

Supporting Indigenous People Living with Opiate Use Disorder

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Provincial BOOST Collaborative Learning Session 4

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Disclosures:

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Disclosures	None	None	Ad Board Viiv, Gliead none	None	None

Learning Objectives:



By the end of this session, participants will be able to...

- 1- Describe how the current "opiate crisis" is impacting Indigenous Peoples
- 2- Understand the challenges and identify strategies that can improve the processes and outcomes of care for Indigenous people living with OUD

Indigenous people

Necamat Shqwaluwun ---

"One heart, one mind"

• Elder Shane Point

Indigenous Peoples

- >230,000 Indigenous People living in BC (5.2%)^(1,2)
- Distal & Intermediate Determinants of Health:
 - Colonization -- Interruptions to Cultural Continuity
 - Racism
 - Lack of Resources
 - 1. Statistics Canada. http://www.statcan.gc.ca/pub/89-656-x/89-656-x2016011-eng.htm
- 2. Provincial Health Officer. (2009) Pathways to Health and Healing 2nd Report on the Health and Well-being of Aboriginal People in British Columbia. Provincial Health Officer's Annual Report 2007. Victoria, BC: Ministry of Healthy Living and Sport.



Measurable "Gaps" in Health:

WHO Human Development Index:

- Canada = 6th
- Indigenous People in Canada = 68^{th (1)}

British Columbia Specific:

- Indigenous People will on average die five years earlier
 - (life expectancy: male 73, female 77) (2)
- Five times more like to die of a "preventable" disease
 - (ASMR 1.5 /10 000 vs. 0.3 / 10 000) (2)
- Twice as likely to die in infancy⁽²⁾
 - (5.3 / 1000 live births)

^{1.} http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/

^{2.} Provincial Health Officer. (2009) Pathways to Health and Healing – 2nd Report on the Health and Wellbeing of Aboriginal People in British Columbia. Provincial Health Officer's Annual Report 2007. Victoria, BC: Ministry of Healthy Living and Sport.

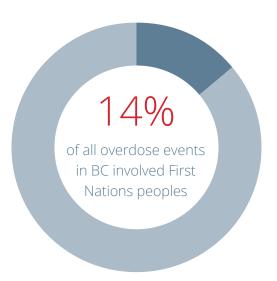
Indigenous Peoples - BC Opiate Overdose Data- 2018

The death rate from opioidS TAKEN FROM JANUARY 31, 2015 - NOVEMBER 30, 2016
S TAKEN FROM JANUARY 31, 2015 - JULY 31, 2016

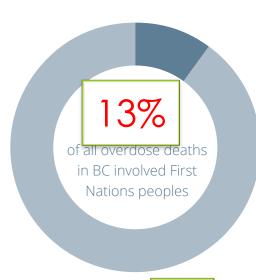
The death rate from opioidrelated overdoses continues to rise for First Nations, making it a severe and growing threat to our wellness and the health of our communities.

21% INCREASE 2017 TO 2018

In 2018, 193 First Nations men and women died of an overdose in BC. A 21% increase from 2017 when there was 159 First Nations deaths.



First Nations people are **5X** more likely than non-First Nations to experience an overdose event



First Nations people likely than non-First Nations to die due to an overdose

http://www.fnha.ca/newsContent/Documents/FNHA_OverdoseDataAndFirstNationsInBC_PreliminaryFindings_Fina IWeb.pdf



"Wellness reinforces and is reinforced by a sense of cultural identity."

White Standing Buffalo

Standing Buffalo Bull - Ponca 1877 http://www.firstpeople.us/

ELDERS

- Recognized by their communities for their leadership, accumulated wisdom, compassion, community devotion, and dedication to personal healing¹
- View mental illness in spiritual and social terms, as rooted in disconnection—from families, traditions, communities, the land, and from one's self and spirit—and healing as requiring the re-establishment of these connections.²
 - Royal Comission on Aboriginal Peoples. Report of the Royal Comission on Aboriginal Peoples. Ottowa, ON: Royal Comission on Aboriginal Peoples; 1996.
 - (2) King M, Smith A, Gracey M. Indigenous health part 2: the underlying causes of the health gap. *Lancet.* 2009;374(9683):76-85.





Case: George

- 43 y.o. Indigenous male (Carrier Nation), lives with common partner in SROH; on disability benefits; longstanding sever OUD
- PMHx: HIV infection; sepsis with ICU; HEP C reinfection; Brain injury age 9 -> seizure disorder; chronic back pain
- PSxHx: Gun shot wound L chest-L; brachial Plexus injury with L upper extremity paralysis
- Psych Hx: PTSD, Depression, Anxiety symptomatic
- OUD: on OAT (methadone 220 mg) and using \$80/d of illicit opiates by injection – seeking stability.



Systematic Strategies

Development of the (OAT Measurements Tool)

Tool to keep the OUD registry accurate and have all clients accounted for.

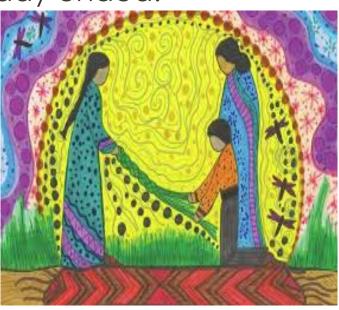
Ensure nobody is falling through the cracks.

- Is the client currently on OAT?
- Any missed doses?
- Experiencing ongoing cravings, withdrawal?
- Had an overdose in last 30 days?
- Using Illicit opiates ? How much?
- Type of OAT?



Weekly OUD Registry review

- Q.I. aims were for Nursing and Providers to enter the end dates with every OAT prescription.
- Review of clients whose scripts are expected to end or have already ended.
- Prepare and notify clients on their upcoming appointments
- Bridge prescriptions for clients
- Assign a Case manager



OUD Measurement tool cont.

- Aim to collect data on whether a client identifies with being Indigenous.
- Serves as an Opportunity during assessment to Offer Indigenous people Access to

 Speak to An Elder, or Participate in a Indigenous focused circle offered at U.I.H.H.C,

Drumming Circle,
Arts Circle,
Speaking Circle.

- We at UIHHC aim to support a positive cultural identity and increase cultural continuity.
- We aim to live up to the TRC
- Reconnecting all people with their culture reduction and life saving health intervention,

Inter-professional Approaches

- Creation of weekly OUD case management rounds.
- Support complex Clients who are off OAT and who are struggling with OAT stability and retention
- For Indigenous clients, we can consult with our Elders who are an Integral part of our inter professional team at UIHHC.
- Elders can offer the spiritual and cultural support and guidance,
- Bridge the gaps and minimize barriers in order to allow Indigenous people access to their cultural practices.



Client Centered Approaches/Strategies

- Culturally Competent
 Care
- Trauma InformedCare



Principles of Culturally Competent Care

- Principles of Cultural Competency:
- Increasing inclusiveness, accessibility and equity.
- Fostering human resources that is reflective of and responsive to a diversity of communities.
- Creating a climate where discrimination and oppressive attitudes and behaviours are not tolerated.
- Valuing cultural differences.
- Promoting human rights and the elimination of systemic biases and barriers.
- Practising self-awareness and self-reflection.
- Demonstrating personal responsibility and accountability.



Principles of Trauma Informed Care

Core Principles of a Trauma-Informed Approach



Safety

Throughout the organization, patients and staff feel physically and psychologically safe



Trustworthiness & Transparency

Decisions are made with transparency, and with the goal of building and maintaining trust



Peer Support

Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery



Collaboration

Power differences — between staff and clients and among staff — are leveled to support shared decision-making



Empowerment

Patient and staff strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma



Humility & Responsiveness

Biases and stereotypes and historical trauma are recognized and addressed

References

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- Traumainformedcare.chcs.org
- https://www.phs.ca/project/culturesaves-lives/
- Indigenoushealthnh.ca

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Case Study Revisited:



Learning Objectives Revisited:



By the end of this session, participants will be able to...

 1- Describe how the current "opiate crisis" is impacting Indigenous Peoples

Disproportionately; additional manifestation of more distal determinants

 2- Understand the challenges and identify strategies that can improve the processes and outcomes of care for Indigenous people living with OUD

Developing Trust; CDM systematic & Team based approaches; Trauma Informed; Culturally Safe, Partnered with Indigenous Elders

Questions?

Thank you