**Wicked Problem Analysis and Solutions Project Part A: Disproportionate Incarceration of IndigenousPeople with Substance Use concerns in Interior BC**

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**1. Wicked Problem**

The disproportionate incarceration of Indigenous peoples with substance use concerns in Interior British Columbia is a serious issue. Indigenous peoples make up about 9% of the Interior Health population, yet they account for 36% of adults in BC Corrections custody (Robinson et al., 2023). In the Interior region, this over-representation can be seen at the Kamloops Regional Correctional Centre (KRCC)and the Okanagan Correctional Centre (OCC, Oliver). While I was not able to find facility-level data that shows how many Indigenous people are incarcerated in these centres, the provincial numbers make it clear that the problem is significant. Substance use plays a major role here. Research shows that Indigenous women in custody are much more likely to report moderate to severe substance use concerns compared to non-Indigenous women, and nearly half have a history of injection drug use  (Correctional Service of Canada [CSC], 2023). Since 2016, when a state of emergency was declared, unregulated substances in BC have become more toxic and unpredictable (Government of British Columbia, 2025). This, combined with the ongoing and historical colonization has led to a disproportionate impact on Indigenous peoples in BC. In 2024 First Nations people died at 6.7 times the rate compared to other BC residents (First Nations Health Authority, 2024)

The complexity of this problem lies in how substance use intersects with systemic inequities and fragmented services (Lavalley et al.,2020). When Indigenous peoples experience substance use harms, they often encounter criminalization instead of timely treatment (Velazquez et al., 2022). Many people return to communities where services are limited, and this creates a cycle of relapse, overdose, and re-incarceration (Canadian Centre on Substance Use and Addiction, 2017). This fragmentation shows that the problem cannot be solved by corrections or health care alone, but requires coordinated efforts across justice, health, and Indigenous community systems (Lavalley et al., 2018).

This issue represents a “wicked problem” because it resists straightforward solutions. Legal reforms like *R. v. Gladue* (1999), which required judges to consider the unique systemic and background factors affecting Indigenous offenders and explore culturally appropriate alternatives to incarceration, and *R. v. Ipeelee* (2012), which reaffirmed and expanded this requirement to apply in all cases involving Indigenous offenders, were important steps toward addressing over-representation (Ewing & Kerr, 2024; Roach & Rudin, 2000). However, despite these decisions, Indigenous incarceration rates in BC have not declined  (Robinson et al., 2023). Different groups also approach the problem from different angles: correctional staff tend to focus on safety and compliance, health providers in Interior Health focus on harm reduction, and Indigenous communities push for holistic, land-based healing and self-determination (HIV Legal Network, 2025; Interior Health, 2022). Attempts at reform can unintentionally create new problems, such as bail condition changes intended to promote fairness that instead impose stricter requirements often for Indigenous peoples and those who use substances (Bressan & Coady, 2018).

A major challenge is the mistrust of institutions, which is understandable given the history of systemic racism in both justice and health systems. Stigma and discrimination add another barrier, since Indigenous peoples with substance use concerns face judgment both for their identity and for their substance use, often leading to harsher outcomes in court and less support in health care (Bressan & Coady, 2018). Finally, there is uncertainty around how to measure the effectiveness of Indigenous-led solutions. Programs such as land-based healing or Elder-guided services are valued in communities, but they don't always fit Western evaluation tools (LaFrance & Nichols, 2008). This makes governments hesitant to invest long-term, even though these approaches may be what is most needed in the Interior region.

**2. Population**

British Columbia (BC) has 202 First Nations and the highest diversity of Indigenous peoples in Canada (Indigenous Services Canada, 2025-a; Indigenous Services Canada, 2025-b). The interior region of BC has 54 First Nations communities and 14 Metis Chartered Communities and Indigenous peoples represent about nine percent of total population (Interior Health, n.d.). It is well known that Indigenous people are over-represented in Justice Systems in BC (Indigenous Justice, 2024). While there are higher over-all rates of Indigenous men in correctional facilities, indigenous women are the most over-presented population in carceral settings when compared to their non-indigenous counterparts. Indigenous men are most likely to experience incarceration with almost one-in-ten Indigenous men aged 24-34 experiencing incarceration between 2019 and 2021 (Robinson et al., 2023).

Through past and ongoing colonization Indigenous peoples have been systemically separated from their culture and identity. Indigenous people have experienced racial discrimination that has effects across social determinants of health and imbedding into systems and institutions including health care and criminal justice systems (British Columbia Centre on Substance Use, 2023; Smye et al., 2023). It has been identified that Indigenous people experience lower education and employment opportunities, inadequate housing, and are less likely to be exposed to protective factors which is felt to contribute to the disproportionate representation in the judicial system (Department of Justice, 2025; Trevethan & Maxwell, 2023). Compounding these detrimental effects, incarceration is also known to have negative effects on social determinants of health which causes a cycle of further involvement in criminal justice systems and continued poor outcomes (Singh et al., 2019).

**3. Context**

Our context is provincial correctional facilities in British Columbia. Healthcare within these facilities is currently the responsibility of the Provincial Health Services Authority (PHSA), which is contracted by BC Corrections. Based on our experience at two facilities, North Fraser Pretrial Centre and Alouette Correctional Centre for Women, we identified key system constraints. One key constraint is that only one physician is on call for the entire province after 1700 each day, meaning there is only one prescriber available during this time. Most physicians working with PHSA utilize virtual care to perform assessments on clients. We also spoke to a physician who recently joined the care team at PHSA, Dr. Dhillon, who reported that there was no orientation into opioid agonist therapy (OAT) when he started. He was a resident and received training from another physician, and since starting his own practice, he finds himself consulting other physicians when he needs assistance, as there is no correction-specific training available (A. Dhillon, personal communication, September 18, 2025). This gap in training is particularly concerning for the incarcerated Indigenous population with substance use concerns. A study found, Indigenous participants consistently reported that substance use in their communities is linked to historical and lived trauma, including the loss of cultural identity, and emphasized that healing and cultural reconnection are essential for reducing substance use and supporting long-term sobriety (Spillane et al., 2022). A study in Ontario found that although suboxone is safer for decreasing the chance of overdose, methadone was related to higher retention among First Nations clients (Holton et al., 2025). However, from working in these environments, we have seen significant pushback from certain prescribers regarding methadone. This leaves clients without OAT until another prescriber is able to see them, even when they have voiced that they do not want to switch to suboxone after receiving education. With prescribers consulting and teaching each other without formal training in place, there is room for provider bias, which infringes on the rights of clients to make their own informed decisions. A study by Ferguson et al. (2022) found that misalignment with client preferences decreases engagement in OAT services, which is particularly relevant in this context.

**4. Three Solutions**

***Solution 1:***

Student name: Ravreet

We propose the development of a specialized orientation module for Opioid Agonist Treatment (OAT) prescribers working in correctional environments. A review of the *Physicians and Nurse Practitioners’ Education and Training Pathway* (BCCNM, 2023) revealed notable gaps in current educational resources. Specifically, there is no content addressing Indigenous populations or correctional healthcare environments. The pathway focuses primarily on acute care and community settings, overlooking the distinct challenges in corrections. The module should present current statistics on OAT uptake in correctional settings and highlight populations at particular risk, including individuals with a history of overdose, Indigenous peoples, and those experiencing homelessness or trauma. Research, such as the study by Russell et al. (2022), shows that initiating and maintaining OAT during incarceration significantly improves treatment retention after release and reduces the risk of overdose. However, many individuals discontinue OAT after release, increasing their vulnerability to relapse and overdose. This critical evidence should be included to emphasize the importance of continuity of care.

Additional gaps were identified in other provincial resources. The *BC Centre on Substance Use (2024) OAT Workbook* does not include any information on OAT prescribing practices within correctional settings, nor does it address Indigenous-specific care or services that go beyond OAT prescription. Similarly, the *Provincial Opioid Addiction Treatment Support Program* e-learning module, designed to support nurses and nurse practitioners in prescribing OAT, lacks both correctional context and Indigenous-specific content. To address these gaps, the proposed orientation module should include information on the specific supports and services available within correctional environments, such as mental health programs and peer-based initiatives. It should incorporate incarcerated population demographics and stress the need for culturally safe, trauma-informed care. As OAT is rooted in harm reduction principles, the module should also reinforce the importance of incorporating patient preferences and autonomy into treatment planning. Such training would better prepare prescribers to deliver responsive, effective care in correctional settings.

***Solution 2:* Virtual Indigenous Health and Substance Use Service**  
Student name: Yasmeen Sandhu

A proposed solution to this wicked problem is the creation of a virtual Indigenous health and substance use service that connects incarcerated Indigenous peoples in KRCC and OCC with culturally safe supports before and after release. Through secure telehealth platforms, individuals could meet virtually with Indigenous health providers, counsellors, cultural navigators, and Elders while still in custody, building relationships that could continue in their communities upon release. This would also support discharge planning, ensuring continuity of medication-assisted treatments such as OAT. The First Nations Health Authority’s Virtual Substance Use and Psychiatry Service (VSUPS) already delivers free, culturally safe, trauma-informed virtual access to addictions medicine and psychiatry for First Nations people in B.C.; FNHA reports 1,700+ virtual sessions completed, demonstrating demand and operational capacity (First Nations Health Authority, 2025). This is an existing provincial model that could be extended into corrections.

The World Health Organization defines e-health as the secure and cost-effective use of information and communication technologies to support health services, surveillance, education, and research (Buyting et al., 2022). Framing the solution in this way highlights how virtual health can be applied in correctional settings in Kamloops to extend culturally safe substance use care. Locally, Interior Health rapidly expanded virtual care during the COVID-19 pandemic, applying it to primary care, mental health, and substance use programs, including OAT continuation and virtual counselling. Evaluations found that many of these services were not only feasible but should be sustained due to their effectiveness in reaching rural and remote communities (Health Quality BC, 2020; Canadian Institute for Health Information, 2022). Similarly, a scoping review of telehealth programs with Indigenous peoples reported that virtual delivery can reduce travel barriers and improve engagement, especially when programs are co-designed with Indigenous leadership and cultural safety at the forefront (Moecke et al., 2023). These trends signal that adapting virtual tools to corrections in Kamloops is feasible.

A Correctional Service Canada review, for example, found that 74.3% of individuals who accessed videoconference support for HIV care were successfully linked to treatment within 90 days of release, showing how virtual contact improves post-release continuity of care (Correctional Service Canada, 2023). Despite a deep dive into available research and programs, I was not able to find any virtual services designed specifically for Indigenous peoples who are incarcerated. This highlights a clear gap in care and shows why exploring a solution like this in Kamloops is important.

***Solution 3:* Elder Network to increase cultural connections**  
Student name: Carly Van Solkema

A proposed solution to this wicked problem is the integration of Elders, Sacred Knowledge Keepers, and/or Knowledge Holders from surrounding Interior Indigenous communities to provide support, cultural connections and teachings, and ceremonies to incarcerated Indigenous peoples.

It is well established in Indigenous communities that Elders play an integral role in sharing knowledge, culture, language, values, and life philosophies (First Nations Peoples Wellness Circle & Thunderbird Partnership Foundation, 2024; Viscogliosi et al., 2020). It is also widely accepted that Western perspectives on mental health and substance use care on their own are ineffective in improving the wellness of Indigenous peoples. With integration of culture there is improved wellness and health outcomes, improved access to care, and better adherence to treatment of Indigenous youth and adults (First Nations Peoples Wellness Circle & Thunderbird Partnership Foundation, 2024; Wu et al., 2023). While it is recognized that current models within the judicial systems demonstrate some access to Indigenous healing modalities (Government of British Columbia, 2024), both Ravreet and I have worked in carceral settings, where we’ve encountered similar challenges related to resource scarcity and role overlap. For example, Indigenous ceremonies have sometimes been facilitated by non-Indigenous individuals in religious roles which certainly dilutes the availability of culturally relevant supports being offered. One proposed solution is to have a network of elders from surrounding First Nations communities in Interior, BC that demonstrate willingness to offer support to those incarcerated in this area. Our hope is that with improved cultural reconnection there will be lower recidivism rates, reduced substance use and associated health outcomes, and improved holistic wellness for incarcerated indigenous peoples in Interior, BC.

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