Substance Abuse in Native Youth

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Blood Tribe Community Clinic
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Esther Tailfeathers, MD

Dr. Esther Tailfeathers, born and raised on the Blood Reserve in southern Alberta, graduated from the University of North Dakota, School of Medicine and completed her Family Medicine residency at the University of Alberta. Esther has worked with many First Nations including in the Emergency Department on the Blackfeet Reservation (in Montana), with the Blood Reserve for almost 20 years, and in the Northern Alberta community of Fort Chipewyan. She is most proud of organizing a relief mission to Haiti after the earthquake in 2010, leading a team made up of Blood Tribe paramedics, nurses and health care workers who took care of more than 2,000 patients during their relief efforts. Most recently, Dr. Tailfeathers has focused on the Blood Tribe’s response to the opioid crisis including harm reduction and treatment and addressing the upstream determinants of health. Dr. Tailfeathers is currently the Medical Director of the Blood Tribe Community Clinic in Alberta, Canada.
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Learning Objectives

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

1. Understand the etiology of mental health and addictions in Native Youth
2. Explore the relationship of culture with mental health and addiction in Native Youth
3. Reflect on how a community can begin to heal from substance use in Native Youth.
Blood Tribe Disaster Services
Overdose Stats

Overdose Stats for Blood Tribe EMS June 2014 – November 2016

Blood Tribe Disaster Services Committee

Overdose Stats for Blood Tribe EMS June 2014 to November 2016

Number of calls

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Mortality data

Apparent accidental opioid poisoning deaths (fentanyl & non-fentanyl opioids)

Figure 1: Rate of apparent accidental opioid poisoning deaths per 100,000 by First Nations status and year. January 1, 2016 to December 31, 2020.
Confirmed drug and alcohol poisoning deaths

Figure 6: Frequency of substances causing acute poisoning death (accidental only) among First Nations people, January 1, 2016 to December 31, 2020.
Opioid Dispensations

- The opioid dispensation rate is **2x** higher for First Nations compared to non-First Nations.

First Nations-Health Trends Alberta (2016)
FN stats from Alberta First Nations Information Governance Centre

First Nations people in Alberta compared to non-First Nations people:
- Rate of opioid toxicity deaths were 7x higher
- Rate of emergency department visits related to opioids and substances of misuse were 6x higher
- Rate of hospitalizations related to opioids and substances of misuse were 5x higher
- Rate of EMS responses to opioid related events in Edmonton and Calgary were 7x higher
- Rate of opioid dispensing from community pharmacies was 2x higher
BLOOD TRIBE UNITES AGAINST DRUG ABUSE

BLOOD TRIBE POLICE REPORT
WHAT TO DO IN AN OVERDOSE
DETOX PLAN STRATEGY
NALOXONE TRAINING

DR TAILFEATHERS
Continues fight against drug abuse

GAYLE CHASE
New coordinator hired

PAM LITTLE BEAR
Advocates against prescription drug abuse

EMERGENCY HOTLINE
Pam Little Bear brought children from the community together and challenged them to a poster contest. Here are a few of the children’s creations and their messages of illegal and prescription drug abuses.

The parents of the children who created these posters were also involved in sharing their thoughts and feelings as the children designed their creations.

These children are our future; protect and honor them.
Blood tribe sees positive results

- The last two deaths occur March 20, 2015
- Community Education continues with door-to-door campaigns, flyers and educational material
- The Emergency Hotline is established
- Children of the Blood Reserve take an active part in spreading awareness becoming involved in the fight against drugs
It Takes a Community!
Underlying Reasons for this Crisis

- Historic Trauma
  - Residential School and ACEs
- Social Determinants
  - Poverty
  - Employment
  - Housing
- Health Service Delivery
- Indian Health Policy
- Primary Care and Prescription Drug prescribing
Starting in the 1880's and lasting as late as 1996
many of the children were physically and sexually abused
The three types of ACEs include:

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce

**WHAT IMPACT DO ACEs HAVE?**
Health effects of intergenerational trauma

- Increased suicide attempts and poor mental health status
- Decline in social cohesion
- Effects parenting and attachment styles
  - Increase in addictions
  - Children may experience greater abuse, neglect and household dysfunction which increases depressive symptoms

7 POSITIVE CHILDHOOD EXPERIENCES (PCES):

1. BEING ABLE TO TALK ABOUT FEELINGS WITH FAMILY
2. FEELING SUPPORTED BY FAMILY IN DIFFICULT TIMES
3. PARTICIPATING IN COMMUNITY TRADITIONS
4. FEELING AS THOUGH ONE BELONGS IN SCHOOL
5. FEELING SUPPORTED BY FRIENDS
6. FEELING AS THOUGH AT LEAST TWO NON-PARENT ADULTS TRULY CARE
7. FEELING SAFE AND PROTECTED BY ADULTS AT HOME

SOURCE: LINDSAYBRAMAN.COM/POSITIVE-CHILDHOOD-EXPERIENCES-ACES
Neonatal Abstinence Syndrome

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Prenatal Substance Abuse by fiscal year

- 23 in 2014-2015
- 32 in 2015-2016
- 39 in 2016-2017
Resiliency – a protective factor

- Evidence of the protective effect of personal and community resilience is accumulating
- High degree of resiliency in Indigenous populations despite high levels of historical trauma
- Strength of cultural identity is associated with better health outcomes
- Traditional teachings through elders, learning cultural traditions and language can restore resiliency in Indigenous youth
- Strong social networks and social support can enhance resiliency, improve physical and mental health


Cultural Identity - a protective factor

- Qualitative results suggest that cultural continuity is fundamental to health in Alberta First Nations
- Preserved culture is a protective factor to diabetes

Oster et al (2014)
NALOXONE NOW IN NASAL FORM
Bringing the Spirit Home

Kainai Safe Withdrawal Management Site
Gabor Mate, Wendy English, Chief Fox

At our Youth Conference
IT TAKES A COMMUNITY