

‘Community-based Opioids Research Through The Lens of Métis Youth’

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Introduction

Prescription opioids are an effective tool to quickly relieve pain. However, long-term use and increasing strength of these medications are putting people at risk of addiction and overdose.

Manitoba’s history of colonization and racism has caused harm to the Métis and has made it challenging for individuals to access appropriate mental health supports and harm reduction supports.

Our Research Question

“What are Métis youth’s perspectives of opioids in their communities?”

Methods

Manitoba Métis Federation (MMF) and the University of Manitoba partnered to study the opioids using retrospective chart audits as well as community-based participatory research (CBPR).

Using CBPR, focus groups with approximately 70 Red River Métis youth aged 18-30 were held.

Each moderator guided discussion by asking a series of questions about the experiences and perceptions of Metis youth with opioids. Transcripts were created from the discussion groups and analyzed using NVIVO™.

What We Found Out

Participants identified that opioids were different than other drugs.

“I am someone with friends who use party drugs once in a while, and the opioid crisis is definitely something that makes me, and my friends, feel more unsafe.”

Many agreed that opioids are generally recognized as pain-killing drugs and are often acquired by doctors’ prescriptions.

“Opioids are pain relief and that’s – that’s the way a lot of people start, you know? That’s the thing I – like, I’m hurting a little bit and then all of sudden I’m hurting a little bit more, so I’m going to take a little more and more and more.”

Youth also identified many other potentially negative outcomes, such as addiction and side-effects.

“It’s supposed to be used to – like, for good to help treat your pain, but whenever you hear about it in the news, it’s almost something bad. People are overdosing, abusing it, stuff like that.”

“A lot of opiate addicts start off from legitimate usage that gets out of control. Like, I mean, they’re on OxyContin for a broken leg and six months later, they’re chewing the pills so that they work a little faster. Six months later, after their prescriptions run out, they’re out on the street buying heroin, they’re getting – they’re stealing their brother’s Percocet and it’s – it’s a – it’s a silly saying, ‘the slippery slope,’ and that’s what opioids is.”

“We could talk about the statistics of people on them, but the statistics of people actually losing their lives and the lives that they once had is probably even a bigger thing to talk about.”

We heard that drug use is prevalent, and easily accessible, in their communities, regardless of where they live.

“...kids have a far more higher outreach to find these things out than let’s say, 10 to 15 years ago with a cellular device or social media where you can type in a thing you like and all of a sudden you can 100,000 hits in a matter of seconds, right? So, I think distribution is actually getting way bigger now than it was 10 years ago.”

Some youth used the word “crisis” to describe the level of accessibility, use, and abuse of opioids, while also situating them within the larger problem of “substance abuse” in their communities.

“It’s like, this generation to this generation to this generation and they kind of just like, enable each other. And they always say that they don’t have a problem, but they do and then you see it and they never get any better and they kind of – it’s hard seeing them like that. And I have a lot of – I have family members like that. I don’t know, it’s not nice saying it. It’s something we all wish we could fix, but we – we really can’t.”

Youth displayed significant empathy towards those who struggle with addiction, recognizing that anyone can fall victim, and there is powerlessness – both for those who struggle, and those who want to help them.

“Neglecton, like lack of love and protection. You have communities of people without foundation and they – so, that’s why they fall victim to opioids.”

Youth noted that there is a lack of services, especially for mental health services and that those services that were there were insufficient.

“I think lots of it has to do with the services that they don’t provide in small communities. Like, I know with mental health, other people got to try to help that were younger and we take them to the doctor and then they would just give us some sort of – they’d tell us, “Oh, yeah, of all these services and mental health will help you.” Meanwhile, they don’t help you. They give you a 1-800 number where you have to stay online and wait for someone to talk to. Like, if you’re having suicidal thoughts, you’re not going to sit there forever to say what’s going on. And we don’t have these services like that in our community. Because a lot of it has to do with mental health, right?”

Discussion

The use of CBPR gave voice to Métis youth and began to build respectful and reciprocal research relationships.

Conclusion

This information is important for Métis community leaders to plan and implement harm-reduction strategies.

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