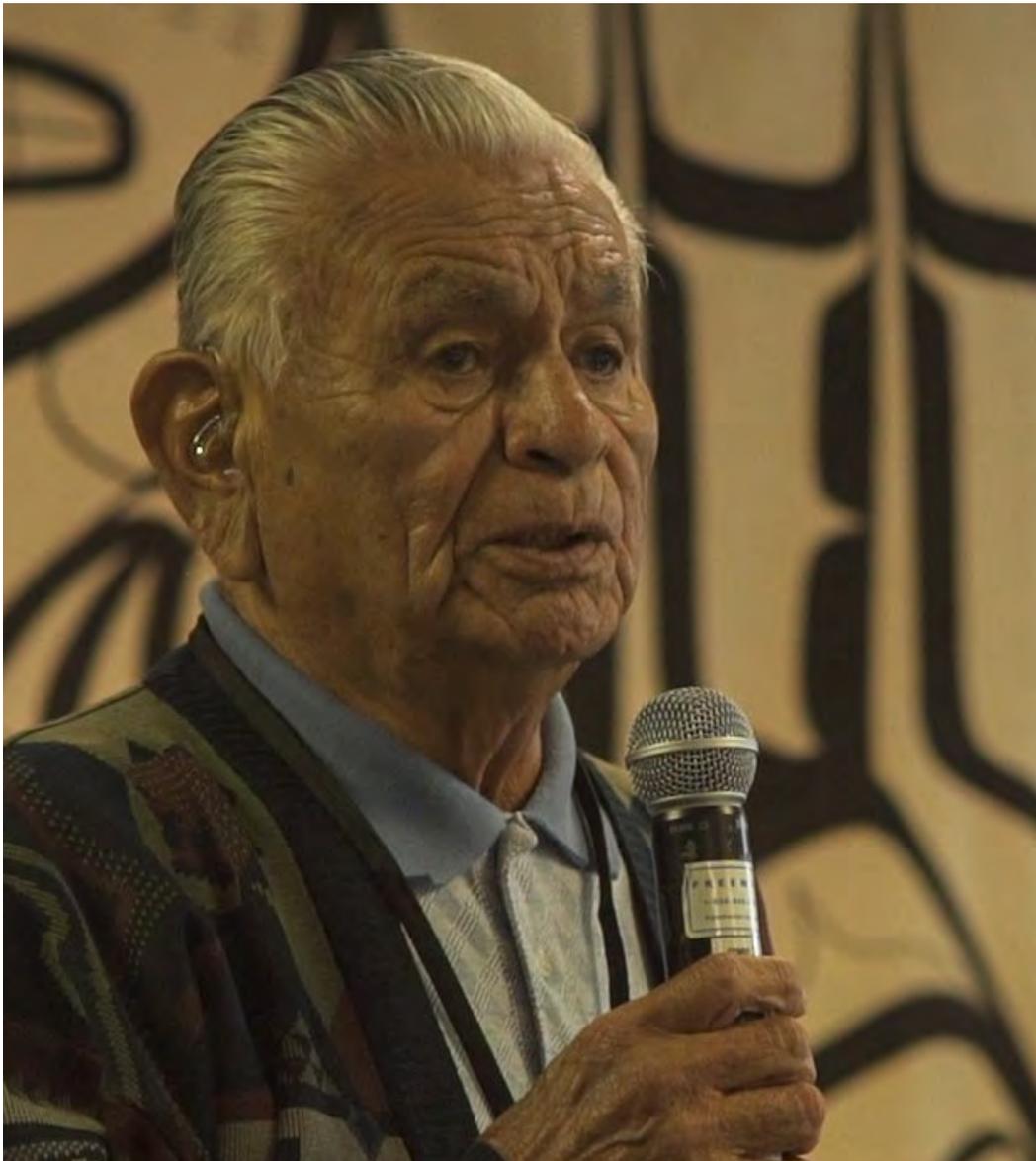


F R A M E W O R K

WISDOM OF THE ELDERS – GUIDANCE FROM THE
COMMUNITY: A TAILORED APPROACH TO INDIGENIZE
HARM REDUCTION



AUGUST 2018

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Many thanks to Coreen Child Consulting for organizing the two-day event along with the ACEH Staff. Thank you also to Christian Wieb and Tracey Robertson of Hot House Marketing, as well as Daniel Gafer for donating your time to record the proceedings, and follow-up with production of the video.

Thank you to Kaleb Child for moderating our Gathering.

At last, we extend special thanks to the First Nations Health Authority (FNHA) - without your support, this project would not have been possible.



Our way

Our way is to care for all of our people,
from the youngest to the oldest.

We are all one.

Some of our people living away from
home are suffering, isolated, and
homeless.

We stand together to end
homelessness.

Aboriginal Coalition to End Homelessness

“Our Way.” Mission statement for the Aboriginal
Coalition to End Homelessness (ACEH).

EXECUTIVE SUMMARY

The Aboriginal Coalition to End Homelessness Society (ACEH) is an Indigenous-led organization that engages Indigenous voices to frame the questions and solutions to Aboriginal homelessness in Victoria, BC.

In 2017-2018, ACEH partnered with the Victoria Cool Aid Society to develop culturally-supportive housing for some of the most at-risk members of the Aboriginal Street Community in Victoria. This pilot illuminated the promise of our approach, but despite the encouraging results, the program's final report evaluated housing and cultural supports as only a starting point.

Consequently, we embarked on our next steps forward by hosting a Gathering, titled "Wisdom of the Elders – Guidance from the Community: A Tailored Approach to Indigenize Harm Reduction" on June 8th and 9th, 2018. The purpose of the Gathering was to collaboratively develop a harm reduction framework contextualized by Indigenous knowledge. The Gathering was immersed in teachings, song, and dance.

We invited a select body of guests to the Gathering: Local First Nations and Métis leaders, traditional healers, Elders, members of the Aboriginal Street Community, local and national Indigenous-led organizations, non-Indigenous community partners, and research groups. A full list of attendees is available in the appendix to this report.

The Gathering was also an early step in planning for an Indigenous-led Managed Alcohol Program (MAP) for the most vulnerable members of the Aboriginal Street Community (ASC). A MAP Feasibility Study, supported through funding from the Vancouver Island Health Authority, was initiated in the two months leading up to the Gathering. We used the forum as an opportunity to present and discuss the findings from MAP-related community consultations.

Our work has been informed by the knowledge that Indigenous supports are needed in Victoria's downtown core – including pathways to healing and recovery, housing, community safety and harm reduction – and that these should be based on decolonized practice. In order to finalize this framework and build an Indigenous model of care, we will need to continue the conversation and expand on these preliminary findings.

Our goal is to report on our preliminary findings to the three tribal groups and Métis Nation BC, as well as our partner communities located island-wide. We will generate more dialogue in order to build towards the completion of a harm reduction framework that will better meet the needs of the Aboriginal Street Community. We believe that a Victoria-based model of care that integrates Western and Indigenous models of health and wellness will resonate not only within the geography of the South Island, but across the whole of Vancouver Island.



Fran Hunt-Jinnouchi
Executive Director, Aboriginal Coalition to End Homelessness

HOW DO WE DECOLONIZE THE PRACTICE OF HARM REDUCTION?

ACEH's purpose in facilitating the 2-day Gathering was to uncover Indigenous and peer perspectives on future best practices.

This report introduces the practice of harm reduction, provides an overview of presentations during our 2-day community consultation and key viewpoints voiced by those who attended, and outlines a framework to guide our strategic direction moving forward.

What is harm reduction?

BC Harm Reduction Strategies and Services (HRSS) Policy and Guidelines defines harm reduction as follows:

Harm reduction refers to policies, programs and practices that seek to reduce the adverse health, social and economic harms associated with the use of psychoactive substances, and sexual activity. Harm reduction is a pragmatic response that focuses on keeping people safe and minimizing death, disease and injury associated with risky behaviours, while recognizing that the behaviour may continue despite the risks. (HRSS, 2014, p. 2)

Harm reduction goals include reducing drug-related health and social harms, facilitating referrals and reducing barriers to health and social services, reducing stigma and discrimination, providing overdose prevention and response training, and improving access to harm reduction services and supplies.

Within the medical system, this includes distribution of harm reduction supplies, managed alcohol programs and opioid substitution treatment, overdose prevention and response training, and supervised consumption services.



HOW DOES OUR APPROACH DIFFER?

We envision success where our people living away from home are nonetheless supported by a sense of family and community.

ACEH believes there must be more to harm reduction than currently exists in the Western medical model. We strive to build upon the existing body of harm reduction practices by introducing an Indigenous framework that focuses first and foremost on building Indigenous self-identity, connection to ancestral histories and ways of knowing, traditional teachings, nurturing the emotional and spiritual for deep recovery, and most importantly, creating safe communities that are loving, caring and without judgement.

Carola Cunningham, Executive Director of Ambrose Place, describes harm reduction as a practice that keeps people safe, manages their intake of substances within a safe environment, and brings people home each night. This suggests that the model of harm reduction requires housing as one of its cornerstones.





Fran Hunt-Jinnouchi, Executive Director of ACEH.

Fran Hunt-Jinnouchi

Hunt-Jinnouchi's address highlighted the lack of Indigenous-centred harm-reduction resources in Victoria's downtown core and emphasized that we are now at a crossroads, where harm reduction as it currently exists does not adequately provide our people with a way out. She emphasized that "we need a system with our own map" and told participants that they held the stories, traditions and ceremonies that were needed to begin to create this map.

Lisa Helps

City of Victoria Mayor Lisa Helps asked what it means to be an ally in this work, and relayed something she had recently heard: "if it is easy, it isn't reconciliation." She further concluded that, "if you tailor programs *for* Aboriginal people *by* Aboriginal people they will be successful."

Elder Tom Sampson

Both the Mayor and Elder Tom Sampson set the tone for the evening. Elder Sampson from the Tsartlip Nation has a long history in political leadership in Canada. He said, "the answer to the standardized programs and policies that have had limited success in the past must come from Indigenous people themselves." He further emphasized that "society has not changed its attitude towards our people... (and) we need to take responsibility for ourselves – it is not working, we should have known by now."



Elder Tom Sampson from the Tsartlip First Nation.



Carolla Cunningham, Executive Director of Ambrose Place in Edmonton, Alberta, Canada.

Carolla Cunningham

Carolla Cunningham brought an inspiring story of success as the Executive Director of Ambrose Place, an Indigenous Residence Managed Alcohol Program (MAP) in Edmonton, Alberta – one of two Indigenous-led MAPs in Canada. Ambrose Place operates from an Indigenous worldview and bases governance on natural law. “We are all related, we are all connected,” is an Indigenous legal principle that Ambrose Place is centred upon, accompanied by the four pillars of kindness, honesty, strength/determination, and sharing. These principles guide how staff and residents live and work as a community with a diverse blend of physical, mental, and addiction-related needs. Daily access to Indigenous ceremony and medicines is combined with approaches in Western medicine. Cunningham stressed that for ACEH to move ahead with a similar initiative, it will be necessary to define our own Indigenous approach and to work together with partners willing to come to the table.



Sara Child talks about the importance of the Kwak'wala language.

Sara Child

Sara Child’s presentation drew on the Kwak’wala language to illustrate that the worldview and concepts contained within Indigenous languages are central to this work. Child emphasized the centrality of land-based connections in Indigenous paths to healing and presented a framework that begins with a tree’s root system, where we discover principles that guide relationships.



Jessica One-Spot Whitney and Bernice Kamano present as part of the Front-Line Workers Panel.

Front-Line Workers

A panel of front-line workers explained why it is critical for Indigenous people to develop their own models of care: the mainstream model has not worked for many in the Aboriginal Street Community (ASC) and there is a lack of urban Indigenous support services, especially for individuals returning from detox and treatment. Bernice Kamano, a long-time advocate and worker with the downtown core Indigenous homeless, suggested that the many challenges are linked to the legacies of colonialism – including disconnection from traditional lands and communities, residential schools, and foster care systems.



Lived Experience Panel with members who are connected to the Aboriginal Street Community.

Lived Experience

A “lived experience” panel with members of the ASC reiterated the need for services specific to Indigenous people. Many want access to Indigenous support groups, talking circles, Elders, and cultural activities in the urban context. Members relayed stories of precarious and insecure housing, sharing the frustration they felt when unable to find housing where their children and families could also live or visit. Couples emphasized the challenges of not being able to obtain housing together and being forced to live separately, due to the many restrictions around these services which was stressed as a significant barrier.



Dr. Bernie Pauly, lead researcher of the Canadian Managed Alcohol Program Study.

Dr. Bernie Pauly

Dr. Bernie Pauly, lead researcher of the Canadian Managed Alcohol Program Study (CMAPS), explained that Managed Alcohol Programs (MAPs) follow a harm-reduction approach to homelessness, in addition to severe and chronic alcohol dependence. She said that as a result of her research and work with Indigenous peoples she has been learning how to connect the goals of MAPs to family, community, culture, and the land. While there are very few MAPs directed specifically to Indigenous participants, examples do exist, such as Ambrose Place (AB) and Kwae-Kii Win in Thunder Bay, ON.

Yakawilas Coreen Child & Renée McBeth Beausoleil



Renée McBeth Beausoleil presents on the initial findings of ACEH's Managed Alcohol Program Feasibility Study.

Yakawilas Coreen Child and Renée McBeth Beausoleil presented the initial findings of ACEH's MAP Feasibility Study. Based on 58 surveys from focus groups and one-to-one meetings (38 from community members, and 20 from service providers), they found a significant number of Indigenous people who could benefit from the proposed MAP and outlined a potential program model as well as strategies for implementation in Victoria. Still, more information is needed to identify appropriate language and a way of operating that is in-line with Indigenous worldviews, values, principles and diverse cultural practices.

SMALL GROUP DISCUSSIONS

Following the presentations, the gathering broke into three small discussion groups, each carrying a different focus. The following outlines the discussion guide provided to each group and the main themes of the discussions. Assigned categories were not an exact fit; participants worked adaptively with the posed sets of questions.

Group One: Elders, Language Speakers, Knowledge Keepers

Discussion guide:

1. After hearing the presentations what stands out for you and what spoke to your heart?
2. The presenters talked about gaps in services, their daily struggles and the lack of cultural supports on the streets. There is a critical need to bring our own ways, understandings, traditions and practices to this work - what comes to mind for you thinking about some of our practices and pathways towards healing and recovery?
3. What are some of the main differences between the Western medical model of healthcare compared to how we approach health and wellness? Can the two connect and if so, how?



It is crucial to create an atmosphere of family among community through relationship-building and alliances.

“We are all interconnected.” We must create “a home with all aspects of our communities,” through alliance-building and by working together. This statement implies the obligation to take care of those who need help, as one would take care of one’s brother or sister.

A spirit of generosity should guide the work, drawing on feast culture and the traditions of caring for family and for guests.

Indigenous approaches differ from Western approaches because of an Indigenous focus on values and principles of respect, love, kindness, care, compassion, non-judgement and “standing as one.” Furthermore, Indigenous medicines and paths to healing can include natural remedies from traditional foods, plants, medicines and teas, as well as passing on teachings such as bathing ceremonies, brushing and cleansing, and connections to the land and sea.

To address challenges that arise from the diversity of Indigenous

peoples that gather in the city, the local Indigenous territory must be respected while also acknowledging that many Indigenous people in the city may be from other territories, and their paths to healing may be unique. Pan-Indigenous approaches that lump diverse nations



and traditions together need to be avoided. Others emphasized the need to develop a basis for a set of shared urban Indigenous values.

Group Two: Front-line Workers, Housing Providers, Health Organizations, Indigenous Community Members, Aboriginal Street Community

Discussion guide:

- 1. What were the key words and phrases that stood out for you from the presentations so far?*
- 2. How did the work remind you of other experiences you've had with 'harm reduction'? What other words and feelings do you associate with harm reduction?*
- 3. Where do you see Indigenized practice fitting in to your organization and in blending both worlds what challenges and opportunities do you envision?*

This group raised the importance of natural laws; especially responsibility, kindness, love and letting people create their own wellness plans and pathways. Education is central to decolonizing understandings of addiction and substance use, so that harms are understood in terms of colonial and systemic conditions in which people have experienced grief, loss, and racism.

Program and policy developers should include Indigenous counselors, staff and cultural peer supports as well as people with lived experience. This requires transforming what exists and building urban Indigenous community spaces and outcomes that include but also go beyond housing and harm reduction. Programs such as a MAP should be built on open discussions with all people involved and evaluated with an emphasis on stories and lived experiences more than quantitative data.

Indigenized practice must be holistic - addressing physical, emotional and spiritual needs - and based on meaningful and genuine relationships.

Harm reduction needs to be associated with de-stigmatization, safety, support, care, concern, and compassion.



Group Three: Indigenous Organizations



An Indigenous definition of harm reduction involves healing together through the restoration of traditional wellness processes, including those encoded in language and culture.

Honouring Indigenous knowledge also entails valuing every individual and their unique gifts, diverse spiritualities, and ways of knowing. Immediate needs for housing and food should be addressed along with providing other culturally specific supports, including specific traditions, values, beliefs, practices, food, language, ceremony, teachings, and guiding principles.

WHAT DOES THIS ALL MEAN?

THE GROUNDWORK FOR AN INDIGENOUS APPROACH TO HARM REDUCTION

The Aboriginal Coalition to End Homelessness is the only organization on Vancouver Island whose sole purpose is to end Indigenous homelessness. A decolonized harm reduction approach will have implications and benefits that manifest across the island. The ACEH serves Indigenous people who are experiencing homelessness and are the most at-risk and vulnerable; these people often require supports, such as culturally-supportive housing, that exceed the limits of what is currently provided. **The promising practice found in the Priority One culturally supportive housing model, combined with Indigenized pathways to healing and recovery has the potential to be a catalyst for change, with Indigenous people taking the lead, defining the challenges as well as the solutions; thus, creating our own map.**

We have identified a starting point for next steps and a framework that

we believe will generate further dialogue and lead to transformative practice. If we learned anything at all, it is that dialogue about a made in Vancouver Island Indigenized approach is just a first step. Now, we must focus on the themes and priorities that emerged throughout the Gathering and and keep the work grounded in the insights and wisdom of Elders and community leaders.

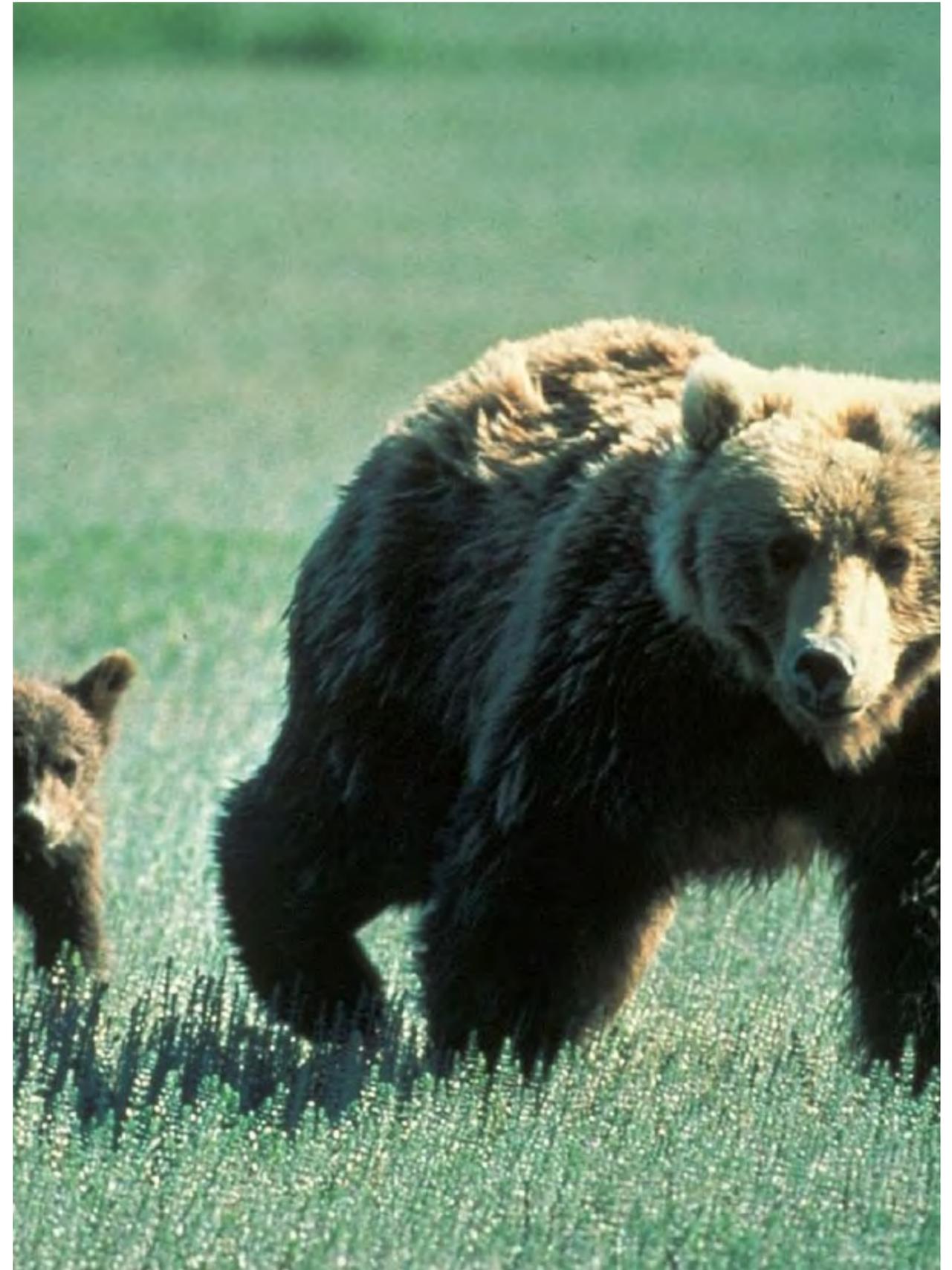
THEMES

- We are all one
- Connectedness
- Optimism and resiliency
- Proactive vs. reactive
- Build it our way – others will follow
- Just get started, however small any first attempt may be



CONSIDERATIONS

- 1** Create a dual-model of care (Western and Indigenous) – We need to work together.
 - *Collaborate – build and strengthen alliances and formal partnerships*
 - *Develop Indigenous supports in the heart of the city*
 - *Ensure there are professionals trained in intergenerational trauma*
 - *Include Elders, Mentors and Peers in programming*
- 2** Build on the promising practice in the Priority One culturally supportive housing pilot project.
 - *Strengthen Indigenous self-identity*
 - *Provide a home, a safe environment – with love and no judgement*
 - *Feast – eat together – share stories around the table, and feed the spirit*
- 3** Build a model of care based on Indigenous teachings, protocols, values and principles.
 - *Based on respect and taking care of each other*
 - *Foster cultural connections and cultural resurgence*
 - *Make ceremony foundational*
 - *Design with Indigenous natural laws as the guide*
- 4** Increase land-based healing practices - Establish communities of care and healing in the three tribal territories on Vancouver Island and in partnership with Métis Nation BC, each focusing on their unique gifts, land-bases, practices and approaches to healing.
 - *Focus on traditional knowledge and skills transfer*
 - *Ground programming in Indigenous language for deeper meaning*
 - *Incorporate traditional foods, medicines, and cleansing*
- 5** Strengthen a spirit of alliance across Vancouver Island.
 - *Envision an island where Indigenous people are whole, safe, strong, housed - transformed through love and care*
 - *Identify sister communities*
 - *Build and maintain strong partnerships, create MoU's, protocols for practice*
 - *Commit to action through short and long term planning*



ACTION FRAMEWORK: LEADING THE WAY

Short, Medium, and Long-Term Goals

SHORT-TERM

1. Establish Indigenous supports in Victoria to align traditional practice with Western models of harm reduction
2. Develop a 'healing house' to support people being discharged from hospital, treatment and incarceration to provide them with time and support to heal and strengthen their spirit
3. Pilot a Residence Managed Alcohol Program
4. Begin to reach out across the Island to establish pockets of Indigenized harm reduction 'healing communities', seek funding
5. Provide culturally supportive housing

MEDIUM

1. Pilot Island Wide 'healing communities'
2. Conduct research; gather data
3. Expand Managed Alcohol Residence programming
4. Provide culturally supportive housing

1. Open an Indigenous Healing Centre in Victoria for the ASC
2. Provide culturally supportive housing
3. Operate residence MAP programming

LONG-TERM

APPENDIX: LIST OF ATTENDEES

Angie Hamilton – ACEH Staff
 Barb Hulme – Métis Nation BC Representative
 Bernice Kamano – Front-Line Worker Panelist
 Bernie Pauly – UVic/MAP Planning Committee
 Brielyn Ramsey - ACEH Administrative Assistant
 Candice MacDonald – Victoria Cool Aid Society
 Carola Cunningham – Presenter
 Charlayne Thornton-Joe – ACEH Board Member
 Coreen Child - ACEH Consultant
 Dana Young – Our Place Representative
 Don Elliott – Executive Director of GVCEH/ACEH Board Member
 Don Evans – Our Place Society Representative
 Don Kattler - Mt. Waddington Health Network
 Dr. Ami Brosseau – MAP Planning Committee
 Eric Amos – Street Community Panelist
 Fran Hunt-Jinnouchi – ACEH Executive Director
 Guy Louie Sr. – Nuu-chah-nulth Community Member
 Guy Louie Jr. – Drummer
 Jan Green and Moy Sutherland – Nuu-Chah-Nulth Elder Representatives
 Janine Theobald – GVCEH Representative
 Jessica One-Spot Whitney - ACEH Projects Coordinator
 Joseph Thomas – Esquimalt Dancers

Kaleb Child - Gathering Moderator
 Kathy Stinson – CEO of the Victoria Cool Aid Society
 Linda Bouchier – Street Community Panelist
 Lisa Helps – Mayor, City of Victoria
 Marina Chapman – Métis Nation BC Representative
 Marlene Williams – Street Community Panelist
 Meaghan Brown – UVic PhD student/MAP Indigenous Advisory & Community of Practice Committee
 Milli Jackson – Street Community Panelist
 Owen – Street Community Panelist
 Pamela Webster - Nuu-chah-nulth Community Member
 Patrick Harris – G.V. Métis Nation Representative
 Raven James – Street Community Panelist
 Renée McBeth Beausoleil - ACEH Project Writer
 Renee Johnny – Street Community Panelist
 Ron Rice – VNFC/ACEH Board Member
 Rupert and Gundale Wilson – Kwak’waka’wakw Elders
 Sara Child – Presenter
 Sarah Littlechild - ACEH UVic Practicum Student
 Spruce Wamiss – Kwak’waka’wakw Elder Representative
 Sylvia Dick – Street Community Panelist
 Tom Sampson – Tsartlip (Coast Salish) Elder Representative/Presenter
 Tony – Street Community Panelist
 Tousilum and Deb George – Cowichan Tribes (Coast Salish) Elder Representatives
 Val Joseph – Atira Women's Resources Society
 Victor Newman – Elder Representative
 Wata Joseph – Kwak’waka’wakw Elder Representative



We extend gratitude to the Networking Planning Group who assisted in the planning of the Gathering in June 2018, including the invitation list, project wrap-up and report review, as well as the development of a preliminary list of Indigenous wellness indicators.

ACEH | August 2018