

Opioid crisis devastates Indigenous communities in Canada

by Miles Morrisseau

This investigation was done in collaboration with ICT (formerly Indian Country Today), presenting data obtained from the First Nation and Inuit Health Branch of Indigenous Services Canada (FNIHBISC) for 2024. Read ICT's story [here](#).

NATALYA KATE CHAYLENE KEESHIG-LISK was born in the spring of 2000, at the start of an Indigenous baby boom that swept through Canada at the beginning of the millennium.

She quickly became the gleam in her grandma's eye.

"She was very physically beautiful. She was also athletic, she was 'the artist.' She was just an absolutely awesome human being," her grandmother, Liz Akiwenzie, Ojibwe/Oneida, told ICT from her home in Mount Brydges, Ontario.

Natalya also struggled with addiction. She had been in and out of hospital since she was a teenager, and had a long pattern of getting clean then going back to drug use. By 2023, she was splitting her time between her First Nation and the town of Owen Sound.

By March 20, 2023, she was ready to get clean again, and she checked herself into hospital with the help of her grandfather. But the next day, she checked herself out, and her aunt posted that she was missing.

She was found dead three days later from an apparent overdose of fentanyl. She was buried on March 27, 2023, one day before her 23rd birthday.

Her death put Akiwenzie on the front lines against the wave of death and despair that has swept through younger generations across Indigenous Country in Canada. As a healer, Akiwenzie has worked for years with Ontario

families and communities dealing with the overwhelming grief that comes with the tragic loss of addiction.

The death of her granddaughter last year made it especially personal.

"I believe that there was a part of her that was older than what she needed to be," Akiwenzie told *ICT*. "And then there's this other part of her that was younger than what she needed to be. And so I understand why she got into the drug world."

Akiwenzie brings great empathy to the families who have lost loved ones to overdoses. She knows too well of what she speaks.

"I know firsthand the struggle that she was going through and what my whole family was trying to do for her in trying to help her," she said.

She's not alone.

A months-long investigation by *ICT* in partnership with the Yellowhead Institute at Toronto Metropolitan University found that addiction to opiates is a growing problem for families in Canada, particularly among the First Nations and Indigenous communities and their young people.

And the Canadian health care system helped fund the rise, spending nearly \$68 million (more than \$50 million in U.S. dollars), in 2021, on opioid prescriptions — an increase of more than 231 percent in 20 years, the investigation found. Prescription opiates can lead addicts to street drugs, if the supply runs dry.

The children, like Natalya, born during the Canadian baby boom years, have been particularly devastated by the crushing spread of opiate addiction and overdoses. They never knew what hit them.

Indigenous communities hit hardest

Canada is among the largest consumers in the world of prescription opioids, and was ranked as the second-largest consumer of any country, second only to the United States, in a 2018 report released by the Canadian government.

The volume of opioids distributed by hospitals and pharmacies for prescriptions by then had increased by nearly 3,000 percent since the early 1980s, with prescriptions for First Nations and Inuits paid for by the Canadian health care system.

In 2016, nearly 20 million prescriptions for opioids were dispensed, the equivalent to nearly one prescription for every adult over the age of 18, the report found.

First Nations and Indigenous communities have been particularly impacted. The ICT investigation found that a disproportionate number of those prescriptions were dispensed to First Nations and other Indigenous people.

To examine the impact on Indigenous communities, *ICT* obtained 20 years of data from 2002-2021 from the First Nations Inuit Health Branch, a department within Indigenous Services Canada that provides health coverage including dental and pharmaceutical costs to Indigenous communities.

The Yellowhead Institute, working with *ICT*, analyzed the data, making a dollar-for-dollar comparison using Statistic Canada's Consumer Price Index.

The data shows that during those two decades, the sharpest increase in government pharmaceutical expenditures in Indigenous communities were for opiates, which more than tripled at 232 percent, followed by mental health-related drugs at 104 percent and all others at 73.4 percent.

The numbers “shocked” Hayden King, executive director of the Yellowhead Institute, an Indigenous-led research and education center. He was particularly stunned by the 3,648 percent increase from 2016-2021 in opiate antagonists, such as Narcan, that are used to treat opiate overdoses.

“That is revealing a pretty dramatic crisis in our communities around the use of opiates,” King, Anishinabeg of the Beausoleil First Nation, told *ICT*. “What we’re seeing is an over-reliance on medication to treat the crisis instead of a redistribution of power back to communities to address it on their own terms.”

For Akiwenzie, the impact of opiates on Indigenous communities in Ontario has been unlike anything she has ever seen in her decades-long career.

“The people consider me to be a cultural educator or knowledge keeper, but I also do healing work. I’ve been doing that for almost 40 years,” Akiwenzie said. “Communities asked me to come to either their health center or just Native child welfare or any of the organizations to come and help out with the families that they’re dealing with. And drugs is a huge thing.”

The opiate problem was unlike the community struggles with alcohol and other drugs, she said.

“I worked in drug and alcohol for years and years and years,” she said. “And that was a piece of cake helping people to get through the alcoholism. This is a whole different ball game. And we need to have more of our people to be more aware. We need to educate families, whether it’s brothers, sisters, aunties, uncles, grandparents, parents, because it is really difficult.”

Opiate bomb goes off

In 2000, the province of Ontario — the largest, most-populous province in Canada with the largest Indigenous population — added OxyContin, a long-acting formulation of oxycodone, to the Ontario drug benefit

formulary. The formulary is a list of drugs that are covered by the provincial government's drug benefit program.

The result was like a bomb going off.

Research published by the *Canadian Medical Journal* in December 2009 found "large and sustained increases" in opioid prescribing and opioid-related deaths in Ontario as a result.

"The addition of long-acting oxycodone to the provincial drug formulary was associated with a five-fold rise in deaths related to oxycodone use, as well as an increase in overall opioid-related mortality," researchers concluded.

OxyContin, a narcotic known generically as oxycodone hydrochloride, was approved by Health Canada in 1996 and would have been made available without cost to First Nations and Inuit people who receive health care benefits, including those living in Ontario.

In their 2019 report, "Understanding the Implications of a Shifting Opioid Landscape in Ontario," published by *Healthcare Quarterly*, doctors Tara Gomes and David Juurlink noted that over-prescribing of painkillers was a factor in addiction and death.

"The liberal prescribing of opioids was and remains an important contributor to opioid-related harms, including overdose," the report said.

Their report came on the heels of a June 2018 report by the Public Health Agency of Canada, "Evidence synthesis - the opioid crisis in Canada: A national perspective." It was the first analysis of all data available from the federal and provincial governments about the opioid crisis.

Researchers reviewed all relevant federal and provincial information, including coroner and medical examiner reports. They documented regional and demographic trends, as well as the wildfire-like spread of the crisis.

They found that Canada, with the 38th largest population in the world, was the second-largest consumer of prescription opiates in 2016. Indigenous people were hit particularly hard in the western provinces of British Columbia and Alberta, which have significant Indigenous populations, they concluded.

"First Nations people were five times more likely than their non-First Nations counterparts to experience an opioid-related overdose event and three times more likely to die from an opioid-related overdose," the government report concluded. "In Alberta, fentanyl was involved in 18 percent more opioid-related deaths among First Nations people than non-First Nations."

The report also found that First Nations people were twice as likely to be dispensed an opioid as non-First Nations individuals, and tended to be at least five years younger at the time the drug was dispensed than non-First Nations people.

In a separate article, the *Canadian Medical Association Journal* reported that in a three-year period from Jan. 1, 2019 to Dec. 31, 2021, the number of accidental opioid-related deaths in Canada more than doubled, from 3,007 deaths to 6,222 per year.

The research included nine Canadian provinces and territories representing 98 percent of the population. The report did not carve out Indigenous-specific numbers.

A study reported in *The Lancet* in September 2022, found that the use of Gabapentin plus opiates or benzodiazepine significantly increased the odds of substance-related overdoses.

In December 2018, the *Canadian Medical Association Journal* published a peer-reviewed article that called for more public support to address the problems of addiction among Indigenous people.

"The federal government's responses to the overdose crisis have been insufficient to address the underlying structural drivers of the overdose crisis among Indigenous Peoples," the article concluded.

"Lack of support from policy-makers and all levels of government is also a major problem ... A public health approach to better supporting Indigenous Peoples who use drugs will require a commitment to Indigenous harm reduction and addiction treatment policies, practices and supports by incorporating traditional Indigenous values."

Residential school turned treatment center

Two thousand miles northwest of London, Ontario, in Edmonton, Alberta, is Poundmaker's Lodge, a former Indian residential school that has become one of the leading Indigenous addiction treatment centers in Canada.

"I've been in Canada for a very long time; I studied here, I did my graduate studies here," Dr. Mo Samara, the pharmacy manager at Poundmakers Pharmacy, told *ICT*.

He said the true history of Indigenous Peoples in Canada was hidden from him and most new Canadians.

"I never knew the scale — the history and hardship and injustice people went through and continue to go through — until I started working with Poundmaker's treatment center and clients and patients and realized the history behind it," he said.

Samara works with the counselors and clients to create a safe and healthy transition from addiction to management and ultimately sobriety.

"Historically, the opioid crisis was aided by the responsible prescribing of opioids as painkillers, in addition to heroin and other street drugs," Samara said. "And then that became worse, with fentanyl becoming something that people can take orally. And obviously, it's very potent. It's a chemical that's made rather than collected and harvested. So it's easy to make; it's cheap to make. It's abundantly available."

Although he believes that the majority of doctors are trying to provide the best treatment they can, there are those who are quick to prescribe a quick fix.

"Even when we had too many physicians in our province, there wasn't a lot of, for the lack of a better word, enforcement — of making sure that you're treating people right," he said. "So don't get me wrong. We have amazing physicians here. Yes. But you only need one bad apple, right? My observation is this — a lot of bad apples."

Getting paid rather than curing the problem becomes more than an issue when the problem is systemic.

"It's more profitable and financially rewarding to manage addiction, rather than to treat addiction. So that's a

problem that we have," Samara said. "While there are many good people who have conscience, there are people who would abuse the system, and if the system is easily abused, that's a problem. If the system is not policed, that's a problem."

Poundmaker's Lodge works to maintain a level of medication that allows the clients to be active in their treatment.

"We're trying to achieve the minimum effective dose," Samara said. "We are trying to make sure that when you are in treatment, you're sober enough to be able to do programming to engage in cultural support, and connecting with traditional ways, right?"

"There are a lot of other establishments where their philosophy is, sedate the patient so that they are not suffering and not causing us headaches," Samara said.

Is there a light at the end of the tunnel in the Canadian crisis of addiction and overdoses that is sweeping away a generation of young Indigenous people? Samara sees positive signs of a growing understanding in the medical community that they must treat addiction like other health issues.

"When you give clients hope, and a sense of purpose, they have something to work toward, something to hope for," Samara said. "So if I'm going to go and say, 'a light at the end of the tunnel,' it's that people are finally recognizing that someone with a substance-use disorder is the same as someone who has high blood pressure. The same as someone who has diabetes. It's a patient who needs help, and who needs care, and you need to help them and not judge them. They didn't come to you for judgment, they came to you for help."

The Canadian Federal Budget 2024 provides \$630.2 million over two years to support Indigenous people's access to mental wellness, including \$32 million over two years for wrap-around supports associated with Opioid Agonist Therapy sites.

"[Indigenous Services Canada] works closely with Indigenous partners at all levels to provide these supports, guided by key documents developed by Indigenous

partners,” Karine Vetvutanapibul, spokesperson for Indigenous Services Canada, told ICT in an email. “This includes the First Nations Mental Wellness Continuum Framework Honouring Our Strengths and the National Inuit Suicide Prevention Strategy.”

What’s ahead

Akiwenzie believes that the power of Indigenous spirituality can defeat the darkness of addiction.

“They have to say, in their own words, ‘I don’t want this life anymore. Help me,’” she said. “They can say that in their heart, their mind, their body — and their spirit hears that, the ancestors hear them, Creator hears them. That is the doorway to get them as much help as possible.”

The darkness, she believes, is rooted in colonization and the ongoing forces of assimilation that undermine the self-esteem of Indigenous youth, creating a culture of despair.

Akiwenzie said Natalya was apparently ready to get clean again in March 2023 and checked into hospital, the first step toward treatment. Ontario requires patients undergo detox in hospital before entering a treatment center.

“Her Papa dropped her off at the hospital, and said he would come back and get her,” Akiwenzie said.

Instead, she promptly checked herself out, and no one notified the family, Akiwenzie said.

“She came out of the hospital, walked over to a drug dealer,” Akiwenzie said. “They gave her fentanyl, and she’s not here.”

She had sought treatment, she had the full support of her family, and despite all their efforts and love, they still lost her.

“Our young people have a loss of hope,” Akiwenzie said. “They’re still trying to fit in these two worlds. And if they grew up with the belief that we, as Native people, are not good enough, smart enough, whatever, that we can’t be like White people. We don’t need to be like them, because we do have what belongs to us, which is our songs and our dances, our medicines, our ceremonies and our way of healing and the way of getting better.”

Within an Indigenous perspective, any power that leads to hopelessness and death would be seen in very specific terms, she said.

“It’s important that we talk about that dark side,” Akiwenzie said. “Our people had different words for it back in the day, and back in the day, maybe they would call it ‘bad medicine’. To me that’s the dark side because that is what drugs do, it totally takes them into this darkness.”

In her own work and from her peers, she knows about voices that whisper into the ears of those ensnared in addiction.

“I’ve heard that from other people,” she said. “They would say, ‘I hear that voice and it’s telling me, I don’t need to listen to you, because you don’t know what you’re talking about’ ... It’s important that we listen to our loved ones when they say, ‘there’s this voice I’m hearing,’ because that’s real. That’s the dark side.”

So she continues to work with families who are going through a dark tunnel. She sees the light in this world and the next. Her granddaughter may have been lost in this epidemic of overdose but her spirit continues to inspire.

“I believe and understand that only the body goes back to the earth,” she said. “The spirit lives forever. And my grandbaby, I hear her all the time talking to me when I’m working with family. I hear her all the time. She’s talking to me as clear as day, as you and I are talking. And I give thanks because I truly have a strong belief about the spirit. And she’s helping me to be able to continue to do the work that I do for the people.

“So I sit with families and I help them to grieve.”

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