




**Circle Of Eagles Lodge Society  
Canadian Aboriginal AIDS Network**

**Prevention Education  
Harm Reduction  
Report**



2019

[www.caan.ca](http://www.caan.ca) [www.circleofeagles.com](http://www.circleofeagles.com)



Dedicated to Indigenous Warriors who have lost their  
lives to the opioid crisis.

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## **PART 1**

# **COELS Circle of Care Harm Reduction for Indigenous Brothers and Sisters on Parole**

## COELS Circle of Care Harm Reduction for Indigenous Brothers and Sisters on Parole

### The Challenge of the Opioid Crisis on Parole

Several incidents occurred during the year which brought this issue forward and it quickly became extremely important to address this crisis immediately with federal parolees.

In July of 2018 one of the Brothers a young 23-year-old indigenous man from the prairies arrived to COELS and very shortly thereafter went Unlawfully at Large (UAL). Two days later he arrived back to COELS but quickly left once again, but clearly, he was under the influence of drugs. Later that day, COELS received a call that he had overdosed and that evening he passed onto the Spirit World.

Another Brother, in November, in the fall of 2018, went home for a weekend pass and COELS once again received a call that he had passed onto the Spirit World from a drug overdose. These senseless deaths left the staff and the other Brothers reeling from grief and shock. Circles and counseling by Elders are still being offered to staff and the Brothers to address their grief.

And, a Sister after being released directly from the Fraser Valley Institution, overdosed and also passed into the Spirit World.

According to CSC, within the previous few years, from 2014-2018 there were 51 overdoses in the halfway houses such as COELS. Twenty (20) of those were Indigenous, and eleven (11) of those Brothers resulted in death. And sadly, this continues to this day.

Since those deaths and overdoses, many Brothers continue to be suspended for drug use and even one Brother in early March 2019 went into what is suspected as drug induced psychosis. Clearly this needs to continue to be addressed and COELS went beyond the scope of this project to try and implement harm reduction approaches to arm this population with prevention education harm reduction resources.

### The Report

This report is divided into two sections, the first part of the report describes the project and the second part of the report is the report from Reciprocal Consulting which describes the community dialogue and gathering report.

"No matter where you are in life  
there is always hope "

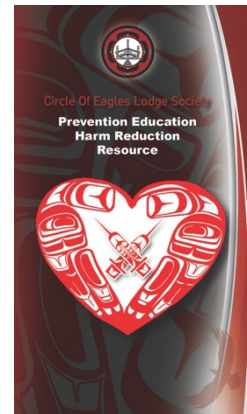


## PART ONE – THE PROJECT

### The Project Outcomes

The COELS Circle of Care Harm Reduction for Indigenous Brothers and Sisters on Parole achieved many results beyond this project scope. The project was able to achieve everything in its proposal and much more. Some of the outcomes of the project were:

1. Increased awareness of Harm Reduction – through the development of resources, 1) **Prevention Education, Harm Reduction Resource for Indigenous Brothers** that are leaving federal Institutions. The 2) **Harm Reduction Gathering Report** which is attached to this report made some recommendations on how to address the Opioid Crisis and Indigenous Brothers and Sisters on parole. However, this is just a small start, more efforts are needed to bring this crisis under control.
2. Increased level of support and understanding from CSC as evidenced from their involvement in the Community Forum and providing their input into the solutions that are required.
3. Increased collaboration among the key stakeholders especially among the local Indigenous Community, such as Metro Vancouver Aboriginal Executive Council (MVAEC), and the Metro Vancouver Indigenous Services Society (MVISS), Vancouver Native Health Society and other agencies that are currently dealing with this crisis, as well as on a national level with the partnership with the Canadian Aboriginal AIDS Network.
4. Increased collaboration among key stakeholders and agencies - Training was conducted on **“An Assessment of the Community’s Readiness to address the Opioid Crisis”**, this training was completed in partnership with the Canadian Aboriginal AIDS Network (CAAN) in the fall of 2018. Since then the community was able to move forward in promoting the results of the community forum as well as the focus group with the Brothers at COELS.
5. Increased awareness and exposure of Harm Reduction regarding federal parolees and their challenges, through meetings with CSC, including, local, regional and on a national level, the Commissioner of CSC Anne Kelly. As well, meetings were conducted with the Public Health Agency of Canada (PHAC) Health Minister, Honorable Ginette Petitpas-Taylor, and with the PHAC President, Ms. Sedeka, and many other dialogues.
6. Ongoing naloxone training and naloxone kits have been implemented at COELS. There is now periodic training held in the house regarding naloxone with the Brothers and Staff. And regular Brothers and Staff meetings to continue to bring this issue forward.



## The project

The project itself went through several phases and they are listed in the following sections.

### Phase One – Community Engagement

1. Meetings with Brothers and Sisters to inform them of the project – COELS met with Indigenous Brothers on Parole twice during the first reporting period to inform them of the project scope, the deliverables as well as to begin discussions on their involvement with the CCHR project. Staff informed that the project is starting by getting people informed.

There were some interesting conversations around safety and addiction issues and how to address these while they are in the justice system. We put together questions to bring forward at the community forum. Policies were reviewed as they related to CSC and the Brothers parole conditions. For example, currently if one of the Brothers or Sisters is using any illegal drugs or alcohol they are in breach of their conditions – a result of this is that they will seldom seek help. While we are working on a larger scope, we have also been working one on one with those that have been in these situations and what they could see as safe alternatives for them to seek out help without feeling they will be sent back to prison if they do.

As well, we were able to partner with the Metro Vancouver Aboriginal Executive Council who are currently doing their own work and they were able to do a focus group on the Brothers to get their feedback on how to address the Opioid Crisis with this population.

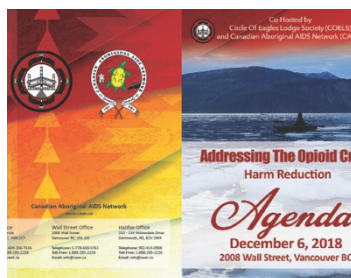
2. Meetings with Corrections Services Canada – there were numerous meetings held within these reporting several meetings within the reporting period with several departments of CSC:
  - a. Vancouver Parole – the liaison from Vancouver Parole as well as the Director of Metro West Vancouver Parole were informed about the project. COELS will be working with their department as they also are currently addressing harm reduction within the Metro Vancouver area.
  - b. Aboriginal Initiatives – a meeting was held with Aboriginal Initiatives to begin discussions with AI of CSC. They will be invited to the Community Forum that is scheduled for late fall or early winter.
  - c. Final meeting occurred with the Commissioner of CSC Anne Kelley on January 7, 2019. This final report will be sent to her office along with any recommendations.
3. Community Involvement – meetings took place with the Indigenous Community in Vancouver, these meetings have resulted in increased collaboration to address this issue.

"Healing doesn't mean that damage never existed. It means that damage no longer controls our lives "

### Terms of Reference Development, Steering Committee, and Planning

4. Terms of Reference for the Steering Committee were completed as part of the Aboriginal AIDS Awareness Week. An ad hoc committee was struck involving the CEO, The Director of Operations, some Indigenous Brothers and Sisters, MVAEC and community members.

## Phase Two – Community Forum Planning and Implementation



COELS Community Forum was held on December 6, 2018. Please see the community forum report attached.

1. COELS partnered with the Canadian Aboriginal AIDS Network to host the community forum on Indigenous Brothers and Sisters and the Opioid Crisis expanding its reach nationally through social media. Please see all the marketing materials that were developed. This Harm Reduction Gathering was held during CAAN's national Aboriginal AIDS Awareness Week campaign and one of the days was focused on Harm Reduction and the Opioid Crisis with Brothers and Sisters in the Institutions. The report of that gathering is attached to this report.

2. Community Forum – there was a community forum on December 6, 2018. Community leaders, members of CSC, including the Area Director, the Regional Health Director for Pacific Region, Indigenous Brothers and Sisters on parole,

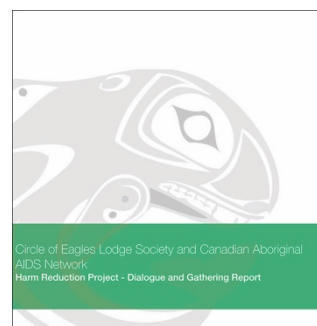
community members and various other attendees. The focus of the forum was to address the Opioid Crisis and in particular to focus on Harm Reduction with Indigenous Brothers and Sisters reintegrating into the community. Please see attached Agenda and Report.

## Phase Three – Harm Reduction Gathering and Dialogue Report

Reciprocal Consulting was contracted to conduct the evaluation as well prepare the meeting notes for the community forum. See attached report. The following is taken from the attached report, please read the entire report for more context. The Executive Summary and Findings from the community forum

### Executive Summary

This report describes the proceedings of the *Harm Reduction Dialogue and Gathering* hosted by the *Circle of Eagles Lodge Society* (COELS). COELS has the mission to provide Indigenous people with a culturally safe space to re-enter their communities through a holistic approach, such as offering holistic programs and services (i.e., addictions, employment, mental health, cultural activities, out-referrals). COELS hosted the harm reduction dialogue (on December 6, 2018) in response to a meeting with the





Minister of Health to discuss recent overdose deaths of male residents at COELS' healing lodge. This report provides a summary of the information shared in breakout groups on the day of the gathering, as well as focus group findings from COELS residents with lived experience with the opioid crisis.

### Findings

The Chief Executive Officer of COELS, along with the representatives of Correctional Services Canada (CSC) and the Urban Indigenous Opioid Task Force (UIOTF) opened the *Harm Reduction Dialogue and Gathering* by sharing words about the work each organization is undertaking to address the opioid crisis. Dialogue among presenters and gathering participants focussed on discussing the challenges communities face around difficulties in matching individuals to appropriate housing, placing individuals in triggering environments based on a lack of housing, and challenges with uptake of needle exchange programs in reserve communities due to stigmatization. Despite a focus on challenges communities and organizations face, the strengths of community organizations and services was also central to the discussions of gathering participants.

### Awareness and Knowledge Among COELS Residents

Prior to the Harm Reduction Dialogue and Gathering, the UIOTF hosted a focus group with the male residents (brothers) of COELS to understand their awareness and knowledge of the opioid crisis and where they obtain information about it. The majority of brothers noted that they were up-to-date on the opioid crisis, citing that they get information about the opioid crisis from news sources, Facebook, word of mouth, and first-hand experiences. The brothers spoke about personal experiences with losing friends from opioid overdoses and spoke of the intricate relationship between intergenerational trauma and drug use. The brothers also shared about their knowledge and needs around harm reduction, noting the need for more detox and harm reduction services, as well as increased use of culture as a method of treatment and healing.

### Challenges and Solutions Regarding the Opioid Crisis

During the Harm Reduction Dialogue and Gathering, participants were divided into breakout groups and discussed challenges and solutions for addressing the opioid crisis. Challenges in addressing the opioid crisis largely centered on challenges related to system level barriers, including a lack of resources for healing, and working within the confines of challenging policies. A lack of access to detox and treatment also emerged as a challenge whereby locations of centres were described as inaccessible. Finally, gathering participants spoke of the challenges around fractured and disconnected relationships, where trust and collaboration between frontline workers and services users has not always been established. Solutions that were generated among gathering participants called for increased educational and awareness raising resources, as well as increased accessibility for service users to attend detox and treatment. Harm reduction practices, including increased safe injection sites and access to fentanyl testing strips was also noted as a step towards addressing the opioid crisis. Finally, culture as a valid method of treatment was identified as a wise practice as well as a solution. In particular, gathering participants spoke of the need for land-based healing options, such as sweat lodge, canoe journeys, and camp potlatch.

## Considerations for next steps

Based on the findings from the dialogue, findings from the focus groups with COELS residents with lived experience, and the case study of the Portugal harm reduction model, the following next steps emerged:

### Cultural healing

**Encourage models that use culture as treatment;** specifically, treatment blended with culture, as a way back to wellness

- ⇒ Gathering participants and focus group participants highlighted the importance of replacing a culture of using, with cultural identity and community, as opioid use becomes a culture in itself that Indigenous people who are disconnected from their culture are susceptible to using drug use as a form of culture and as a way to connect to a community

Consider advocating for **more healing lodges** specifically long-term access to land-based healing (e.g., Camp Potlach and Canoe Journeys)

Consider advocating for **increased access to cultural space** where individuals are able to smudge and conduct ceremony within treatment centres

- ⇒ Advocate for programming that increase access to sweat lodges
- ⇒ Advocate for more Elders in the institutions to provide guidance and support for healing to Indigenous folks who have trauma that needs to be addressed for their addictions to improve

### Increase access to detox and treatment

Consider creating more geographical options for detox centres in the lower mainland (e.g. additional centres outside of DTES)

- ⇒ Participants shared about the importance of having access to detox, treatment and housing that is away from the drug use environment to get on the path to recovery.

Additionally consider, **more remote facilities with access to nature** and **increased low-barrier detox centres**, to meet different individual needs to healing

- ⇒ These models were highlighted as a promising practice by participants
- ⇒ It was noted that healing in nature is a best practice by all participants

Consider advocating for the developing **more pre-treatment for detox and treatment to address trauma**, through a trauma informed lens as well as using a continuum of care model that supports individuals transitions to different stages of their journeys

- ⇒ Breakout group participants shared the importance of beginning to treat trauma before the detox and other aspects of the wellness journey

*“My addictions went away when I dealt with my trauma.”* Val Nicholson, CAAN Board Chair.



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### **Support for transition housing**

**Advocate for more transitions housing**, as challenges arise when individuals leave institutions and transition into unsafe environments. With more housing opportunities it will be easier to match individuals to appropriate housing

- ⇒ It was noted that due to lengthy waitlists individuals are sometimes unable to be connected with housing that meets their needs

**Advocate for increased relocation funding** that allows for individuals to have a comfortable and support transition back into their communities (e.g. support from transition workers to find work and housing and to reconnect with the community, as well as travel funding)

### **Models for Harm Reduction**

Consider increasing harm reduction models as suggested by breakout group participants. Some of which include:

- **Advocate for more safe injection sites** as using drugs in a safe environment can provide support in case an overdose occurs
- **Increased access to Suboxone, methadone and medicinal marijuana** to prevent overdoses by easing the detox process and preventing relapse
- **Lower barriers to testing** by providing fentanyl testing strips in harm reduction packages through trusted organizations in the community that are pro harm reduction and accessible to drug users
- **Implement a needle exchange via outreach vans** in order to address low uptake on reserves, and other areas drug users may face stigma

### **Education resources**

Consider **developing brochures on harm reduction and more culturally relevant resources** for specific populations to increase access to education surrounding harm reduction

- ⇒ Increased education on drugs and drug use will allow for people to use more safely and with more agency to know what they are putting into their bodies
- ⇒ It was highlighted that using culturally relevant materials will increase engagement with tools

Consider seeking **Increased access to Naloxone training**, for community members to enhance peer support models. Additionally, allocate resources to **raise awareness of the Good Samaritan Act** so that community members feel safe acting as peer supports

### **Lowering stigma/increasing support**

Advocate for the Legalization of opioids, so that more people accessing treatment without risk of being remanded or violating probation.

- ⇒ The Portugal model indicates that through legalization there is an increase safety and reduction of overdoses
- ⇒ Advocate for increased and continued support services such as hot meals in the DTES services to alleviate stress and hunger people face

Consider advocating for **programming that helps to change community attitudes by lowering stigma of drug use and encouraging empathy** through the use of trauma informed education

Consider advocating for a **de-stigmatizing Campaign using brochures directed at service providers** and VPD and corrections to lower stigma for drug users

- ⇒ As a result of lowering stigma barriers will allow for people to feel safe to ask for Naloxone kits and training when leaving corrections

## PART 2

Circle of Eagles Lodge Society and Canadian Aboriginal  
AIDS Network

**Harm Reduction Project - Dialogue and Gathering Report**



**RECIPROCAI**  
CONSULTING



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## Report completed by Reciprocal Consulting

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Billie Joe Rogers, PhD

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⇒ As a result of lowering stigma barriers will allow for people to feel safe to ask for Naloxone kits and training when leaving corrections



## 1.0 Introduction

The Circle of Eagles Lodge Society applied for and received a small grant from the First Nations Health Authority to conduct this project around Harm Reduction and the Opioid Crisis as it pertains to Brothers and Sisters leaving federal institutions. Throughout the year, various meetings with the priority populations, stakeholders, partners and community were held. There was also training provided to assess the communities' readiness to address the opioid crisis to those who are reintegrating back into their communities. In Partnership with the Canadian Aboriginal AIDS Network (CAAN), through the National Aboriginal AIDS Awareness Week campaign conducted by CAAN annually, Circle of Eagles Lodge Society (COELS) co-hosted the *Harm Reduction Dialogue and Gathering*.

This report describes the proceedings of the *Harm Reduction Dialogue and Gathering* hosted by the COELS in partnership with *Canadian Aboriginal AIDS Network* CAAN. The first section of this report describes the host agencies, followed by a brief review of the literature on wise and promising practices in harm reduction. The second section of this report reviews the scope, approach, and methodology of this evaluation. The remaining portion of this report presents findings from the information shared in breakout groups on the day of the gathering, as well as focus group findings from COELS residents with lived experience with the opioid crisis.

### About the Hosts of the Gathering

A one-day gathering was hosted in partnership between COELS and CAAN to bring together key stakeholders to discuss and share wise practices, resources, and solutions to address the opioid crisis, which is impacting Indigenous communities in Vancouver disproportionately harder than non-Indigenous communities.

### About the Circle of Eagles Lodge Society

Incorporated in 1970 as the *Allied Indian and Métis Society*, the society's name was formally changed to the *Circle of Eagles Lodge Society* (COELS) in 1995, on the society's 25<sup>th</sup> anniversary. COELS is governed by a board of directors comprised of 10 members and has the mission to provide Indigenous men and women with a culturally safe space to re-enter their communities via culturally relevant, appropriate and holistic programs and services. COELS takes a holistic approach to integrating clients with community, such as offering holistic programs and services (i.e., addictions, employment, mental health, cultural activities, out-referrals). More specifically, services and programs offered at COELS include:

- ➡ Sisters Lodge
- ➡ Brothers Lodge
- ➡ Pre-Employment
- ➡ Sweat Lodges
- ➡ Elder Counselling
- ➡ West Coast Crafts
- ➡ Annual Healing Journey

Grounded in the desire to support Indigenous clients to become contributing members of their communities, COELS works to meaningfully engage current and former COELS members, community, partners, and Elders to inform their services and programs.

More information regarding COELS may be found at [www.circleofeagles.com](http://www.circleofeagles.com).

### **About the Canadian Aboriginal AIDS Network**

The *Canadian Aboriginal AIDS Network* (CAAN) provides a national forum for advocacy, education and support for self-identified Aboriginal peoples and communities living with or impacted by HIV and AIDS, Hep C, Sexually Transmitted and Blood Borne Infections and tuberculosis. Founded as a not-for-profit in 1997, CAAN utilizes a holistic model that is inclusive of and rooted in the social determinants of health that have historically and continue to impact Aboriginal peoples and communities. Additionally, CAAN provides culturally relevant and accessible materials for Aboriginal people to become aware of risk factors, as well as health management. The one-day Harm Reduction Dialogue and Gathering was hosted in partnership with CAAN's Aboriginal AIDS Awareness Week initiative due to the crossover of needs for the communities' the two organizations serve.

### **Stakeholders in Attendance**

The one-day gathering included a variety of key stakeholders with expertise around harm reduction and the opioid crisis. Key stakeholders included:

- **The Urban Indigenous Opioid Task Force (UIOTF):** An initiative within *Metro Vancouver Aboriginal Executive Council* (MVAEC), was created in response to BC's opioid overdose public health emergency announced in April 2016 (MVAEC, 2019). The task force includes over 150 representatives from all levels of the response inclusive of those with lived experience, frontline workers, as well as health authorities. Together the task force serves the 70 thousand urban Indigenous people of Metro Vancouver. The top priorities are to reduce overdose death; increase access to immediate care; facilitate smooth transition into long-term support networks through the sharing of information for improved opioid response strategies.
- **Correctional Services Canada (CSC):** An agency of the federal government that manages federal institutions, of differing security levels, as well as, supervising individuals who are in the community on conditional release (Correctional Services Canada, 2016).
- **Native Health Clinic:** A comprehensive care clinic that provides care for both Indigenous and non-Indigenous people. It is the only clinic in the Downtown Eastside with an Indigenous focus (Vancouver Native Health Society, 2018).
- **Community Members** People with lived experiences of drug use, incarceration, HIV/AIDS, and service users were present. Elders and frontline workers from COELS were also present, in addition to a knowledge keeper from Musqueam, who provided an opening which grounded the day of dialogue.
- **Brothers** who are current residents of COELS.

## 2.0 Methodology

This section describes the data collection and data analysis approach used in the *Harm Reduction Dialogue and Gathering* report.

### Data Collection and Analysis

Data were collected through the use of live transcription of the gathering proceedings, and notes taken during breakout group discussions recorded by COELS staff and Reciprocal Consulting. Furthermore, a focus group was administered by UIOTF prior to the gathering and was included as a source of data. Breakout group participants consisted largely of professionals working in the field of harm reduction and corrections (i.e., CSC, UIOTF, COELS), while participants in the focus group conducted by UIOTF included brothers with lived experience. Qualitative data were analyzed using content analysis, in which common themes were identified.

**Table 1: Description of data collection methods**

Data collection method	Number
Literature and document review	4
Three Breakout Groups	15
One Focus Group	9

### 3.0 Proceedings of the Day

This section provides a summary of the discussions that took place during the one-day gathering, including the 3 presentations by key stakeholders. The day began with presentations which focused on the work each organization is undertaking to address the opioid crisis. The Chief Executive Officer (CEO) of COELS (Mr. Merv Thomas) opened the day and shared that the catalyst for the gathering was following a meeting with the Minister of Health to discuss the recent overdose deaths of male residents (brothers) at the healing lodge at COELS. The CEO shared that one of the young men who passed was in the house for merely three days, where he came to change his life and distance himself from gangs.

The CEO of COELS highlighted the urgency of the opioid crisis and the need to move from ‘talking to action.’ The CEO also spoke to the realities of harm reduction for the brothers at the lodge, highlighting the contrast of using substances in the safety of the lodge versus using on the street, and the reality of drug availability inside the institutions. His remarks concluded by expressing the opportunity to bring these issues to a national level and expressed the need for prevention education materials and harm reduction materials for community members who participate in drug use.

Furthermore, it was highlighted that many of the issues that put people at risk for HIV are the same as opioid-related overdose risks, including the social determinants of health such as poverty, education levels, colonialism, and residential schools. Table 2 below provides a summary of key messaging from stakeholders who presented at the Harm Reduction Dialogue and Gathering.

**Table 2: Presentations at the Harm Reduction Dialogue Gathering**

Organization (Representative)	Key Points
Correctional Services Canada (Lisa Bayne)	<ul style="list-style-type: none"> <li>⇒ There is work being done at CSC to address drug use in communities, with a focus on overdoses in the Community-Based Residential Facilities (CRFs).</li> <li>⇒ The Acting Assistant Director (Ms. Bayne) reviewed all the incident reports of overdoses in halfway houses from 2016-2018 and found there were 50 overdoses (20 of which passed away)</li> <li>⇒ She found that 54% of overdoses between 2016-2018 were Indigenous people, which is an increase from 25% Indigenous going back 5 years further</li> <li>⇒ Next steps include further analysis of the data with additional variables included (i.e., residential school survivor status, gender)</li> </ul>
Correctional Services Canada (Sav Bains)	<ul style="list-style-type: none"> <li>⇒ Mr. Bains is working on discharge planning and harm reduction portfolios at CSC</li> <li>⇒ The CSC is developing a strategy for supporting, through infrastructure and resources, the ageing population in CSC institutions, and the ageing Indigenous population in particular</li> <li>⇒ There is a prison needle exchange program being piloted in Grand Valley Institution and the Atlantic Institution, with 7 needles distributed. From a healthcare perspective, it is fully supported, but they have to consider</li> </ul>

Organization (Representative)	Key Points
	<p>both health and operational safety, as well as, the impact on frontline staff and harm reduction strategies</p> <p>⇒ At each institution, there is a peer education counsellor and Indigenous peer education counselors who are trained on healthcare information, the opioid crisis, overdose, harm reduction, and tools available. There is also a liaison with frontline staff to meet healthcare needs of individuals who are incarcerated</p> <p>⇒ There are discharge planners in some institutions; most have 9 to 5 mental health staff and nurses. They are working to develop public health nurses that work on discharge planning within the institutions</p> <p>⇒ When asked about dealing with HIV within institutions, he shared that they are meeting UNAIDS 90-90-90 goals<sup>1</sup> in institutions, and in fact are reaching 92-90-90. CSC will aim to eliminate HIV in institutions by 2020</p> <p>⇒ He recognized the lack of addictions specific programs</p>
UIOTF (Colter Long)	<p>⇒ The UIOTF is doing research and coming up with strategies for overdose emergency response (e.g. peer response)</p> <p>⇒ Current successes of UIOTF include: creating an information exchange network consisting of about 170 emails; raising visibility on where to get Naloxone training; creation of a recommendations report prepared by the Overdose Response Centre and Dr. Patricia Daly, which was informed by frontline workers and people with lived experience and has been seen by leadership stakeholders.</p>
Vancouver Native Health Society (Nurse Katherine)	<p>⇒ A nurse from the Vancouver Native Health Society provided Naloxone training for gathering participants after the breakout groups.</p>

As different stakeholders discussed the work, they are doing to address the opioid crisis, participants engaged in dialogue and shared with the group about the challenges they face in their work and communities. Some challenges that emerged from the discussions included the following:

- ⇒ **Triggering environments:** when individuals leave institutions and transition into triggering housing situations where access to drugs is more available and there may be increased exposure to others engaging in risky behaviours.
- ⇒ **Matching individuals to appropriate housing:** due to lengthy waitlists individuals are sometimes unable to be connected with housing that matches their risk level. For instance, often lower risk individuals cannot access lower risk housing because of lack of space. Consequently, they end up being shuffled around and placed in higher-security housing.

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<sup>1</sup>The UNAIDS HIV treatment targets are as follows: “By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression” (UNAIDS, 2019).



- ⇒ **Out-of-province service users:** meeting the needs of individuals who choose to use BC-specific transition resources rather than return to their home provinces.
- ⇒ **Needle exchange:** there can be low uptake on reserves due to stigma, though there has been more success with exchange via outreach vans.

Despite the challenges that were discussed, many of the strengths of the community were also highlighted. For instance, stakeholders spoke about the strength of COELS being able to provide a sense of family and support for residents. Additional community strengths include organizations being able to connect spirit and identity to the larger community as a means of healing, and using medicine and ceremony to support healing. It was also noted that when Coast Salish culture is practiced with prairie individuals, though the culture is different, they are still able to gather strength from it to go home and connect with their families.

## 4.0 Findings

This section describes insights from COELS male residents (brothers) regarding the opioid crisis and harm reduction, as well as finding from the gathering on the challenges and potential solutions for addressing the opioid crisis in Metro Vancouver.

### 4.1 Awareness and Knowledge Among COELS Residents

Prior to the Harm Reduction Dialogue and Gathering, the UIOTF hosted a focus group with the brothers of COELS to understand the knowledge Indigenous men have around the opioid crisis. The brothers were asked to share their knowledge of the opioid crisis, as well as where they gathered their information from.

#### Knowledge of Opioid Crisis

The majority of focus group participants shared that they kept up to date about the opioid crisis through the media. One participant said, *“it seems like there is someone dying everyday”* while another participant shared that they have been hearing about celebrities dying of overdoses through news sources on television. Focus group participants also said that they had learned about the opioid crisis through Facebook, first-hand knowledge, as well as word of mouth, specifically learning about it on the streets. One participant shared:

- ☞ *I just talked to some of the guys. Some of the boys are using on the inside. I had a roommate that OD’d. It was kind of scary. They started doing the Naloxone training in case it happened again.*

In sharing their knowledge of the opioid crisis, focus group participants explained about how they have personally lost friends to opioid overdoses. It was shared by focus group participants, that:

- ☞ *A couple of the boys here passed at recovery houses, which is scary.*

*I had a friend I met, she was an outreach worker for two years. She was proud of herself. In jail she wrote me letters. Suddenly I didn’t hear from her and I was in shock when I found out she passed away from overdose.*

*~ Story shared by COELS Brother*

Other reflections on the opioid crisis included the relationship to intergenerational trauma and viewing the opioid crisis as part of ongoing cultural genocide of Indigenous peoples. Some participants reflected on the scope of the crisis by stating:

- ☞ *It looks like things are not getting better and it seems to be getting worse*
- ☞ *The epidemic is coming to the point where it’s not just Aboriginal people, the amount of people effected by heroin, it doesn’t discriminate.*

#### Knowledge of Harm Reduction

When asked where they receive information about harm reduction, one focus group participant shared that they participated in a workshop on their First Nation reserve where they learned about it, while another explained that there are pamphlets everywhere that have information about harm reduction. Additionally, this participant has taken Naloxone training, which is another form of harm reduction.

When asked to share their understandings of what constitutes harm reduction, one focus group participant explained that it means reduction of substance use, even just cutting back, or using different substances. Another participant explained that harm reduction “*means making better choices. Reducing harm against yourself.*”

Participants also spoke about how safe injection sites can prevent the spread of diseases and Suboxone can prevent overdoses, making both of these forms of harm reduction. In addition, focus group participants spoke about detox needs, specifically the need to be removed from the drug use environment to get on the path to recovery, as well as the need for more remote facilities:

- ☛ *It is too easy to live and use – why would you want to quit? You can OD and go back to everything you know. You need to get displaced to get clean. There needs to be more facilities on the Island where people can get away and get put on Suboxone.*
- ☛ *We need more facilities in nature to get people out of the drug use environment*
- ☛ *Nature is everywhere and could help get in touch with mother Earth. In the DTES it would take a miracle to recover. Detox centres are all over downtown. They feel like shit for a while then go back out. People do turn their lives around, but it takes a miracle.*

The theme of culture as treatment also emerged during conversations of harm reduction, specifically treatment blended with culture, and culture as a way to come back to wellness. It was shared that there is a need for more healing lodges, as participants shared personal stories of reconnecting with their culture:

- ☛ *The last 15 years has been full commitment to question who I am, my values, principles, where I fit in, my understanding and standing up for what I believe in a positive way. Culture has saved my life and has allowed me to apply that.*

*I wasn't raised with my culture until I went to jail, this was empowering. Treatment with culture helped. I changed my ways; I worked in bars and restaurants. Culturally, I decided I wanted to work with my people. I got offered a job and want to help. I want to help, I was addicted for over 30 years. Culture has helped, it has given strength.*

*~ Story shared by COELS Brother*

One participant noted that opioid use becomes a culture in itself that Indigenous people who are disconnected from their culture are susceptible to; they explained that Indigenous people can replace their “*culture of using with the culture of identity.*”

Participants also shared about the need for harm reduction, specifically in prisons. For instance, one brother shared “*Regina is the capital for HIV now. In prison, one rig gets passed around to everyone for 4 months with the tip worn down.*” Participants also shared about the risks associated with harm reduction, specifically the risk of being remanded and violating probation by practicing harm reduction. Focus group participants explained that the act of legalizing opioids is an act of harm reduction, which would be safer, and result in less people overdosing.

## 4.2 Challenges and Solutions Discussed Amongst Gathering Participants

Participants at the Harm Reduction Dialogue and Gathering took part in break out groups where they discussions focused on challenges, solutions, and wise practices and resources for working in harm reduction during the opioid crisis. Listed below are the challenges brought up by the gathering participants in the three different breakout groups.

### Challenges

When asked about challenges that service providers and those with lived experience face in tackling the opioid crisis, gathering participants primarily noted challenges related to system level barriers, access, awareness, and disconnected relationships. Table 3 below provides a detailed summary of challenges.

*More healing lodges are needed. A friend couldn't get help and died while on waiting list. People can't wait 30 days. Recovery is dangled like a carrot.*

*~ Story shared by COELS Brother*

**Table 3: Challenges identified by breakout group participants**

Challenge	Details
<b>Lack of resources</b>	<ul style="list-style-type: none"> <li>⇒ Lack of resources at all levels (from frontline to policy)</li> <li>⇒ Lack of resources for land-based healing</li> </ul>
<b>Policies</b>	<ul style="list-style-type: none"> <li>⇒ Current policies are challenging (e.g. criminalization of addiction)</li> <li>⇒ Challenging working with unions</li> <li>⇒ Resistance from CSC at all levels to make changes in policy toward harm reduction</li> </ul>
<b>Lack of awareness and education</b>	<ul style="list-style-type: none"> <li>⇒ Lack of awareness in community (e.g. need for community readiness training)</li> </ul>
<b>Lack of detox and treatment</b>	<ul style="list-style-type: none"> <li>⇒ Lack of detox locations (or not easily accessible)</li> <li>⇒ Detox facilitates located in hot spots (where people have trauma and have used drugs)</li> <li>⇒ Lack of Indigenous-based low-barrier treatment</li> </ul>
<b>Lack of community</b>	<ul style="list-style-type: none"> <li>⇒ Being new to the city</li> <li>⇒ Unstable housing</li> <li>⇒ Individuals need housing to be able to build relationships and community</li> </ul>
<b>Building Trust</b>	<ul style="list-style-type: none"> <li>⇒ Building rapport for collaboration – between frontline workers and service users can take time</li> <li>⇒ Sometimes it is a challenge to build relationships between organizations and Indigenous communities</li> </ul>

## Solutions

When asked to discuss solutions in the breakout groups, gathering participants largely noted the need for raising awareness and education, increasing access to detox and treatment, along with increasing support services for health and healing. For instance, one brother shared:

☛ *Culture brought me back to who I was. Culture, language, and family for those growing up in foster care. Connect that person to the family unit again.*

Table 4 below provides a summary of solutions to the opioid crisis.

**Table 4: Solutions identified by breakout group participants**

Solution	Details
<b>Increased education resources</b>	<ul style="list-style-type: none"> <li>⇒ Brochures on harm reduction and more culturally relevant resources for specific populations</li> <li>⇒ Increased access to Naloxone training</li> <li>⇒ More information on the Good Samaritan Act</li> <li>⇒ Increased education on drugs and drug use</li> <li>⇒ Training for parole officers in cultural safety</li> </ul>
<b>Increased access to detox and treatment</b>	<ul style="list-style-type: none"> <li>⇒ More detox centres in new areas (additional centres outside of DTES)</li> <li>⇒ More low barrier detox centres</li> <li>⇒ Pre-treatment for detox and treatment to address trauma</li> </ul>
<b>Raising awareness and lowering stigma</b>	<ul style="list-style-type: none"> <li>⇒ Changing community attitudes</li> <li>⇒ Lowering stigma barrier so people feel safe to ask for Naloxone kits and training when leaving corrections</li> <li>⇒ Campaign to destigmatize such as brochures directed at service providers and VPD to lower stigma for drug users</li> </ul>
<b>More harm reduction</b>	<ul style="list-style-type: none"> <li>⇒ More safe injection sites</li> <li>⇒ Access to fentanyl testing strips</li> </ul>
<b>Support for transition</b>	<ul style="list-style-type: none"> <li>⇒ Relocation funding</li> <li>⇒ Travel funding for funerals or emergencies</li> </ul>
<b>Cultural healing</b>	<ul style="list-style-type: none"> <li>⇒ Land based healing, long term or reoccurring (e.g. camp potlach and canoe journeys)</li> <li>⇒ Having access to cultural space (e.g. circle room)</li> <li>⇒ Access to sweats</li> </ul>

**Promising Practices and Approaches**

During the breakout groups, participants also shared wise practices, and recommended models from community organizations. Promising practices largely centered on support, raising awareness, collaboration of services, and integrating culture. In their focus group with brothers with lived experience, the following story highlights the importance of integrating culture for harm reduction:

☞ *I got into heroin right away when I moved to BC. I had a \$500 a day heroin habit on the inside and was able to afford it because I am an artist. Then, I started working with Elders and stopped using altogether. I now use culture whenever I can. I go Sun Dancing and work with community. I have worked with Elders inside and outside. I did the Narcan training allowing me to save 3 lives and revive one.*

Table 5 below provides a summary of promising practices and recommended models.

**Table 5: Promising practices and recommended models for harm reduction**

Promising Practices	Recommended Models
⇒ Peer counselling	⇒ UBC: Sacred Connections program
⇒ Knowledge translation: Listening to lived experience, transferring frontline knowledge to policy	⇒ Metro Vancouver Indigenous Services Society - gathering of culture meeting
⇒ More Elders in institutions	⇒ Lu'ma Native Housing: culturally focused models of care
⇒ Trauma informed care	⇒ Harbour Light
⇒ Creating networks of support	⇒ Belkin House (Transition House)
⇒ Removing siloes resources and programs to avoid duplication of resources	⇒ Camp Potlatch (Cultural Treatment Centre)



### **A Harm Reduction Wise Practice: The Portugal Model**

In 2001, Portugal decriminalized consumption and possession of narcotic drugs for personal use (defined as the average quantity an individual user consumes over a 10-day period). Since then, there have been significant reductions in the consumption of narcotic drugs and in the rates of HIV/AIDS among drug users. Portugal has one of the lowest rates of drug use in the European Union and also one of the lowest rates of deaths by drug overdose; a number that stabilized after decriminalization. In addition, there has been an increase in the number of drug users accessing medical treatment, likely due to the reduced risk of criminal charges and increase awareness and outreach (Cabral, 2017). Free public services, combining substance use treatment alongside psychological and social support, are provided mainly through outpatient centres, tailored to client need. Portugal also employs mobile outreach teams that offer harm reduction kits, testing, and referrals to people who are also seeking access to food aid, shelter and social assistance, to reduce barriers for access to treatment (Grenfell et al, 2012).

Assessment of harm reduction services in the Portuguese model highlights the role of networked support with social and health care programming, and strong relationships with the people providing treatment – recognizing individual needs and circumstances. Where social networks were lacking, there was an increased importance on a client-centred approach that both made clients feel valued and recognized their autonomy (Grenfell et al, 2012). Communication and collaboration between service providers was also essential to effective care.

Canadian institutions, including the Canadian Public Health Association, have endorsed a review for creating a regulated market for drugs that are currently illegal in Canada (Wood et al, 2012). There are recommendations for Canada to shift its drug policies from an emphasis on criminal justice to a stronger focus on health issues (Wood et al, 2012). There are also calls for increased supervised consumption sites, alongside methadone maintenance therapy and other harm reduction measures.

### **Conclusions**

The need for improved access to harm reduction, culture as healing, and detox treatment was emphasized by the brothers of COELS. At the gathering, the importance of the work that is being done in harm reduction was highlighted and many solutions emerged from the gathering's proceedings. Participants discussed removing silos to fill gaps in services delivery and participants were encouraged to continue the important work they are doing toward building a sense of community, decreasing stigma, and improving access to culture and cultural healing.

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