Opioid Fatality and Indigenous Peoples in Canada: Looking at the Role of the Healthcare System, Healthcare Professionals, and Beyond

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Abstract

Indigenous Peoples (which includes First Nations, Inuit, and Métis societies) in Canada are far more likely to experience opioid overdose death compared to non-Indigenous people due to systemic issues, colonialism, and access barriers to harm-reduction and treatment services. To overcome the Indigenous opioid overdose epidemic, it is vital that systemic reform occurs and that these obstacles to harm reduction and recovery are removed. This involves changing how healthcare services are delivered and removing barriers related to geography, stigma, education, and diverse cultural needs. While the federal government has made some progress towards improving harm-reduction and recovery-oriented care, additional efforts are needed to promote culturally responsive care, Indigenous self-determination, and to reduce health inequities. The Calls to Action of the Truth and Reconciliation Commission of Canada will be instrumental in achieving such changes within the healthcare system through government-led initiatives. For these changes to occur, it is not only the role of the healthcare provider and system to promote cultural safety, but also to help patients navigate to treatment and services that extend beyond the clinic or hospital. Finally, to end recurring cycles of trauma and substance use dependence for future generations, systems outside of healthcare must be restructured as well, which may be accomplished with the help of sociological research and insights. Such initiatives are integral to addressing the opioid epidemic and, ultimately, to improving Indigenous health and wellness overall.

Keywords: Indigenous Peoples, opioid, opioid overdose, harm reduction, treatment

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Indigenous Peoples (which includes First Nations, Inuit, and Métis societies) in Canada are far more likely to experience fatal opioid overdoses compared to non-Indigenous people (Gull-Masty, 2025), which can be partly attributed to colonialism, persisting institutional racism, intergenerational trauma, and resulting mental health issues (Douglas, 2022; Lavalley et al., 2024; Matheson et al., 2022). However, fatal opioid overdoses also occur when harm-reduction interventions are inaccessible (British Medical Journal, 2026), as such interventions can minimize the harms of drug use (Chappard & Pourchon, 2025).

It is vital that systemic issues, perpetuated by colonialism, are resolved, that Indigenous healing is fostered through decolonized healthcare (Barcham, 2022), and services related to harm reduction and treatment are accessible and effective. This issue will be addressed by: 1) defining key terms essential to understanding Indigenous opioid overdoses in Canada; 2) discussing prevalence statistics; 3) reviewing the current literature on intervention and prevention, including relevant Calls to Action put forth by the Truth and Reconciliation Commission (TRC) of Canada (2015); 4) identifying the role that sociology plays in understanding the epidemic; and 5) examining the role of the health care provider and system.

Positionality Statement

As a white female who grew up in a low-income household and as the only one in my immediate family to graduate from post-secondary school, I come from a position of structural advantage and disadvantage. For this reason, I acknowledge that, while I understand how it feels to experience some of the barriers within society, I can never fully understand how it feels to experience all the barriers that Indigenous Peoples face. Additionally, as someone who has experienced the loss of a loved one due to overdose, I seek to understand and help address the issue from a place of empathy for people who use drugs and for families and friends grieving the loss of someone to overdose. I acknowledge that this, in addition to my perspective as a sociologist, might impact the stance that I take on the issue, though I do not think that this is a weakness, as my empathy, compassion, and sociological lens enable me to see the flaws within society, rather than in the individual. However, as a sociologist, I understand that I lack the experiences and knowledge of healthcare professionals, which means that, despite my ability to perceive Indigenous opioid overdose as a systemic issue, I cannot fully understand the problem as it relates to the healthcare system. Accordingly, the conclusions drawn are based on my literature review of healthcare research and my position as a sociology graduate student.

Key Terms

This subsection will discuss terms and concepts that are relevant to Indigenous opioid overdose in Canada. This information is mainly derived from government websites and peer-reviewed journal articles.

Indigenous Peoples

Indigenous peoples is used to describe "… the original peoples of North America and their descendants," which, according to the Canadian constitution, are acknowledged based on three Indigenous subgroups: the First Nations, Inuit, and the Métis (Crown-Indigenous Relations and Northern Affairs Canada, 2024, para. 1). Although this term is used to collectively identify the Peoples who originally occupied North America, the three groups all have their own distinct

cultural traditions, worldviews, beliefs, histories, and languages (Crown-Indigenous Relations and Northern Affairs Canada, 2024).

Opioid & Opioid Overdose

The term *opioid* is used to describe a natural or synthetic drug that provides effects similar to opium, which is done through the stimulation of opioid receptors (British Medical Journal, 2026). While generally used to treat pain, opioids are frequently sold and misused as recreational drugs (British Medical Journal, 2026). An *opioid overdose*, also known as *drug poisoning* or *opioid poisoning*, is defined as a reaction that can occur when an individual consumes a higher quantity of opioids than their body can tolerate, which is characterized by depression of the central nervous system and respiratory system, as well as apnea and miosis; if not immediately treated, such symptoms can result in death (British Medical Journal, 2026; Health Canada, 2025, para. 1).

Harm Reduction

The term *harm reduction* refers to the management of substance use-related harms as a means of protecting the safety of people who use drugs (PWUD) and minimizing associated health risks (Chappard & Pourchon, 2025). Accordingly, harm reduction is an intervention used to address harms such as opioid overdose fatality and can take several forms, including opioid antagonist therapy (OAT), naloxone, and supervised consumption (Government of Canada, 2026; Health Canada, 2024; National Institute of Drug Abuse, 2022). While OAT is a treatment that minimizes cravings and severe symptoms of withdrawal for people who have an opioid use disorder (OUD) (Health Canada, 2024), naloxone is used for opioid overdose reversal, acting quickly to stabilize breathing and prevent overdose fatality (National Institute on Drug Abuse, 2022). Supervised consumption sites (SCS) are also an effective way to mitigate substance use-related harm, as trained professionals supervise drug intake and intervene to prevent overdose/overdose fatality, which can be done through drug-checking, guidance, and access to emergency medical care (Government of Canada, 2026).

Prevalence Rates and Statistics

Despite opioid overdose fatalities being a countrywide issue (Health Infobase, 2026), Indigenous Peoples in Canada are the most affected (Gull-Masty, 2025). Therefore, the following subsection will highlight the available prevalence statistics for opioid overdoses among Indigenous Peoples in Canada, as distinguished by First Nations, Métis, and the Inuit.

Compared to non-First Nations people, First Nations are substantially more likely to experience a drug overdose fatality in all the Canadian provinces and territories with recent data available. For instance, in 2022, First Nations Peoples represented two-thirds of drug overdose fatalities in the Yukon (Gull-Masty, 2025). In British Columbia, First Nations are approximately six times more likely to die from an opioid overdose in both 2022 and 2023, compared to non-First Nations (First Nations Health Authority [FNHA], 2023), with this rate increasing to a nine times greater likelihood of overdose fatality for First Nations in Ontario (Chiefs of Ontario & Ontario Drug Policy Research Network, 2025). In comparison to non-Indigenous people, First Nations Peoples of Manitoba similarly have a seven times greater likelihood of dying due to opioid overdose (Assembly of Manitoba Chiefs, 2025). As indicated by the Government of Alberta, First Nations Peoples accounted for 24 percent of accidental opioid overdose deaths in

the province in 2022, despite accounting for only approximately three percent of the population (Alberta First Nations Information Governance Centre, 2024). Finally, in Saskatchewan, First Nations accounted for 51 percent of opioid overdose deaths in 2024 (Gull-Masty, 2025), even though only 17 percent of people in the province identify as Indigenous (Stravøstrand Neuls, 2024).

When examining federal prevalence rates for all three groups of Indigenous Peoples, Hatt (2022) reported that First Nations Peoples residing on reserves have approximately a six times greater likelihood of being hospitalized for opioid overdose compared to non-Indigenous people, and both Métis and Inuit people have approximately a three times greater likelihood (Carriére et al., 2018, as cited in Hatt, 2022). Overall, Indigenous Peoples in Canada are far more likely to die from these overdoses, with their odds being approximately eight times greater than those of non-Indigenous Peoples in Canada (Gull-Masty, 2025).

Literature Review

Since Indigenous Peoples are overrepresented in the opioid overdose epidemic (Gull-Masty, 2025), strategies that cater to their needs must be considered. Accordingly, this section highlights the current literature on opioid overdose intervention and prevention, with a specific focus on Indigenous populations.

Harm-reduction interventions include OAT, SCS, and naloxone (Government of Canada, 2026; Health Canada, 2024; National Institute of Drug Abuse, 2022). While OAT can minimize overdose risk by reducing opioid use and limiting harms through a long-acting medication, it must be administered under healthcare provider supervision (Health Canada, 2024), making access "… restricting, impractical, and stigmatizing" for Indigenous populations (Jayathilake et al., 2025, p. 1). To address this, the findings of Jayathilake and colleagues (2025) indicate that virtual assistance can improve access to OAT medication and the overall wellness of PWUD by enabling self-administration while promoting their independence and daily functioning. Although SCS has been identified as an effective means of overdose death prevention, this type of intervention is not always accessible to PWUD, due to limited opening hours, stigma, and geographic isolation (Sedaghat et al., 2024). This is most relevant to Indigenous populations, given that they face stereotyping and discrimination, and are often located on rural and remote lands (Douglas, 2022; Graham et al., 2023). To help overcome this obstacle, Sedaghat and colleagues (2024) introduced the concept of "mobile overdose response services" (MORS) (p. 506), a technology that enables PWUD to access virtual supervised consumption. While healthcare professionals view MORS as an effective tool that can supplement harm-reduction services, they caution that regular SCS are more effective, and that MORS should be accompanied by additional research and support (Sedaghat et al., 2024). Naloxone education and distribution are also critical to addressing the overdose epidemic (dos Santos et al., 2025). However, because programs promoting education and distribution of naloxone are often implemented in person, they too can be inaccessible for rural and remote Indigenous populations (dos Santos et al., 2025). One solution is to implement a program that provides access to naloxone and naloxone education through a free virtual platform, which has shown previous success in improving the knowledge and confidence of diverse populations in administering naloxone (dos Santos et al., 2025). Nevertheless, non-virtual solutions must also be considered to

overcome this barrier, as in-person care and education are likely to have additional benefits that cannot be received on a virtual basis. As recommended by some scholars, harm reduction initiatives in Canada may also become more effective if included under Mental Health Acts of the provinces, as this could prevent budget reductions for these interventions when political aims are redirected due to changes in political parties (Kent-Wilkinson et al., 2026).

In addition to harm reduction, a healing-oriented approach could be equally as effective in preventing opioid overdoses for Indigenous populations. However, since typical treatment programs for those diagnosed with substance use disorder generally favour White PWUD, treatment programs must be tailored to meet the distinct needs of Indigenous PWUD (IPWUD) (Hansen & Netherland, 2016, as cited in Ledlie et al., 2026). As noted by Medley and colleagues (2021), effective treatment for IPWUD involves care that is self-determining, responsive, culturally safe, and holistic. For this to occur, it is important that Indigenous communities develop their own interventions (Ledlie et al., 2026), restoring connections to family, land, and culture (Quinn et al., 2022; Stelkia et al., 2021). To promote self-determination, Indigenous communities must also be educated about overdose, addiction, and harm reduction (Medley et al., 2021). In turn, overdose prevention for Indigenous Peoples can be achieved through Indigenous harm reduction, self-determination, and culturally responsive healthcare.

Several actions have been taken to prevent opioid overdose fatalities for Indigenous and non-Indigenous populations, as guided by the Canadian Drugs and Substances Strategy (CDSS) (Government of Canada, 2024; Health Canada, 2023). According to Health Canada (2023), the CDSS is a strategy that directs all levels of government in minimizing harms associated with substance use. In detail, the Canadian government has funded community-led initiatives, including the Youth Substance Use Prevention Program and the Mental Wellness Program, thereby increasing access to mental health services for Inuit and First Nations Peoples. Education and outreach programs are also being implemented to reduce stigma and increase awareness of substance-related harms, including how to minimize them. Additionally, laws have been implemented to regulate substance access, including the Controlled Drugs and Substances Act, which aims to improve public safety through prohibited “possession, production, distribution, and sale of controlled substances” (Health Canada, 2023, p. 17). To reduce access to the toxic drug supply, the federal government is also collaborating with border and law enforcement in Canada to prevent illicit drugs from being produced and trafficked.

Finally, with guidance from the CDSS, services are being provided through treatment, including behavioural, psychological, and pharmacological interventions to help promote minimized substance use and abstinence, as well as through harm reduction, which includes drug-checking and naloxone provision (Health Canada, 2023). According to other government sources, this includes authorized SCS for both safer use and for individuals who use drugs to connect to counselling, housing, and treatment supports (Government of Canada, 2025; Government of Canada, 2026). As noted by Health Canada (2023), the federal government is working to promote substance use supports and services for Indigenous Peoples that are “culturally appropriate and trauma-informed” (p. 14). This involves funding and support to promote greater treatment access for Inuit and First Nations communities by opening 45 treatment centres, as well as collaboration with over 100 First Nations and Inuit communities to support OAT wraparound services (Government of Canada, 2025).

The topic of opioid overdose prevention, culturally responsive care, and self-determination for Indigenous Peoples in Canada is relevant to five of the TRC's (2015) Calls to Action, including Calls 19, 23, 24, 36, and 55. Specifically, Call to Action 19 demands that the Canadian government consult with Indigenous Peoples to pinpoint and reduce health disparities between Indigenous and non-Indigenous people, with trends in mental health and addictions being assessed and reported annually. Similarly, Call to Action 55 demands that all levels of government annually report current progress toward reconciliation to the National Council for Reconciliation, including that related to Indigenous mental health and addictions. Calls to Action 23 and 24 both promote culturally responsive healthcare, as Call to Action 23 (iii) highlights the need for healthcare providers to be trained in cultural competency, and Call to Action 24 commands that all Canadian nursing and medical education include mandatory courses in which students learn about Indigenous health matters and Indigenous histories (TRC, 2015). Call to Action 23 also promotes Indigenous self-determination by demanding increased recruitment and retention of Indigenous healthcare providers (TRC, 2015). Lastly, Call to Action 36 can similarly foster culturally responsive healthcare and Indigenous self-determination, as it demands that all levels of government strive to give inmates culturally appropriate services for substance use, which must be executed through collaboration with Indigenous communities (TRC, 2015). As such, these Calls to Action are vital to addressing the opioid epidemic of Indigenous Peoples in Canada, as mental health and addictions are linked to opioid overdose (Health Canada, 2021; van Draanen et al., 2022), and both culturally responsive care and Indigenous self-determination are essential to preventing overdose through harm-reduction services, treatment, and healing (Medley et al., 2021; Quinn, 2022).

Sociology's Role in Understanding and Addressing Indigenous Overdose in Canada

Since sociology seeks to understand how behaviour both influences and is influenced by social phenomena (American Sociological Association, 2024), the discipline can help shed light on why Indigenous populations are more likely to use opioids, which is due to colonization, systemic and interpersonal discrimination, and, ultimately, increased trauma and mental health problems (Douglas, 2022; Matheson et al., 2022). Since the discipline focuses on how change occurs and how systems can be improved to alter human behaviour (American Sociological Association, 2024), sociological research can help address the epidemic by informing new policies that can accommodate the needs of Indigenous Peoples. That is, sociological research can highlight the importance of restructuring society so that its systems are dismantling, rather than perpetuating, the colonialism that leads to trauma and substance use (Douglas, 2022; Interagency Coalition on AIDS and Development, 2019; Matheson et al., 2022).

The Role of the Health Care System and Provider

Both the healthcare system and providers have important roles to play in Indigenous overdose prevention. For instance, according to scholars, institutions providing medical services to those hospitalized for drug-related harms are "critical encounter touchpoints" that often lead to opioid overdose fatalities (Larochelle et al., 2019, p. 4; Ledlie et al., 2025). These touchpoints are highly influential in preventing future instances of overdose, with interventions following acute care being important in determining whether people with OUD seek treatment and harm-

reduction services (James et al., 2023). This is important for Indigenous populations, as they are more likely to be hospitalized due to opioid-related incidents (Hatt, 2022). As such, it is the role of the healthcare provider and system to help connect IPWUD to treatment and harm-reduction services when they reach the touchpoint of hospitalization, which may be executed through treatment referral and system guidance (James et al., 2023), increased prescribing of OAT by physicians and nurses (Duff et al., 2024), as well as education to inform patients on how to properly respond to opioid overdose with the use of naloxone (Kong et al., 2025).

Another vital role of both the healthcare system and provider is to promote cultural safety. *Cultural safety* can be defined as the feeling and consequence that results from respectful interactions among patients and providers, in which "power imbalances" are acknowledged and overcome, and care is non-racist and non-discriminatory (FNHA, n.d., p. 2). To provide culturally safe care, healthcare providers must demonstrate cultural competency and cultural humility, with cultural competency involving the ability to be interculturally aware and deliver culturally sensitive care (Swihart et al., 2023), and cultural humility involving the ability to: 1) self-reflect and understand systemic and individual-level biases; 2) recognize the importance of continuous learning from patients; and 3) understanding the importance of developing long-lasting relationships and processes, built from a place of "mutual trust" (FNHA, n.d., p. 2). As suggested by Raynak and colleagues (2024), the healthcare system's role should therefore be to educate and train healthcare staff to acquire these qualities, while utilizing tools to help measure progress. According to the TRC's (2015) Call to Action 23 (iii), the federal, provincial and territorial governments must play a similar role in education, ensuring that healthcare professionals/providers are adequately trained to be culturally competent. Furthermore, the TRC's (2015) Call to Action 23 commands that governments work to increase the recruitment and retention of Indigenous healthcare providers, which is likely to enhance culturally responsive care and foster Indigenous self-determination. These steps can help the healthcare system ensure that healthcare professionals fulfill their duties as care providers and that culturally safe care is being promoted to meet the needs of Indigenous populations.

Conclusion

To address Indigenous opioid overdose fatality in Canada, systemic reform must take place to deconstruct colonial power structures, so that Indigenous health and wellness can be promoted through decolonized healthcare (Barcham, 2022). To overcome this epidemic, it is also imperative that harm-reduction services are both effective and accessible for Indigenous populations. This involves ensuring that intervention and prevention tactics can meet the distinct needs of Indigenous Peoples (Hansen & Netherland, 2016, as cited in Ledlie et al., 2026), which includes addressing geographical, educational, and stigma-related harm-reduction barriers (dos Santos et al., 2025; Jayathilake et al., 2025; Sedaghat et al., 2024) and restructuring Indigenous healthcare to be self-determining, responsive, culturally safe, and holistic (Medley et al., 2021). For there to be real progress, it has been suggested by some authors that harm reduction becomes regulated by law, with such policies being included within the Mental Health Acts of the provinces to prevent budget reductions due to changes in political parties (Kent-Wilkinson et al., 2026). Further, while the government has made strides towards improving access to such harm-reduction and recovery-oriented care (Government of Canada, 2025; Health Canada, 2023), more

needs to be done to provide culturally responsive care, to promote Indigenous self-determination, and to reduce the health gaps between non-Indigenous and Indigenous Peoples, as suggested by Calls to Action 19, 23, 24, 36, and 55 of the TRC (2015). Accordingly, the healthcare system and its providers must strive to connect IPWUD to treatment and harm-reduction services during hospitalization for drug-related incidents (Larochelle et al., 2019; Ledlie et al., 2025). Additionally, it is the role of the healthcare system to educate, train, and evaluate healthcare professionals to ensure they are providing a culturally safe environment for Indigenous Peoples (Raynak et al., 2024).

Overcoming this epidemic involves decolonizing other systems within society as well, not only to heal Indigenous trauma and associated OUDs, but also to end the recurring cycle of trauma and substance use dependence for future generations. As such, the discipline of sociology can be of great value, as future research in the field can help determine how policy can be reformed to decolonize multiple dimensions of society and meet the needs of Indigenous Peoples. These steps, in addition to Indigenous-led intervention (Ledlie et al., 2026; Medley et al., 2021), can be pivotal in preventing Indigenous opioid overdose fatalities in Canada by paving a path toward self-determination, culturally responsive healthcare, decolonization, and Indigenous healing.

Artificial Intelligence AI Acknowledgement Statement

Grammarly (free version) was used for this assignment to improve grammar, clarity, and conciseness. No other forms of AI were used to complete this document.

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