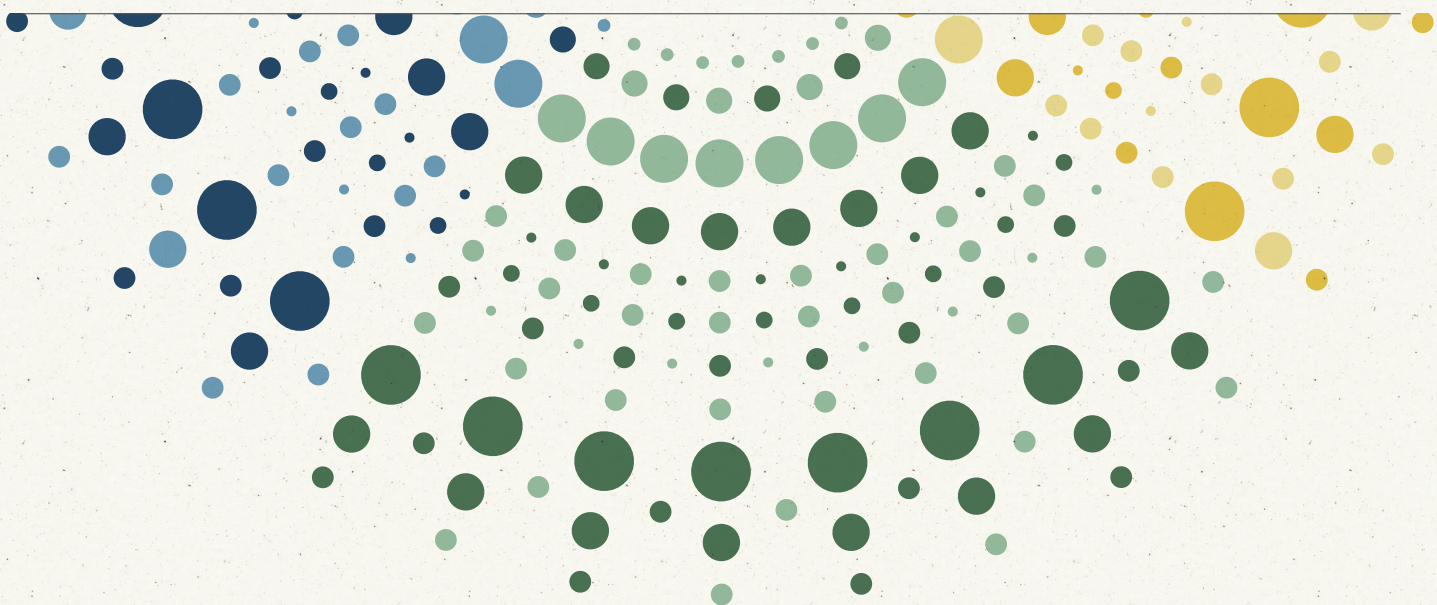


INDIGENOUS-CENTRED APPROACHES

TO HARM REDUCTION AND HEPATITIS C PROGRAMS



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BACKGROUND

Across the country, Indigenous communities and allies are leading unique and innovative programs to address harms associated with substance use, including a disproportionate burden of hepatitis C.

Historical and present-day structures have resulted in significant health and social inequities including substance use and hepatitis C among First Nations, Métis and Inuit in Canada. These inequities are a direct result of historical trauma and ongoing colonial oppression experienced by Indigenous peoples.

Indigenous-led harm reduction and hepatitis C approaches across Canada are addressing historic trauma by using Indigenous wellness practices and knowledge.

In 2018, a national programming dialogue gathered Knowledge Holders, Elders, community leaders, people with lived experience and other service providers for a two-day dialogue. The goal was to convene programming leaders to share practices in Indigenous-centred harm reduction and hepatitis C programming.

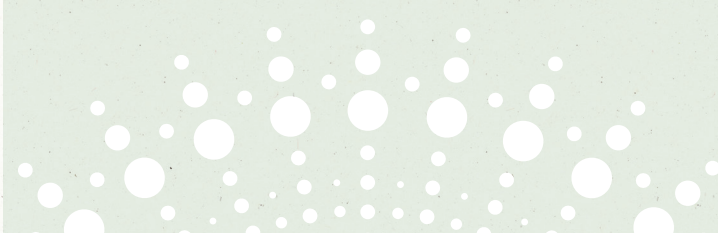
This report summarizes key themes that emerged in the programming dialogue and highlights examples of how programs are addressing harm reduction and hepatitis C in Indigenous communities. The lessons from these programs will help to support program planning by other service providers and communities.

WHAT DOES COLONIALISM MEAN?

Colonialism describes past and current processes of oppressive colonial systems that intentionally disconnect Indigenous people from their lands, cultures and communities. This includes historical events, such as residential schools, and ongoing acts, such as racism and oppressive social, political and economic systems.

PROMISING PROGRAMS: Sturgeon Lake First Nation

Sturgeon Lake First Nation, Saskatchewan, developed their own wholistic community health model that harmonizes traditional Nehiyawak (Cree) wellness practices with Western health services. Community Elders and Knowledge Holders guide traditional Nehiyawak teachings and healing practices. This approach is the basis for over 40 culturally based, in-language programs at the health centre, including wraparound hepatitis C care.



PLANNING AN INDIGENOUS-LED DIALOGUE

The dialogue gathered 26 participants in Edmonton, Alberta, in October 2018. Participants represented harm reduction or hepatitis C programs that are led by either people from Indigenous communities or allies who work with them. See **Appendix A** for the full list of participants. This event stemmed from **recommendations from a 2015 CATIE meeting** to hold a meeting solely focused on Indigenous hepatitis C programs in Canada.

The planning and facilitation of this dialogue was centred in Indigenous principles and practices. The event was organized by CATIE, a non-Indigenous organization that leads knowledge exchange opportunities, including educational events, and develops tools and resources. CATIE worked closely with Indigenous partners to convene an advisory committee of Indigenous programming leaders, including Knowledge Holders and Elders, who led the planning and facilitation of this dialogue.

Over two days, participants shared, engaged and connected through a series of structured discussions. See **Appendix B** for the complete agenda. The discussion was structured to discuss the following:

- How does reconciliation inform harm reduction and hepatitis C programs?
- What are examples of existing Indigenous reconciliatory programs that are addressing harm reduction and hepatitis C?
- Based on these program examples, what are the common elements of effective and impactful harm reduction and hepatitis C programs?

PROMISING PROGRAMS:

Ahtahkakoop Health Centre

This program from Ahtahkakoop Cree Nation in Saskatchewan is guided and delivered by the community, including those with lived or living experience. They battle stigma and racism by bringing hepatitis C testing and treatment services directly to this rural community, including holding community-wide testing events. Indigenous-led care and integration of spiritual and healing practices encourage individuals to meet their Wholistic health needs.

WHAT IS A RECONCILIATORY APPROACH TO HARM REDUCTION AND HEPATITIS C?

Indigenous-centred approaches are firmly rooted in reconciliation. In the meeting, participants acknowledged that Canada's colonial past and present are a direct cause of inequities in the prevalence of substance use and hepatitis C between Indigenous and non-Indigenous peoples. This includes ongoing colonialism in Canada's health, justice, education, family and housing systems. A reconciliatory approach strives to address these colonial harms. This dialogue explored what a reconciliatory approach looks like in practice for frontline workers and communities.

WHAT IS A RECONCILIATORY APPROACH?

A reconciliatory approach recognizes colonialism as the direct cause of the gap in the prevalence of substance use and hepatitis C between Indigenous and non-Indigenous people. It targets historic trauma and ongoing colonial violence to minimize and reduce harms. It emphasizes Indigenous-centred approaches to address these as the pathway toward healing.

Recent research recognizes that harms from colonialism are a direct cause of trauma that is passed on through generations in communities.* Researchers described substance use as a natural response to cope with this trauma, and it subsequently increases the risk of contracting hepatitis C. Reconciliatory approaches recognize the direct links between colonialism

and substance use and involve a wholistic approach to address these issues.

The dialogue borrowed a *Etuaptmumk* or *Two-eyed Seeing* lens from this research as a reconciliatory approach to health practice.* It balances Indigenous ways of knowing and practices (one eye) as integral with and equivalent to Western health practices (the other eye). By drawing upon Indigenous ways, Two-eyed Seeing is an approach to address the impacts of colonialism.

Wholistic, reconciliatory approaches emphasize Indigenous knowledge, concepts and practices to help individuals heal from trauma. They are focused on *wellness* and *healing*, as opposed to just "healthcare" in Western health practice. *Wellness* is a wholistic concept that participants described as an emotional, physical, mental and spiritual balance, as well as the balance of one's relations with family, community, spirituality, culture and land.

During the dialogue, hepatitis C and substance use were discussed as an imbalance in wellness. Healing is a process of restoring this balance of emotion, body, mind and spirit. Healing is more encompassing than conventional Western healthcare, and it grounded the discussion on harm reduction and hepatitis C at the dialogue.

Participants noted that many non-Indigenous service providers may not innately understand Indigenous practices and how they balance with mainstream Western practices. As part of a reconciliatory approach, non-Indigenous service providers and Indigenous communities can work together to better understand wellness and healing for hepatitis C and harm reduction.

KEY ELEMENTS OF INDIGENOUS-CENTRED HARM REDUCTION AND HEPATITIS C PROGRAMS

The program dialogue focused on participants sharing ideas and examples of community wellness programs. Participants discussed why these programs were successful in their communities, how they overcame barriers and what lessons they have for others across the country. Based on these discussions, this section identifies key programming elements for impactful Indigenous wellness programs.

Every community is different, and what works in one may not work in another. This list is not an exhaustive checklist but rather a set of guiding principles that can help plan or evaluate a program in the community.

CREATE SPACE FOR INDIGENOUS PRACTICES, LANGUAGES AND CULTURE

Indigenous Ways of Knowing have a central role and value. Indigenous Healers, traditional medicines, arts, connection to land and other traditional practices can help reconnect an individual to their culture and create space for healing.

It is important to recognize that Indigenous cultures are unique and constantly changing. People will vary on how closely they identify with Indigenous culture. It is

important to give individuals the space to choose how to engage with programs and service providers.

PROMOTE SELF-DETERMINATION IN PLANNING AND DELIVERING PROGRAMS

Indigenous and community-led programs are more impactful. Community members know their own needs, resources and people best. When communities or community agencies directly control program resources or funding, they can

plan and deliver appropriate services that will be sustainable in the future.

ENGAGE PEOPLE WITH LIVED EXPERIENCE IN PROGRAM PLANNING AND DELIVERY

People with lived or living experience have unique knowledge and experience that is necessary to plan and deliver effective programs. They can advise and consult on the planning and evaluation process. Agencies should employ them to both plan and deliver services.

DESTIGMATIZE PROGRAMS AND COMMUNITIES

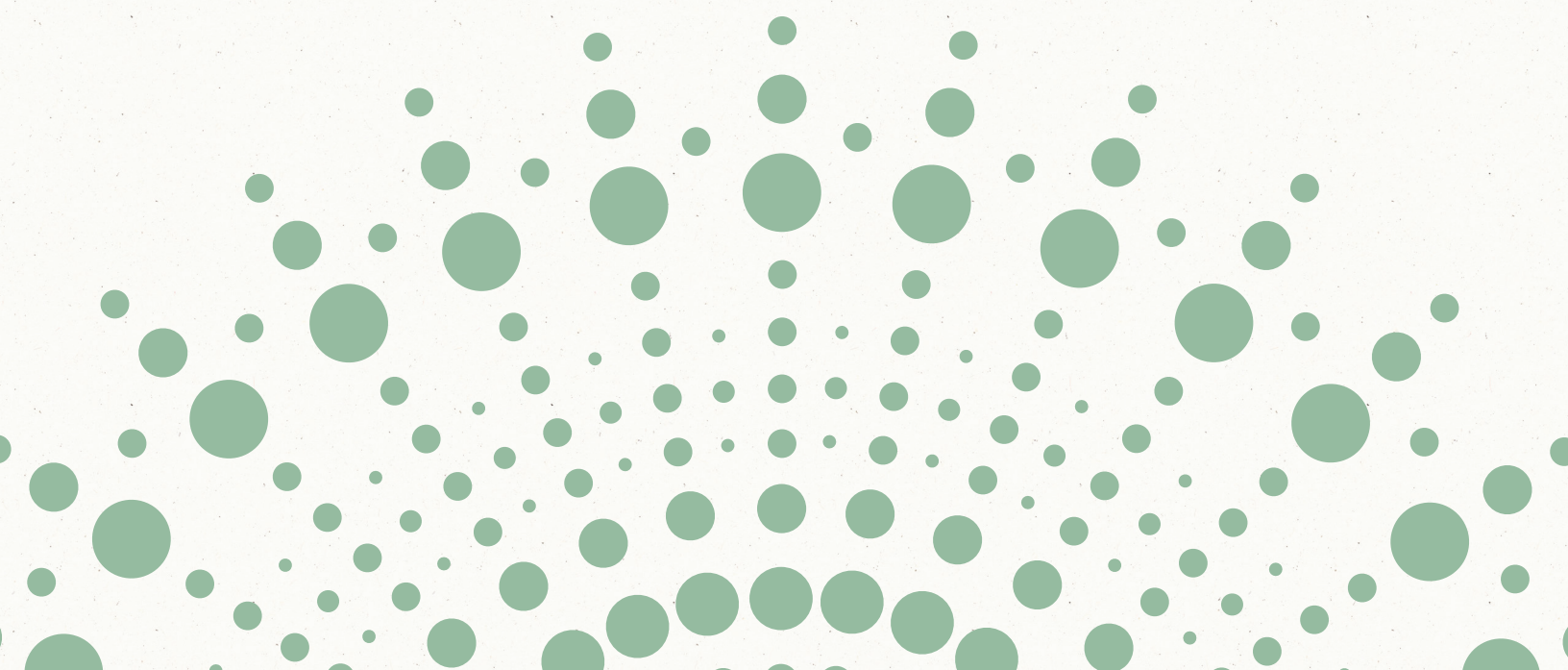
Judgment and rejection is why many people mistrust and avoid the health system. Recognize that stigma can come from several sources. One can be an advocate and educator in the community to destigmatize drug use and hepatitis C, counter racism in the health system and deliver programs with respect and compassion.

CREATE PROGRAMS THAT ARE PERSON-CENTRED

Programs are ultimately about serving people. Do not let drug use or disease status define someone. A wholistic approach to care addresses all facets of wellness, not just individual diseases or conditions. Consider who an individual is and where they are coming from, including the role of their family, community and past experiences. Give love and compassion, and base care in positivity and non-judgment.

RESPECT FOR ONE'S PERSONAL JOURNEY

Adapt programs to serve people no matter where they are at in their wellness journey. People should be able to choose how they work with service providers and determine their own wellness journey. This may mean prioritizing other issues above hepatitis C or drug-use treatment as part of their wellness journey.



EXAMPLES OF INDIGENOUS-CENTRED HARM REDUCTION AND HEPATITIS C ACTIVITIES

To identify the key elements listed above, participants discussed existing examples of work in their communities. Using a reconciliatory approach, meeting participants described what harm reduction and hepatitis C activities look like in the context of wellness and healing. This list captures examples of activities shared by participants.

TRADITIONAL HEALING PRACTICES

Elders, Healers and Knowledge Holders are central in leading these activities and providing spiritual and cultural guidance. During the dialogue, a participant described the role of sweat lodges and Elder teachings in their healing journey with hepatitis C and to reconnect with their culture. Another program used land-based healing to care for at-risk, Indigenous youth in summer camps in Northern BC. There are diverse Indigenous traditional practices, and the protocols, teachings and ceremony of each should be respected.

LANGUAGE-BASED SERVICES

The ability to deliver services in clients' language was central to programs such as the hepatitis C program at Sturgeon Lake Health Centre in Saskatchewan. This gives clients the ability to use their own words to explain and understand concepts and helps them to build closer relationships with service providers. Education to help clients to relearn their language also provided healing from colonialism through reconnection with culture.

PROMISING PROGRAMS:

Manitoba Harm Reduction Network (MHRN)

MHRN supports Indigenous communities to plan and lead their own harm reduction programs. They integrate storytelling, land-based meetings and community engagement to build capacity within these communities. To them, harm reduction means loving people and committing to compassion and relationship building with people. People with lived and living experience are included at every step, such as through peer advisory councils, partnership with peer organizations and employment of people who use drugs.

CULTURE- AND ARTS-BASED PROGRAMS

Dance, drum making and music were examples of activities used by programs for healing. One such a program was offered by the Western Aboriginal Harm Reduction Society (WAHRS), an Indigenous, peer-based harm reduction network based in the Downtown Eastside of Vancouver. In some communities, Indigenous youth may connect with arts in contemporary ways such as through hip-hop music, graffiti art and breakdancing.

SYSTEM NAVIGATION FOR WRAPAROUND CARE

Beyond harm reduction and hepatitis C, many programs linked to other services for primary care, mental health, housing, child care and more. Especially in urban environments, programs such as the Blanket Program of the Cedar Project in Vancouver used health navigators to help individuals access a complex and stigmatizing healthcare system. CUPS in Calgary offered a variety of in-house services, creating a “one-stop shop” for their clients.

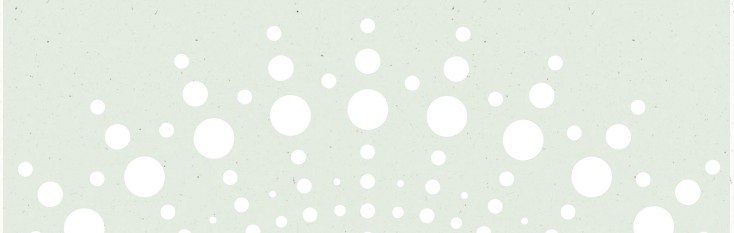
EMBEDDING SERVICES WITHIN THE COMMUNITY

Many programs engaged community members to deliver services, especially in smaller, more rural communities. These included community safe houses, where community members provide child care and informal harm reduction services and education. Community education also worked to destigmatize hepatitis C and substance use in communities for community members and leaders.

PROMISING PROGRAMS:

The Cedar Project Hepatitis C Blanket Program

Based in Vancouver and Prince George, BC, the program works closely with clients to help them navigate the health system for diagnosis, treatment and post-cure, culminating in a blanket ceremony. Buffering the stigma and racism of the health system, the program provides wraparound care that is rooted in principles of Indigenous wellness, including access to support from Elders.



BARRIERS TO CARE AND SERVICES FOR INDIGENOUS PEOPLE

Participants discussed several related barriers that may inhibit Indigenous people from accessing services. These discussions informed the key elements listed above, as participants talked about how to mitigate or remove these barriers. The following list shares some of the common barriers that programs tried to address.

STIGMA

Stigma, discrimination and racism in health services exclude individuals, making them feel rejected and ignored by services and discouraging them from seeking out services in the first place.

BARRIERS TO ACCESSING THE MAINSTREAM HEALTH SYSTEM

Social, economic and geographic barriers prevent Indigenous people from accessing health services in their community. These may include a lack of services in rural and remote Indigenous communities, the inability to travel or a lack of health professionals who provide culturally relevant and competent services.

LACK OF CULTURALLY RELEVANT, INDIGENOUS-LED SERVICES AND PROGRAMS

Many health and social services do not use Indigenous knowledge or approaches to wellness, are not available in Indigenous languages and lack Indigenous service providers. There are also barriers that make it difficult for Indigenous people to train as service providers in the first place, including limited opportunities for training.

HEALTH SYSTEM AND GOVERNANCE ISSUES

Community-based services, particularly ones that are Indigenous led, may not be available or may be discontinued because of a lack of stable funding or funding that is not controlled by Indigenous agencies. Fragmented delivery and insurance coverage of health services based on jurisdiction may also make health services inconsistent and confusing for clients to access.

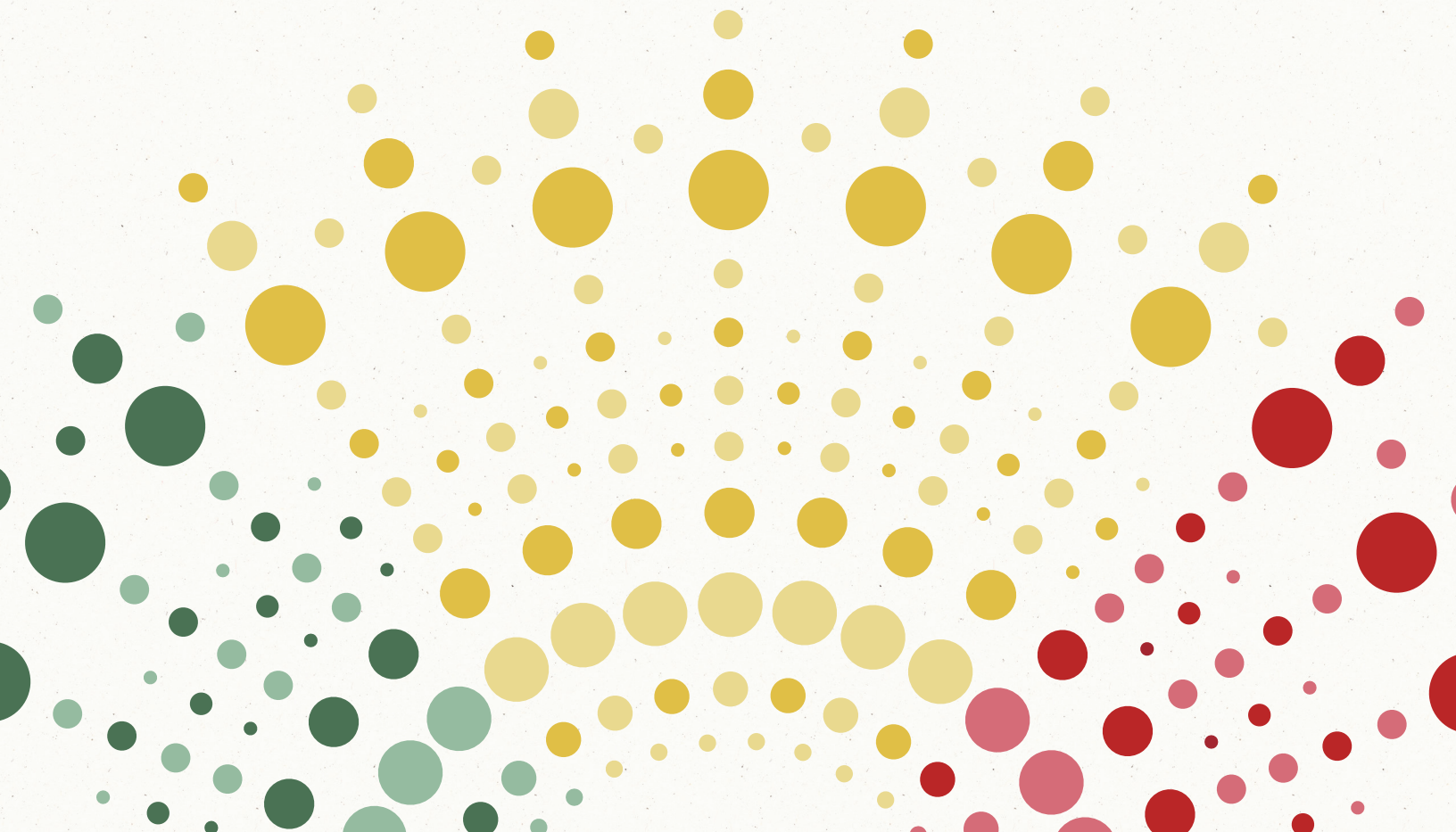
LOOKING TO THE FUTURE

The goal of this meeting was for participants to connect, share and learn about approaches and programs involving Indigenous-centred harm reduction and hepatitis C care programs. This is just one part of the conversation, and there are many more voices to hear from and much more knowledge to share.

Passionate, dedicated Indigenous communities and their allies are already leading this work across Canada. By following their examples of innovative and responsive programs and recognizing the strength of Indigenous approaches, we can take a step on the path toward reconciliatory harm reduction and hepatitis C services.

REFERENCE

- * Fayed ST, King A, King M, et al. In the eyes of Indigenous people in Canada: exposing the underlying colonial etiology of hepatitis C and the imperative for trauma-informed care. *Canadian Liver Journal*. 2018;1(3):115-29.



APPENDIX A:

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APPENDIX B:

PROGRAMMING DIALOGUE AGENDA



AGENDA

Programming Dialogue: Indigenous-centred approaches to hepatitis C community programming and harm reduction

Day One: Monday, October 1, 2018

Time	Activity
8:30-9:00	Arrival and coffee
9:00-9:30	Welcome and opening ceremony
9:30-11:00	Introductions circle
11:00-11:30	Break and snacks
11:30-12:30	Discussion One: Reconciliatory approaches to harm reduction and hepatitis C programming Reviewing foundational concepts and how they inform programming practice. Opening talks (30 minutes) <ul style="list-style-type: none"> • Tammy Chevrier, Timiskaming First Nation • Norma Rabbitskin, Sturgeon Lake Health Centre • Sadeem Fayed, Simon Fraser University Large group discussion (30 minutes)
12:30-1:15	Lunch
1:15-2:30	Discussion Two: Indigenous wellness programs for hepatitis C and harm reduction Exploring examples of programs and how they are implemented. Opening talks (20 minutes) <ul style="list-style-type: none"> • Shelda Kastor, Western Aboriginal Harm Reduction Society • Shohan Illsley, Manitoba Harm Reduction Network Small group discussion and report back (1 hour)

2:30-3:00	Break and snacks
3:00-4:00	Discussion Three: Elements of impactful and effective programs Analyzing program elements and what needs to be in place to make them effective. Opening talks (15 minutes): <ul style="list-style-type: none"> • Noreen Reid, Ahtahkakoop Health Centre • Lou Demerais, Vancouver Native Health Society • Margo Pearce, The Cedar Project Small group discussion and report back (45 minutes)
4:00-4:15	Wrap-up

Day Two: Tuesday, October 2, 2018

Time	Activity
8:30-9:00	Arrival and coffee
9:00-10:30	Visit to Ambrose Place (9629 106 Avenue NW)
10:30-11:30	Discussion Four: Prioritizing key issues and directions for programming (at Ambrose Place) Identify gaps, opportunities and actions to help strengthen programming. (large group discussion)
12:00-12:30	Group check-out and debrief (at Ambrose Place)
12:30-1:30	Farewell and lunch (at hotel)