Understanding the Opioid Crisis in Red River Métis: Evidence to Support Interventions

Winnipeg, Manitoba, Canada 2024

Manitoba Métis Federation -

Health & Wellness Department

Authors:

Colton Poitras
A. Frances Chartrand
Olena Kloss
Nathan C. Nickel
Julianne Sanguins
S. Michelle Driedger
Lisa Rodway
Alan Katz

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Health & Wellness Department

Manitoba Métis Federation

Room 300 – 150 Henry Avenue

Winnipeg Manitoba R3B 0J7

Telephone: (204) 586-8474

A Message from the Minister of Health & Wellness

FOREWORD FROM MINISTER FRANCES CHARTRAND

It is with immense gratitude and a deep sense of purpose that I address the resilient and vibrant Red River Métis Citizens, our esteemed staff, and our invaluable funders through these words.

The idea of distinctions-based healthcare is crucial to the Manitoba Métis Federation. It recognizes the history and culture of Indigenous peoples, including Red River Métis Citizens, and acknowledges systemic inequalities. The MMF is dedicated to providing culturally sensitive and respectful healthcare through distinctions-based healthcare. We aim to nurture a healthier and prosperous future for our Community and create relevant programs and support for our Citizens.

Our Red River Métis Citizens have shown time and again their commitment to the betterment of our Community's health and well-being. Your voices, stories, experiences, and active participation in our research are the foundation upon which we build a future of improved health outcomes and holistic well-being.

To the remarkable staff from the Health and Wellness Department who facilitate research and program development for our Citizens I extend my deepest thanks. Your commitment to ensuring the success of our initiatives, and your unwavering dedication to the well-being of our Citizens is commendable. It is through your efforts that we have been able to gather meaningful data, provide a safe space for dialogue, and offer a platform for the voices of our Red River Métis Citizens to be heard.

No endeavor of this magnitude can be achieved without the support of those who believe in our vision. To our esteemed funders, your commitment to our Community's health and well-being speaks volumes. Your belief in our mission has enabled us to take strides toward implementing distinctions-based healthcare that not only acknowledges the unique needs of our Community but also paves the way for equitable and accessible services.

In closing, I want to reiterate my deepest gratitude to each and every one of you. Your participation, dedication, and support have transformed research from a mere endeavor into a beacon of hope and progress. Together, we are shaping a future where the well-being of our Red River Métis Citizens stands as a testament to the strength of Community, the power of collaboration, and the potential of compassionate healthcare.

With heartfelt appreciation,

Minister Frances Chartrand

Acknowledgements

The Manitoba Métis Federation Health & Wellness Department (MMF-HWD) wishes to thank the following individuals for their role in the production of this report:

- President and Cabinet (Manitoba Métis Federation) for their ongoing support
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- Public Health Agency of Canada for funding of the project
- Red River Métis Citizens for sharing their stories
- Janice Linton Indigenous Health Librarian & Liaison Librarian for Community Health Sciences University of Manitoba Neil John MacLean Library Aboriginal Health Collection for invaluable assistance
- External Peer Reviewers for their input

Disclosure

The results and conclusions in this report are those of the authors and no official endorsement by the Public Health Agency of Canada, or other parties, is intended or should be inferred.

For the purposes of this study, we obtained approvals from the MMF to work with Red River Métis in Manitoba, the MMF Community Research Ethics Process, Government of Manitoba HIPC #2019/2020-16, and the Faculty of Health Sciences' Research Ethics Board HREB: HS22883 (H20019:218) at the University of Manitoba for approval of our research design and activities.

Navigating Terminology

Definitions of Red River Métis and Métis

The term "Red River Métis" specifically refers to those with ancestral ties to the Red River Settlement. Prior to 2021, research conducted by the MMF uses the term "Métis," a usage still employed across many research and governmental organizations. Consequently, when referencing literature the term "Métis" is often used. Since 2021, the MMF has transitioned to using "Red River Métis" to preserve the integrity of this distinct identity and to support the creation of distinctions-based legislation, policies, research, and programming.

Balancing Inclusivity with Methodological Consistency

In contemporary literature, there has been a shift towards employing the terms mono/poly substance use/misuse to encapsulate a broader spectrum of substance-related behaviors beyond opioid use. This inclusive terminology acknowledges the complex nature of substance use disorders and recognizes that individuals may engage in the misuse of multiple substances concurrently. However, for consistency with the focus group discussions and the results in Nickel et al. (2022) which specifically focus on opioid substance use/misuse, this report adheres to the terminology of opioid substance use to ensure clarity in our analysis of opioid-related behaviours and outcomes.

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Abbreviations

AOM: All Other Manitobans

CBPR: Community Based Participatory Research

CCDAP: Collective Consensual Data Analytics Process

HWD: Health & Wellness Department

KT: Knowledge Translation

MCHP: Manitoba Centre for Health Policy

MEQ: Morphine Equivalents

MMF: Manitoba Métis Federation

RRM: Red River Métis

UNDRIP: United Nations Declaration on the Rights of Indigenous Peoples

Executive Summary

This report aims to investigate opioid use within the Red River Métis (RRM) Community in Manitoba, with the goal of informing policy and programming for the Manitoba Métis Federation (MMF) and regional health authorities. Utilizing a multi-method approach, this study examines the opioid crisis through both empirical numerical evidence and community-based participatory research (CBPR).

Developed in partnership with the Manitoba Centre for Health Policy (MCHP) and RRM researchers from the MMF, our study employs a distinctions-based approach that respects the unique identity of the RRM as an Indigenous group. Guided by principles of Indigenous data sovereignty, our research acknowledges the rights of Indigenous nations over their data and its analysis.

MCHP administrative data reveals notable disparities in opioid prescription rates and mean morphine equivalency (MEQ) between RRM and all other Manitobans (AOM), with trends indicating a decline in opioid dispensations over time. Demographic patterns show higher rates of opioid use among older age groups and patients with more comorbidities.

Focus group findings feature the widespread impact of the opioid crisis on RRM Communities and highlight various solutions proposed by participants, including increased support for families affected by addiction, improved access to addiction treatment, and enhanced education on opioid misuse.

While our findings offer valuable insights, it is important to note potential limitations, such as the impact of the COVID-19 pandemic on study findings and the use of opioid dispensations as a proxy for actual opioid use.

Overall, this report contributes to a growing body of literature on opioid use in Canada and provides valuable information on the unique experiences of the RRM Community. The collaborative effort between MMF-HWD, MMF Regions, and the MCHP demonstrates a commitment to addressing the opioid crisis and promoting the health and well-being of RRM Citizens and Community.

Section 1: Introduction

1.1: Project Context:

Until recently, little was known about the use of opioids among RRM Citizens in Manitoba. Given that RRM voices and experiences have historically been silent, the lack of information on opioid use specific to RRM is unsurprising. This project aims to better understand opioid use among RRM Citizens within Manitoba's larger opioid crisis. As our self-determination continues to evolve, a body of knowledge specific to the Community must develop to support program delivery and policies related to RRM-specific distinctions-based care.

1.2: The Red River Métis:

The RRM have a distinct identity and share a common history, entirely our own, in the great western plains centered in the Red River Valley of West Central North America. It is the Indigenous collective - made up of Citizens and individuals entitled to be Citizens - located within Manitoba and elsewhere inside and outside of Canada. In this regard, it transcends the common meaning of on-site specific "brick and mortar" community such as a village or a settlement. The RRM comprise a common identity, culture, and history and, among other things, interconnected political, social, entrepreneurial, economic, and kinship networks.

***Figure 1.1**: Homeland of the Métis Nation*

In 1869, the National Committee of the RRM, led by President John Bruce and Secretary Louis Riel, rightly asserted Métis People's jurisdiction and authority over the whole of the Métis Homeland in what was then commonly referred to as the North-West Territory. Through negotiations with Canadian representatives, the Territory entered Canada. In 1870, the RRM became the Founder of the province of Manitoba and Canada's negotiating partner in Confederation.

After governing the province peacefully, the RRM faced a Reign of Terror resulting in many being widely dispersed across the Homeland and beyond, mainly westward and northward in search of peace and security (Barkwell, 2018). To this day, the RRM bear the consequences of the broken promise of the Manitoba Act, 1870, the Reign of Terror, and the dispersal as well as the Residential and Day Schools, and the Sixties Scoop. To this day, RRM remain overrepresented in the foster care system and among the unemployed, the incarcerated, and the chronically ill.

1.3: The Manitoba Métis Federation:

Decades after the Reign of Terror and the dispersal, The RRM People began to regroup and reorganize with the aim to improve the lives of RRM Citizens historically treated unfairly. Nearly 100 years after the National Committee of the Red River convened to assert jurisdiction, the RRM used the only available avenue for representation and incorporated the MMF as a non-profit organization in 1967. The current Governance structure is pictured in Figure 1.2.

In 1981, MMF launched a court case on behalf of the RRM claiming that the federal government had failed to implement the land grant provision set out in section 31 of the Manitoba Act, 1870, as per the honour of the Crown. Thirty-two years later, in 2013, the Supreme Court of Canada determined that the federal government was constitutionally obligated by section 31 to fulfill its promise to the RRM. Responding to this decision, in 2016, Canada and MMF signed a memorandum of understanding as well as the November 15, 2016, Framework Agreement for Advancing Reconciliation to advance exploratory talks on reconciliation.

In 2021, Canada and the MMF signed the Manitoba Métis Self-Government Recognition and Implementation Agreement (SGRIA) to "recognize, support, and advance the exercise of the Manitoba Métis'[also known as the RRM] right to self-determination, and its inherent right to self-government recognized and affirmed by section 35 and protected by section 25 of the Constitution Act, 1982, in a manner that is consistent with the United Nations Declaration on the Rights of Indigenous Peoples, through a constructive, forward-looking, and reconciliation-based arrangement that is premised on rights recognition and implementation." This same year, Canada's United Nations Declaration on the Rights of Indigenous Peoples Act (UNDRIP; the Act, 2016) received royal assent and came into force. Both the Act and the SGRIA commit Canada to working with the MMF to implement the UN Declaration, to advance reconciliation with the RRM, and to advance the RRM right to self-government and self-determination.

Today, to be a Citizen of the Manitoba Métis Federation one must:

1) Self-identify as RRM.

2) Show an ancestral connection to the Historic RRM Community; and

3) Be accepted by the contemporary RRM Community.

Further, the Canadian endorsement of the UN Declaration on the Rights of Indigenous Peoples serves as a significant step that highlights Indigenous Peoples' entitlement to self-determination, culture, and health. This declaration stresses the importance of their participation in health decisions. Despite these advancements, Canada's fragmented health care system has historically yielded inconsistent services for RRM, a situation further exacerbated by a lack of distinction-based health legislation. To bridge this gap and honor Indigenous rights, a dedicated focus on creating distinctions-based health legislation to support RRM health is crucial. These historical reasons result in the creation and persistence of the MMF-HWD.

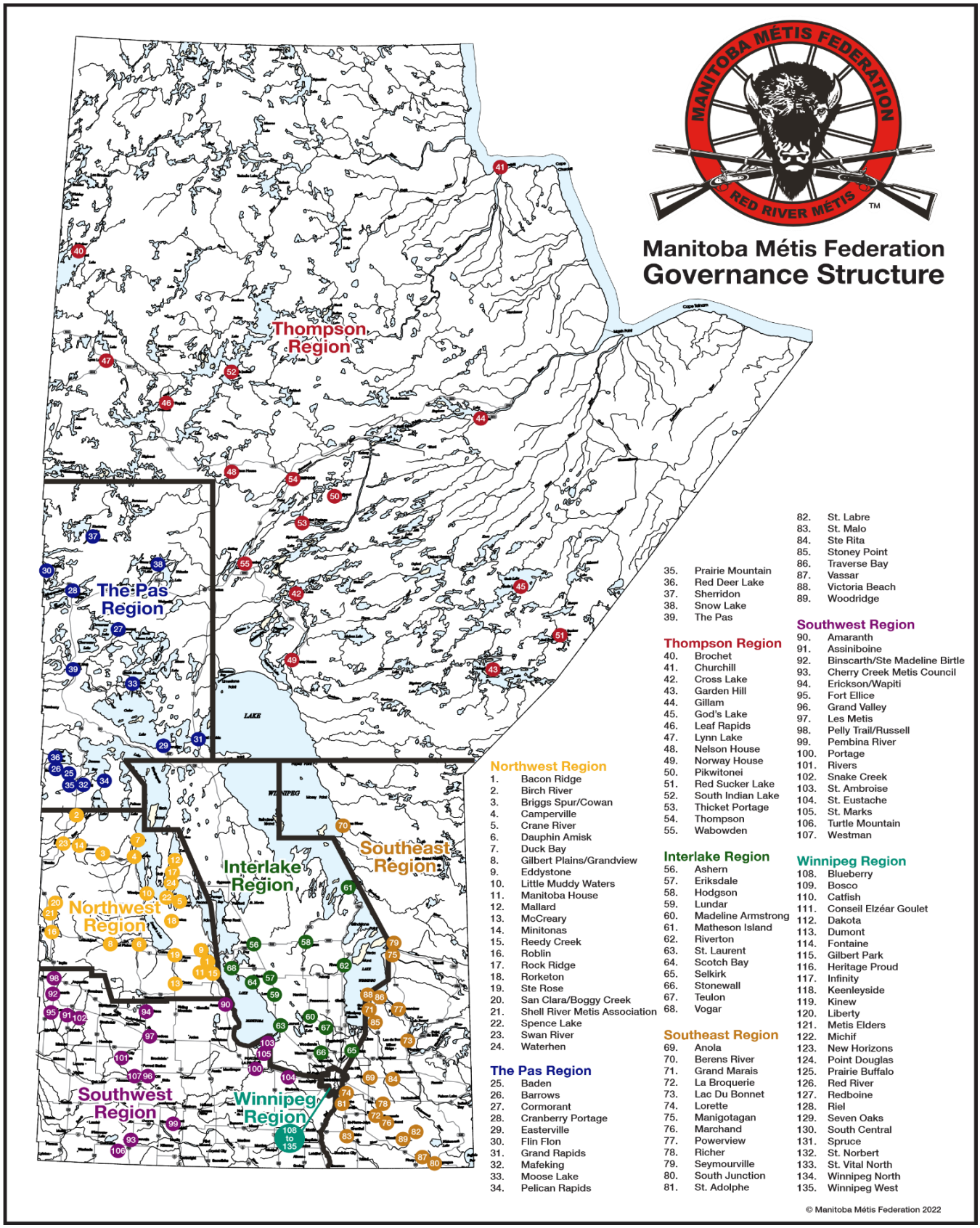

***Figure 1.2**: MMF Governance Structure © Manitoba Métis Federation*

1.4: The Manitoba Métis Federation – Health & Wellness Department

In 2005 after deliberation on the historical poor health of RRM, the MMF established the Health and Wellness Department (HWD). Today, the HWD continues the fight to improve the overall health and wellness of its Citizens. The organization is committed to developing and using culturally grounded, distinctions-based, holistic knowledge. This commitment aims to enhance the quality of life and wellbeing of RRM through prevention, health service delivery, research, and innovation.

Health Research: Established in 2005, this team conducts qualitative research to grasp the viewpoints and encounters of RRM Citizens. The aim is to generate culturally appropriate and safe Métis-specific health insights by gathering lived experiences through consultations, group discussions, and individual interviews.

Clinical Services: This comprises Nurses, Registered foot care Nurses, Registered dietitians and Support staff that serve RRM Citizens of Manitoba by implementing strategies developed by the health research and policy and health information team to improve their health.

Policy & Health Information: This was created in January 2022 to develop RRM-specific information to support policies, programs, and services for our Citizens.

Community Programming: Formed in 2022, they empower the MMF-HWD to tackle Citizens' health requirements via diverse programs. Through Community engagement and attentive listening, they customize health initiatives to ensure relevance, accessibility, and a positive impact on the overall well-being of all Citizens.

1.5: Goal and Objectives of this Project

The main goal of this project is to understand opioid use/misuse among RRM in Manitoba within the context of the national opioid crisis. The specific objectives of this study were to:

1. Describe the epidemiology of prescription opioid use and mean morphine equivalents (MEQ)/person in RRM and compare with the rest of Manitoba.

2. Describe the health and social harms associated with opioid use/misuse in the RRM population through informant interviews and focus groups.

3. Analyze the research findings to determine future policy directions for the Manitoba Métis Federation – Health and Wellness Department (MMF-HWD).

Section 2: Literature Review

2.1: Background & Previous Knowledge

Since the 1980's opioid use/misuse has continued to increase at an alarming rate. Studies indicate that the rates of opioids being sold to hospitals and pharmacies have increased by 3000% (Belzak & Halverson, 2018). By 2008, non-medical use of opioids was ranked as the fourth highest form of substance use after cannabis, alcohol, and tobacco (Belzak & Halverson, 2018). The rapid increase in opioid use has led to the declaration of a health crisis in Canada (Morin, et al., 2021).

2.2: Definition of Opioids

There are two types of opioids: endogenous and exogenous. Both act on opioid receptors within the central nervous system and gastrointestinal tract. Endogenous opioids, produced naturally within our bodies, are a part of the comprehensive system that balances pain relief with the perception of danger. When the body senses pain, the brain is flooded with endogenous opioids which attach to the opioid receptors in the brain. Once this occurs, the body releases relaxation signals resulting in the sensation of pain relief. Endogenous opioids represent the natural response to pain and are not relevant to the greater opioid crisis. Instead, the crisis primarily stems from the use/misuse of synthetic and semi-synthetic exogenous opioids found in prescription drugs.

Exogenous opioids enter the system through common opioid drugs, including morphine, fentanyl, codeine, hydrocodone, hydromorphone, oxycodone, methadone, and buprenorphine; and illicit drugs such as heroin (Fischer et al., 2006; Webber, 2016). Due to the activation of the mesolimbic system within the brain regions, which is responsible for reward, pleasure, and sense of well-being, opioids have addictive properties (Koob & Bloom, 1988; Koob et al., 2004). Over time, repeated exogenous opioid use leads to changes in brain structure to accommodate the heightened opioid intake, often resulting in an increased need for opioids and the development of dependence (Hussain et al., 2015). Upon cessation of opioids, withdrawal symptoms occur. These range from mild flu to significant physical discomfort, including gastrointestinal issues and muscle pain (Hussain et al., 2015). Symptom withdrawal may cause individuals to repeatedly use opioids, resulting in drug dependence, addiction, or death (Koob et al., 2004; Hussain et al., 2015).

2.3: Opioid Use in Canada & Manitoba

The opioid crisis in Canada, while escalating since the 1980's, had a notable surge during the COVID-19 pandemic. Between January 2016 and March 2020, there were 16,364 opioid-related deaths in Canada (Morin, et al., 2021). However, during the pandemic, the rate of opioid toxicity nearly doubled. From April 2019 – March 2020, 3,756 opioid-related deaths were reported compared to

7,362 opioid-related deaths in April 2020 – March 2021 (Government of Canada, 2022). This was a reported rate increase of 96%.

Further, 9.7% of individuals prescribed opioids noted problematic use (Carriére, et al, 2021). This translates to 351,000 individuals over the age of 15. It was also indicated that opioid misuse was higher among males (11.3%) than females (8.2%) and increased among 20-24 years (16.1%) (Carriére et al., 2021). A similar pattern in Manitoba reflects the documented nationwide surge in opioid toxicity and misuse. From 2016 to 2017, opioid related deaths in Manitoba increased by 87.5% (Bozart-Emre, et al., 2018). These rising rates of opioid toxicity warrant critical government intervention.

2.4: Opioid Use and Métis

There is little information available regarding the use of opioids in the RRM population. In a 2010 Health Status study, Métis over the age of 16 had a significantly higher opioid prescription rate in 2006/2007 when compared to all other Manitobans (20.8% vs. 15.3%) (Martens, Bartlett et al., 2010). When considering repeat opioid prescriptions (at least 3 in a year), rates for Métis were double those of all other Manitobans (Martens, Bartlett et al., 2010). In each subsequent data linkage study, rates of “substance abuse” were significantly higher in Métis than in all other Manitobans (Bartlett, et al., 2012; Bartlett et al., 2010; Sanguins et al., 2013).

More recently, the Métis Nation of Alberta conducted research to explore the consequences of opioid use. It was identified that the rate of apparent accidental opioid toxicity death was higher among Métis Albertans compared to the general population (Métis Nation of Alberta, 2018). Furthermore, the rate of opioid dispensing, and rates of emergency department visits and hospitalization for opioid misuse is consistently higher among Métis Albertans. It appears that opioid misuse has not been mitigated for the Métis Community nor the greater Canadian population despite being officially declared a public health crisis by Chief Public Health Officer Dr. Gregory Taylor in 2016.

2.5: The Opioid Crisis and the COVID-19 Pandemic

Initial data are beginning to emerge regarding the impact of the COVID-19 pandemic on opioid use and misuse. Since the onset of the COVID-19 pandemic, there have been increases in the rates of fatal overdoses. The Public Health Agency (2021) indicated that between January 2021 and March 2021 1,772 apparent opioid toxicity deaths occurred in Canada. Among patients in Ontario, fentanyl usage increased by 108% between April and September 2020 (Morin et al., 2021). In light of social restrictions and increased isolation, stress and anxiety related to the impacts of the pandemic are drivers for opioid use (Public Health Agency, 2021). The restrictions and closures also impacted the accessibility of opioid addiction treatment programs which require in-person monitoring.

2.6: Barriers to Accessing Opioid Treatment

The concerning escalation of opioid use and misuse necessitates effective interventions and accessible treatment options. Despite the acknowledgment of opioid misuse as a public health crisis in Canada, evidenced by alarming statistics, accessing adequate treatment remains a significant challenge.

The barriers to treatment access outlined in this section exacerbate the dire situation faced by individuals struggling with opioid addiction. Long wait times, logistical challenges such as transportation, time away from work, and pervasive social stigma associated with seeking treatment contribute to the limited access to opioid treatment programs. Additionally, the historical separation between the treatment of opioid use disorder and other health-related conditions further complicates efforts to address the multifaceted nature of opioid misuse. As a result, despite recognition of the problem and efforts to implement treatment strategies, the RRM Community continues to grapple with the devastating consequences of opioid misuse without adequate support and intervention.

2.6.1: Accessibility to Treatment

Opioid treatment is a lengthy process with consistent monitoring from a health professional throughout the course of treatment. There are often long wait times to access treatment. Once a patient has entered a treatment program, the initial stages involve daily visits to medical or clinic offices. Methadone is administered on-site. After a pre-determined period, patients can begin taking doses home in small increments. While the ability to take-home doses does limit in-person visits to an office or clinic, patients still face barriers. These barriers are related to “social determinants (e.g., transportation, time away from work) and stigma about visiting addiction treatment clinics” (Lister & Lister, 2021), and increased financial burdens for patients accessing treatment.

2.6.2: Stigma

The stigma surrounding substance misuse creates significant obstacles for individuals seeking help. Stigma and stereotypes often prevent people from seeking treatment, as they fear judgment and discrimination. This stigma is largely rooted in misconceptions about addiction and is reinforced by policies that restrict access to care (Lister & Lister, 2021). Instead of being seen as a medical issue, addiction is frequently perceived as a deficit of character. However, medical professionals assert that substance misuse is a medical disorder requiring treatment similar to other health conditions. This perspective applies equally to opioid misuse, as Olsen and Sharfstein (2014) emphasize that "Opioid use disorder, like all substance use disorders, is a chronic illness for which there is no cure." Therefore, there is a crucial need to change the narrative around opioid use disorder and recognize it as a legitimate medical condition.

Section 3: Research Design – Population Health Research

3.3: Methods

3.3.1: Study Design & Definitions

The purpose of this analysis is to determine whether differences exist between RRM and all other Manitobans (AOM) regarding opioid dispensations and average opioid dosage strength. This population-based, retrospective cohort study used administrative data from fiscal year 2006/07 to 2018/19 housed in the Manitoba Population Research Data Repository. The two primary outcomes of interest were prescription opioid dispensation rate and opioid-associated mean morphine equivalency (MEQ). These primary outcomes were compared among RRM in Manitoba and all other Manitobans (AOM) aged 10 years and older. To more precisely investigate differences in prescription opioid dispensing between RRM and AOM, strata on age group, sex, income quintile, urbanicity, number of comorbidities and opioid type were examined. Furthermore, opioid-associated MEQ, as a measure of the cumulative intake of an opioid drug over a 24-hour period, allowed for a standardized comparison of distinct types of opioids with different potency levels.

3.3.2: Data Sources

The data was derived from the Manitoba Population Research Data Repository (the Repository) at the Manitoba Centre for Health Policy (MCHP). The Repository comprises over 90 databases that can be linked at the individual and family level. Included are the de-identified records for virtually every contact Manitobans make with the health care system as well as information on prescription drug dispensations from Community pharmacies for >99% of Manitoba residents, including RRM Citizens.

We used the following databases in this study: the Manitoba Health Insurance Registry (demographic information on Manitoba residents registered for universal healthcare, e.g., sex and birthdate); the Manitoba Métis Registry (a registry of RRM Citizens living in Manitoba); the Hospital Discharge Abstract Database (demographic and clinical information on hospital patients, including reason for the hospitalization); Medical Services (claims for physician visits in offices, hospitals and outpatient departments, fee-for-service components for tests, and payments for on-call agreements); the Drug Program Information Network (prescriptions dispensed from Community pharmacies); and small geographical area-level data from the Canada Census years 2006, 2011 and 2016 (to examine socioeconomic status).

Information on age and sex provided by the Manitoba Health Insurance Registry allowed an examination of the study cohort's sociodemographic characteristics, comorbidities, and mental health. The Canada census public use data allowed urbanicity codes to be determined from available postal codes, and income

quintiles were created using income data for small geographic areas. The Manitoba population was ordered from lowest to highest income and then categorized into quintiles. The Elixhauser Comorbidity Index was used to assess comorbidities, which categorizes patient comorbidities based on 31 different sets of International Classification of Diseases diagnosis codes. The mental health indicators examined included mood or anxiety disorder, personality disorder, psychotic disorder, substance use disorder and suicide attempt(s). The Medical Services Database, the Hospital Discharge Abstracts Database, and the Drug Program Information Network were used to obtain these diagnosis codes.

3.3.3: Study Cohort

The study cohort included all people who were living in Manitoba between 2006/07 and 2018/19 and who were registered with Manitoba's universal, publicly funded healthcare system. We excluded children under the age of ten. RRM Citizens were identified and linked through the Métis Population Database and Manitoba Population Research Data Repository. The two groups compared were RRM Citizens in Manitoba and all other Manitobans (AOM), made up of all Manitobans not identified as RRM.

3.3.4: Statistical Analysis

The differences in dispensation rates and MEQ between RRM and AOM for the years 2006/07 and 2018/19 were tested using generalized linear models. These models included the predictive factors RRM identity, year, and the interaction between year and RRM identity. Time trend analyses over the years 2006/07 and 2018/19 were used to determine whether the differences in dispensation rates and MEQ were statistically significant over time. Technically, the t-statistic of each group's slope coefficient and its *p* value at 5% significance were used to determine whether any change occurred over time. Model fit was assessed using residual plots. All analyses were done in SAS Version 9.4 (SAS Institute). For more information on this process, see (Nickel et al. 2022).

Section 4: Data Linkage Findings – Population Health Research

4.1: Results

Broadly speaking, the rates at which RRM were dispensed prescription opioids increased from 2006 to 2011, where it peaked, and declined from 2011 to 2018 (Figure 4.1). AOM prescription rates peaked in 2008 and has since, steadily, declined. It is important to note that we were limited to investigating prescription opioid dispensations, since we did not have access to information on opioid use or on illicit opioid use. Nonetheless, our study still provides information on overall trends.

The age- and sex-adjusted opioid dispensation rates were significantly higher among RRM than among AOM in each year of the study (Figure 4.1). Further, the

age- and sex-adjusted mean MEQ/person was higher among RRM than among AOM in each year of the study (Figure 4.1). This means that RRM, on average, were receiving higher strength opioids per dispensation than AOM. For both groups MEQ/person initially increased and then decreased over the study period.

We next conducted stratum-specific sub analyses to better understand the patterns of dispensation rates and MEQs among RRM: the mean MEQ/person was higher among RRM than AOM for each age group (Figure 4.2); all individuals under 25 years had the lowest MEQ/person and individuals aged 45-54 and 55-64 had the highest; MEQ/person rose and then declined during the study period; mean MEQ/person was higher among RRM than AOM for each sub-group of number of comorbidities (Figure 4.3); those with more comorbidities tended to have higher MEQ; mean MEQ/person was higher among RRM than AOM for each income quintile; mean MEQ/person was higher among RRM than AOM for each type of opioid dispensed; urbanicity had little effect on mean MEQ/person for both RRM and AOM (Figure 4.4); males had a higher rate mean MEQ than females among RRM (Figure 4.5).

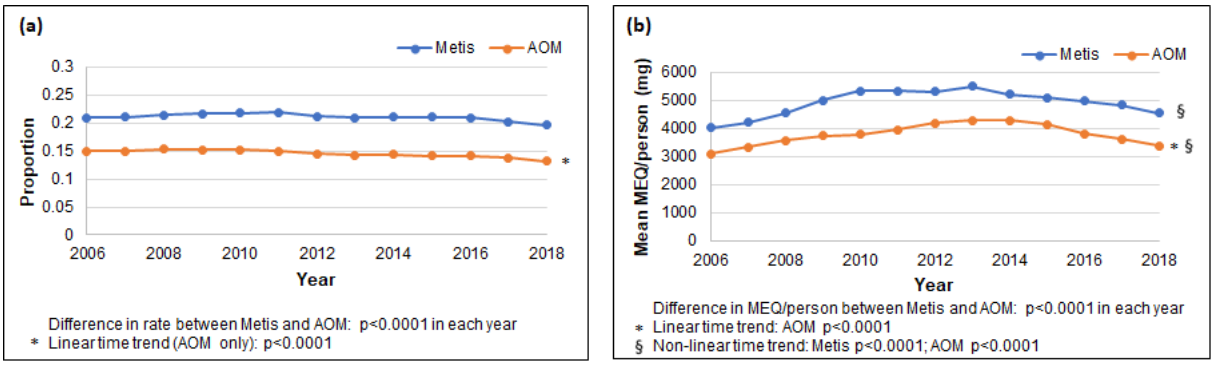

***Figure 4.1**: a) Trends over Time in Age- and Sex-Adjusted Rate of Prescription Opioid Dispensations (2006-2018). b) Trends over Time in Age- and Sex- Adjusted Mean Morphine Equivalents/Person (2006-2018)*

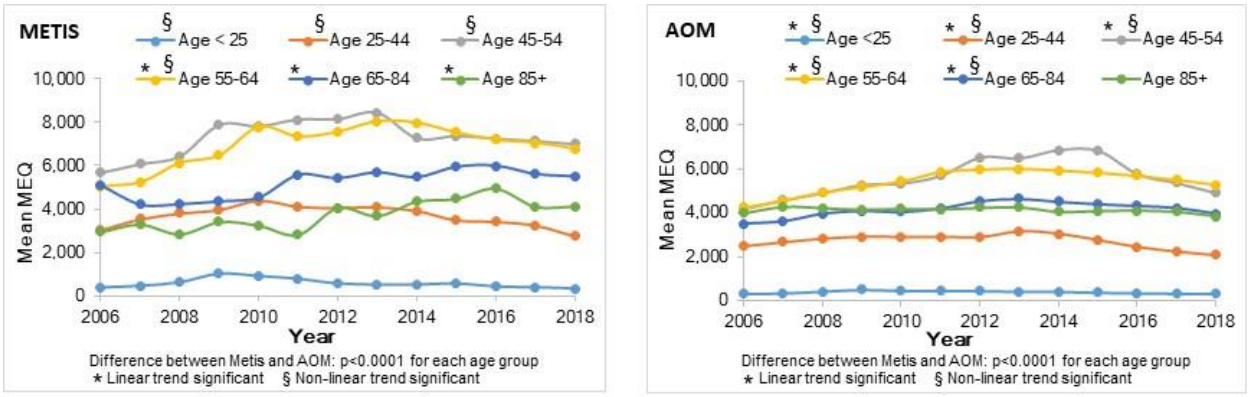

***Figure 4.2**: Time Trends in Prescription Opioid Morphine Equivalents among RRM and All Other Manitobans (2006-2018) – by Age Group.*

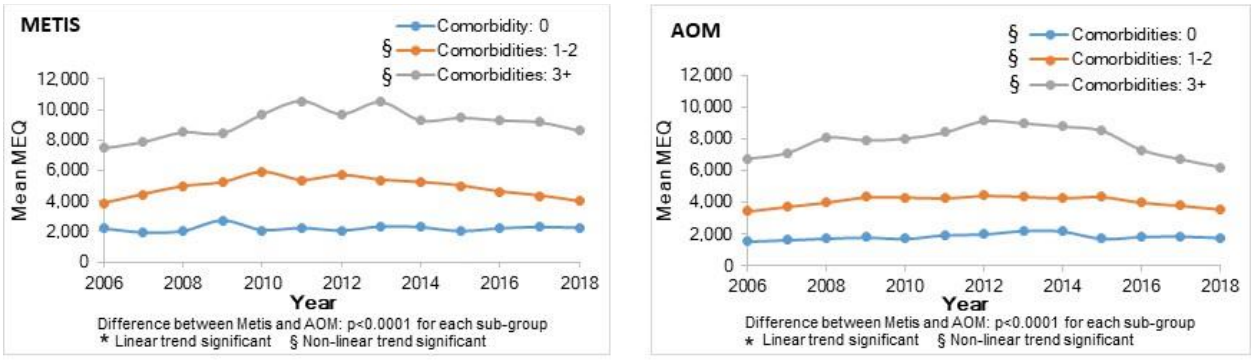

***Figure 4.3**: Time Trends in Prescription Opioid Morphine Equivalents among RRM and All Other Manitobans (2006-2018) – by Number of Comorbidities.*

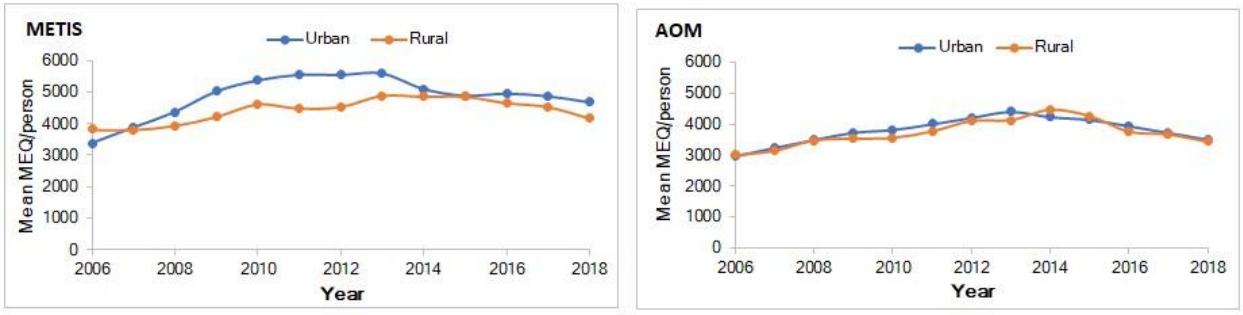

***Figure 4.4**: Time Trends in Prescription Opioid Morphine Equivalents among RRM and All Other Manitobans (2006-2018) – by Urbanicity.*

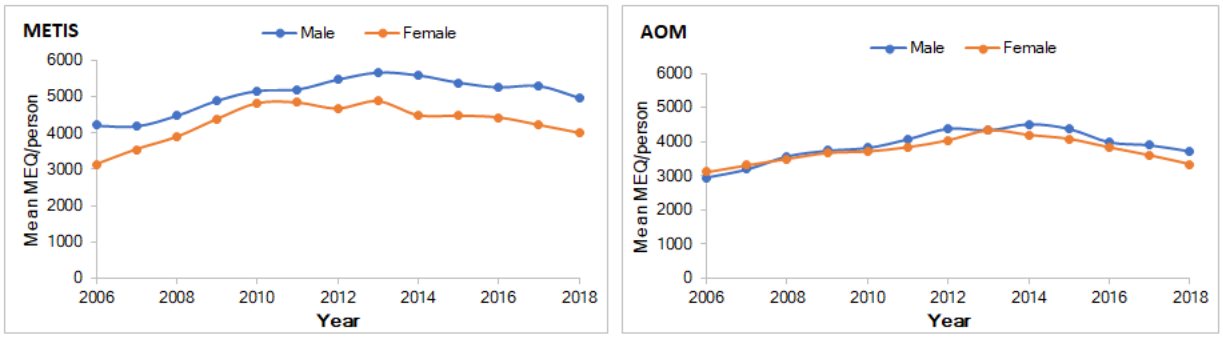

***Figure 4.5**: Time Trends in Prescription Opioid Morphine Equivalents among RRM and All Other Manitobans (2006-2018) - by Sex.*

4.2: Discussion

We found a general increase in MEQ/per person until 2012/2013, followed by a steady decrease in MEQ and opioid dispensation rates over the study period from 2006/2007 to 2018/2019 (Figure 4.1). However, it is crucial to note that this downward trend may have reversed, particularly amidst the COVID-19 pandemic. This period introduced unprecedented challenges to healthcare systems worldwide, including disruptions to healthcare access, changes in prescribing patterns, and heightened stressors contributing to increased pain management needs (Jones et al. 2021). Consequently, while the downward trend in opioid dispensation rates and mean MEQ appeared consistent before the pandemic, its continuation or alteration during and post-COVID-19 warrants careful examination and ongoing monitoring to address any emerging challenges or trends in opioid prescribing and consumption. Furthermore, the reliance on opioid dispensation rates as a proxy for opioid use presents limitations, as it does not account for irregular opioid use. Thus, challenges remain whether the downward trend in dispensations and MEQ/person continues or if a post-pandemic Manitoba has led to an increase in opioid use.

Regardless of these uncertainties, the persistence of the opioid crisis necessitates serious consideration of RRM Citizen solutions, even if the continued downward trend is confirmed. While data linkage findings may highlight statistical trends and correlations, they cannot capture the nuanced contexts and socio-cultural factors that underpin opioid misuse. To complement this, focus group discussions involving Community members' stories, perspectives, and insights provide policymakers and researchers with invaluable firsthand accounts of the challenges brought by opioid misuse. Ultimately, this multi-method approach can inform the development of more tailored and culturally sensitive policy solutions that address the root causes of opioid misuse and promote holistic well-being within the RRM Community.

Section 5: Research Design – Community Based Participatory Research

5.1: Methodology

A community-based participatory research (CBPR) approach was used in this portion of the study. CBPR is a collaborative approach to research that equitably involves all partners in the research and process and recognizes the unique strengths that each brings (Israel, Schulz, & Parker, 1998). CBPR is used to engage with community partners in the research process, and to benefit the community by translating the knowledge gained into intervention and policy change (Cargo & Mercer, 2008). This process is used to create social change, build relationships based on trust, improve the quality of life for community partners, and give them a voice (Israel et al., 1998). A guiding principle of CBPR is that the community is seen as a unit of identity. CBPR has a co-operative focus

that engages community members and researchers in a joint process in which they contribute equally.

In accordance with CBPR principles, this research was conducted in collaboration with members of the RRM Community, who assisted in every phase of the project—from selecting the study sites, to recruiting participants, and analyzing and interpreting the data. Community members on the research team also reviewed the preliminary report and assisted in dissemination of report results in the Community. Under the guidance of CBPR, our research recognizes that the Community is a unit of identity, and that Citizens and researchers are to be engaged cooperatively to improve the quality of research.

5.2: Virtual Focus Groups

Focus group data was gathered during the Health and Wellness Forum: Health Knowledge Through a Métis Lens which was hosted by MMF-HWD on September 23-24, 2021, using the social media platform Zoom©. As a result of the COVID-19 pandemic, the data collection process was adapted to an online focus group. The forum format allowed the HWD to gather information directly from RRM Citizens on diverse topics. For this report, we focus on the Opioids-Métis Health Forum.

During the breakout sessions, which functioned as focus groups, RRM Citizens were tasked with sharing and deliberating on predetermined questions. The forum randomly assigned Citizens to six breakout rooms, each of which had an appointed facilitator (an HWD staff member) and a notetaker. The questions posed were centered around deepening our understanding of opioid use/misuse within the Community, the effects of opioid use on Citizens and Community members, awareness of available supports for opioid misuse, and the kinds of assistance needed in the future. Questions asked during the breakout sessions included the following:

- What about your Community makes you proud? What do you see as a strength?
- We hear a lot about opioids on the news, what are your thoughts about opioids?
- To your knowledge, are there illegal drugs around and available in your Community? If so, which ones?
- In what ways do you see opioid use affecting people’s connections to Métis culture and traditions in your Community?
    - Have you already observed this in your Community, or are there indications that these developments will take place?

- Are you familiar with what is available to help someone deal with an opioid addiction in your Community?
    - What are the formal supports? Services/Programs?
    - What are the informal supports? Community & Family Members/Elders?
- What can the MMF do to help individuals and Communities dealing with opioid addictions/dependencies?
- If given a prescription for an opioid, how would you respond?
- Is there anything else that you would like to share with us?

5.3: Data Analysis

The data analysis was completed using the Collective Consensual Data Analytic Process (CCDAP) (Bartlett et al., 2007). CCDAP is a CBPR approach designed to capture participants' "lived or living experiences" through open-ended questions, which are recorded verbatim. This method unfolds through four main stages: data collection, data reduction, data presentation, and data verification. The CCDAP process is to ensure that participants, community leaders, and researchers engage in culturally appropriate information sharing and analysis, aligning with the principles discussed by Kovach (2010).

After the data collection phase concluded with focus groups, the proceedings were transcribed. Each transcript was audio-verified and then coded in preparation for analysis. Due to the pandemic, the remaining CCDAP stages were adapted and conducted virtually. The key phrases and ideas were first entered into a word document. Then, the phrases were read aloud during the virtual sessions with members from the MMF-HWD. The team worked to collectively cluster the phrases and ideas into a table under random symbols. Once all the phrases and ideas were clustered into the table, they were themed according to the information they contained. The results of the analysis are presented and discussed in Section 6. To protect the anonymity of participants, names are not attached to quotes used in the analysis.

5.4: Rigour and Trustworthiness of Data

It is essential to discuss the topic of trustworthiness as it relates to the study findings. There are a variety of methods by which a qualitative study can be evaluated to establish its trustworthiness. One of these methods is to apply Guba & Lincoln’s (1989) set of four evaluative criteria to the study. These four criteria include credibility, transferability, dependability, and confirmability. To achieve the first criterion, Shenton (2004) listed a number of measures that can be taken by researchers, some of which include adopting well-established research methods; developing an early familiarity with the subjects’ culture; triangulating (the use of different methods such as focus groups and personal interviews); using tactics to

encourage honesty in informants; peer scrutinizing of the project; and examining past research findings to assess congruence with the current research. These steps have been taken in this study. Shenton discussed the difficulty in applying the research findings to other situations and populations but indicated that to allow transferability, the second criterion, researchers must provide enough detail on their study to allow others to replicate the study. To meet the second criterion, the methods used in this study have been documented. To establish confirmability, steps have been taken to ensure the findings accurately represent the data, by ensuring that the original coding was completed independently by two individuals and that the analysis process was done collectively. It is believed that knowledge was created in a systematic manner that builds on previous literature and extends understanding about experiences of informal caregiving for RRM in Manitoba. Understanding of these experiences may lead to better support for those seeking services.

5.5: Knowledge Translation

Knowledge Translation (KT) means using *what we know* from research to influence *what gets done* in health and services. Using KT maximizes the benefit for RRM Citizens by combining experiential knowledge with the statistical findings of this study. This knowledge dissemination process enables translation of evidence into policy and practice, resulting in a more holistic information base that guides Knowledge Networks in their efforts to enhance the health and wellbeing of RRM in Manitoba. These findings will be examined to influence program and service delivery. This grassroots use of the outcomes enables identification of issues that are locally driven and relevant within the local context.

5.6: Ethics

The fundamental tenet of the project is that it was founded within an ‘ethical space’ whereby representatives of the RRM Community could meet with researchers through all stages of the research project to engage in a constructive dialogue about the intentions, values, and assumptions of each project partner. Constant engagement in this ‘ethical space’ allowed for a deeper understanding of the unique perspectives of RRM Community representatives and researchers, the development of common interests for both partners, and the promotion of mutual respect and trust which has continued even after the completion of the research project (Castellano & Reading, 2010; Ermine, 2007). Indeed, the Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada & Social Sciences and Humanities Research Council of Canada (2010) advise “taking time to establish a relationship can promote mutual trust and communication, identify mutually beneficial research goals, define appropriate research collaborations or partnerships, and ensure that the conduct of research adheres to the core principles of Respect for Persons, Concern for Welfare—which in this context includes welfare of the collective, as understood by all parties involved—and Justice” (p. 110). Principles of RRM-focused research (ownership, control, access, and stewardship) were negotiated and respected throughout the research process.

As with any qualitative study, data is comprised of the experiences of a few individuals and must be interpreted carefully. As the responses were not ranked by participants in order of their importance, further research is needed to provide policy makers with substantive evidence for program direction. Nonetheless, given the lack of RRM-specific information regarding experiences and the supports they need, the present study offers an important point for discussion within the region and inter-provincially.

Section 6: Findings from Virtual Focus Groups – Community Based Participatory Research

In this section, the results of the focus group study will be presented and discussed. It was our goal to supplement epidemiological information with Citizen perspectives on both legal and irregular opioid use. As described in Section 5, virtual focus group discussions with RRM Citizens were recorded, transcribed, and underwent a process of data display and theming using the CCDAP method. Section 6.1 provides an overview of the participant demographics in the virtual focus groups, Section 6.2 presents the voices of RRM Citizens as categorized through CCDAP, and Section 6.3 summarizes the results into a key findings section.

6.1: Demographics of the Focus Groups

Participants in the forum were recruited primarily through the MMF's social media (Instagram, Facebook) and the weekly Letter to Citizens via email. Eighty-five RRM Citizens, registered through the HWD, participated in the forum. The participants' ages spanned from 16 to 70+ years, with most falling within the age brackets of 16-29 years (24%) and 50-59 years (24%). Eighty percent of individuals self-identified as "female;" fifteen percent self-identified as "male;" four percent self-identified as "non-binary" and one percent self- identified as "other."

6.2: Themes

In total, five overarching themes and thirty-one sub themes were identified and categorized through CCDAP. These are shown in Table 6.2.1.

Table 6.2.1: Findings from Virtual Focus Groups

Theme	Sub Theme
Sources of Strength	• MMF Strengths • Community Pride • Métis Pride
Understanding Opioid Misuse/Use	• Opioid/Illicit Drug Crisis • Opioids are Addictive

	• Reasons Why People Misuse Opioids • Safe Use of Opioids • Impacts of Settler Colonization on Opioid Misuse • Impact of COVID-19 on the Opioid Crisis • Access Points for Opioid Misuse • Effects of Opioid Prescriptions • Motivation to Change
Opioids in the Community	• Negative Response to Opioids • Impacts of Opioids on Individual/Community Levels • Addiction Affects Everyone • Resources in Community • Community Response to Addictions • Risk Reduction Approaches
Gaps in Opioid Treatment/Programs	• Family Supports are Needed • Barriers to Addiction Treatment and Recovery • Wait Times are a Barrier for Addiction • Support/Treatment • Research on the Underlying Causes • Education Needs around Opioids
Considerations for Treatment/Programs	• Importance of Culture to Healing • Access to Narcan • Accountability for Prescribing Opioids • Holistic Approaches to Opioid Addiction • Alternatives to Opioids • Addiction Resource Needs • Effective Media Approaches for Opioid Awareness • The Role of MMF in Addiction Treatment

6.2.1: Sources of Strength

Throughout the focus group discussions, many participants highlighted the positive attributes of their Communities and expressed a sense of pride in what

their Communities had to offer. These comments were categorized as the source of strength theme, including three subthemes: MMF strengths, Community pride, and RRM pride.

Participants discussed several ways in which they felt supported by the MMF, identifying many areas where they believed the MMF was meeting or exceeding the needs of Citizens. Further, expressions about the Community working and coming together as a nation were stated. Expressions included statements of support during COVID-19, the helpfulness of regional offices/centres, and the availability of communication.

> *"What makes me proud is just seeing the strength and the way that we come together as a nation. It's really inspirational to see that."*

6.2.2: Understanding Opioid Use/Misuse

Throughout the series of open-ended questions, participants' understanding of addiction and opioid use/misuse emerged, resulting in the most discussed theme with the highest number of identified subthemes. Citizens' concerns were centered on the consequences of opioid misuse, the motivations behind RRM opioid misuse, and the addictive qualities of opioids. Many subthemes were revealed through participants' stories: opioid/illicit drug crisis, opioids are addictive, reasons why people misuse opioids, safe use of opioids, impacts of settler colonization on opioid misuse, impact of COVID-19 on the opioid crisis, access points for opioid misuse, effects of opioid prescriptions, motivation to change.

Opioid/Illicit Drug Crisis

Participants shared concerns that an increase in the availability of illicit drugs and opioids within Communities had occurred. This increase was referred to as a "crisis" and many comments explained "heavy" drug use being prominent. Also mentioned was that addiction was seen and experienced across all ages and ethnicities within Communities.

> *"I mean drugs have always been around but still it's just like – it just seems like it's everywhere, every time you turn around, you're hearing a story, you know, it's on the news, yeah it's pretty scary."*

> *"So, addiction is a huge problem. And I don't think people even begin to realize how bad it is."*

> *"And it's not just teenagers, not just kids. It's adults and everybody taking."*

Opioids are Addictive

Citizens were notably concerned about the addictive nature of opioids, specifically regarding the need for increased doses of opioids with prolonged

usage, and the impact prolonged use/misuse has on an individual's ability to overcome addiction. Additionally, there was sentiment that doctors over-prescribed opioid medications, consequently making them more accessible.

> *"But people don't realize, yes, you can take your medications as prescribed, but your body becomes used to it and then you need a stronger dose. And doctors are increasing these doses and not helping in the addiction aspect."*

Reasons Why People Misuse Opioids

During focus group discussions, participants shared their insights and experiences regarding the motivations behind opioid misuse, with trauma emerging as a prevalent motivator. Furthermore, the impacts of cumulative and intergenerational traumas were recognized as specific contributing factors, alongside mental health struggles and coping mechanisms.

> *"Is used more as an intergenerational trauma sort of compensation, or coping – how do I say – mechanism to cope."*

> *"So, I mean, it's not just addiction issues, but the addiction start, like my own opinion, from mental health issues."*

Safe Use of Opioids

Despite the negative impacts of opioid misuse, many participants shared how opioids can be helpful in certain treatment regimens. It was expressed that working with healthcare professionals is vital when you are prescribed opioids, as several participants shared their personal experiences with opioid prescriptions.

> *"If they are used properly, it is a medicine like that is what cures the pain."*

> *"What my approach would be, which would really be to use it as a way to manage the pain in a way that I could still enjoy my life, and really maintain the communication with my health care provider."*

Impacts of Settler Colonialism on Opioids Misuse

When discussing how RRM Citizens are impacted by opioid misuse, many participants shared how settler colonialism continues to have long lasting impacts on RRM Communities. Despite this many participants shared messages of hope and resilience.

> *"Unfortunately, just based on historical issues it's pretty common in Indigenous people."*

“We've been pulled apart or had our Communities ripped apart through systematic colonization, and just trauma piled upon trauma.”

Impacts of COVID 19 on the Opioid Crisis

The COVID-19 pandemic, since its onset, has affected various facets of daily life, and the opioid crisis is no different. Numerous participants discussed how the pandemic has impacted opioid use/misuse.

“How COVID’s affected this, it means that people have been home longer and have been, you know, isolated even more then they normally might be and how that’s impacted having an opioid addiction.”

“There’s quite a bit of opioid use …certainly a big increase in use since COVID for sure.”

Access Points for Opioid Misuse

As implied in previous subthemes, the accessibility of opioids within Communities was concerning. Healthcare provider prescriptions were mentioned as a means through which individuals have gained increased access to opioids. This heightened accessibility has also enabled individuals misusing opioids to bypass systems intended to restrict access.

“Prescriptions…because some of them taking right from their grandparents and stealing and having to steal to keep this going like their addiction.”

“And that they’re doing is they’re attacking some of the elders and some of the vulnerable people to get any prescriptions drugs that they have, any opioids, anything they could get their hands on.”

“They come out of the drugstore and there’s people waiting for them with money.”

“You know there was a trend at our hospital where when one doctor was working in Emerg[ency] that’s when more people would show up, you know, because he could be very easily talked to into getting the certain medications.”

Effects of Opioids Prescriptions

While physicians can prescribe opioids to help treat various ailments, the concern associated with the prescription of opioids and their potential for misuse was once more emphasized. Participants revealed their experiences of how

prescription opioids have impacted them or family members. In overlap of previous subthemes, over-prescription of opioids was noted as a concern. Several participants claimed that the effects of opioids stopped themselves from continuing use.

> *"I've seen people, family and friends, take opioids just for medicine and then all of a sudden they're addicted, and they want more, you know."*

> *"My brother died of a Percocet overdoes…This wasn't an on-the-street drug, this was a drug given to him by a doctor, you know, and as you become more addicted, then you can convince your doctor you work up north, which he did not, and you can get more pills than you would normally."*

> *"I had to cut myself off cold turkey and I felt my body going through withdrawals; couldn't sleep, mood swings, agitated etcetera."*

Motivation to Change

Motivation to change as a barrier to seeking addiction supports and treatment was a common experience discussed among participants. Numerous participants expressed feelings of helplessness when it came to assisting individuals dealing with substance misuse. Furthermore, participants recognized the tendency of those with addiction to overlook existing support systems.

> *"Which I find is a really big issue because not a lot of people want that help or will accept that help when they're under the influence of opioids."*

6.2.3: Opioids in the Community

Participants frequently mentioned that opioids are becoming more prevalent in their Community. This increased prevalence prompted discussions on various ways opioids affect Communities. These discussions led to the identification of several subthemes: negative response to opioids, impacts of opioids on individual/Community levels, addiction affects everyone, resources in Community, Community response to addictions, risk reduction approaches.

Negative Response to Opioids

Several participants shared their reactions to their own opioid prescriptions, frequently mentioning negative reactions, reluctance, or refusal to take the medication, and even fear about the potential consequences of responsible opioid usage.

> *"This drug was prescribed to me for severe nerve damage and in no way, shape or form would I ever take that again."*

"When I was going through cancer treatment, I was given a prescription for opioids… I just got rid of them because it freaked me."

Impact of Opioids on Individual/Community Levels

Participants highlighted several ways in which opioids are affecting individuals and Communities. Often expressed was the concept of 'disconnection,' describing how individuals become detached from their families, Communities, cultures, and even their own self due to opioid use/misuse. Expressions of disconnection as a loss of self was particularly noted.

"And you see people's lives are ruined by prescription drugs, by taking too many. There's just some people just right out of it at all times."

"And it affects everybody, you know, it really does, especially if they're parents because their kids grow up seeing that and whatnot, you know."

"What I see happening from those people that I know are affected is distancing and whether it's distancing because of the drugs on their end or if it's distancing from the Community, the Community is saying, "No, you're not welcome here."

"I also find like in my own Community people who use opioids they're not like so much as present to be learning the teachings or to be learning about the culture because they're using, you know."

Addiction Affects Everyone

RRM Citizens stated that addiction and opioid misuse have consequences on the Community and the individual, irrespective of their socioeconomic status, geographic location, or ethnicity. They emphasized the insidious nature of opioids, capable of affecting and harming anyone.

"It affects people of all ages, all nationalities, the drug addiction has no discrimination."

Resources in the Community

Participants shared their knowledge of available resources in their Communities and expressed the importance of addiction resources and their role in addiction treatments. Formal supports such as hospitals, clinics, and programs were cited, alongside informal supports like family or Community. The lack of formal and informal support in some communities was cited as a concern for those with addictions.

"We have quite a few methadone clinics in our town too."

“We have AFM that they can go to.”

“There’s another non-profit that’s starting, it’s called Health Buddies, so they have elders and different people in the city who are also from outer city communities, helping out with those in sort of harm reduction crises.”

“There might be informal supports. I know that our family is pretty supportive and certainly, you know, my friends and the Métis Community.”

“AFM has an office in Beausejour, for example, that I think has somebody there half a day a week, right. So, it’s not – it’s simply inadequately served for Métis people.”

Community Responses to Addictions

Participants asserted that the Community's response and general perceptions of addiction and treatment played a crucial role in individuals' decisions to seek recovery. They stressed that an unsupportive Community could have dire consequences, emphasizing that Community attitudes and beliefs about addiction and treatment are influential factors during individuals' recovery.

“So, I think it's really important that we wrap Community support around everybody that we can and take care of them.”

“In my Community especially what I’m seeing, … is people being pushed out and being told, “You’re not welcome here, you can’t come back here.”

“Then of course that creates the bigger disconnect from family and Community especially if there’s like negative perception of opioid addiction in the family or the Community so then they disconnect and that’s even more dangerous.”

Risk Reduction Approaches

The initial step in supporting individuals who are managing their addictions was identified as harm reduction. Participants mentioned that Elders and safe consumption sites were recognized as viable approaches for minimizing risks.

“Here in Winnipeg, I know that there are some elders who are engaged with R2W, which is a non-profit, so they offer a lot of harm reduction services and offering on-the-spot care.”

“Within the safe consumption site, there's usually some level of help staff that are there to help to make sure that people aren't experiencing problems with overdose those types of things.”

6.2.4: Gaps in Opioid Treatment/Programs

In focus group discussions, a central theme emerged regarding the limitations of opioid treatments and programs. These limitations were identified as treatment gaps, inadequate research, difficulties in overcoming barriers, and a need for improved education.

Moreover, participants emphasized the importance of addressing areas that are currently receiving insufficient attention in opioid addiction treatment and programming to enhance recovery. Six subthemes were identified: the necessity for family support, barriers to addiction treatment and recovery including the obstacle of wait times for accessing treatment and support, the importance of research on underlying causes, and the need for enhanced education regarding opioids.

Family Supports are Needed

As previously observed in other themes, the notion that opioid addictions extend beyond the individual was reiterated. Several family members shared their experiences of being affected by a loved one's addiction. Participants emphasized that families of individuals with addictions also need support, with several participants articulating the specific ways in which families require assistance.

“I think rehab centres are, or a lot of them are just solely focused on the user. We forget about the family behind the user and the trauma and there’s a lot of that trauma and healing like the family of the user has to go through and see their son or daughter has been whatever, so I feel like we have like a lot of familiar supports.”

“The families could be supported. They could be educated to kind of know what to expect and things that there’ll be as they navigate through this whole part of their life they’re dealing with.”

Barriers to Addiction Treatment and Recovery

Many participants raised concerns about the obstacles individuals face when seeking access to addiction treatment and programs. Participants highlighted a person's environment, including the conditions they return to post-treatment, as a significant barrier. Furthermore, the absence of immediate support, particularly in remote communities, was emphasized, with cost identified as another significant

obstacle. Several participants expressed feelings of helplessness and uncertainty about where to find addiction support services.

> *“There’s no rehab, there’s no, not even – some towns don’t even have access to like meetings, so there’s no connections with other people who are trying to live a sober life.”*

> *“You have to go to the city. And then there’s disconnect if you don’t know anybody in the city, and then when you come back here there isn’t a safe Community for you to grow here.”*

> *“I know a lot of people that have been lost because they've had to wait that year. They need the help when they decide they need it and they can't wait. And that's been the problem.”*

> *“You have people saying, “Well, I'm working, so who’s going to pay my bills if I go into treatment? And I’ve got to be gone for thirty days or sixty days or whatever length of time the treatment is, and who’s going to help with all of that?”*

> *“So would you say that access, like for example transportation for even getting to that support, is a challenge and a barrier?... there is a challenge because a lot of the people are, a lot of them are on social assistance.”*

Wait Times are a Barrier for Addiction Support/Treatment

In the preceding section, barriers to addiction support were detailed, among these, wait times stood out as a significant barrier, which merited its own subtheme. Participants discussed how wait times for programs, treatments, and hospital services were problematic, and some even conveyed instances where individuals seeking support were turned away due to overfill.

> *“Waiting lists, and you see it and hear it on the news all the time, and I live in Winnipeg and so – I mean I have a nephew who was waiting for treatment, and he never did get a call back and unfortunately he’s passed away.”*

Research on the Underlying Causes of Addictions

Participants emphasized the ongoing necessity of exploring and enhancing our comprehension of the factors driving substance misuse. They pointed out that by understanding the root causes behind substance misuse, we can better bolster support systems to address issues extending beyond physical addiction.

“I think that need to be addressed…how accessible all these drugs are to people.”

“It’s not just the addiction that needs to be dealt with; it’s anything that contributed to getting that addiction. And if there was more availability for that in communities, I don’t think the addiction rate would be as high if there was more help for them to start with.”

“They also have underlying issues like self-esteem, depression, mental issues, health issues, that it’s a good way to hide from, and I think those need to be dealt with to help them deal with their addiction.”

Education Needs Around Opioids

Participants advocated for the idea of early intervention through education to prevent addiction. They frequently mentioned the strategy of incorporating opioid use/misuse education into school curricula to educate youth about these issues.

“As early as we can get into the classrooms and initiate conversations with children – and when I say children, I mean young… But the earlier we can start the education, with dialogue with young people, about health and wellbeing, the better off future generations are going to be. Do not wait; rush with hair-on-fire intensity, to initiate that conversation.”

6.2.5: Considerations for Addiction Treatment/Programs

RRM Citizens engaged in discussions about recommendations for future opioid treatments programs. This theme encompassed suggestions to incorporate culture into the healing process, adopt harm reduction strategies in addiction treatment, explore opioid alternatives, and raise awareness about available support services. Eight subthemes were identified: importance of culture to healing, access to Narcan, accountability for prescribing opioids, holistic approaches to opioid addiction, alternatives to opioids, addiction resource needs, effective media approaches for opioid awareness, and the role of the MMF in addiction treatment.

Importance of Culture in Healing

Participants spoke about a sense of disconnection between individuals and their culture. They emphasized that culture plays a pivotal role in any healing journey and is a crucial, yet frequently overlooked, element of identity development and long-term addiction recovery.

"That those are like the most fundamental and healing properties for addiction recovery and being plugged into Community and accountable in a Community. I think is huge."

Access to Narcan

Participants highlighted the importance of having Narcan available within their communities, emphasizing its significance in harm reduction efforts. A participant also pointed out the rising use of Narcan by first responders to save lives and noted the increased frequency of its usage.

"A prescription can get anybody Narcan it's not just handed out to people who use anymore, it's also given to family members, anybody who may be in the vicinity of somebody who's using that might need help. So, it's quite readily available if anyone wants to have Narcan with them."

Accountability for Prescribing Opioids

In addition to increased accountability for opioid prescriptions, participants expressed a need to monitor over-prescription. They discussed concerns about holding doctors accountable for their prescribing practices. Furthermore, RRM Citizens highlighted the significance of improving the information provided to patients when they are prescribed medications.

"We need a national strategy on – through The College of Physicians and Surgeons and a way of monitoring who's overprescribing and keeping people dependent and killing people basically because people die from it all the time."

"I think a lot of doctors are too quick to write the prescription just to say OK I saw you, you're good, I'll see you later. I think that need to be addressed."

Holistic Approaches to Opioid Addiction

Participants stressed the necessity of comprehensive addiction treatment interventions that address more than just physical addiction. They highlighted the importance of incorporating outreach workers to regularly check in and connect with individuals managing addiction. Additionally, they brought attention to the financial challenges faced by those seeking treatment programs, emphasizing the need for financial assistance.

"It's more than a one step program…., it's like a step thing. You have to get clean and then you have to go through the process of learning about

how you can stay clean, and to be able to talk to people about what's happening with you and stuff. And then being able to stay clean."

"Continuation of support, sometimes it's looking at not just the addictions related support, but what other services they need, because maybe this is someone who's struggling with their housing situation, and they're having to then go stay with somebody who's also struggling with addictions."

"Having outreach workers that's able to do some of those regular check-ins on an ongoing basis, that would be great."

"Financial assistance to get into treatment or out."

Alternatives to Opioids

Regarding the alternatives to opioids, participants shared the importance of exploring other options for treatment beyond opioids/pharmaceuticals and endorsed a return to traditional healing methods.

"I know a few people that use traditional medicines such as oils and birch bark trees and stuff like that, maybe going back to traditional medicines a better way of going."

Addiction Resource Needs

In their discussions, RRM Citizens explored and shared ideas regarding additional addiction resource needs that could be beneficial for assisting individuals and families in navigating addiction challenges. Some of the needs described included the lack of addiction treatment and support services in rural communities, the lack of Indigenous or RRM doctors, and lack of communication about existing programs.

"To bring more programming especially like addictions training and counselling into communities, and mental health."

"Increase the resources in the smaller communities like Northwest."

"I think we need more Indigenous and Métis or whatever and doctors too, right, because I find that like you said they would understand."

"I think it would be handy to have a walk-in clinic practitioner that would be able to help you through your first stages of addiction recovery."

Effective Media Approaches to Opioid Awareness

Citizens asserted the importance of raising awareness about the risks associated with opioid use, emphasizing the need for flexibility in disseminating this information to reach the intended audience. Concerns about youth opioid use were reported, highlighting the necessity of ensuring that opioid awareness initiatives are accessible through channels that young people use.

> *"I think now we're talking about it more openly now so it's becoming more and more visible. I think the addiction problem has been around for a long time but like with the opioid crisis because it's getting more coverage publicly, you know."*

> *"Who's the audience, you know… somehow, figure out what those communication means are depending on the audience that you're trying to reach."*

The Role of MMF in Addiction Treatment

RRM Citizens provided recommendations for how the MMF can help support addiction treatment within the Community. These recommendations involved the establishment of RRM-specific programs and centers, fostering partnerships with existing organizations, providing follow-up support, appointing Community liaison officers, and ensuring adequate information sharing about available support resources.

> *"It would be really nice for youth without positive role models to have access to a Métis Big Brother Big Sister type mentorship."*

> *"I would like to see the MMF maybe open up a couple of treatment centres, or some places where these people can go and dry out because there obviously isn't enough."*

> *"What about like a partnership with Addictions Manitoba? Because they're already established, already doing programs, maybe we could do – I don't know if a partnership would be the right terminology or not but have somebody work there, see what they're doing and learn from what's working there and bring it back over here, over here to the MMF, so that we can set up something similar."*

> *"I really think that we need to focus on having a worker specifically for health and wellness in each region, to help deal with a lot of the where-to-go, how to get the help, what processes, along with the money to help them get the help, so they're not waiting for long periods of time."*

“It sounds like there’s not a lot of people who know about the supports available, so I think the MMF could do a better job of sharing that.”

6.3: Focus Group Key Findings

The following presents a list of the key findings derived from the focus group discussions with RRM Citizens. While this list is not exhaustive, it offers a concise overview of the gathered insights.

- RRM Citizens identified a noticeable increase in opioid and illicit drug use in Communities.
- Community members reported that opioid and illicit drug use/misuse affects all Community members regardless of age, gender, location, socio-economic class, and ethnicity.
- Participants expressed concerns regarding the addictive properties of prescription opioids and the necessity of increasing doses to achieve the same desired effects as previous doses.
- RRM Citizens were worried about the effects of prolonged opioid use and its connection to addiction, and higher dosages.
- Despite concerns about the addictive nature of opioids, participants stated that opioids were useful for treating specific ailments when used responsibly.
- Several individuals shared how they had experienced adverse side effects from opioids, which led them to refusing opioid prescriptions or ending a prescription before completion.
- Addiction treatment needs included access to programming in the Community, supportive Community perceptions, and increased availability of risk reduction approaches.
- It was expressed that there was a requirement for further assistance to support the families of individuals dealing with addiction.
- Barriers to accessing addiction treatment were identified as wait times, accessibility of programs, and financial burdens.

- Several critical areas were deemed to require increased attention, including conducting additional research on the root causes of opioid misuse and improving educational initiatives addressing opioid misuse.
- The importance of culture in healing, increased accountability for medical professionals prescribing opioids, and wholistic approaches to healing were noted as necessary by RRM Citizens.
- RRM Citizens discussed the need for and importance of RRM-specific programs, including the need for a RRM treatment center.

Section 7: Discussion and Recommendations

This multi-method study allowed us to analyze the statistical differences in opioid dispensations and mean MEQ between RRM and AOM while exploring the needs of the RRM Community as they relate to opioid use/misuse. During the consultation summit, many problems were discussed that helped the MMF-HWD better understand the troubles of RRM who shared their thoughts and recommendations on how the MMF-HWD should conduct their health policy, juxtaposed with the conclusions gathered by the MCHP. To elaborate on the ideas of our Citizens, their statements will be discussed and compared with numerical evidence and future policy thoughts. These elaborations will help inform the MMF-HWD and its Citizens of broader MMF-HWD goals.

Through our focus groups, a principal concern was the escalation of opioid use/misuse within the RRM Community. These were supported by the data linkage study where MEQ/person showed a general increase across the study period, peaking in 2012/2013 and decreasing steadily since then. Simultaneously, opioid dispensation rates showed to be decreasing across the entire study period. It is important to note that the study period data runs from 2006/2007 to 2018/2019, and it is possible that since then, MEQ/person and prescription rates have increased contrary to their downward trends. This is especially relevant as the focus groups were conducted in late September 2021, amid the COVID-19 pandemic. In fact, there is evidence indicating a reversal of downward trends with opioid related deaths rising during the pandemic justified by the increase in personal stressors, and a general disruption of life (Public Health Agency, 2021). Further, the MCHP classifies opioid dispensations as a proxy for opioid use; that is, no information on how opioids, once dispensed, are used is involved in the data. This includes any, potential, illegal opioid use. In short, it is difficult to conclude if the downward trend of opioid dispensations and MEQ/person is continuing, or if the COVID-19 pandemic has reverted progress and created an environment where opioid dispensations and MEQ/person is increasing in a post-pandemic Manitoba. Nonetheless, even if the reported downward trend in opioid dispensation and MEQ/person is accurate, the opioid crisis has not been resolved.

7.1: Addiction Support/Treatment Recommendations

Implement Community workers to support individuals struggling with opioid misuse

Foremost among recommendations is the necessity for additional Community support workers, particularly those specializing in addiction treatment, support navigation, and after-care services. Several concerns were raised by participants regarding the absence of support workers to guide individuals through the addictions recovery system, hindering their access to essential support services. Additionally, Citizens voiced the need for after-care/recovery provisions, emphasizing the importance of Community support workers extending their assistance beyond treatment to provide vital follow-up support to individuals in need.

Move opioid addiction treatment beyond detoxing and focus on holistic healing

It was the view of the participants that there was a need to transition opioid addiction treatment from a focus solely on detoxification to a more comprehensive approach that emphasizes holistic healing. Citizens addressed the need to help individuals transition from an addiction treatment program back into the Community and supporting them in maintaining a healthy lifestyle.

Decrease wait times for entering addiction programming and treatment

RRM Citizens have raised concerns about people being denied entry to addiction programs and having to wait for extended periods. They also expressed frustration with the requirement of detoxing before entering programs, seeing it as a persistent obstacle. Citizens emphasize the need for more support to accommodate the growing demand for addiction services. They stress the importance of making these services accessible whenever individuals are ready to enter recovery programs to address the health of their Community in a timely manner.

Increase available addiction supports and treatment resources in rural areas

During the focus groups, one prominent barrier highlighted for individuals seeking addiction support was the absence of programs within RRM Communities. This concern was particularly pronounced for rural communities. RRM Citizens emphasized the significance of being able to access addiction treatment and support within their communities, especially with the support of family.

Implement harm reduction approaches to addiction supports

During discussions regarding the Community's role in addition treatment, several RRM Citizens emphasized the necessity of Communities being receptive to new

perspectives on tackling addiction issues, such as harm/risk reduction strategies. Despite ongoing discussions among governmental officials in Manitoba, initiatives like safe injection sites, which are part of harm reduction approaches, have not been implemented yet.

Develop additional supports for families affected by addictions

One gap in services RRM Citizens discussed was the lack of programming and supports available for families. It was stated that treatment and programming are often client-oriented, and families are often left out of healing programs and support. Healing is not done in isolation from our community or families (Linklater, 2014). The impacts of addiction are far-reaching and affect more than the individual with problematic use, and addiction impacts families and communities. Extending and increasing supports for families will allow for communities to heal from addiction and help reinforce and create a healthy environment overall.

7.2: Red River Métis Specific Care Recommendations

Develop and implement RRM specific addiction supports and treatment

The continuance of the opioid crisis in the RRM Community may be attributed, in part, to the absence of distinctions-based RRM care, which may serve as a central cause of the crisis. Research has indicated that individuals who identify as Indigenous have decreased rates of accessing addiction treatment and are less likely to complete an entire program (Urbanoski, 2017). Further, having access to culture is the foundation of addiction healing for Indigenous peoples (Rowan et al., 2014). Hence, an urgent emphasis placed on incorporating culture into addiction programming and recognizing it as an essential component of healing should be investigated. RRM Citizens echoed these sentiments and voiced the importance of increasing RRM-specific addiction resources.

Focus treatment and programming on reconnecting to culture

Access to Elders, language, Land, traditional teaching, culture etc., is also key to addiction healing. Throughout settler colonialism, there has been a disconnection from RRM culture. Building upon the need for RRM-specific treatment programs and centers, there is a need for addiction programming to include culture. Some authors argue that access to culture is key to overall wellness. Ginn et al. (2021) argue that “maintaining connection to Métis ancestry, to community, to land and to tradition presents a potential for increased health and well-being and healing.”

Increase Community understanding and empathy towards individuals struggling with substance misuse

Participants indicated a need for Communities to change their perceptions of addiction and opioid misuse. RRM Citizens have observed that sometimes individuals are not welcome in the Community when they are misusing substances or that sometimes individuals are asked to leave if they are using.

The need for communities to shift their understanding of addiction to be more supportive was indicated as a positive aspect of addiction treatment and healing. Overall, having a supportive Community was noted as necessary in addiction treatment.

Increase Community representation in addiction treatment and supports

One method at enhancing current programs towards a RRM-specific approach would be to empower RRM Citizens to take on healing roles within their Communities. This shift may address existing barriers of stigma prevalent in the healthcare system, while fostering community capacity, cultural sensitivity, and reducing the need for seeking support outside the community (Ginn et al., 2021). Another benefit would be the increase in availability of resources, as a greater supply of healing professionals would result in more availability to those seeking treatment. Additionally, Community attitudes towards individuals grappling with substance misuse may transform, as more Community members would be directly involved in Community-based treatment, while decreasing the barriers for individuals to access support.

7.3: Education Recommendations

Increase early intervention and education surrounding opioid use/misuse among children and youth

During the findings section it was noted that opioid misuse affects RRM Citizens of all ages, where the rates of opioid dispensations and MEQ/person were higher among all ages of RRM compared to AOM. As a result of the far-reaching impacts of the opioid crisis, RRM Citizens voiced the importance of early education regarding opioid use and misuse. Thus, proactivity and engagement through school visits to educate children and youth were seen as critical steps in managing and halting the opioid crisis.

Increase education and awareness among Community members regarding opioid use/misuse

Increasing the Communities understanding of opioid misuse and the severity of the opioid crisis is important for RRM Citizens. Beyond youth, it is important that all individuals understand the impacts of opioid use, even in prescription form. This understanding is particularly vital for those who are most likely to be prescribed opioids, as they need to be aware of the potential risks and implications associated with their use. It is important to highlight that while opioid use/misuse must be monitored, effective pain management should not be stigmatized. Thus, finding a balance between addressing the legitimate concerns about opioid use while recognizing the necessity of pain management is crucial.

Develop advertisement methods for available addiction supports and resources in Communities

Advertising for available addiction supports and program needs to be more visible. Many participants shared knowing that there were programs available, but they were unsure of what specific programs were available and could not name them or know where to gather information about them. Discussions included using various avenues for advertisements, including billboards, ads in local newspapers, and social media. As the opioid crisis affects individuals from all walks of life, various mediums of communication should be leveraged to ensure information reaches individuals from diverse backgrounds.

7.4: Medical Professional Recommendations

Physicians need to increase measures for accountability for prescribing opioids

RRM Citizens emphasized the importance of not only having a national strategy to address the opioid crisis but also highlighted the necessity for further action to increase accountability among physicians who prescribe opioids. Many participants noted that they felt opioid prescriptions were given out in too high of numbers, leading to increased access which may result in long-term use and dependence. The numerical evidence supports this, with RRM receiving higher dispensation rates compared to AOM. RRM Citizens voiced the importance of physicians limiting the number of opioid prescriptions they provide their patients and increasing exploration of non-opioid alternatives.

Increase patient advocacy skills

Enhancing accountability among medical professionals and improving patient advocacy skills are intricately linked. RRM Citizens emphasized the importance of physicians taking greater responsibility for their opioid prescriptions, including monitoring prescription duration and frequency. Moreover, there is a need for more support to empower patients to openly discuss their prescriptions, understand their purpose, and explore non-opioid alternatives.

Increase awareness and availability of alternative practices beyond opioids in healing

RRM Citizens stressed the importance of considering alternative healing approaches beyond pharmaceuticals when developing treatment plans. Discussions explored alternative treatments like traditional medicines and massage therapy. However, it was observed that the healing journey from addiction often aligns with Western health paradigms, potentially overlooking the value of incorporating traditional medicines and holistic treatments, including emotional and spiritual support, beyond addiction management.

7.5: Funding Recommendations

It is important to clarify that implementing the recommendations mentioned above may not be possible without additional funding for research and program development. The absence of consistent federal and provincial funding poses a significant obstacle to maintaining programs, as without a consistency in funding, it becomes challenging to sustainably facilitate the creation and adaptation of programming, as well as to conduct essential research for the RRM Community. However, it is essential to differentiate between a lack of available funds and a lack of funding allocation. Therefore, comprehensive reviews should be undertaken to ensure optimal spending and transparent dissemination of funds to RRM Citizens for analysis and discussion. This process would not only facilitate keeping programs current, through scrutiny, but also prevent outdated or ineffective services from persisting beyond their relevance.

Section 8: Conclusion

8.1: Conclusion

Though our multi-method approach, we gained valuable insights into firsthand experiences, perspectives, and knowledge of RRM Citizens regarding the opioid crisis. MEQ/person and opioid dispensation rates were shown to be decreasing since at least 2012 to 2018. While the effects of the pandemic on opioid use/misuse are not wholly understood, opioid use was found to have a widespread impact on RRM Citizens. Participants discussed how opioid misuse has repercussions not only on individuals, but also families and the Community. We gained insight into some of the factors behind individuals' opioid misuse, which include experiences of trauma, intergenerational trauma, and poor mental health. The resources currently available in RRM Communities were discussed and the barriers for individuals struggling with opioid addiction were mentioned. Overall, RRM Citizens felt supported by the MMF and acknowledged the value of current programming and supports available to them as Citizens.

Participants stories help inform recommendations and considerations for future programming and supports related to the opioid crisis. Multiple facets of problems encompass this crisis, and alleviating it requires breakthroughs on many fronts, including reduction of barriers, improved addiction supports, and improved awareness and education. Thankfully, many issues are interconnected in a symbiotic manner. This means that addressing one problem can lead to the alleviation of another as a beneficial side effect. Efforts to alleviate the crisis should begin by considering RRM recommendations on addiction support. Addressing addiction support and recovery is pivotal in improving addiction recovery rates and resolving the opioid crisis among RRM.

This project has created a place and a space for RRM to contribute to the growing knowledge base on opioid use. The information gathered from this study will be shared with the President and Cabinet of the RRM, Citizens, funding agencies, and those involved in addictions and recovery treatment in Manitoba.

The suggestions and speculative recommendations provided in this report lay the foundation for an RRM-specific strategy for addressing the opioid crisis in Manitoba, based on the experiences and stories of RRM Citizens.

8.2: Future Work

The opioid crisis and addictions support are intricately connected. Future work could critically examine how to develop improved addiction supports, specifically catered to RRM, while considering its relationship to the overarching opioid crisis. An analysis into the interdependent and correlative nature of the many issues that compound the opioid crisis may result in a greater focus on the underlying or fundamental causes of the crisis; that is, to direct attention towards the core ailment rather than its surface symptoms, such as addiction treatment after addiction has occurred.

Furthermore, a "line of defense strategy" could be developed, incorporating multiple layers of deterrence to prevent opioid addiction. This strategy would be reinforced by an effective method of addiction support (e.g. improved Community navigation) and recovery as a final recourse. From this perspective, an efficient resource allocation strategy prioritizes the prevention of future opioid addictions as the primary defense, aiming to proactively address addiction before it arises as well as aims to help those currently afflicted in the present.

Additionally, further exploration in how Citizens manage pain will provide a more comprehensive understanding of the reasons behind opioid use. This approach will ensure the motivations for opioid use are understood, especially given the shown overrepresentation of opioid dispensations among RRM. By delving into the "why" of opioid usage, researchers can identify specific factors contributing to this trend.

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