



*Opioid Agonist Therapy 101:
An Introduction to Clinical Practice Workshop*

*Indigenous Health and Opioid
Agonist Therapy.*

Dr. Melinda Joye Fowler
Métis/Mi'kmaq



Learning Objectives

At the conclusion of this presentation, participants will be able to:

- 1) List the Original Peoples of Treaty 1 territory and be able to define a treaty.
- 2) List the three essential documents discussed that outlines Indigenous peoples rights.
- 3) Recall the history of Indigenous peoples of Manitoba.
- 4) Discuss the Indian Act, Residential Schools and Loss of Identity.
- 5) Describe some of the truths that Indigenous peoples face.
- 6) List differing rates of opioids dispensed to First Nations in rural areas & in urban areas (First Nations peoples off-reserve).

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Learning Objectives (continued)

At the conclusion of this presentation, participants will be able to:

- 7) List some of the barriers that exist for Indigenous peoples in relation to Harm Reduction.
- 8) Explain how Harm Reduction can be Indigenized.
- 9) List documents and resources that they should consider reading in the spirit of reconciliation.



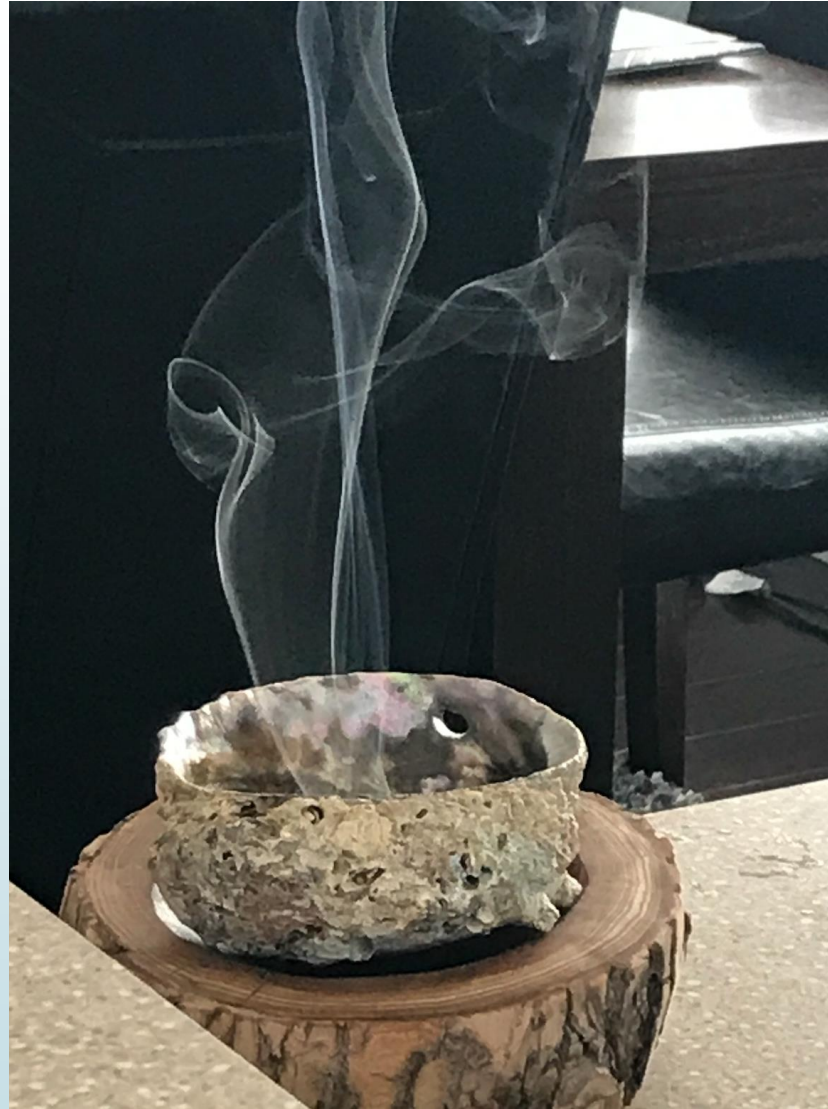
Elk Hide Hand Drum

Drum making Elder: Evonne Bernier

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Disclosure of Commercial Support

- This program has received financial support from *The College of Physicians and Surgeons of Manitoba* in the form of *funding for payment of presenters and organizers*.
- This program has received in-kind support from *The College of Physicians and Surgeons of Manitoba* in the form of *logistical support*.
- Potential for conflict(s) of interest:
 - None identified



Smudge Ceremony with four sacred medicines: Sage, Sweetgrass, Tobacco, Cedar



Faculty/Presenter Disclosure

- **Faculty:** Dr. Melinda Joye Fowler
- **Relationships with commercial interests:**
 - **NONE to disclose**

LAND ACKNOWLEDGEMENT

We are located on Treaty 1 territory, the homelands of the Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene peoples, and the homeland of the Métis Nation.

We respect the Treaties that were made on these territories, we acknowledge the harms and mistakes of the past and present and we dedicate ourselves to move forward in partnership with Indigenous communities in a spirit of Truth, Reconciliation and Collaboration

Land acknowledgements are an honest and historically accurate way to recognize the Original First peoples of the land. It is important to acknowledge the First Nations and Métis peoples of this territory as they have the inherent right to the land upon which you gather.



United Nations Declaration on the Indigenous Rights of Indigenous Peoples (2007)

Article 24

1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.
2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.



Truth & Reconciliation Commission Health Related Calls to Action (2015)

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes Calls to Action| 3 between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess longterm trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.



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20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.



Calls for JUSTICE: MMIWG & 2SLGBTQQIA people

- A Focus on Substantive Equality and Human and Indigenous Rights
- A Decolonizing Approach
- Inclusion of Families and Survivors
- Self-Determined and Indigenous-Led Solutions and Services
- Recognizing Distinctions
- Cultural Safety
- Trauma-Informed Approach

Health & Wellness Calls to Action

MMIWG & 2SLGBTQQIA people (2019)

3.1 We call upon all governments to ensure that the rights to health and wellness of Indigenous Peoples, and specifically of Indigenous women, girls, and 2SLGBTQQIA people, are recognized and protected on an equitable basis.

3.2 We call upon all governments to provide adequate, stable, equitable, and ongoing funding for Indigenous-centred and community-based health and wellness services that are accessible and culturally appropriate, and meet the health and wellness needs of Indigenous women, girls, and 2SLGBTQQIA people. The lack of health and wellness services within Indigenous communities continues to force Indigenous women, girls, and 2SLGBTQQIA people to relocate in order to access care. Governments must ensure that health and wellness services are available and accessible within Indigenous communities and wherever Indigenous women, girls, and 2SLGBTQQIA people reside.

3.3 We call upon all governments to fully support First Nations, Inuit, and Métis communities to call on Elders, Grandmothers, and other Knowledge Keepers to establish community-based trauma-informed programs for survivors of trauma and violence.

3.4 We call upon all governments to ensure that all Indigenous communities receive immediate and necessary resources, including funding and support, for the establishment of sustainable, permanent, no-barrier, preventative, accessible, holistic, wraparound services, including mobile trauma and addictions recovery teams. We further direct that trauma and addictions treatment programs be paired with other essential services such as mental health services and sexual exploitation and trafficking services as they relate to each individual case of First Nations, Inuit, and Métis women, girls, and 2SLGBTQQIA people.

Health & Wellness Calls to Action

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3.5 We call upon all governments to establish culturally competent and responsive crisis response teams in all communities and regions, to meet the immediate needs of an Indigenous person, family, and/or community after a traumatic event (murder, accident, violent event, etc.), alongside ongoing support. CALLS FOR JUSTICE Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls 181

3.6 We call upon all governments to ensure substantive equality in the funding of services for Indigenous women, girls, and 2SLGBTQQIA people, as well as substantive equality for Indigenous-run health services. Further, governments must ensure that jurisdictional disputes do not result in the denial of rights and services. This includes mandated permanent funding of health services for Indigenous women, girls, and 2SLGBTQQIA people on a continual basis, regardless of jurisdictional lines, geographical location, and Status affiliation or lack thereof.

3.7 We call upon all governments to provide continual and accessible healing programs and support for all children of missing and murdered Indigenous women, girls, and 2SLGBTQQIA people and their family members. Specifically, we call for the permanent establishment of a fund akin to the Aboriginal Healing Foundation and related funding. These funds and their administration must be independent from government and must be distinctions-based. There must be accessible and equitable allocation of specific monies within the fund for Inuit, Métis, and First Nations Peoples.

What is a Treaty

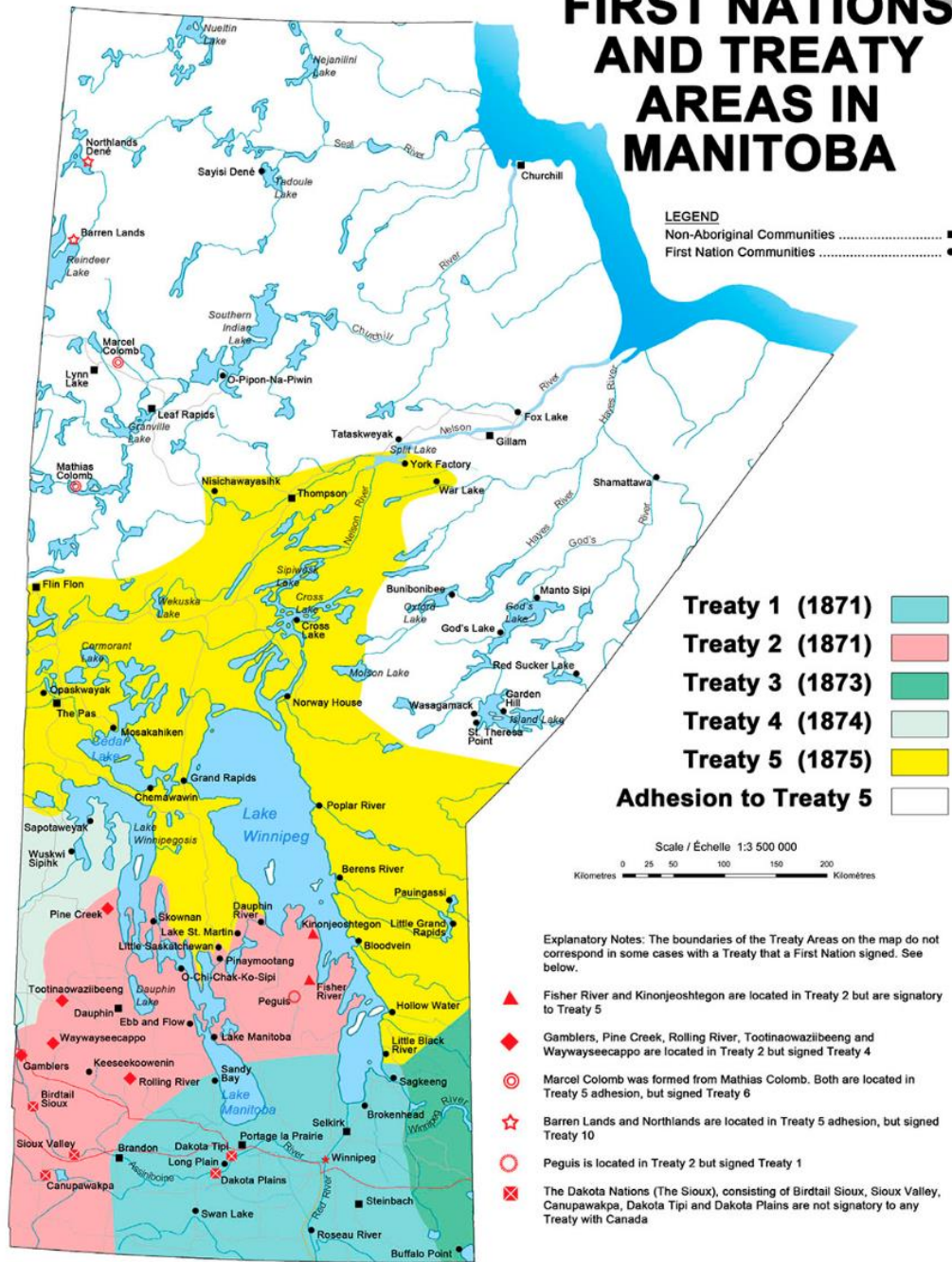
- ❑ A signed agreement between the government and Indigenous peoples: LAND SHARING & PEACE KEEPING as opposed to LAND SURRENDER
- ❑ TWO-WAY agreement: Nation to Nation, it is a legal (binding) agreement between sovereign nations including British Crown and Indigenous Nations
- ❑ It is important to recognize what Treaty territory you live in, or are a guest in, because ALL CANADIANS, INCLUDING INDIGENOUS PEOPLES, have RIGHTS and RESPONSIBILITIES that came about because of the Treaties.
- ❑ 5 treaties cover the majority of MB's territory (1871-1921)
- ❑ The Treaties contain many important Rights & Responsibilities that are not being upheld in relation to Indigenous peoples (health, education, Traditional economies, etc)
- ❑ Legacy of Broken Treaties by the Crown and her representatives (Canada)
- ❑ WE are ALL treaty people therefore you all have RESPONSIBILITIES



History of Indigenous Peoples of Manitoba

- ❑ Founder of Manitoba: Louis Riel, was Métis
- ❑ Métis are people of mixed Indigenous and European ancestry
- ❑ Métis language is called Michif
- ❑ Winnipeg has the largest Indigenous population of any city in Canada
- ❑ Shared deep connection to the land (mother earth) amongst Indigenous groups however, culture is very diverse
- ❑ 63 First Nations and numerous Métis settlements
- ❑ 5 main linguistic groups: Oji-Cree, Dakota, Cree, Dene and Ojibway (over 50 within Canada)

FIRST NATIONS AND TREATY AREAS IN MANITOBA





History of Indigenous Peoples of Manitoba

- Oji-Cree: 4 communities in MB, located in Island lake region
- Dakota: 5 communities in MB, Southern MB
- Cree: 23 communities in MB
 - Plains Cree (Central MB, Saskatchewan, Alberta)
 - Woods Cree (Northern MB, Saskatchewan)
 - Swampy Cree (MB, ON, QC)
 - Rock Cree (MB)
- Dene: 2 communities in MB (Lac Brochet & Tadoule Lake)
 - One of the largest FN groups living in subarctic region, western part of NWT, northern section of Alberta, Saskatchewan and MB
- Ojibway:
 - In MB: southern part of the province
 - 2 groups:
 - Plains: depended on bison hunting
 - Woodland: hunting, fishing, and gathering
 - In Canada: Central Saskatchewan through southern MB to southern ON, and southwestern QC





INDIAN ACT 1876

- ❑ legislation that aimed to forcefully & aggressively assimilate Indigenous peoples
- ❑ created after Treaties 1-5 had been negotiated
- ❑ created WITHOUT talking to FN peoples
- ❑ rights of FN peoples were severely restricted (which goes against the Treaties)
- ❑ Creation of reservation system that removed people from the land and led to the creation of Chief and Council system
- ❑ cultural practices were outlawed
- ❑ women were discriminated against



Residential Schools

- ❑ at least 150 across Canada
- ❑ funded by the Government and run by Churches
- ❑ more than 150,000 Indigenous children attended these schools
- ❑ first to open was in 1883
- ❑ attendance became mandatory in 1920
- ❑ the last one to close was in 1996 (Saskatchewan)
- ❑ forced aggressive assimilation
- ❑ removed children from families, communities and Indigenous influence: culture, language, and beliefs in order “to educate and to civilize”
- ❑ supposed stated intention of EDUCATION was never achieved



Loss of Identity

- ❑ Separation from land & resources
- ❑ Loss of Family
- ❑ Loss of Language (Knowledge is passed down orally in Indigenous cultures)
- ❑ Loss of Culture & Ceremonies
- ❑ Violence against Indigenous Women & Girls
- ❑ Loss of Self
 - ❑ suffered many forms of abuse
 - ❑ Intergenerational trauma

TRUTH

- Indigenous peoples continue to have less access to:
 - Income
 - Education
 - Food security
 - Adequate housing
 - Appropriate Health care
 - Fair justice system





TRUTH

- Indigenous peoples therefore have overrepresentation of:
 - those who are street involved
 - those who use alcohol, substances, or injection drugs
 - those who have experience of sex work
 - those who have an incarceration history
 - those who have inequities across the majority of health outcomes
- These TRUTHS are related to Systemic RACISM
- Systemic Racism: Differential access to the goods, services, and opportunities of society by RACE. It is structural having been codified in our institutions of custom, practice and law so there need not to be an identifiable perpetrator. ... Institutionalized racism is often evident as inaction in the face of need. (Dr. Camara Jones)



QUOTE

-Dr. McDonald (Opioids: A Survivor's Guide)

- “Many people assume that the risks associated with opioid use refers to street drug users when in fact a significant portion of the people at risk are those who have been prescribed opioids for pain relief, often for many years”



TRUTH

(Health Atlas Report)

- ❑ The rates of one or more opioid dispensations among First Nations in rural areas are twice as high as All Other Manitobans (AOM), regardless of the income quintile for AOM.
- ❑ In urban areas, the rates among off-reserve First Nations are twice as high as AOM in the lowest income quintile, and three times higher than AOM in the highest income quintile.

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TRUTH

(Health Atlas Report)

- The rates of repeated opioid dispensations among First Nations in rural areas are three times higher than those for AOM in the lowest income quintiles and up to five times higher than AOM in the highest income quintile.
- These gaps are bigger in urban areas, where the rates among off-reserve First Nations are ten times higher than AOM in the highest quintile in urban areas.



Quote:

- Anderson and Champagne, 2018

- “The drugs alone are not the crisis and as long as we continue to focus just on the drugs, we will see one fall and another one rise up in its place. The real crises are the historic and current factors that place some populations at higher risk of harmful drug use than others.”
- Drug use is a means of coping with traumatic life experiences
 - residential school
 - 60’s scoop
 - child welfare system



TRUTH

First Nations Health Authority

- First Nations people are FIVE times more likely to experience an OD and THREE times more likely to die from OD than non-First Nations people.



Barriers to Harm Reduction Treatment

-OAT

- among Indigenous communities, harm reduction can be contentious and contested, there is a stigma around substance use in addition to treatment
- time commitment & travel/travel costs for effective treatment
- family responsibilities
- lack of child care
- work commitments
- racism within the health care system
- lack of culturally appropriate and culturally safe Indigenous harm reduction programs
- lack of privacy, confidentiality, and anonymity in one's community



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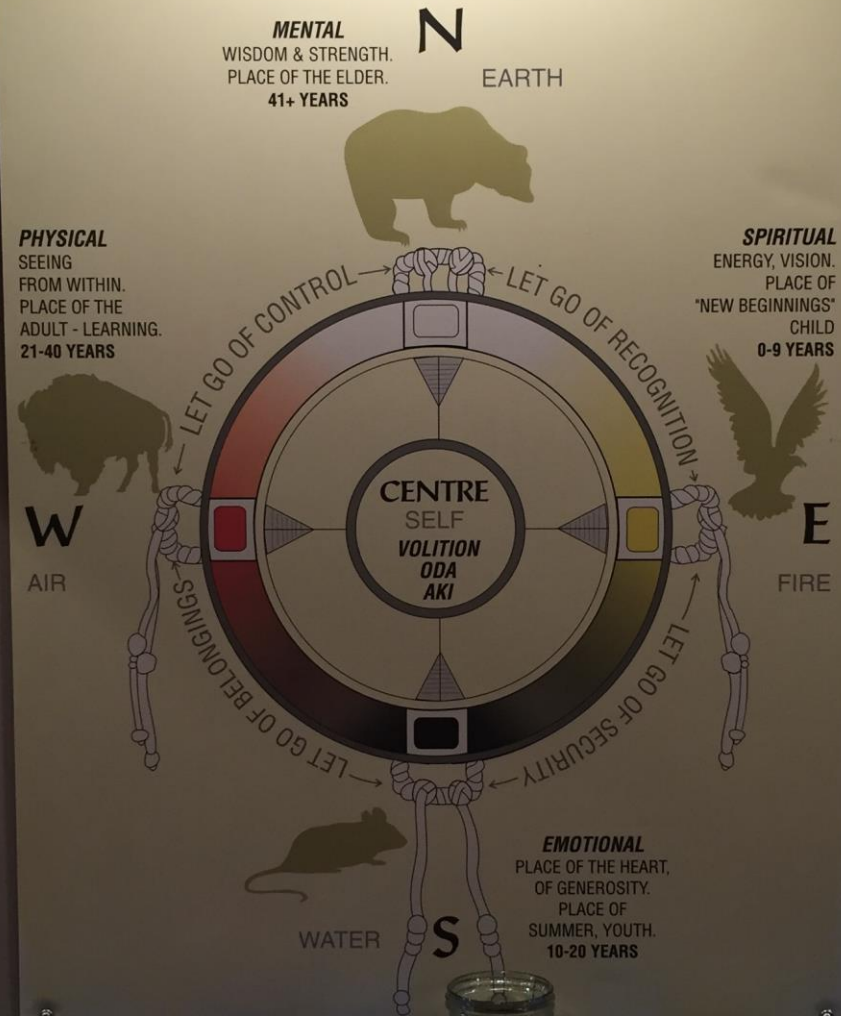
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Indigenizing Harm Reduction

- Self determination/Self governance
- **nothing for us or about us without us**
- Creating treatments, practices and guidelines that are grounded in local Indigenous knowledge, traditions, ceremonies, languages and land where it is appropriate.
- Utilizing both medicines (Traditional Indigenous and Western) when appropriate
- Valuing relationships between individuals, families and communities and finding ways to regain health and wellness in all four realms:
 - physical
 - mental
 - emotional
 - spiritual

ANISHINAABE MEDICINE WHEEL





Resources/further suggested reading

- UNDRIP:
 - https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf
- TRC calls to action:
 - http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf
- MMIWG & 2SLGBTQQIA people calls for justice:
 - https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Calls_for_Justice.pdf
- Health Atlas report:
 - <https://mail.google.com/mail/u/0/#search/health+atlas?projector=1>



Resources/further suggested reading

- Indigenous harm reduction = reducing the harms of colonialism

<http://www.icad-cisd.com/pdf/Publications/Indigenous-Harm-Reduction-Policy-Brief.pdf>

- Opioids: A survivor's guide

<http://www.bccsu.ca/wp-content/uploads/2019/06/Opioids-Survivors-Guide.pdf>

- Harm reduction services for Indigenous people who use drugs

https://caan.ca/wp-content/uploads/2017/06/KYR_harmReduction_EN_web.pdf

- Treatment centres use ceremonies and include providing services to people prescribed suboxone

<https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/treatment-centres>

<https://www.fnha.ca/Documents/First-Nations-Treatment-Centres-in-BC.pdf>

- Gardener's Tale

<https://youtu.be/7M0du3IS7rA>

- Allegories on Race & Racism

<https://youtu.be/GNhcy6fTyBM>

- **Consider completing the Manitoba Indigenous Cultural Safety Training (MICST)**

