



First Nations Health Authority
Health through wellness

**Submission to Standing Senate
Committee on Aboriginal
Peoples on the Study of Bill C-45**

April 2018

Introduction: First Nations Health Authority and Our Work

The First Nations Health Authority (FNHA) is the first province-wide health authority focused on First Nations in Canada. On October 13, 2011, First Nations in BC, the Province of British Columbia, and the Government of Canada signed the *British Columbia Tripartite Framework Agreement on First Nations Health Governance*¹.

FNHA is responsible for planning, management, service delivery and funding of health programs, in partnership with First Nations communities in BC. FNHA works to transform the way health care is delivered to First Nations through direct services, provincial partnership and collaboration, and health systems innovation, including ensuring that cultural safety and humility and intergenerational trauma informed care are embedded throughout the health system.

FNHA collaborates with the federal and provincial governments, regional Health Authorities and other system partners to coordinate and integrate health programs and services to achieve better health outcomes for First Nations in BC. Services are largely focused on health promotion and disease prevention and include:

- Primary Health Care
- Children, Youth and Maternal Health
- Mental Health and Wellness
- Communicable Disease Control
- Environmental Health and Research
- First Nations Health Benefits (Non-Insured Health Benefits)
- eHealth and Telehealth
- Health and Wellness Planning
- Health Infrastructure and Human Resources

FNHA is guided by its Seven Directives² and Shared Values³ and is committed to creating the space for First Nations and Indigenous communities to self-determine their path towards wellness and Nation rebuilding.

Key Areas of Consideration

An integral focus of First Nations healing and wellness is through the balance and inter-relationships of the physical, mental, emotional and spiritual aspects of wellbeing as represented by the *First Nations Perspective on Health and Wellness*⁴. In line with the Perspective, there are a number of key issues around the legalization of non-medical cannabis that may have a direct impact on the health and wellness of First Nations in BC.

FNHA supports approaches that minimize the societal and health concerns related to the criminalization of cannabis. In moving to a legalized and regulated market, FNHA supports a federal approach that promotes responsible usage through an indigenous harm reduction lens and minimizes the direct negative health impacts, including for specific populations, such as children and youth.

¹ <https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/reports-publications/health-care-services/british-columbia-tripartite-framework-agreement-first-nation-health-governance.html>

² <http://www.fnha.ca/about/fnha-overview/directives>

³ <http://www.fnha.ca/about/fnha-overview/vision-mission-and-values>

⁴ <http://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/first-nations-perspective-on-wellness>

In accordance with the *British Columbia Tripartite Framework Agreement on First Nations Health Governance*, it is our strong expectation that the federal government will continuously partner with FNHA in all processes and decisions that impact the health and wellness of First Nations in BC, both pre-and post-legalization.

As the Standing Senate Committee on Aboriginal Peoples examines the current legislation, FNHA has identified several areas that reflect the needs and values of First Nations in BC, including:

Cultural Safety and Humility, and Trauma-Informed Care

First Nations in BC continue to be impacted by the process of colonialism, both at the individual and system level, and experience stigma, racism, and discrimination in their health care interactions. A lack of accessible and culturally safe health services may result in non-medical cannabis being used by First Nations as a mechanism to cope with inter-generational trauma, physical and other psychological pains. Currently, alcohol and commercial tobacco, as well as opioids, are among the substances being used for this purpose, and FNHA has focused on providing public health education and resources around their many health risks. In this context, cannabis is often viewed as a “lesser harm” than other substances.

The establishment of culturally safe approaches should be considered in the context of First Nations dealing with intergenerational trauma. Given limited access to health care and interactions with health providers that are unsafe and discriminatory, there is a high possibility that those within our population are using, and will continue to use, non-medical cannabis as a substitute for the prescription-based option. As such, First Nations should have easy access to the appropriate information and resources on non-medical cannabis that will help them make the best decision for their individual circumstances.

Hardwiring cultural safety and humility into all actions and efforts related to accessing non-medical cannabis is paramount. The system has a lot of work to do in this regard. An environment needs to be developed whereby Indigenous people are welcomed into culturally safe and non-discriminatory partnerships to represent their perspectives of health and wellness. This will help ensure that those who are accessing cannabis for the purpose of coping with intergenerational trauma are not facing the same stigmas and stereotypes associated with other substances.

The Committee should ensure that the federal government is partnering and funding organizations such as FNHA to create culturally safe and appropriate First Nations-specific educational materials around the potential harms of cannabis. Considerations for culturally safe health literacy and public education include:

- Inclusion of people with lived-experience in the creation of tools, resources and talking guides
- Representative of First Nations both visually and through linguistic and cultural cues
- Focused on relations including, family and community relationships and structures

Reducing Stigmas Around Cannabis Use

The Committee should consider how the overall stigma around cannabis consumption can be reduced. With legalization, new norms will be created around substance use. FNHA is focused on understanding and confronting long-held stigmas around substance use, including cannabis, as a valuable step towards reducing harms associated with cannabis use. For example, reducing stigmas could potentially increase the likelihood of an individual consulting their health care practitioners on potential cannabis usage for pain or trauma. Reducing stigma may also encourage individuals to consider all the options available to

them to address their pain and discomfort, including medicinal cannabis. Creating a positive, stigma-free approach to cannabis will ultimately lead to better health outcomes for both the individual and their communities.

Access to Non-Medical Cannabis

Approximately 40% of First Nations in BC live in semi-isolated, isolated or remote-isolated areas of the province⁵. Our provincial regulatory framework will have an impact on access-related issues for our communities.

One of FNHA's primary concerns from the federal Task Force report was that much of the discussion was being focused on the urban environment and did not consider matters of access and control in rural or remote settings. To reduce the risks to mental health and other associated health conditions, it will be paramount that barriers to accessing quality-controlled non-medical cannabis are minimized, as government-regulated non-medical cannabis could potentially have more appropriate levels of components such as tetrahydrocannabinol (THC), the psychoactive component of cannabis. Significant barriers to accessing regulated non-medical cannabis could lead to continued, or increasing, usage of unregulated non-medical cannabis, likely from illicit markets, which could include higher levels of THC and other harmful chemicals. Ensuring that all areas of BC have access to safe and legal cannabis will help communities become safer and healthier.

Harm Reduction

Harm reduction is an approach to addressing substance use that is consistent with FNHA's vision of holistic wellness. It is based on respecting an individual's choices while providing a continuum of options to assist the individual, their family and their community on their path to sustaining or improving their health and wellness without judgement or shame. Harm reduction recognizes the self-determination of individuals and Nations; keeps individuals and communities as safe and well as possible; and, in a timely manner, facilitates movement towards individual and family healing. Harm reduction and associated public education approaches should recognize and account for the multiple forms of cannabis consumption beyond legal options (shatter, edibles) The Committee should ensure that federal efforts and supports are aligned with an Indigenous harm reduction approach, including the promotion and revitalization as culture and tradition as a form of healing.

In addition, research suggests cannabis has been successful at reducing opioid dependency. Understanding the current opioid crisis in BC, and the disproportionate impact it has on the First Nations population, using cannabis as a strategy to lessen the dependence on opioids, or as an alternative to prescribed opioids altogether, could be considered. It is anticipated that some individuals may turn to either medical or non-medical cannabis as a strategy to reduce opioid dependency. As such, it is important that culturally safe and trauma-informed information and health considerations be made available. Legalization will also provide more opportunities to undertake research in the area of opioid usage and working towards solving the current epidemic.

Mental Health and Wellness

Mental Health and wellness remains a top priority for First Nations in BC, with a particular focus on child

⁵ Office of the Indian Registrar. Indigenous and Northern Affairs Canada; 2017.

and youth mental health and wellness needs. FNHA has a key role to play in addressing this priority through our governance and partnership roles, the services we deliver directly, and as a funder and supporter of community health services. For First Nations people, mental health and substance use challenges must be understood as *symptoms* of intergenerational trauma.

Research has shown that cannabis use has the potential to increase the risk of developing mental illnesses like psychosis or schizophrenia, and can increase the risk of suicide, anxiety and depression. It is crucial that the Committee recognizes the link between non-medical cannabis use and increased mental health risks as a major concern. The Committee should consider the impact that legalization, and potentially increased usage of cannabis, will have on mental health issues and associated services.

With regards to substance use, health concerns around mixing cannabis with other prescription medications is well researched and the risks are understood by those familiar with the issue. There are also multiplied health risks related to mixing cannabis with alcohol and tobacco. Studies have revealed that mixing alcohol with cannabis results in higher blood concentrations of THC. This can have impacts on reaction time and impairment and could increase the chance of injuries, such as car crashes, more than using either substance by itself. Research also shows that frequent and heavy cannabis use can cause physical dependency and addiction, and it is estimated that 9% of cannabis users will develop an addiction to it.⁶

Knowing that First Nations in BC experience higher rates of substance use than the general population, it will be important that effective health resources and programming are properly established in order to minimize the negative health impacts. As a result, the availability of, and access to, culturally safe and trauma-informed cannabis cessation options is required.

Injury Prevention

Injury prevention is an issue that is important to the overall health and safety of First Nations in BC. Injury rates among First Nations are higher than the general population, and reducing and preventing injuries caused by external influences before they occur is a key objective of the organization. In a province with a First Nations population as diverse as BC, there are many components that fall under the injury prevention umbrella. With the legalization of cannabis, there are three main areas of injury prevention that should be taken in to account.

- Vehicle safety – Motor vehicle crashes are a significant cause of injuries and death for First Nations in BC, and are higher than for non-First Nations people⁷. In addition, the age-standardized fatality rate for status First Nations remained more than double that of other residents of BC in 2006⁸. Impaired driving under the influence of tetrahydrocannabinol (THC), the psychoactive component of cannabis⁹, is well-known as having an impact on driving ability. Road safety has also been one of the

⁶ Health Effects of Cannabis. Health Canada; 2017.

⁷ British Columbia Vital Statistics Agency. Regional analysis of health statistics for Status Indians in British Columbia 1992-2002. Victoria, BC: British Columbia Vital Statistics Agency; 2004.

⁸ *Where the Rubber Meets the Road: Reducing the Impact of Motor Vehicle Crashes on Health and Well-being in BC*. Provincial Health Officer's Annual Report; 2016.

⁹ Huestis, Marilyn A. PhD et al. Controlled Cannabis Vaporizer Administration: Blood and Plasma Cannabinoids with and without Alcohol. *Clinical Chemistry*; 2015.

main concerns raised at both the federal and provincial levels for ensuring that the risks are both understood and minimized. More people driving under the influence of THC could lead to higher incidents of injuries and fatalities for First Nations in BC, so culturally safe, trauma-informed and destigmatized education and resources should be made available.

- Water-related incidents – Drowning and boating incidents have also disproportionately affected First Nations in BC¹⁰, and are among the top injury prevention concerns for FNHA. It is important for people to understand the effect that THC has on the body and how it can affect operating a boat, as well as awareness and response time while out on the water.
- Workplace safety and employment requirements – Workplace safety in different settings should be considered within Bill C-45, as many First Nations individuals work in industries where the operation of heavy and dangerous machinery is necessary. For example, the risks around operating machinery under the influence of THC needs to be considered from both the perspective of the employer and employee, and the ramifications that cannabis consumption has on employment status and eligibility.

Specific Populations

- Pregnant Women – Cannabis use from pregnant women and new mothers can affect the fetus or newborn child. Heavy cannabis use during pregnancy can also lead to a lower birth weight of the baby, as well as future issues pertaining to memory function, problem-solving skills, hyperactive behaviour and higher risk for future substance abuse. Ensuring that pregnant mothers who use cannabis are aware of these impacts is crucial. Using our knowledge about the health impacts of smoking tobacco and consuming alcohol during pregnancy, and the outcomes it can have on the child (e.g. Fetal Alcohol Syndrome Disorder (FASD), stillbirth and premature delivery), could be adapted for culturally safe and trauma-informed approaches and programming around cannabis consumption.
- Children and Infants – Toxins in cannabis are carried through the mother’s blood to her fetus during pregnancy and in the breast milk following birth, which could impact a child’s development. There are also potential risks posed to children and infants following the legalization of household cultivation. The federal government should consider the importance of culturally safe and trauma-informed information for parents and families on the risks around children and infants accidentally consuming and coming into contact with cannabis, including plants, in the home. More research will be useful moving forward around the impacts on young children who are regularly exposed to cannabis via secondhand smoke and plants, for example.
- Youth – Youth are especially vulnerable to the effects of cannabis on brain development and function. A much higher percentage of First Nations youth in BC smoke tobacco than youth among the general population¹¹, and it will be important to establish data collection and surveillance strategies that will accurately capture similar statistics for cannabis use among youth. We have heard from First Nations youth that they and their families are already users of cannabis, and that

¹⁰ Analytical Report on Aboriginal Open Water Fatalities: Promising Practices for Prevention. 20 years of research and surveillance. Canadian Red Cross; 2013.

¹¹ McCreary Centre Society. Raven’s Children II: Aboriginal Youth Health in BC [Internet]. Vancouver; 2005. Available from: http://mcs.bc.ca/pdf/Ravens_children_2-web.pdf

there is a need to ensure that myths about cannabis' impacts are reduced. As such, culturally safe and trauma-informed resources and information will need to be developed, specifically targeted at youth, including on the long-term impacts cannabis can have over a life span.

Secondhand Smoke

The dangers of secondhand smoke from cigarettes are generally very well understood, and this area is a key component of FNHA's tobacco education and programming. However, the health risks associated with secondhand smoke from smoking cannabis are not as widely publicized or comprehended.

The Committee should consider how the federal government plans to minimize secondhand smoke in public areas. Additionally, culturally safe and trauma-informed secondhand smoke awareness initiatives should be developed so that those who choose to smoke cannabis are aware of the impacts it will have on people who are in close proximity, as well as the lasting effects it can have on children who live in the same residence as someone who regularly smokes indoors. Within this strategy, the successes from tobacco secondhand smoke programs should be considered and adapted where possible.

Environmental Health and Safety

Understanding and minimizing environmental health risks associated with non-medical cannabis are an important aspect of our overall approach. Concerns around cannabis cultivation and processing (e.g., indoor air quality, chemical and biological contamination and physical hazards) must be considered within the context of First Nations and the quality of housing infrastructure. Many First Nations in BC, especially those who live in rural and remote areas, often live in inadequate housing that is more susceptible to environmental health hazards.

It is key to ensure that health and safety issues such as mould and contaminants resulting from home cultivation, as well as poor air quality stemming from sub-standard ventilation, are considered. The risks of fire damage from flammable solvents and potential electrical damage are additional concerns to incorporate into public education and outreach efforts. In addition, it is necessary to be mindful of the potential food safety risks around edible products, such as accidental and unintentional poisonings. Considering that home cultivation up to a limit of four cannabis plants will be legal in BC, it is important to prioritize effective communication and resource development around safe growing practices to ensure that First Nations avoid potential hazards that would pose risks to themselves, family members and their homes.

Health Surveillance and Research

As the federal government undertakes further research on the impacts of cannabis, it will be important that all research and surveillance activities in BC are undertaken through rigorous governance protocols that protect the collective and individual interests of First Nations in BC. The federal government should commit to ensuring that data linkages, analysis, reporting, and dissemination of First Nations health and wellness related to cannabis is aligned with the principles of OCAP. Research and surveillance should recognize Indigenous ways of knowing the world, which are captured and transmitted through storytelling and other qualitative ways, as equally valuable as mainstream approaches, which primarily use quantitative data to understand the health needs of a population. For example, to ensure that the views of First Nations are incorporated into our public health approach, FNHA is under public opinion polling to better understand the perspectives and interests of our communities.

Conclusion

FNHA is focused on maintaining and furthering our partnerships with the federal government around public health issues relating to First Nations in BC. **In accordance with the *British Columbia Tripartite Framework Agreement on First Nations Health Governance***, we expect that there will be future dialogues around the many issues associated with medical and non-medical cannabis legalization, both during the Senate committee discussions and beyond the legalization date later this year. Utilizing these partnerships to navigate through the many health considerations will result in improved health and wellness outcomes for First Nations in BC.