

INDIGENOUS PATHWAYS TO HEALTH AND WELL-BEING

Managed Alcohol Program (MAP) Feasibility Study



PHOTO: YAKAWILAS CHILD

**ABORIGINAL COALITION TO END
HOMELESSNESS**

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We acknowledge our work is taking place on the traditional territory of the Lekwungen-speaking people of the Songhees and Esquimalt Nations.

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EXECUTIVE SUMMARY

INDIGENOUS pathways to health and well-being are discovered while valuing who people are – both as individuals and as Indigenous peoples. The Aboriginal Coalition to End Homelessness (ACEH) found promise to this approach while delivering the Priority One (P1) Pilot Program, an initiative that provides housing and cultural supports for some of the most at-risk members of the Aboriginal Street Community (ASC) in Victoria, BC. However, the P1 Pilot Program illuminated that more is needed to address the impacts and root causes of addictions (ACEH, 2018, 23). As a result, ACEH is considering an Indigenous-led Managed Alcohol Program (MAP) to support those experiencing housing insecurity and alcohol dependence.

Our work engages Indigenous voices which frame the issue of Aboriginal homelessness in Victoria, with a long-term vision of working broadly and collaboratively across Vancouver Island. ACEH's vision encapsulates all of this work, a vision symbolically signed on a deerskin drum when representatives from the three Vancouver Island Tribal Groups (Coast Salish, Nuuchah-nulth, Kwakwaka'wakw) and Métis Nation BC gathered at the Esquimalt longhouse in 2015. Three years later, a group of Elders, community members, and involved service providers gathered in June 2018 to discuss Indigenous approaches to harm reduction, MAP included.

ACEH obtained a grant from Vancouver Island Health Authority to fund a MAP feasibility study and commissioned Coreen Child Consulting to facilitate consultations with community members and service providers. Renee McBeth Beausoleil supported the research and led the writing behind this report.

FEASIBILITY OF A LOCAL INDIGENOUS MAP

As this report explains, we found significant interest, need and capacity for an Indigenous-led MAP in Victoria, BC. Although the study was limited in time and scope, invaluable input was gathered from the lived-experience perspectives of the ASC and the involved service providers. Based on our learning, it seems both feasible and advisable to initiate a local Indigenous MAP. Building on the current momentum, developing partnerships, and identifying available resources are essential to moving forward.

The following information explains the essence of MAP and provides an overview of the key findings and recommendations for building an Indigenous framework that will encompass harm reduction, enhancing peer and community participation with the program, linking the MAP to housing and other supports, and building a safe and welcoming Indigenous environment.

F. Jinnouchi

Fran Hunt-Jinnouchi
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“MAP is an opportunity to bring people in off the streets, helping people to **stabilize with dignity.**”

OVERVIEW

In order to introduce the new idea of an Indigenous-focused, Victoria-based MAP, researchers collaborated to lead focus groups and one-to-one sessions in April and May 2018, seeking preliminary feedback. This report bases findings on a total of 58 surveys: 38 from community members, and 20 from service providers. All surveyed community members are connected to the ASC and many noted their Indigenous ancestry on the survey (representing a wide-ranging 23 different nations).

After a cursory review of research on existing community MAPs, the report divides into three sections, which follow the initial aims of the study:

1. **Survey data:** including the number of Indigenous people experiencing homelessness who would benefit from a MAP, a general overview of interest and need;
2. **Potential program model:** input on implementation of the potential MAP; and
3. **Summary of feasibility:** review of strategies and approaches.

These conversations are complex. The trust and central importance of relationship-building exceeds what can be captured in the written summary, but we strive to share the stories entrusted to the researchers in order to build programs based on Indigenous voices and Indigenous perspectives.

WHAT IS A MANAGED ALCOHOL PROGRAM (MAP)?

MANAGED ALCOHOL PROGRAMS (MAPS)

follow a harm-reduction approach to homelessness in addition to severe and chronic alcohol dependence. While MAPs vary in program design, their goals are generally to provide accommodation, primary care and health supports in addition to social and cultural supports. MAPs have been associated with increases in **housing stability, improved feelings of safety and quality of life as well as reduced use and costs of police and health services** (Vallance et al., 2016, Pauly et al., 2016, Hammond et al., 2016). In addition, research on MAP effectiveness has shown reductions in beverage and non-beverage alcohol use as well as other alcohol related harms through provision of regularly dispensed and/or administered sources of beverage alcohol (Stockwell et al., 2017).

WHILE there are very few MAPs that cater to Indigenous participants, examples do exist, such as Ambrose Place in Edmonton, AB and Kwae-Kii Win in Thunder Bay, ON. Are there differences between Indigenous-led MAPs and mainstream MAPs? The differences are significant, given that Indigenous-specialized programs are founded within Indigenous knowledge systems and are governed by Indigenous people. Indigenous-led MAPs prioritize understanding and addressing issues such as colonization, acculturation, racism and intergenerational trauma impacting Indigenous people with severe alcohol use disorders. Based on the initial findings of a multi-site national study of MAPs in Canada, Pauly et al. 2018 concludes that the importance of specialized programs grounded in Indigenous worldviews “cannot be overemphasized.” This can include programming from Indigenous communities outside the MAP, the inclusion of Indigenous Elders on-site, and other means of reconnecting to culture, identity and Indigenous ways of healing (ibid., 5).



SURVEY DATA: COMMUNITY INTEREST AND PEER PARTICIPATION

Overall, survey findings showed promising early support and participatory interest for a MAP.

■ ■ ■ ■ Out of 38 individuals from the ASC who completed surveys, 19 said they were interested in participating in a potential MAP; 6 said maybe, and 12 said they were not interested (9 women and 3 men). 1 blank response was recorded.

It is not yet possible to know whether interested individuals would meet the criteria for participation. Further, the referral or admission processes will depend on the model established (e.g. in existing housing, new housing, drop-in, etc.), the guidance and capacity of ACEH, and lessons learned by others delivering MAPs across Canada (and especially the two existing Indigenous MAPs).

Initial results support the feasibility of the program. Some service providers estimated that of the individuals they work with (either directly or as managers/referral coordinators), up to 32 in total are dealing with chronic alcoholism, and/or are non-beverage drinkers. Others mentioned a wide-ranging percentage of current clients who might meet the criteria for participation (from 0% up to 90%). Of the service providers with eligible clients, 11 of 12 said that they would definitely refer clients if a program were available (1 more did not respond to the question).

Discussions in the survey sessions evolved to focus on the program’s need to amalgamate peer support, including staff and board members who have been impacted by alcohol and drug use. Community members want to interact with someone who is “peer equal,” and “older people that we look up to, who have something to teach us.”



MANY survey responses queried *who and what* will define the program’s success. Integrating different definitions of success for individuals and the program as a whole is key to the evaluability of a MAP. ASC surveys suggested that ACEH should engage in ongoing consultation and evaluation. This reiterates a recommendation from the P1 Pilot Program report that future programming should, “Set strategic direction around longitudinal research - every day is a missed opportunity to measure and incorporate indicators of success” (ACEH, 2018, 26). An important challenge will be developing means of assessment that account for the less tangible processes and outcomes of the program – how can we quantify improvements in participants’ social connections, and overall stability?



INPUT on MAP-relevant cultural supports were central in the survey results. These included Elder supports, sweats and other ceremonies and activities. Specific requests include carving, weaving, beading, making shawls, camping, being out on the land, Indigenous language-learning, drumming, singing, and dancing. Overall, 30 cultural activities were mentioned. Administering these supports is a **process intertwined with care and connection**, associated with a deep respect and understanding of personal histories.

People come from many different nations and the appropriateness of certain supports is **nuanced by context**. For example, one community member mentioned conflicted feelings related to traditional ceremony, but also expressed interest in understanding more about culture and colonization. For some, there is an interest in Indigenous approaches to support, but have found it difficult when they have not been connected before. Spiritual care and healing were also linked to one-on-one counseling as well as learning about good food and healthy eating.

POTENTIAL PROGRAM MODEL

“Craving a **common space** together to practice culture – the space should reflect **culture and art.**”

1 Ground the MAP in an Indigenous Approach to Harm Reduction

OVERALL, one message rang clear: a desire for the program to support physical, spiritual and emotional health. Community members and service providers suggested a range of ways the program could culturally connect to one's spirit and well-being.

The ACEH is already involved and providing leadership for **culturally-supportive housing** with the P1 Cohort at Mike Gadora House. A potential MAP can build on the early success of the **P1 Pilot Program**. Cultural supports, and particularly the support of an **Elder Mentor**, has shown nourishing and positive relational outcomes that are often difficult to measure (ACEH, 2018, 23). In line with the recommendations from the P1 Pilot Program report, cultural supports should remain a pillar of ACEH practice in the proposed MAP, simultaneously supporting the development of other aspects of a **“holistic program centred on trauma informed practice with a decolonized approach to harm reduction”** (ibid.). Survey responses also focused on this need, including requests for trauma-informed staff. As emphasized in the P1 Pilot Program report, building an Indigenous trauma-informed practice will require meticulous advance planning and funding for staff training (ibid., 26).

POTENTIAL PROGRAM MODEL

2 Link the potential MAP to permanent supportive housing. As capacity builds, expand the program options and locations.

A **CENTRAL** and complex question focuses on the logistics of where and how to best set up the program. We put the question to service providers and community members: Would it work best for people living in the same building to work together as a cohort? Or should we employ an open model (such as a drop-in program through a clinic)?

The highest preference was for a cohort in a residential, live-in program (10), but some people also wanted to leave the opportunity open for both residential or a drop-in (2). Another 13 wanted other options, 6 didn't know, 5 requested that the program be located outside the downtown core, and 2 were comfortable with a downtown location.

Individuals experiencing homelessness and severe alcohol dependence face significant barriers to accessing temporary accommodation, and in some cases will go without shelter as a consequence of alcohol use (Pauly et al., 2018). As a result, it's highly recommended that the MAP be linked to permanent supportive housing and this appears to be the most feasible starting point for a program of this kind.

One concern identified in the Canadian Managed Alcohol Program Study was that participants may fall back into homelessness after successfully completing a MAP and subsequently losing MAP-provided housing, or that the program may exclude individuals who may not suit the criteria but still require support. Thus, it is advisable for ACEH to build in mechanisms to prevent individuals from losing their housing if they cease to participate in the program.

There is a desire for a MAP in the region of Victoria – but for many, having space away from the downtown core and its associated environmental triggers are important to healing. For example, comments suggested the MAP should be a “neutral place to go and not have memories of old places,” and “not be in the middle of town but out of the way.” Suggestions from the 13 who wanted other options included, “a group of houses that are put in stages 1-10 [10 being the most advanced stage of MAP participation].” Some wanted the MAP in their own space, close to friends. A number of people requested that transportation be provided or the MAP be brought to where people live (i.e. to their home/room). One person requested a program for men and several mentioned that **there should be space for all ages, in particular so that families can visit and be included in the program.**

Additionally, 7 couples shared their specific challenges related to housing and addictions. In one case, a couple currently resides in low-barrier housing, but one partner does not drink or use opiates so it is unclear whether they could participate in a residential MAP together. Another couple live in transitional housing in separate rooms, struggling with two different addictions. One single woman shared that she lost her husband to alcohol and they did not have housing together at the end. **Many circumstances make it difficult for couples to qualify for housing together.** Inclusionary programming must address the impacts sexual orientation and gender can have on housing stability, which was overlooked in this feasibility study. As capacity builds, it will be crucial to expand the program options and locations in order to provide supports for the diverse composition of community needs.

POTENTIAL PROGRAM MODEL

3

Build a Safe and Welcoming Indigenous Environment

SAFETY, with its different meanings and associations, is a foundational theme to MAPs. Respondents emphasized the need of developing a truly judgement-free space, which allows for feelings of safety, respect and trust. A number of people reiterated that the program should avoid treating participants as though they “are always in a lineup, cup in hand,” and a feeling of “being medicated.” **Rather, the program should feel community-shaped, where participants spend more time gathered around a table than standing in line.** Still, complexities arise because of varied preferences, as others “don’t want to be in crowds,” or prefer to sit alone. Regardless of

these differences, the successful MAP must be an opportunity for individuals to **strengthen self-identity and roots.**

Unresolved experiences of discrimination in other services may factor into the apprehension to participate. Survey respondents reported past discrimination to the entry requirements of other programs, and a lack of understanding of Indigenous-specific issues. Some also reported having been excluded from services because of substance use, even where individuals had found ways to reduce or self-manage drug and alcohol intake in significant ways.

The **trust** that underlies the budding relationships behind these conversations and other ACEH initiatives will be crucial to the success of the program. Community members said they would like to work with Indigenous staff – Indigenous front-line workers and Indigenous nurses and doctors – who can relate and understand deep aspects of Indigenous identities and experiences. Many statements spoke to the **need for love, respect and acceptance** as the basis for the program – a foundation which is central to an Indigenous definition of harm reduction.

“How can we establish trust and a bond to help each other?”

SUMMARY OF FEASIBILITY

THESE results provide a sound basis for recommending that ACEH proceed with an Indigenous MAP. We've identified a starting point: the MAP should exist in conjunction with permanent supportive housing. It will serve the program's interest to develop adaptively over time, offering a greater variety of options to suit the diversity of needs for those battling addictions and homelessness.

ACEH will continue to consult directly with peers offering teachings from their lived experiences, ensuring that the program runs intuitive and parallel to related communities.

We know that the proposed MAP should be grounded in an Indigenous framework for harm reduction, but more discussions are needed to identify appropriate language and a way of operating that is in-line with **Indigenous worldviews, values, principles and diverse cultural practices**. Language is powerful. Existing ACEH initiatives (see P1 Pilot Program) have identified the promise of Indigenous-catered practices, and ways to enhance the specificity of articulating Indigenous laws, principles and protocols that will inform the design of the program.

Sufficient human and infrastructure supports will be needed to establish a safe and welcoming Indigenous environment rooted in cultural practices.

AND PATHWAYS FORWARD

This study was limited in scope and time, and much more information is needed to bring this project to fruition. In future efforts, we aim to identify the necessary and available infrastructure, resources and partnerships for developing health and well-being.

The feasibility of any potential MAP depends on listening to the wisdom of lived experiences: integrating cultural supports, building an Indigenous program based on Indigenous principles, values, traditional medicines, and worldview that shape an Indigenous and emotionally-connected space.

A successful space will feel safe, non-judgmental and include peers, Elders and other Indigenous supports. Ways of building trust will be prioritized. There are many reasons to be hopeful about the possibility of building a program of this kind – led by Indigenous people, and grounded in Indigenous approaches.

An initial MAP would be an invaluable pilot. Evidence-based learnings will underlie a model that could operate Vancouver Island-wide, touching the lives of those caught in addictions and disconnected from Indigenous culture, and **bringing the Aboriginal Coalition to End Homelessness one step closer to fulfilling our mandate**.



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