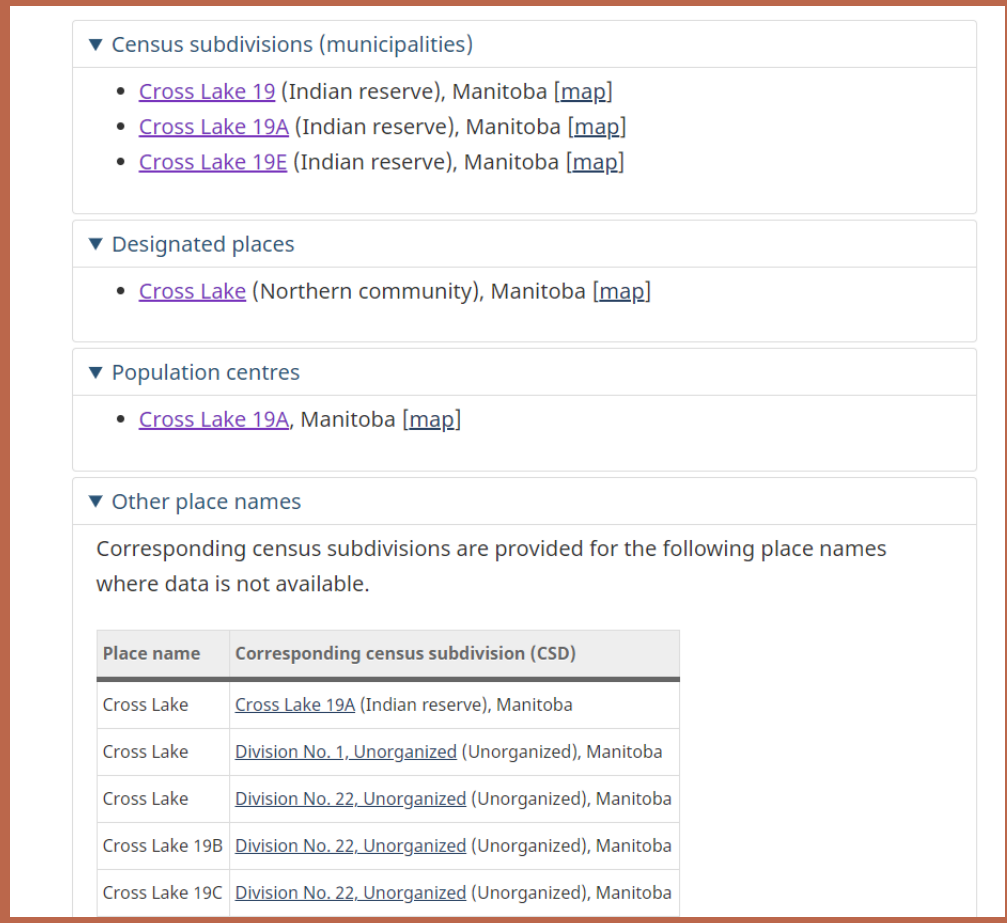
- **Estimated population – 6300-7200 people**
- **Nursing station – NO FUNDING FOR 24/7 ER**
- **HEAVY reliance on medi-vacs**
- **Promised $40M of federal funding to build a hospital in 2016, still not complete**

Beausejour

- **Population (town + RM) - 6114**
- **30 bed hospital**
- **Community health office**

Virden

- **Population (town + RM) – 6404**
- **25 bed hospital**
- **Community health office**



▼ Census subdivisions (municipalities)

- Cross Lake 19 (Indian reserve), Manitoba [map]
- Cross Lake 19A (Indian reserve), Manitoba [map]
- Cross Lake 19E (Indian reserve), Manitoba [map]

▼ Designated places

- Cross Lake (Northern community), Manitoba [map]

▼ Population centres

- Cross Lake 19A, Manitoba [map]

▼ Other place names

Corresponding census subdivisions are provided for the following place names where data is not available.

Place name	Corresponding census subdivision (CSD)
Cross Lake	Cross Lake 19A (Indian reserve), Manitoba
Cross Lake	Division No. 1, Unorganized (Unorganized), Manitoba
Cross Lake	Division No. 22, Unorganized (Unorganized), Manitoba
Cross Lake 19B	Division No. 22, Unorganized (Unorganized), Manitoba
Cross Lake 19C	Division No. 22, Unorganized (Unorganized), Manitoba

The population of Cross Lake 19A alone is the 36th largest community in Manitoba. That is how it is listed if you were to do a quick search online (“largest communities in MB”). Cross Lake as a whole would rank 10th between Dauphin and The Pas – WITH NO HOSPITAL.

Historical Perspective – Study of Health Services for Canadian Indians (1969)

"[N]ew [health] facilities should be mobile. It is hoped that, in time, economic development will take place in the Middle North. With the resulting influx of population and increased economic vitality, [provincially-funded] resources for health care would be established, making permanent Indian facilities obsolete. In cases where economic development does not take place, it would be hoped that Indians would move to more economically viable areas and they should be encouraged to do so. **If permanent facilities were constructed, their existence might discourage bands from relocating.** If the band does relocate subsequent to the construction of a permanent facility, that facility would no longer be suitable"

Booz-Allen & Hamilton Canada Ltd 1969, p. 175. Summary Report for the Dept. of National Health & Welfare.

2019 First Nations Health Atlas Report

	Urban	Rural
Opioid dispensation rates for FN people vs. all other Manitobans	**2x** as high as AOM in the lowest income quintile **3x** higher than AOM in the highest income quintile.	**2x** as high as All Other Manitobans (AOM), regardless of the income quintile for AOM.
Repeated opioid dispensation rates for FN people vs all other Manitobans	**10 x higher than AOM in the highest income quintile**	**3x** higher than those for AOM in the lowest income quintiles Up to **5x** higher than AOM in the highest income quintile.

***Data from 2016/2017 fiscal year

2019 First Nations Health Atlas Report

The rates of OAT dispensations among off-reserve First Nations in urban areas are 12x higher than for AOM in the highest urban income quintile & 3x higher than those for AOM in the lowest income quintile.

The rates among First Nations in rural areas are similar to those for AOM in the lowest and highest income quintiles.

Why? Lack of available/accessible OAT services for EVERYONE

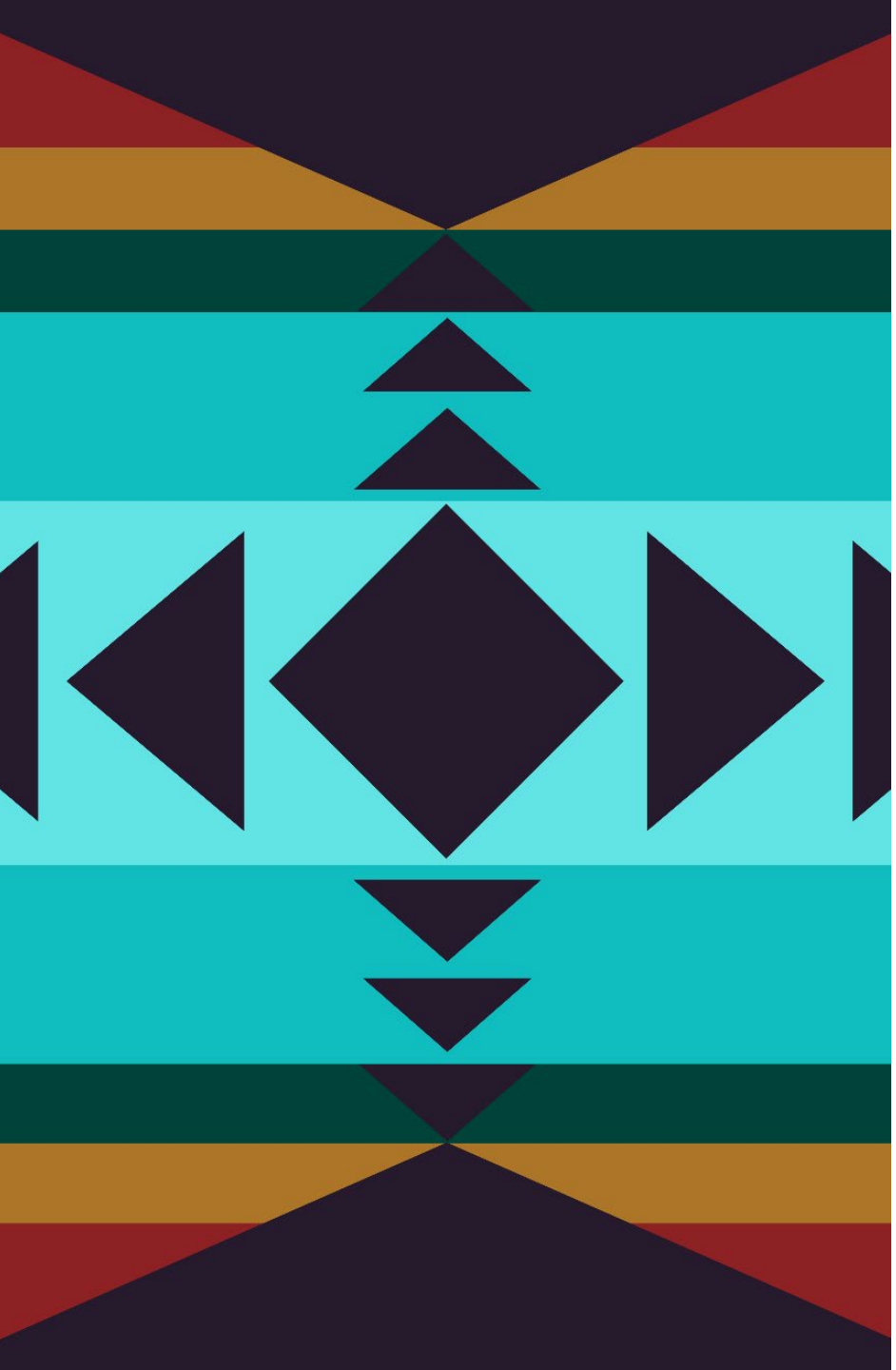
***Data from 2016/2017 fiscal year

Barriers to Harm Reduction/OAT

- Among Indigenous communities, harm reduction can be contentious and contested, there is a stigma around substance use in addition to treatment
- Time commitment & travel/travel costs for effective treatment
- Family responsibilities
- Lack of child care
- Work commitments
- Racism within the health care system
- Lack of culturally appropriate and culturally safe Indigenous harm reduction programs
- Lack of privacy, confidentiality, and anonymity in one's community

Opaskwayak Health Authority (OHA)
OAT Program

- Dr. Sandy Banks brought forward the idea for OAT programming in Opaskwayak Cree Nation (OCN) and advocated strongly for its development in response to the OCN community health needs assessment
- OCN community leadership, elders, and the OHA board provided support for program development
- In Mar 2017, OHA staff (Dr. Banks, Sarah Linklater, Rose Neufeld, Glen Ross) met with representatives from MB Health, CPSM (Dr. Reinecke), AFM, FNIHB, and the Northern Health Region (Dr. Isaac) to determine what supports were required
- The success of culturally relevant OAT programming in Sioux Lookout informed the development of the program. Emphasis was placed on building mental health capacity in order to facilitate healing from the individual and collective traumas that lead to problematic substance use. The First Nations definitions of health and wellbeing are fundamentally holistic. One cannot truly be well without caring for their physical, mental, emotional, and spiritual selves
- Culturally appropriate counselling and case management empowers clients to develop positive coping skills and recover from opioid dependency
- The result of all of this hard work was a first-of-its-kind community-based OAT program that is now a model for other FN communities



Opaskwayak Health Authority OAT Program

- Began on October 15, 2018 with 3 clients inducted
- Now provides services to Opaskwayak Cree Nation, the town of The Pas, Mosakahiken Cree Nation (Moose Lake), Chemawawin Cree Nation (Easterville) and Misipawistik Cree Nation (Grand Rapids)
- Partnership with 3 community pharmacies and 3 nursing stations – strong relationships with staff has been fundamental to program success
- Maximum capacity of 80 clients – everyone is welcome
- Team of 3 prescribers that alternate travelling to OCN
- 2 in-person clinics per month; phone coverage for urgent issues and selective restarts in the interim – scheduled M-F and PRN on weekends and holidays
- Full-time health centre staff: 2 Registered Nurses, 1 Behavioral Health Clinician (Counsellor), 1 Medical Assistant
- Broader mental health support services are also available – additional counsellors, psychologist, spiritual care provider

Opaskwayak Health Authority OAT Program

- EMR: Accuro (NRHA)
- Custom program treatment agreement, rx templates, policy & procedure manual for nursing stations, carry schedules, missed dose records
- Per one community's request, they have an addendum to the treatment agreement that is specific to them
- Significant emphasis on prescribing safety
- Tough decisions always made with community safety as the utmost priority
- Case management is relationship-focused and requires firm boundaries
- Next steps: strengthening the spiritual health component of the program, providing broader harm reduction services

OAT in Indigenous Communities

- Good working relationships with both clients and community stakeholders are ESSENTIAL to the success of OAT programming
- Often subtle presentation of withdrawal symptoms
- For programs with multiple providers - prescribing practices and case management approaches should be consistent
- Other considerations include:
  - Medication transport and storage (physical space, delivery dates, security, etc.)
  - Reporting of missed doses / accuracy of DPIN entries
  - Nursing station staff workload
  - Federal and provincial legislation

OAT in Indigenous Communities

Challenges include:

- General logistics
- Lack of pharmacy services
- Lack of medication transport options
- Frequent turnover of staff at some nursing stations
- Lack of familiarity with OAT processes/medications
  - Proper witnessed dosing
  - Prescribing of other sedating medications
  - Medication labelling
- Stigma
- Lack of privacy/anonymity

The 7 Sacred Teachings

Humility – No person is above another, we are all equal

Love – You must love yourself before you can love others; caring for clients & communities

Respect – Respect clients' choices; demonstrate respect in your words and actions

Truth – Remaining true to yourself and your values

Honesty – Honesty in your words and actions (accountability)

Wisdom – Medical knowledge

Courage – Demonstrated through advocacy

Resources/Further Suggested Reading

- United Nations Declaration on the Rights of Indigenous Peoples
  - https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf
- Truth and Reconciliation Commission Calls to Action
  - http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf
- MMIWG Report
  - https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Calls_for_Justice.pdf
- Aboriginal Justice Inquiry
  - AJIC Final Report
- MCHP FN Health Atlas report
  - FN_Report_web.pdf (umanitoba.ca)
- The Construction of Dependency: The Case of the Grand Rapids Hydro Project
  - THE CONSTRUCTION OF DEPENDENCY: THE CASE OF THE GRAND RAPIDS HYDRO PROJECT (brandonu.ca)
- Henderson, William B.. "Indian Act". The Canadian Encyclopedia, 23 October 2018, Historica Canada. https://www.thecanadianencyclopedia.ca/en/article/indian-act. Accessed 03 December 2020.
- Night Spirits: The Story of the Relocation of the Sayisi Dene
  - University of Manitoba Press

Resources/Further Suggested Reading

- Study of Health Services for Canadian Indians: Summary Report, Booz, Allen and Hamilton of Canada, 1969.
- Presentation by Chief Cathy Merrick and Marsha Ross at First Nations Health Managers Conference (2014):
    - Cross Lake Band of Indians Aboriginal Health Service Integration (fnhma.ca)
- Medicare and the care of First Nations, Métis and Inuit | Health Economics, Policy and Law | Cambridge Core

Questions?
Comments?

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