



Focus Groups Report Brief

Project Background

BC's provincial health officer declared a public health emergency on April 14th, 2016 in response to the rise in and deaths due to fentanyl contamination of illicit drugs. Since then, thousands of lives have been lost to drug overdoses. Indigenous people make up only 3.4% of BC's population, yet are involved in 15% of all overdose events. Despite these facts, Indigenous people have found resilience in restoring Indigenous identity through cultural practices that had been outlawed in Canada by the *Potlatch Law* and enforced through Residential Schools for over 70 years.

The *Community Action Initiative* has provided funding to MVAEC's Opioid Response Project to support overdose prevention and response efforts. To best determine the needs of Metro Vancouver's urban Indigenous community, MVAEC aims to document community knowledge regarding the Opioid Epidemic and harm reduction by facilitating focus groups with people who have lived experience. The results of these conversations will influence service delivery, policies, and procedures that support the well-being of Indigenous people.

Objective

MVAEC's goal is to provide Indigenous perspectives on the Opioid Epidemic and harm reduction that the overdose data is lacking. The knowledge gathered through the focus groups will highlight the strengths of community responses that can be shared to increase the capacity of service providers. The information gathered from the focus groups will allow stakeholders to:

1. Understand the knowledge of Indigenous youth, women, & men have about the Opioid Epidemic
2. Understand the knowledge of Indigenous youth, women, & men have about harm reduction
3. Understand the relationship between *Culture as Treatment* and accessing services
4. Learn how substance use services could better support Indigenous youth, women, & men

Target Milestones

At least three focus groups will be conducted by December 2018 in partnership with *Urban Native Youth Association (UNYA)*, *Circle of Eagles Lodge (COELS)*, and *Vancouver Coastal Health (VCH) Aboriginal Wellness Program*. The results of these discussions will be compiled in a report to be shared by the end of March 2019.

Community stakeholders including peers, service providers, and public health partners will be invited to a *Knowledge Sharing Event* in the Summer of 2019 where the findings will be presented with the intention that this information can be used to produce positive change.



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Themes Common to All Groups

Successes	Challenges
➤ Indigenous Culture as Necessity for recovery	➤ Living in the DTES & SROs
➤ Access to Elders	➤ Homelessness
➤ Pride in Indigenous Identity	➤ Vulnerable living arrangements
➤ Reprieves from chaos	➤ Transitioning into urban settings
➤ Suboxone as life saver	➤ Child Apprehension & Foster Care
➤ Harm Reduction is the beginning of the path to recovery	➤ Learning about losses through social media
➤ Access to Indigenous-specific care	➤ Long waitlists
➤ Getting trained in Naloxone to help others	➤ Lack of housing after institutions and treatment

Variations among Groups:

Youth
<ul style="list-style-type: none"> • Lack of motivation • Promote self-care • Peer supports • Families are left incomplete • More positive messaging about recovery to reduce stigma needed

Men
<ul style="list-style-type: none"> • Get rid of revolving door system • Eliminate skid row • Suboxone should be court-mandated • Reduce resources in DTES to motivate people to change their environment • Support mental health care

Women
<ul style="list-style-type: none"> • Increase education about harm reduction • Resources needed to help people mourn • More supports and opportunities needed in smaller communities • Teach mothers and children about Indigenous culture



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Quotes:

- *“Every morning every piece of my heart hurts. Do you know how many people we’ve lost in our building? It’s ridiculous.”*
- *“I wouldn’t have gotten into recovery without harm reduction”*
- *“I don’t want my kids to know too many people. I don’t want them asking me where they are later on.”*
- *“Low-barrier helps to get you off the street to relieve some fear and stigma of using”*
- *“I didn’t go to an injection site because I was more of a private person, I didn’t want people looking at me.”*
- *“The Red Path is trying to find yourself again, the path keeps going, you still have a long process to go”*
- *“Where I live, almost every day I hear drumming across the street. It’s just the most calming and beautiful thing. That’s culture and its strength.”*
- *“I had a friend die the night before they were supposed to go to treatment”*
- *“I was in the right mode. I was ready to go and I don’t know if I can do it again. I don’t know if I can put myself in that position again. It was hard the first time.”*
- *“I had to hide my recovery and pride in getting sober because of how others feel about it”*
- *“Every death on the eastside is always connected to everyone.”*
- *“There should be commercials that use positive language that show pride in recovery”*
- *“There was a pilot program that offered a safe place, like an oasis with private sections and offered food. It was not so erratic, there was a slower pace.”*
- *“Suboxone is a miracle drug that has allowed me to move away from hard drugs and function normally. It helps alleviate the pain and cravings.”*
- *“Recovery is dangled like a carrot. ‘If you do this, you can get treatment’.”*
- *“You can OD and then go back to everything you know. You need to be displaced from what you know.”*
- *“I lost my kid and I went headfirst into the drugs because I had nothing left to live for.”*
- *“Learning about culture gives you something tangible, it makes you feel a little better than you did before and you want to hold on to that.”*
- *“I would hear the drums and my soul would go near them, but the teachings say not to be around the medicines when you’re high or using. I would never go near the drums, but I would long for them and I would feel this emptiness and loneliness inside of me which I would have to go over and cover up again.*
- *“There needs to be a huge one-stop shop where you can get access to counsellors, detox, medical doctors & dentists, access to Methadone/Suboxone, Elders, and traditional medicines. After treatment there needs to be a transition home to go to.”*
- *“Culture has saved my life and has allowed me to apply that into dealing with my drug issues along with everything else.”*
- *“A lot of them talk about is not wanting the next phase. Not knowing what to do with their lives or how to reconstruct themselves so they can function like a human being.”*
- *“The more I learn about my culture, the prouder I get, the stronger I become. That’s the medicine.”*