

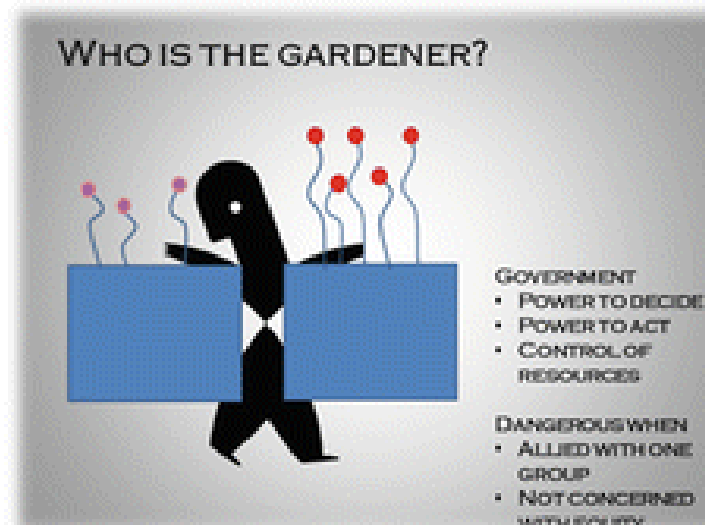
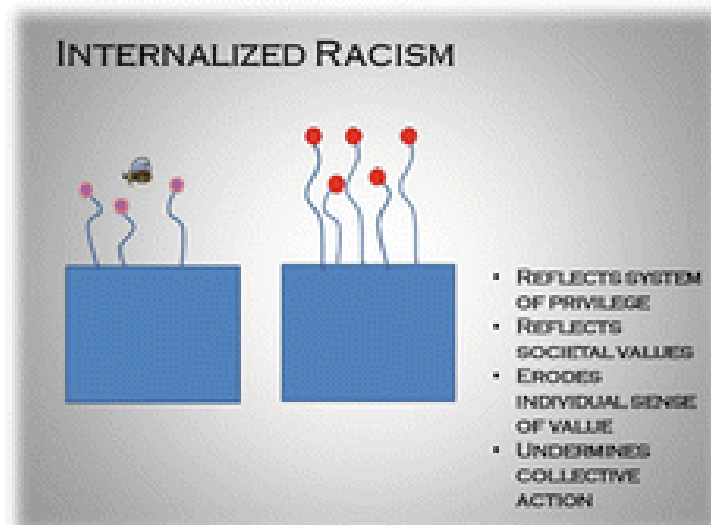
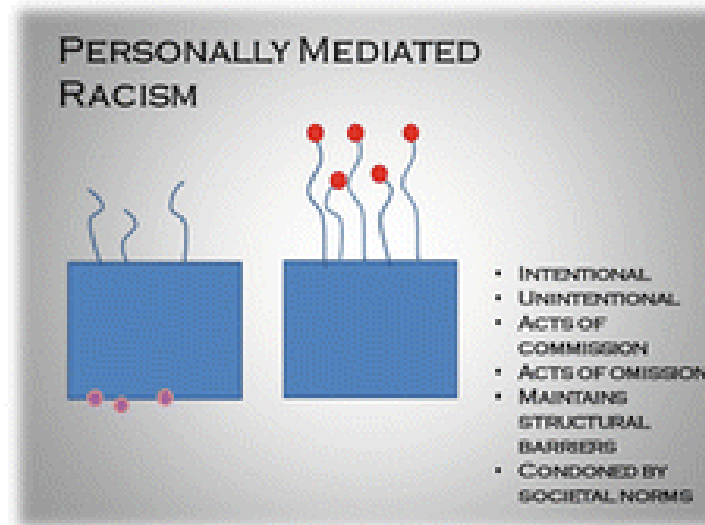
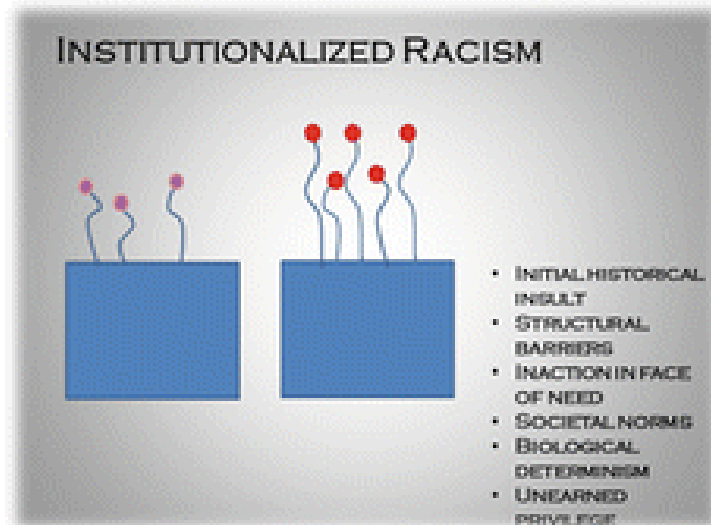
An Indigenist public health view on drug use and harm reduction

Marcia Anderson, MD MPH FRCPC

Calls to Action

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

Gardener's Tale: Framework for Understanding Racism



Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *Am J Public Health*: 2000 August; 90(8): 1212-6.

Health Outcomes

K.L. Walters et al. / Women's Health Issues 21-6S (2011) S261-S265

S263

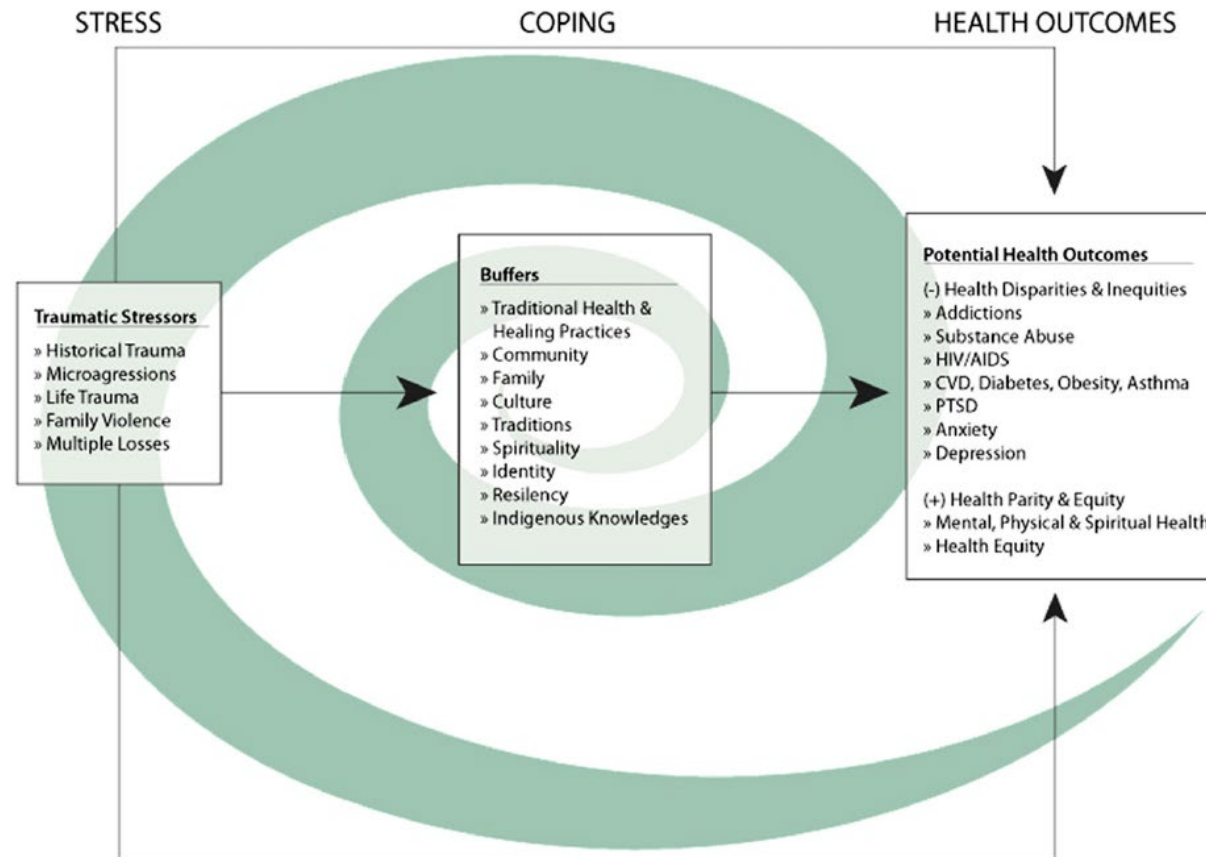
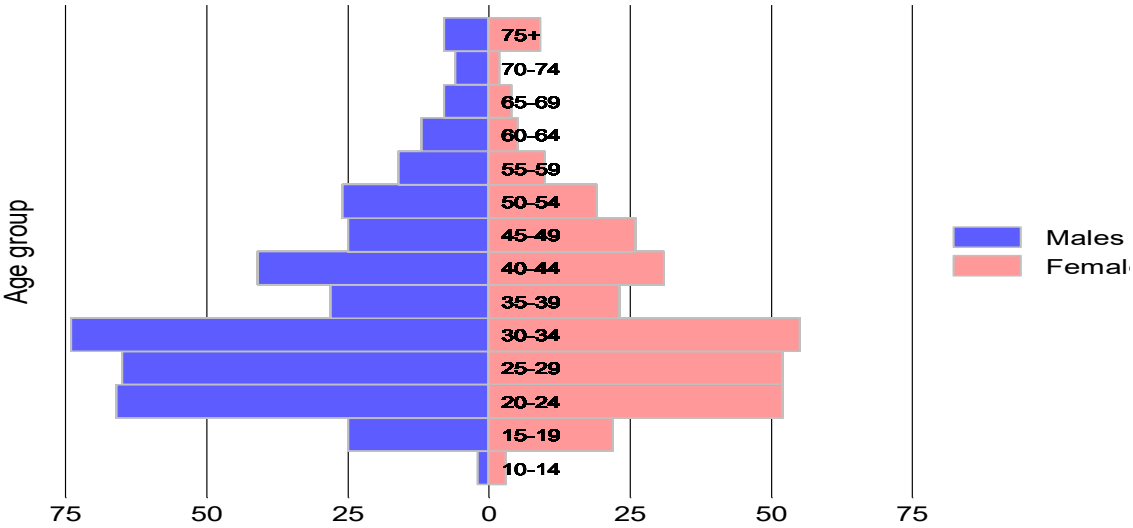


Figure 1. Adapted Indigenist Stress Coping Model (adapted from Walters & Simoni, 2002).

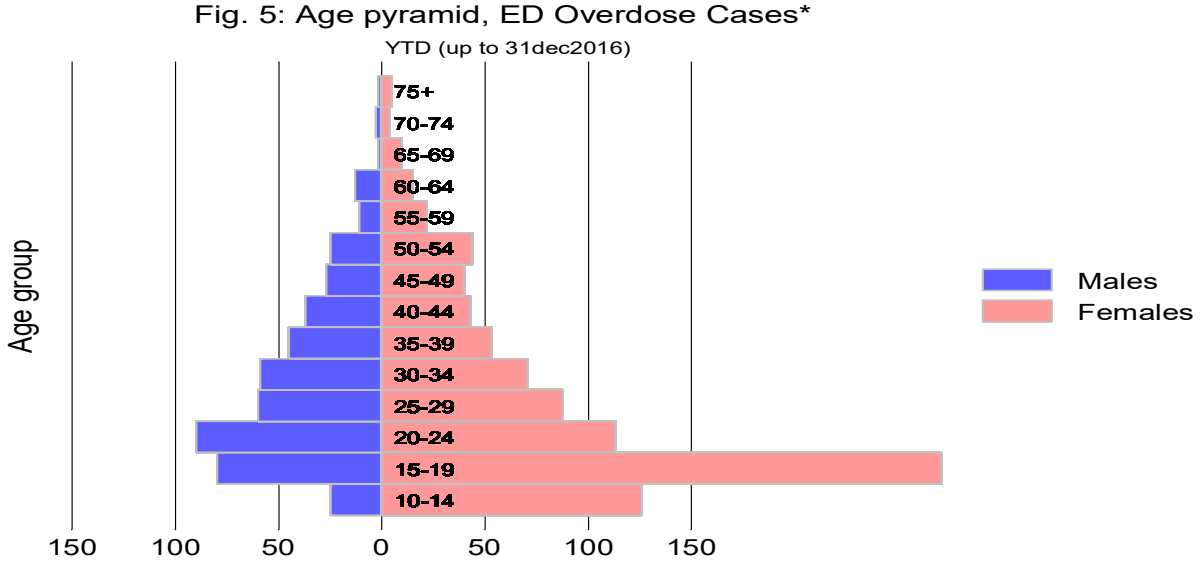
Demographic Trends, 2016

Suspected Overdose Cases Receiving Naloxone, WFPS, 2016



*Data provided by WFPS; Includes only those greater than 9 years of age.

Suspected Overdose Cases Presenting To WHR ER and Urgent Care Facilities, 2016 (EDIS)



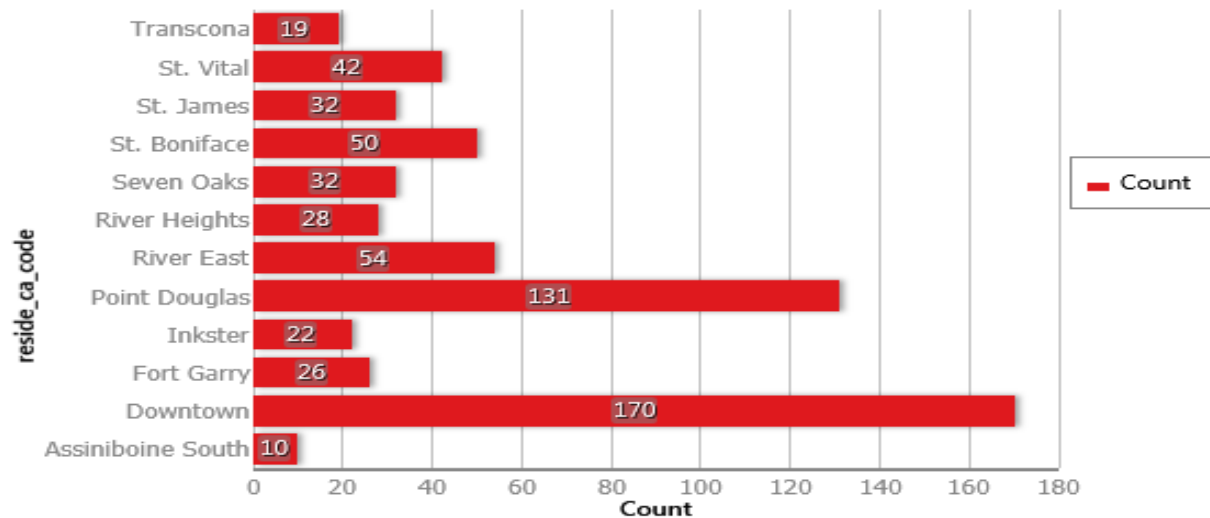
*Data from EDIS; Includes CTAS 1 & 2 and those greater than 9 years of age only.

Suspected Overdose Events receiving Naloxone

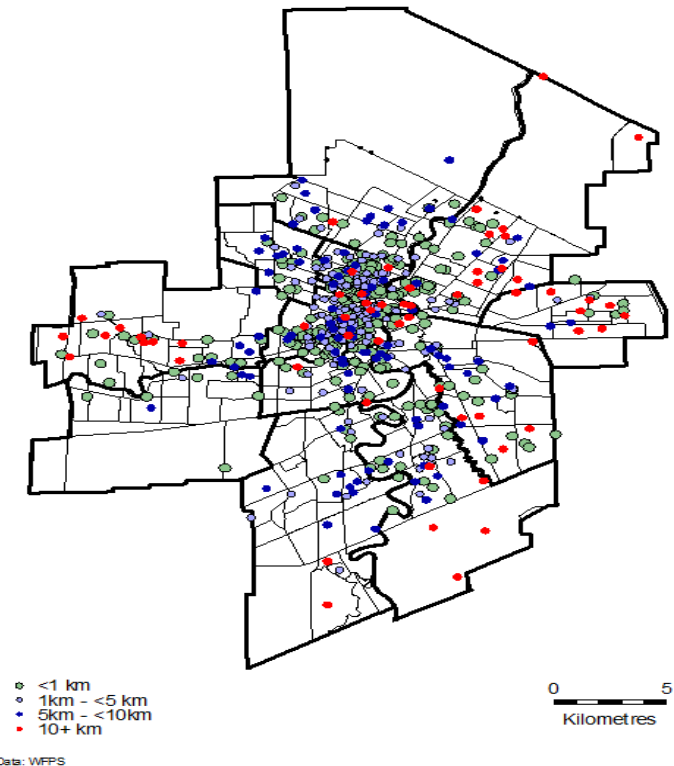
were almost evenly distributed (50/50) between the residents of the downtown CAs combined (Downtown and Pt. Douglas) and the urban suburbs

Suspected Overdose Events Receiving Naloxone, by Residence, 2016, City of Winnipeg
> 9 years of Age

Community Area of Residence



Residence Location



Just over one half of all persons administered Naloxone live in the urban suburbs, outside of the downtown Community Areas of Downtown and Point Douglas

War on Drugs?

- AJI and other inquiries have detailed racism in the justice system
- Throughout US and Canada white people are more likely to sell drugs and equally likely to use them but represent a minority of those charged/ prosecuted/ sentenced for drug related offences
- Differential policing in low income neighborhoods and neighborhoods where higher proportion of black or Hispanic or Indigenous people live
- ZERO evidence of any type of public health benefit but there is evidence of harm (e.g. infection rates)

Indigenist Public Health Approach

- Centers the experience of Indigenous people and works in relationship that respects Indigenous rights
- Explicitly addresses multilevel racism at the structural level to reduce/remove colonial harms
- Prioritizes the physical, social and mental well-being of people who use drugs
- Focuses on problematic or harmful use: can be from drug itself or from societal responses
- Evidence-informed, ethical and pragmatic
- Avoids further trauma or harm

Crystal Meth

- Amphetamine: stimulating
- Taken by:
 - Smoking
 - Swallowing
 - Snorting
 - Injecting
- Intense high, low cost

Brain Effects

- Increases dopamine in the brain: high levels of dopamine in reward areas of the brain feels really good
- Dopamine: movement, motivation, and reinforcement of rewarding behaviors
- Impacts neurons and receptors:
 - Crash
 - Longer term: harder time feeling pleasure from anything

Short-Term Effects

- Increased wakefulness and physical activity
- Decreased appetite
- Faster breathing
- Fast and/ or irregular heart rate
- Increased blood pressure and body temp

Long-Term Effects

- Risk of ID if harm reduction programs not in place
- Risk of system involvement (e.g. justice) if punitive approach rather than public health approach
- Weight loss
- Fatigue
- Memory loss
- Paranoia
- Hallucinations
- Withdrawal, including post-acute (e.g. long term depression)

AYO Politix Brainstorm: Health

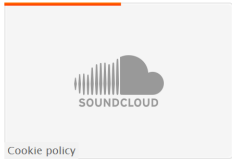
On February 18th, at the Windmill, the AYO Politix crew put together our top health concerns ahead of the upcoming provincial by election. Find below our ["Top 5: Health"](#) list!

- 1. Decriminalize All Drugs**
 - > decriminalize ALL drug use and treat addiction as a public health concern
 - > establish criminal penalties for medical malpractice
- 2. Promote Harm Reduction**
 - > Establish a Supervised Injection Site ([See Vancouver Insite](#))
- 3. Provincial Support of Spiritual and Mental Health**
 - > Scale up WRHA Spiritual Health Pilot Project
 - > Establish provincial Mental Health Strategy & create relevant and accessible entry points
- 4. Transportation & Triage**
 - > Increase transportation options for patients needing health services in urban & rural settings
 - > Establish a Secretary training program informed by patient experiences to improve triage
 - > Implement [Brian Sinclair Recommendations](#)
- 5. End Systemic Racism**
 - > Mandatory cultural competency training for health employees
 - > Increase indigenous representation on regional health authority boards and among senior management
 - > Implement [TRC Calls to Action 18 to 24](#)

These are the topics we will be sharing with candidates in the upcoming Point Douglas by-election and continue to pursue after the election has come and gone.

Advertisements

build political literacy and allow residents of our community to take a listen below, be informed and share with your friends.



Cookie policy

[CHECK IT](#)

Advertisements

Follow ...

Type here to search

5:29 PM
2018-02-26

Preventing and Reducing Harms

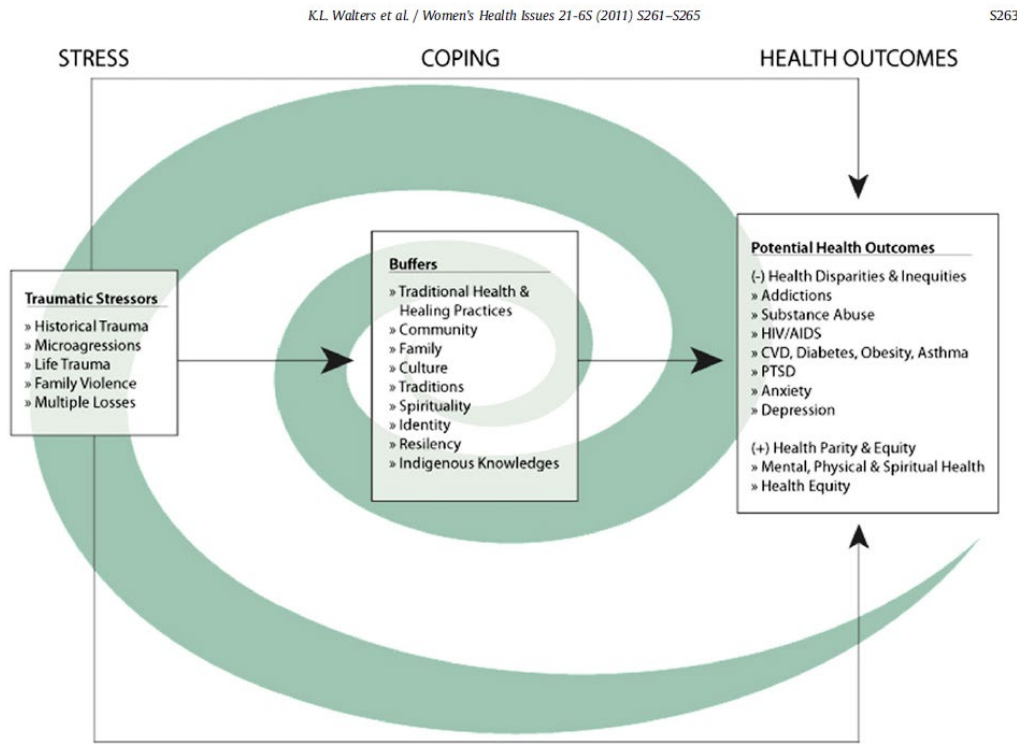
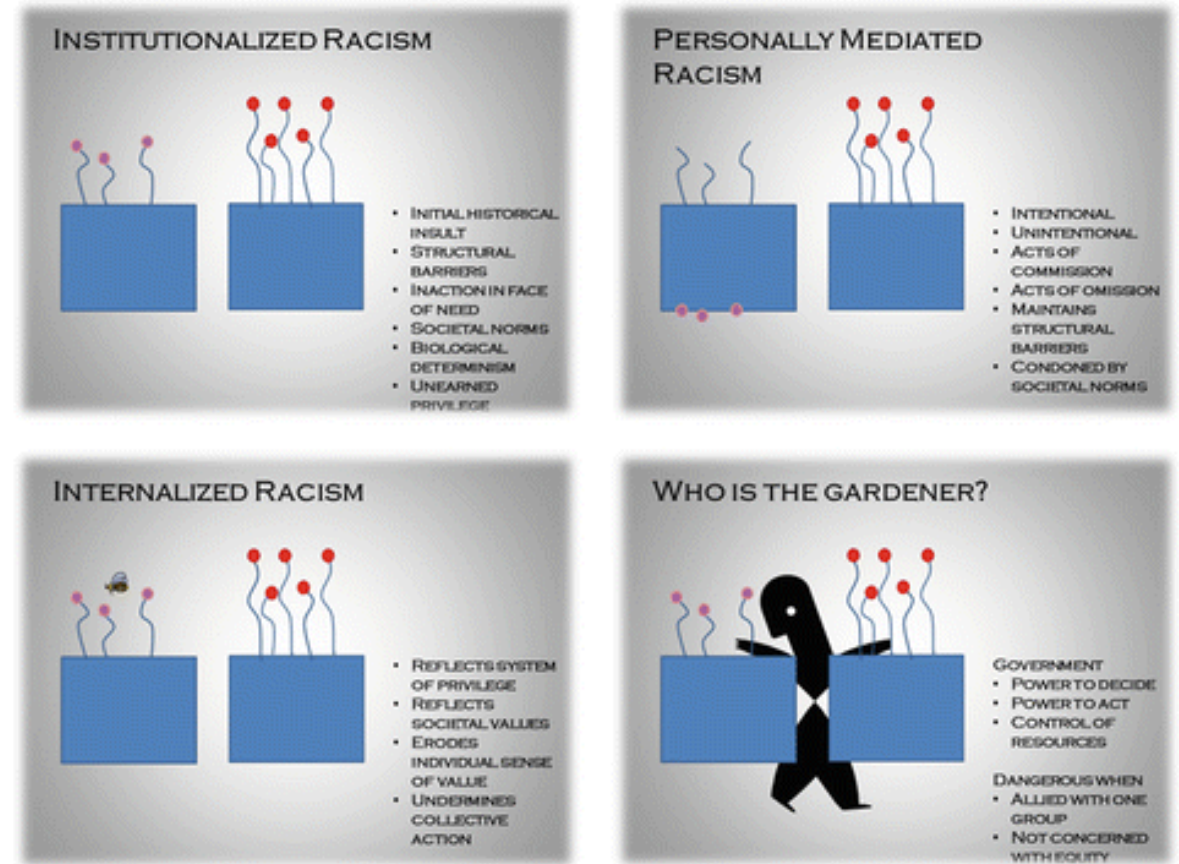


Figure 1. Adapted Indigenist Stress Coping Model (adapted from Walters & Simoni, 2002).



First Steps: Harm Reduction

Four Fire Model

By centering community wellbeing and the restoration of different Indigenous knowledge systems, life ways, ceremonies, culture and governance structures Indigenous peoples of many Nations and cultures can reduce the harm we experience in our lives.



Thirteen Moons: Culture-based program for people who use drugs

A collaboration between Aboriginal Youth Opportunities, Ka Ni Kanichihk, Manitoba Harm Reduction Network & WRHA

The Grind

We reached out to people in systems who could help. We used our usual ways of discussing new ideas and developing solutions in the community, including AYO Politix Brainstorm, Meet Me at the Bel Tower, ongoing conversations with Knowledge Keepers, and connecting with people who use drugs. We framed our program using the NYSHN Four Fire model of harm reduction (<http://www.nativeyouthsexualhealth.com/indigenizingharmreduction.html>).

Sovereignty

- Meeting people where they're at
- Treating with respect
- Non-judgemental
- Peer outreach workers connecting with people who use drugs
- Offering safer consumption supplies
- Naloxone training and distribution

Reclamation

- Recognize/ honor all cycles
- Culture-based curriculum
- 13 weeks 4 times for each year
- Seasonal teachings
- Medicine wheel: spring: children, new growth, beginnings
- Summer: focus on youth, physical activities
- Fall: Adults, emotional themes and support
- Winter: Knowledge keepers, stories and the mind

Creation Story



We have grieved many relatives who couldn't get the help they needed because of the stigma of drug use. Melissa was our sister. She was funny. She helped people in the village. When she was pregnant and using crystal meth, she was afraid her baby would get taken from her, and didn't know where she could turn for help. She took her own life outside a community health service building that wasn't yet open for the day. This was our last straw, and we knew we had to do something. This was our inspiration to begin community led action.

Self-Determination

- Nothing about us without us
- Rights-based approach to Indigenous leadership
- Governance Model with AYO as lead decision makers
- Circle of organisational support to help operationalise their leadership
- Peer advisory circle to ensure program is responsive to their needs

Cultural Safety

- Peer workers
- Supporting navigation of existing systems
- Training settler healthcare providers to provide culturally safe care to people who use drugs
- Leading culturally safe system transformation

Questions?