



# 2-SPIRITED PEOPLE OF THE 1<sup>st</sup> NATIONS

## **2-Spirited People of the 1<sup>st</sup> Nations in partnership with the COM-CAP Project: Indigenous Lead Talking Circle(s) Report**

### **Talking Circle Breakdown:**

- Two talking Circles, one for service users and another for service providers
- Service User Circle: March 10<sup>th</sup>, 2021 from 4-6 pm
- Service Provider Circle: March 12<sup>th</sup>, 2021 from 3-5 pm

### **Service User Circle:**

Number of participants:

- 16 participants
- 10 participated in the circle held on March 10<sup>th</sup>
- 6 participated over the phone/in person through outreach with me as they didn't have access to computers/phones/internet.
- Additionally, participation from the Elder, and person with lived experience (Indigenous Field Expert) who we brought on to help guide the conversation.
- Total number of participants (including staff and Talking circle Support): 19

### **Service Provider Circle:**

Number of participants:

- 14 (honorarium paid) participants, all of whom do direct frontline harm reduction work.
- Additionally, participation from the Elder, and (2) people with lived experience (Indigenous Field Experts) who we brought on to help guide the conversation
- Total number of participants (including staff and Talking circle Support): 20

**Total Participants engaged through Talking Circles: 39**

### **Report breakdown:**

- Report will be organized based off the questions provided by the team at COM-CAP.
- Each section will represent one question, will give information on the conversation shared around the question by both service users and providers and will share comments and/or recommendations for that specific question.

-Additional comments/recommendations not covered through the questions provided will be given at the end of the report.

## **Discussion on Community Initiatives:**

### **Question 1: Reflecting on your experience with groups or organizations working on opioid/overdose response, what are skills and knowledge that they need to build and strengthen their work with Indigenous communities?**

Both the Service Provider and Service User Circles felt it was fundamental to look at answering this question through a historical lens first. In order for groups and organizations who are working on opioid/overdose response to strengthen their skills and knowledge in working alongside Indigenous communities, there must be acknowledgement of the history Indigenous folks have faced on the land now known as Canada. There must also be an awareness around the historical and continued erasure of Indigenous knowledge, experiences and realities on this land by the government. As well it is crucial that those working on opioid/overdose response alongside Indigenous folks are aware and have a thorough understanding of the institutional violence used against Indigenous folks when accessing care/support of any kind within the mainstream systems. The colonial violence Indigenous folks have faced for years, and continue to face today through systems/institutions is endemic. While we as a community are wildly diverse and share a range of experiences, one thing that has affected all of us is colonialism. Before reconciliation there must first come truth. Truth is a difficult outcome to measure, but in order for those working on opioid/overdose response to build and strengthen their work with Indigenous communities, truth is fundamental. Acknowledgement of the history, colonial violence, and traumas which continue to impact our communities is the first step.

Beyond historical acknowledgement, there were more tangible and (fast) actionable recommendations pushed forward by participants. Those recommendations include working alongside Indigenous communities with compassion, respect, and humanity. For participants who joined the Service User Circle, these three components were fundamental in the delivery of opioid/overdose response. Knowledge groups and organizations must humanize the crisis, Indigenous folks cannot continue to feel the weight of racism, stigma and discrimination based on their intersecting identities (i.e., Person who Identifies as Indigenous, person who uses substances, two-spirit person, person living with HIV, person living with a disability, person living with mental health related issues, etc.). This stigma and lack of access to safe, dignified, compassionate care is what is killing so many of our people. In order to build and strengthen the work of those doing opioid response within Indigenous communities, it is recommended that there be continued consultations directly with the communities that organizations are working alongside. As well, it is recommended that knowledge groups and organizations work closely with local Indigenous organizations/agencies who are also doing the work. Creating a network with Indigenous service providers/groups already doing the work, will create an opportunity for non-Indigenous opioid/overdose response teams to learn and build relationships. This is not quick and overnight work, there must be opportunity and time for trust and relationships to be built.

**Question 2: What do culturally safe and meaningful relationships with Indigenous communities look like in opioid/overdose responses? What are barriers to building those relationships and ways to address or mitigate them?**

In responding to this question, participants felt it was important to discuss culture and traditions. For those participating in the Service User Circle, many felt having access and connection to their cultures and traditions would have helped them in the past and currently could help them in the process of accessing care around opioid/overdose response. For our Indigenous communities, the harm many of us have felt at the hands of the government and government institutions such as health care, is often fatal. It is fundamental that Indigenous folks who are accessing opioid/overdose support services/care are met with an opportunity to reconnect with their culture, land, teachings, ceremonies, medicines. For non-Indigenous folks delivering opioid/overdose response work directly to Indigenous communities, having knowledge around the 7 grandfather teachings (honesty, respect, love, humility, bravery, truth, wisdom) and other teachings which are specific to each nation, is important in how they can better provide culturally safe care. As well, from both Service User and Service Provider Circles, there was an emphasis on land-based teachings becoming a part of wider harm reduction efforts and the opioid/overdose response. As stated from Elder Blu, it is so important for our people to reconnect with the land, and relearn those teachings that were once stolen from us, it is so important for our people to reconnect with our medicines and our ceremonies that are here to protect us and keep us safe.

For knowledge groups and organizations working alongside Indigenous communities on opioid/overdose response, the most crucial thing to do is to listen. We know how to take care of ourselves and our people. We know how to create networks of wrap around support, and reconnect our people with our traditions. The best people to ask for guidance on how to better create meaningful and safe relationships and care for Indigenous communities, is Indigenous communities. We are the experts on our own lives and our own needs, and it is fundamental that those working alongside us listen to our words. The same goes for people who use substances; Individuals who use substances should always be at the forefront of these conversations as they are the ones who are leading the work on the ground. The work needs to be relational; it needs to be a circle where everyone has a seat at the table. It cannot continue how it currently functions, with government/organizational and health officials telling our communities what is best for them. This creates a system of hierarchy and inequity. That is not how our community's function. It is also important to note that this work needs to be truly meaningful, it cannot be tokenism. Throwing a medicine wheel or a feather on your (any knowledge group/non-Indigenous organization) website/brochures/front doors is not the work we are looking for. This work needs to be based in truth, through meaningful dialogue and learning with Indigenous communities.

For many participants in both the Talking Circles the follow up to this question in regards to barriers felt frustrating. Many folks have felt they've been talking about these barriers (racism, discrimination, stigma, colonial violence, mistrust with government and government institutions due to historical contexts, etc.) for years, and that they are often asked to be a part of these discussions and share these traumatic experiences, where there is little to no follow up or change that comes from their sharing.

### **Question 3: What would a meaningful working relationship between group/organization and Indigenous community look like?**

In discussing this question with both Circles, there was a more fulsome discussion with Service Providers in developing recommendations around a meaningful working relationship between groups/organizations and Indigenous communities. Many individuals discussed their experiences and lack of representation at many of the tables that are having discussions around opioid and overdose response. Often folks have felt as though they have been invited to talk to organizations/groups as a token, just to check the box that an Indigenous person was there. It is important that knowledge groups and organizations working on opioid/overdose response have meaningful engagement of Indigenous folks at all levels (as people with lived experiences, as outreach workers, counsellors, nurses, doctors, supervisors, executive directors, board members). Ensuring that Indigenous representation does not equate just one staff or consultant. Elders and Knowledge keepers should also be readily available through any group/organization doing opioid/overdose response related work, and these Elder/Knowledge Keepers have to be vetted by the Indigenous community to ensure they are safe. Many of our Elders have survived through the traumas of their experiences in the residential school system, through the 60's scoop and many carry those traumas with them today. We as a community organization (2-Spirited People of the 1<sup>st</sup> Nations) have had to ensure that the Elders/Knowledge Keepers we work alongside and that we support our community with are safe and aren't pushing forward colonial understandings of our traditional teachings (such as the need to be sober for 4 days to access medicines/ceremony).

Participants also felt it was fundamental to have Indigenous folks at funding tables, often funding offered to organizations or collectives doing front-line harm reduction/overdose response within Indigenous communities comes with various unattainable guidelines, expectations and service criteria. Funding opportunities for Indigenous organizations/agencies/collectives need to be more available and reasonable in their deliverables. Indigenous organizations doing harm reduction and overdose related work should not have to go through other "more established" knowledge groups and organizations in order to receive money to better support their community's needs. As well, in order to receive funding Indigenous organizations are always having to 'mine their traumas', meaning they have to discuss everything that is going wrong within their communities, instead of being able to discuss the wonderful and resilient work their community has been and is doing. A meaningful working relationship between knowledge groups/organizations and Indigenous communities doing harm reduction work acknowledges the knowledge, experiences and expertise that Indigenous organizations/agencies/collectives and individuals are bringing to the table. The expertise should not be based in colonial understandings of the term, but instead in the roots built within their community, the work that is already being done and the traditional knowledge/culture that we share as a community.

**Question 4: Can you share some examples of best practices in opioid/overdose response and harm reduction you've seen? It can be a service, an interaction, or other types of examples on impactful work done through Indigenous partnerships and/or engagement.**

From both the Service User and Service Provider Circles, we found that participants came up with one main recommendation and various smaller (quick action) recommendations. The main recommendation shared amongst both groups was creating multi-faceted approaches to care and opioid/overdose response. The issue, and especially within the context of Indigenous approaches to harm reduction needs to be understood within its many frameworks. The opioid crisis (as it pertains to Indigenous communities) needs to be understood through a historical lens, a cultural lens, a trauma informed lens, etc. There needs to be a basis of understanding that opioids (fentanyl, heroin, as well as meth, alcohol, crack, etc.) they are not the problem, they are in many cases only the vehicle. In order to truly make an impact in opioid/overdose response within Indigenous communities, the approach needs to adjust to see the humanity in the crisis in order to finally address the roots of trauma caused by colonial violence, racism, discrimination and stigma. Safe supply, Injection sites, decriminalization, access to harm reduction supplies and drug testing while very necessary are not alone going to fix the problem. There is a fundamental need to create greater wrap around services for Indigenous communities struggling with opioid/overdose related issues/deaths that include access to ceremony, Elders/knowledge keepers, medicines, land-based teachings, housing, food security, trauma informed care, therapy, access to safe healthcare, support services and the right to self-determine what is best for them. In this, a discussion around timelines of intervention needs to be discussed. Individuals in both circles discussed their attempts at accessing substance support related services and given extensive wait times, which often deter folks from accessing them. As well, participants mentioned overdosing (themselves or other community members) and receiving immediate care, but not having that care be followed through on a longer term (like the proposed wrap around care mentioned above).

Some secondary and quick actionable recommendations around best practices for those doing opioid/overdose response are having access to traditional services and support (Elders, medicines). Some participants discussed going to non-Indigenous organizations years ago, as they were the spaces that felt safe for someone who was Indigenous who used substances. These locations would have programs available specifically for Indigenous folks, they would offer access to culturally safe supports (through Indigenous support workers and Elders/Knowledge keepers), and they provided access to medicines.

**Question 5: - How can projects, groups, or organizations working with Indigenous communities build accountability? What could that look like?**

In discussing the idea of accountability, it is important to note that this is something that many Indigenous folks have been speaking on for years in this and many other contexts. In discussing with the Service provider circle, a recommendation was pushed forward for organizations working with Indigenous communities in opioid/overdose response based around council development. For generations, many Indigenous nations made decisions through council, it is recommended that knowledge groups and organizations develop councils with an emphasis placed on the involvement of individuals who use substances, Indigenous community leaders and

Elders/knowledge keepers. Members of the councils should be a true representation of the community the opioid/overdose response teams are working within. Members of the councils should be compensated for their time and their expertise, and they should guide the work being done to ensure best practice, cultural safety and work towards building meaningful relationships with Indigenous communities.

### **Discussion of Collaborative Initiatives:**

**Questions 1 & 2: Drug strategies across Ontario have a provincial network to exchange knowledge and connect their efforts, how can they build Indigenous partnerships in this work or in their own local drug strategies? What would that look like?**

**AND**

**Drug user groups across Ontario are looking at setting up a provincial network to connect groups and work collectively, what are meaningful ways they can engage Indigenous communities in these efforts?**

Many of the recommendations were reiterated from the discussions above; through councils, meaningful engagement of Indigenous people who use substances, and relationship building directly with the communities that opioid/overdose response teams are working alongside. Making sure that a variety of Indigenous individuals with different life experiences (Indigenous folks who use substances, FN, Metis, Inuit, Two-Spirit, Indigenous individuals who have disabilities, Afro-Indigenous folks, Indigenous sex workers, Elders, knowledge keepers, Indigenous community leaders, etc.) have seats at these tables is crucial to ensuring these partnerships and network connecting efforts are meaningful and impactful.

### **Recommendations Outside of the Questions Provided:**

- Harm Reduction efforts have to be individualized, while we know there has to be a collective effort there also has to be emphasis placed on humanizing this crisis and individualizing opioid/overdose responses. For Indigenous organizations and collectives doing frontline harm reduction/opioid/overdose response work, we know that we have to individualize our harm reduction approaches for our community, and for each of our community members who use substances. We see each of our community members who use substances as a part of our circle and our family, not as a statistic in the opioid crisis.