



Metro Vancouver Aboriginal Executive Council

Shared Vision Workshop Report

Chief Simon Baker Room: Wednesday, July 26th, 2017- 12:00pm to 2:00 pm

Facilitator: Norm Leech

Note Takers: Colter Long & Rocky James

❖ Workshop framework

- Scope (start & finish points)
 - It is recommended UIOTF adopt a community-based, lifespan approach to support families and address core issues. The target demographic includes anyone using substances containing opioids. These uses may be for medical, recreational, spiritual, and/or maintenance purposes. The scope of UIOTF begins when individuals using these substances access health and community services.
- Continuum of care (timeline)
 - The two phases identified are: 1) Emergency Response and 2) Long-term Prevention. Across the spectrum of care, the needs are to break down stigma, track individuals' care history, improve client-provider relationships, and increase consistent, long-term support options.
- Ideal outcomes (define successful outcomes)
 - The UIOTF's top priorities are to reduce overdose deaths, increase access to immediate care, and facilitate smooth transition into a long-term support network by collaboratively sharing information amongst members to create and improve opioid response strategies.

❖ Group discussions

- Harm Reduction Response:
 - People need greater understanding of harm reduction and access to a greater range of options. These options should include access to safe supplies of substances, supervised consumption sites, substitution therapies, cultural interventions, and abstinence programs.
 - To reduce street overdoses, a peer-support street patrol system, like Winnipeg's *Bear Clan Patrol* can be introduced. People selling drugs can be supplied with fentanyl test kits and receive information about contaminated drug supplies.
 - For the locations identified as having high overdose responses (*service organizations, SROs, convenience stores, and fast-food or coffee establishments*), more resources, like naloxone kits and training should be available for the workers. It is suggested these sites also display stickers or signage that promote themselves as safe places for emergency response to reduce stigma.
- Intervention & Treatment:
 - The medical model operates in response to illness and individuals need to be at risk of death before intervention. It has been said the system has an approach of "doing unto people" rather than "working with people." Unconscious people are treated by conscious people who then



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- write the discourse of events. It is necessary for people who have experienced overdose to share input on which strategies will work and which will not.
- The overdose crisis is potentially being fueled by healthcare workers accusing clients of drug seeking when they are seeking pain management. Some care providers may still stigmatize people who chronically use as “bad.”
 - Shame and stigma can be reduced by people providing sensitivity training that teaches awareness and promotes non-judgmental language. For example, referring to a client as “a person who uses substances” instead of “a drug user” identifies the person rather than the behaviour.
 - It was suggested that treatment be viewed as a place to build relationships rather than as a place to get fixed. A holistic model may include culturally-specific services for all ages, social economic statuses, orientations, and genders. Care providers, including emergency responders, should be trained in cultural humility/safety and practice with a trauma-informed response that treats clients with dignity and respects their human rights. Workers should have consent to represent clients and adopt a non-judgment, client-centred approach that supports clients’ autonomy. Patience from providers is necessary to build strong rapport and trusting relationships to maintain program adherence.
 - The community is to have access to accurate information on substances, addiction, intergenerational trauma, and traditional healing. More referrals to healing should be offered instead of incarcerations and apprehensions. To improve connection and well-being, peer support networks may be available. Youth should also have access to this information along with a safe, healthy home environment that supports academic and cultural learning.
- Gaps in Interventions:
- Timely, accurate data sharing can guide policy changes to reduce disparity in health services facilities and create consistency in service. Waitlists must be reduced by increasing funding for homecare, treatment facilities, numbers of beds, and adequately trained staff. To reduce the inefficiency of a revolving-door system, improved access to walk-in services, maintenance programs, extended pre-made discharge plans, and effective aftercare supports is needed. Therefore, sustainable long-term programs that foster continuous care and improve client-worker relationships should be implemented over short-term projects. Long-term follow-up should include access to stabilized housing and employment/training support.
 - Culture as Treatment: *An Indigenous Wellness Framework* can be adopted to address the holistic physical, mental, emotional, and spiritual well-being of an individual. This system promotes access to natural land, traditional language, culture, and family. In response to isolation low-barrier access to culture can create a sense of hope, meaning, and belonging. The *Indigenous Wellness Framework* recognizes the need for balance in all elements of life. Substances soothe physical and emotional pain but are disruptive to a person’s whole well-



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being. Problems often arise when the spiritual components of life are neglected so rehabilitation in these aspects should be primary.

- Spiritual interventions may include prayer, elder support, tradition medicine & practices, ceremony, learning songs from one's own nation, reconnection with land & animals, and by identifying with traditional nationality.
 - Emotional rehabilitation may involve learning to identify and communicate feelings, observing that all feelings are okay to experience, spending time with family, participating in a community, and learning to feel comfort with oneself.
 - Mental health can be supported through academic and traditional education, skills upgrading, and by learning cultural practices/art.
 - Physical health can be improved when basic needs are met and life skills are taught. Well-being may include healthy diet, hygiene, welcoming spaces, transportation, and exercise.
- ❖ Post-Workshop Recommendations
- Proposed outcomes
 - We recommend community-based, healing centres to provide continuity of service and opportunity for reconnection/belonging through an *Indigenous Wellness Framework*. Care begins at the access point to services and individuals should be provided wrap-around supports to build consistent, trusting relationships between client and providers.

Referenced Links:

Bear Clan Patrol: <https://www.bearclanpatrolinc.com/>

HIV Treatment Cascade: <http://www.catie.ca/en/printpdf/pif/spring-2013/hiv-treatment-cascade-patching-leaks-improve-hiv-prevention>

Reviving Hey-Way'- Noqu' Healing Centre: <http://www.cbc.ca/news/canada/british-columbia/advocates-look-indigenous-focused-addiction-counselling-centre-for-vancouver-1.4188687>

CAMH Culture as Treatment:

<file:///N:/Task%20Force/Information%20Collection/Culture%20as%20Treatment/Cultural%20Interventions%20to%20treat%20Addictions%20CAMH.pdf>

UIOTF Shared Drive: https://metrovan-my.sharepoint.com/personal/projects_mvaec_ca/_layouts/15/questaccess.aspx?folderid=1c2cc4d135db7453ab8c41e2ecbe63970&authkey=AXOezFBtqaZlHB0g1EVw6y4

