



The Alberta First Nations Information Governance Centre

Executive Summary of the Opioids and Substances of Misuse among First Nations People in Alberta Report

Date: November 6, 2017

Key Messages:

- Alberta Health has collaborated with the Alberta First Nations Information Governance Centre to compile opioid-related data on First Nations people for the first time.
- This new data clearly shows First Nations people in Alberta are disproportionately affected by opioid use.
- First Nations people have higher rates compared to non-First Nations people of opioid-related overdose deaths, emergency department visits, opioid prescriptions dispensed from community pharmacies and ambulance responses.
- Reducing the harms associated with both street-sourced and prescription opioids experienced by Indigenous communities is an urgent priority.
- Health Canada and AHS are working with First Nations communities to enhance access to naloxone and to improve education, awareness and access to treatment options.
- Alberta Health supports community agencies and front-line workers to provide overdose training and naloxone kits to people in urban areas, many of whom are Indigenous.

- Urban Indigenous people are able to access the available supports offered in the cities and communities where they live.
- Alberta Health will be working with communities to facilitate access to appropriate services to meet the needs of Albertans.

What are top findings of this report?

- This new data clearly shows First Nations people in Alberta are disproportionately affected by opioid use.
- First Nations people were six times more likely than non-First Nations people to visit an emergency department for opioid use and other substances of misuse.
- The rate of EMS responses on opioid-related events for First Nations People in Calgary and Edmonton are far higher than for non-First Nations people.
- Among First Nations people, the proportion of opioid overdose deaths related to fentanyl was lower compared to non-First Nations people.
- First-Nations women are disproportionately impacted by opioid-related deaths compared to non-First Nations women.
- From 2013 to 2016, First-Nations people were twice as likely as non-First Nations people to be dispensed an opioid from a community pharmacy.

Key Findings:

Opioid-related deaths

- Apparent opioid-related overdoses were three times higher among First Nations people compared to non-First Nations people between Jan 1, 2016 and March 31, 2017.
 - In 2016, 43 First Nations people died for every 100,000 person years, compared to 12 non-First Nations people for every 100,000 person years.
- 2016: 71 First Nations people and 489 non-First Nations people died from opioid overdoses.
- Jan. 1 to March 31, 2017: 16 First Nations people and 125 non-First Nations people died from opioid overdoses.

1. Males vs. females:

- Among First-Nations people, males and females were nearly equally represented among apparent opioid-related deaths (51 per cent were males and 49 per cent were females).
- In comparison, among non-First Nations people, males represented a much higher proportion of apparent opioid-related deaths (76 per cent).

Emergency department visits

- First Nations people were six times more likely than non-First Nations people to visit an emergency department for opioid use and other substances of misuse.
- Among First Nations people in 2016, the South Zone had the highest rates of:
 - emergency department visits related to opioids and substances of misuse (2,307 visits per 100,000 person years compared to 167 visits per 100,000 among non-First Nations people)
 - hospitalizations related to opioids and substances of misuse (367 hospitalizations per 100,000 person years compared to 79 hospitalizations per 100,000 among non-First Nations people)

EMS (Emergency Medical Services)

- The rate of EMS responses to opioid-related events was:
 - seven times higher for First Nations people in Edmonton and
 - 12 times higher for First Nations people in Calgary than for non-First Nations people.

Opioid prescriptions

- From 2013 to 2016, First-Nations people were twice as likely as non-First Nations people to be dispensed an opioid from a community pharmacy.
- A higher proportion of First Nations people who died of an apparent accidental opioid toxicity death had an opioid dispensed from a community pharmacy in the 30 days before their death compared to Non-First Nations people.
 - 61 per cent of First Nations people vs.
 - 35 per cent of non-First Nations people

Types of drugs

- Among First Nations and non-First Nations groups, alcohol, benzodiazepines and fentanyl were common substances causing drug toxicity death.
- There was a lower proportion of fentanyl-related overdose deaths, compared to non-fentanyl opioid deaths, among First Nations people than non-First Nations.
 - 43 per cent of non-First Nations overdose deaths were from fentanyl.
 - 24 per cent of First Nations overdose deaths were from fentanyl.
- Cocaine was more commonly listed as a substance causing drug toxicity death among Non-First Nations people (22 per cent of deaths vs. 13 per cent for First Nations).
- Codeine was more commonly listed as a substance causing drug toxicity death among First Nations people (32 per cent of deaths vs. six per cent for non-First Nations).
- Among First Nations people, hydromorphone saw the largest increase as a substance causing drug toxicity death from 2014 to 2016.
- Among Non-First Nations people, methamphetamine and heroin saw the largest increase as a substance causing drug toxicity death from 2014 to 2016.
- From 2013 to 2017, the rate of unique individuals dispensed buprenorphine/naloxone (including Suboxone) for opioid replacement therapy from a community pharmacy increased much more significantly among First Nations people compared to non-First Nations people.
 - Increase of 3,654 per cent among First Nations people vs. 532 per cent increase for non-First Nations people.
 - Among First Nations people, the dispensing rate of buprenorphine/naloxone (including Suboxone) for opioid replacement therapy increased to 630.5/100,000 in 2017, from 16.8/100,000 in 2013.
 - Among Non-First Nations people, the rate increased to 101.5/100,000 in 2017 from 16.1/100,000 in 2013.

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