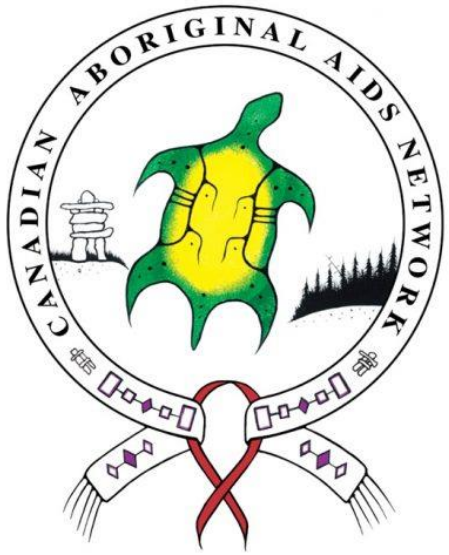
Indigenous-centred approaches to harm reduction, HIV and hepatitis C

February 24, 2020

Interagency Coalition on AIDS and Development

Coalition interagence sida et développement

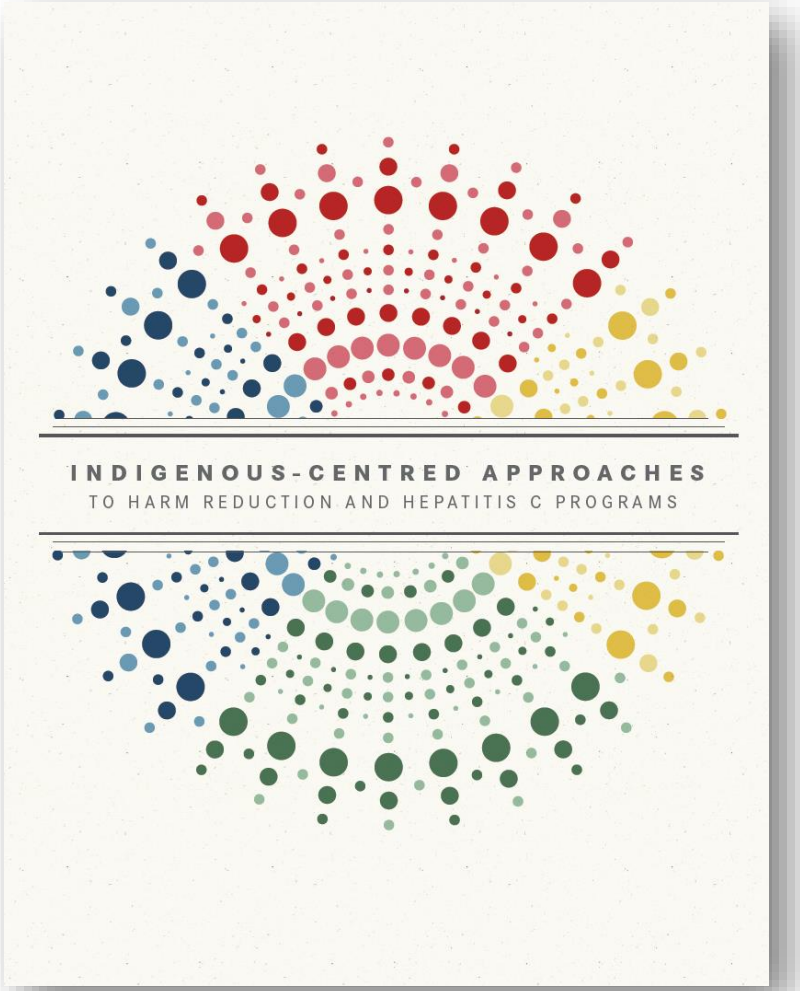


CATIE

Agenda:

- Overview by Dr. Alexandra King *(University of Saskatchewan)*
- Programming reflections from:
  - Norma Rabbitskin *(Sturgeon Lake Health Center)*
  - Carrie-Lynn Lund *(Canadian Aboriginal AIDS Network)*
- Q&A and Discussion

Available at www.icad-cisd.com



Available at www.catie.ca

Dr. Alexandra King is an Internal Medicine Specialist with a focus on HIV/AIDS and hepatitis C. Alexandra is a Nipissing First Nations woman. She is the first Cameco Chair in Indigenous Health and Wellness at the University of Saskatchewan, and the Co-Chair of International Group on Indigenous Health Measurement working group on Indigenous wellness.

Indigenous Approaches to Harm Reduction, , HIV and hepatitis C: Part 1

CATIE Webinar

February 24, 2020

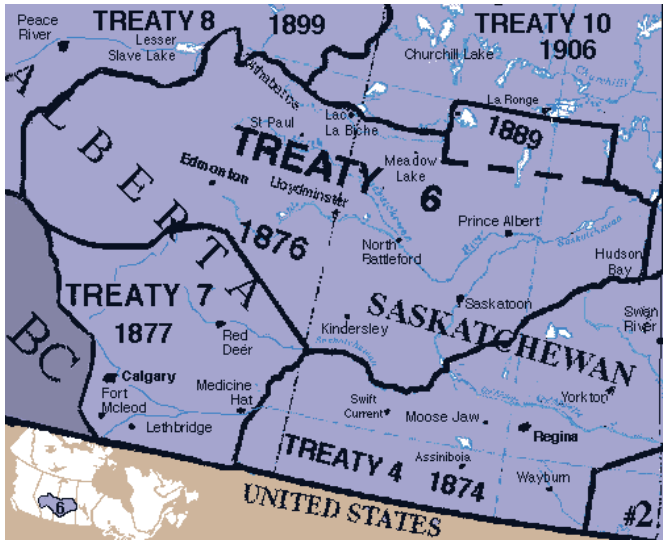
Alexandra King, MD, FRCPC
Nipissing First Nation
Cameco Chair in Indigenous Health and Wellness
alexandra.king@usask.ca

UNIVERSITY OF SASKATCHEWAN

miyo-maskihkiy

Territorial acknowledgement

I respectfully acknowledge that I live, work and play on Treaty Six First Nations Territory and the Homeland of the Métis Nation.

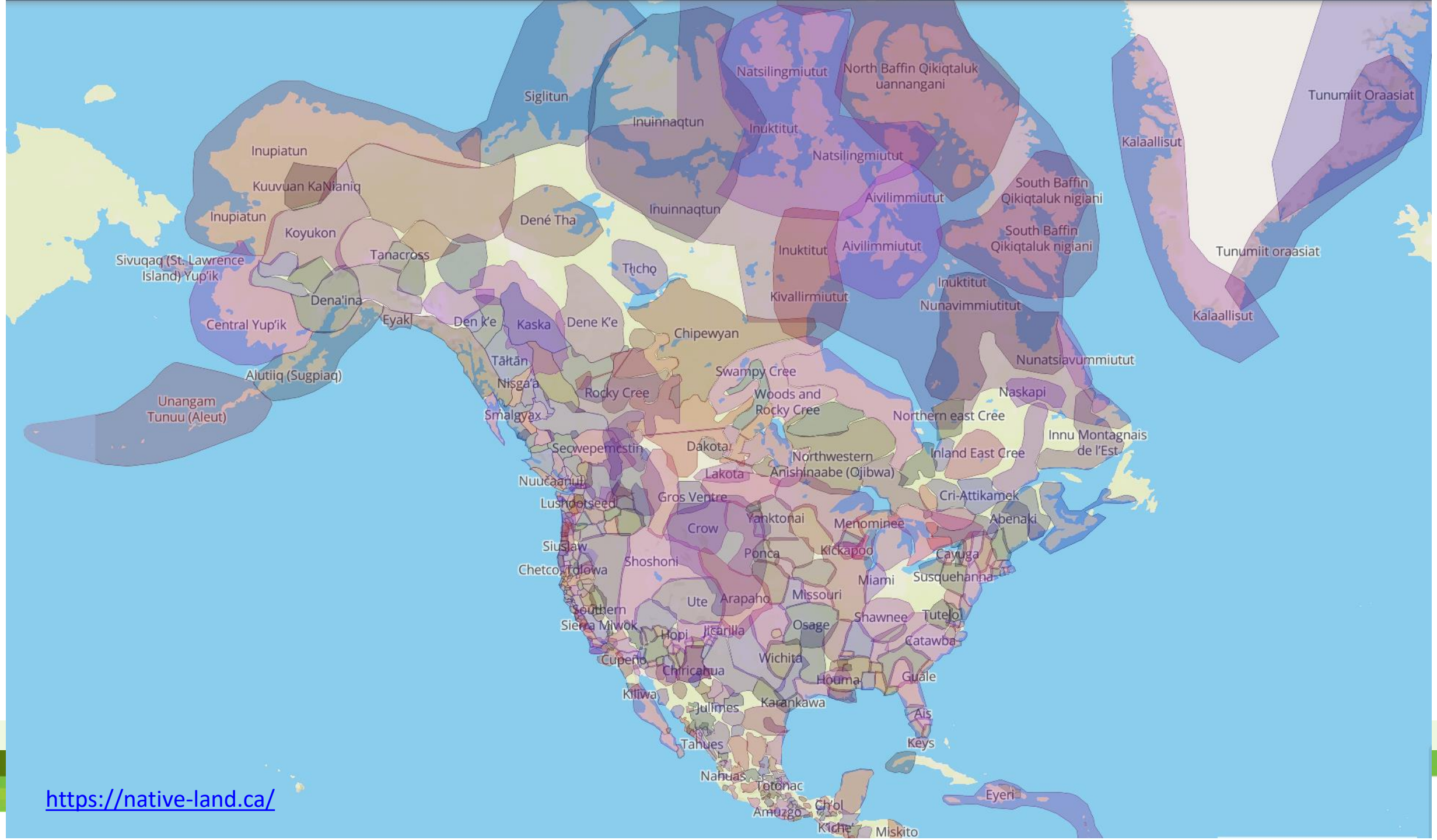


Traditional homeland of the Métis

Treaty 6 pipe ceremony @ Waterhen River, SK

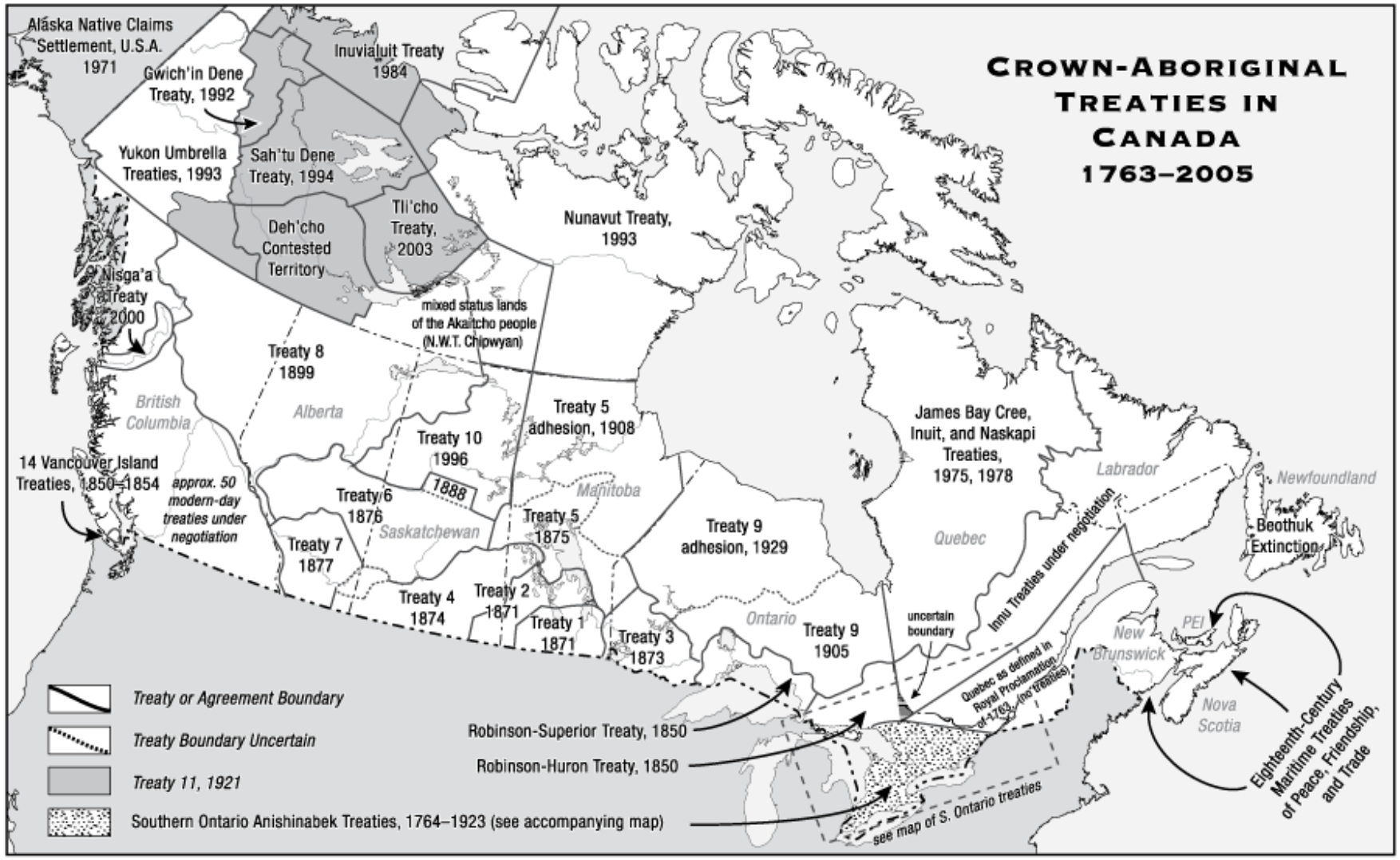
OVERVIEW:

INDIGENOUS PEOPLE IN CANADA, SOME RELEVANT STATS
CONCEPTUAL FRAMEWORKS
RESOURCES



https://native-land.ca/

Pre-and post-confederation treaties

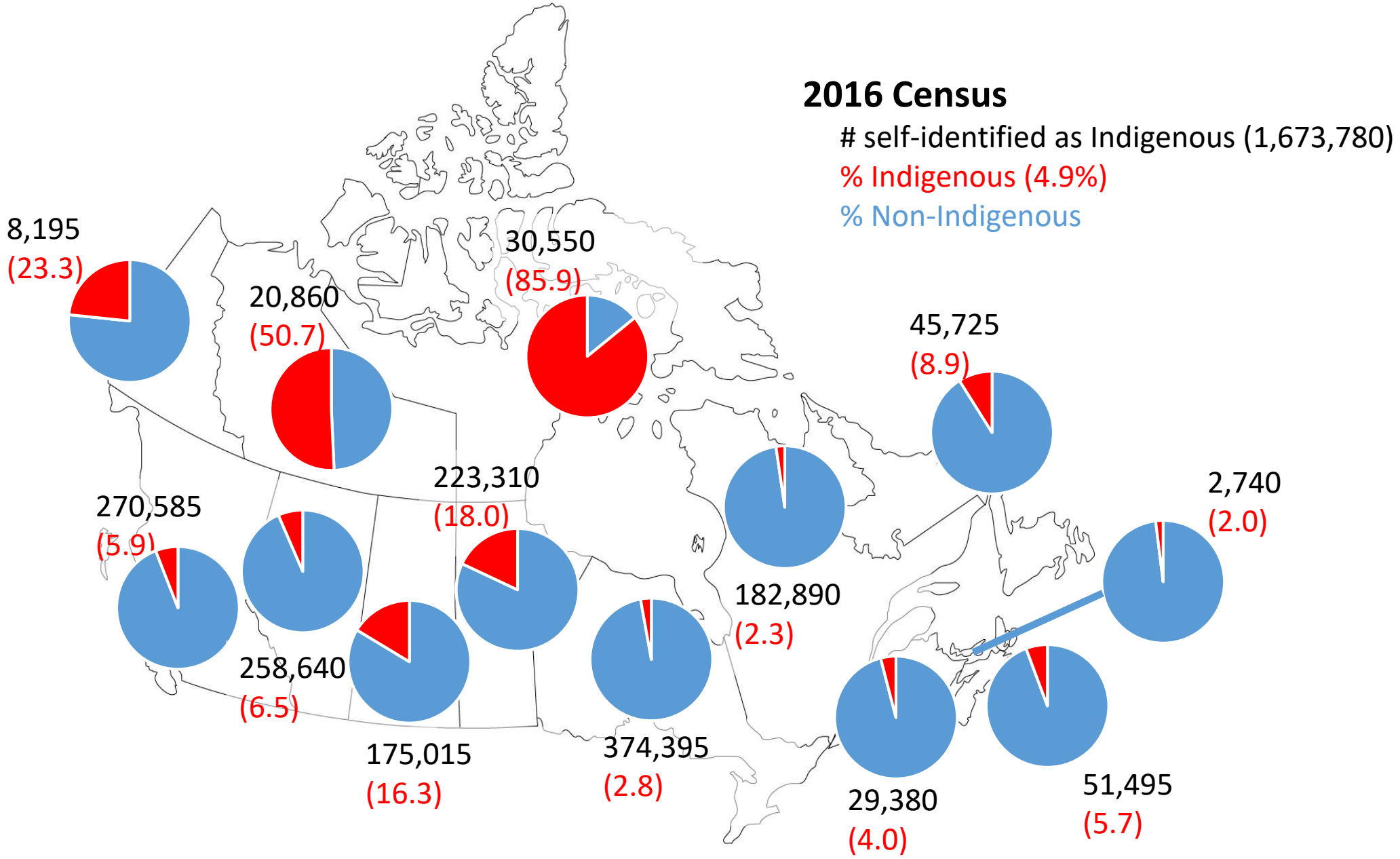


Pre-confederation treaties

Guswenta or Kaswentha – Two Row Wampum

- Haudenosaunee representation of 1613 Treaty of Tawagonshi between the Dutch and themselves
- Made of white and purple trade beads
  - One purple row = a sailboat, representing the Europeans
  - Other purple row = a canoe, representing the Native Americans
  - 3 rows of white beads:
    - 1st row = peace
    - 2nd row = friendship
    - 3rd row = forever

Venables, R.W. *The 1613 treaty.*


2016 Census
self-identified as Indigenous (1,673,780)
% Indigenous (4.9%)
% Non-Indigenous
8,195
(23.3)
20,860
(50.7)
30,550
(85.9)
45,725
(8.9)
2,740
(2.0)
270,585
(5.9)
223,310
(18.0)
182,890
(2.3)
258,640
(6.5)
175,015
(16.3)
374,395
(2.8)
29,380
(4.0)
51,495
(5.7)

Population Size, 2016 Census

Total population by Aboriginal identity and Registered or Treaty Indian status, Canada, 2016

Aboriginal identity	Number	Percent (%)
Total – Population by Aboriginal identity	34,460,065	100.0
Aboriginal identity	1,673,780	4.9
Single Aboriginal response	1,629,800	4.7
First Nations (North American Indian) single identity	977,235	2.8
First Nations single identity (Registered or Treaty Indian)	744,855	2.2
First Nations single identity (not a Registered or Treaty Indian)	232,380	0.7
Métis single identity	587,545	1.7
Inuk (Inuit) single identity	65,025	0.2
Multiple Aboriginal identities	21,305	0.1
Aboriginal identities not included elsewhere	22,670	0.1
Non-Aboriginal identity	32,786,280	95.1

Statistics Canada. Focus on Geography Series, 2016 Census – Canada.

Opioid crisis – BC

news Top Stories Local The National Opinion World Canada Politics Indigenous

British Columbia

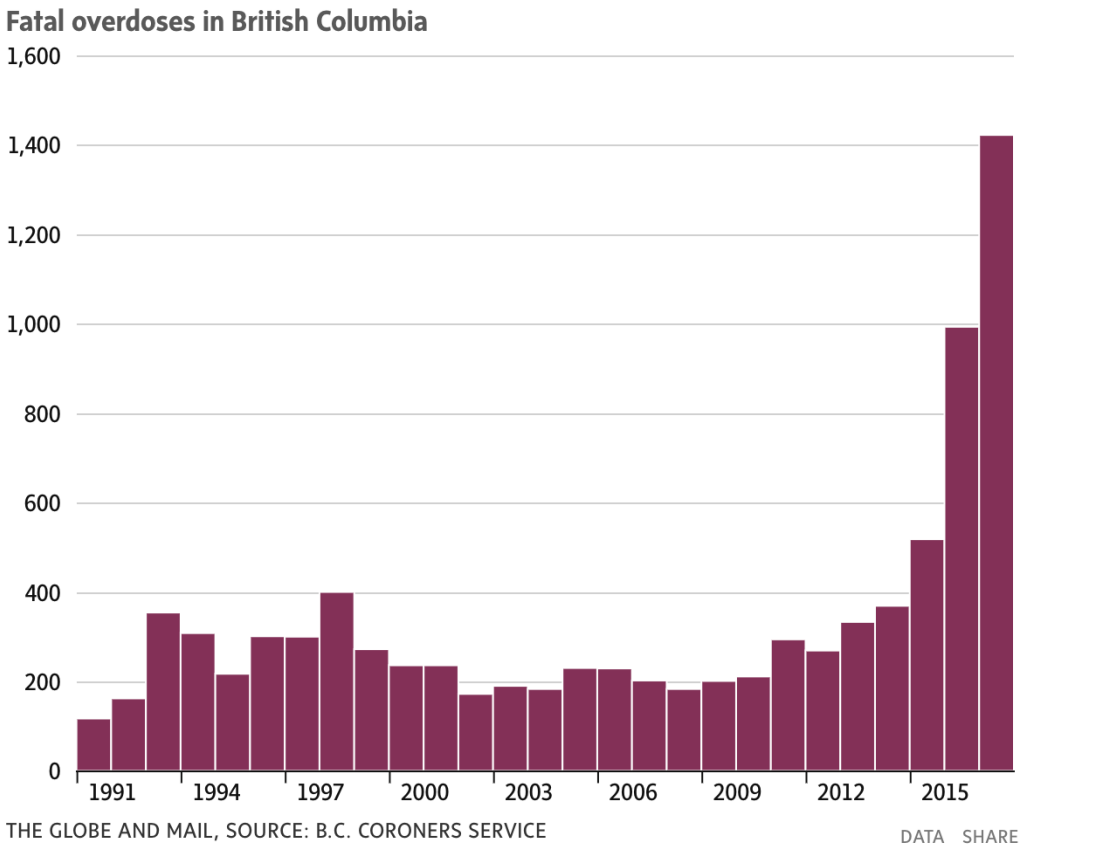
We're experimenting with a new look. Learn more.

First Nations people 5 times more likely to overdose in B.C., data shows

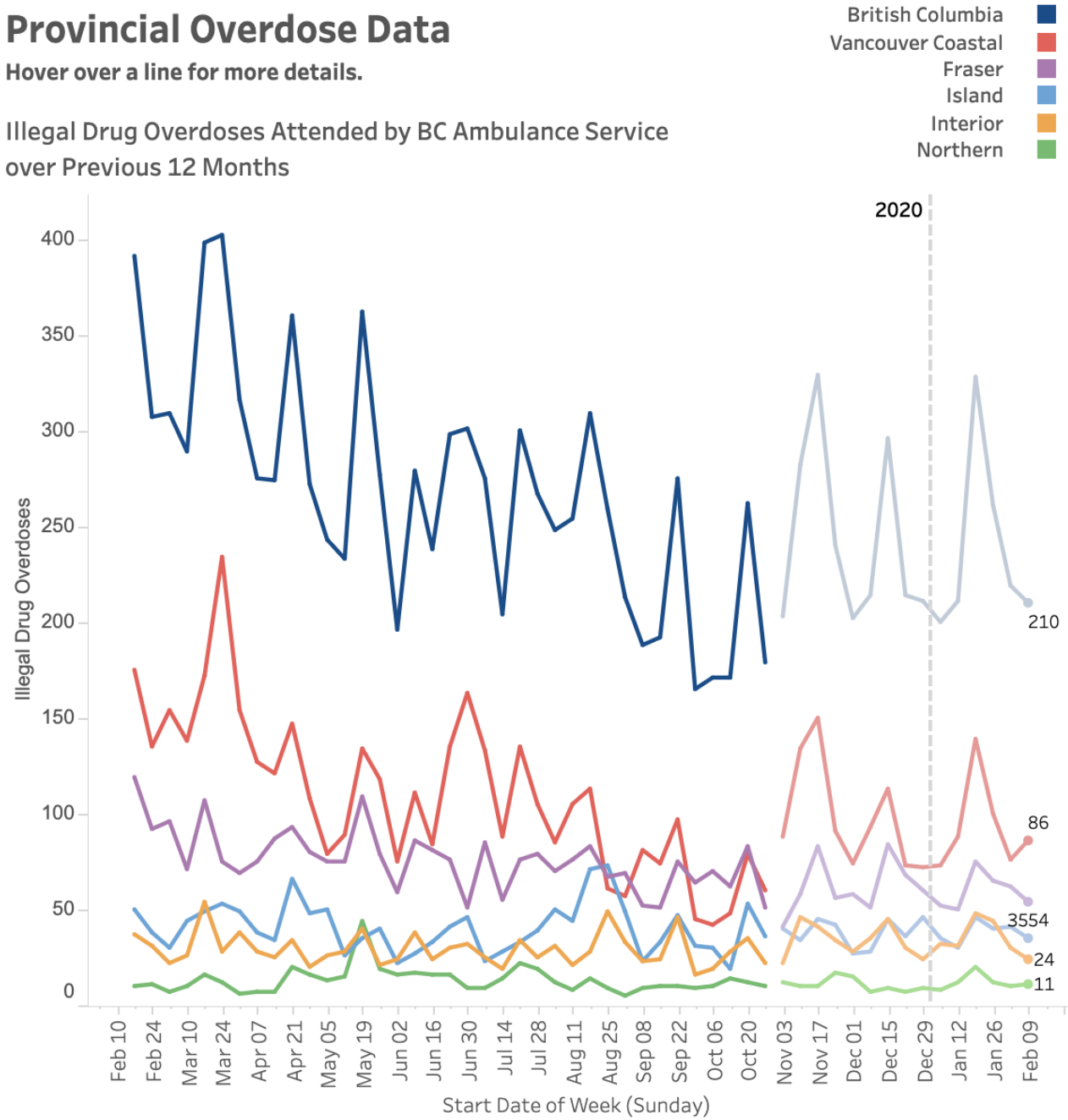
Statistics on Indigenous overdose victims released for the first time on Thursday

CBC News · Posted: Aug 03, 2017 1:59 PM PT | Last Updated: August 3, 2017

450 Shares



http://www.cbc.ca/news/canada/british-columbia/bc-overdose-crisis-first-nations-1.4234067;
https://www.theglobeandmail.com/news/british-columbia/illicit-drug-overdoses-killed-1422-in-bc-last-year-coroner/article37804990/

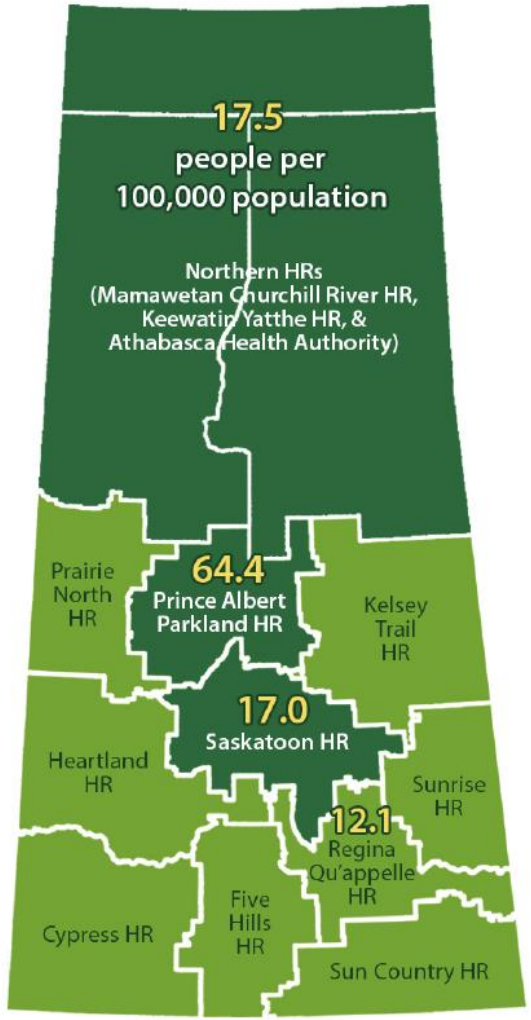


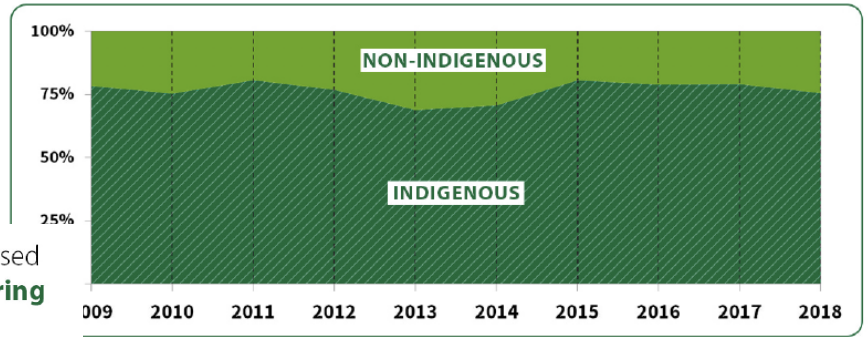
http://www.bccdc.ca/health-professionals/data-reports/illegal-drug-overdose-events

HIV/AIDS in Saskatchewan (2018)

Regional (former) vs SK rate
(14.1 people per 100,00 population)

- higher than provincial rate
- lower than provincial rate or reported no new infections





Males were more likely than females to be diagnosed with HIV.

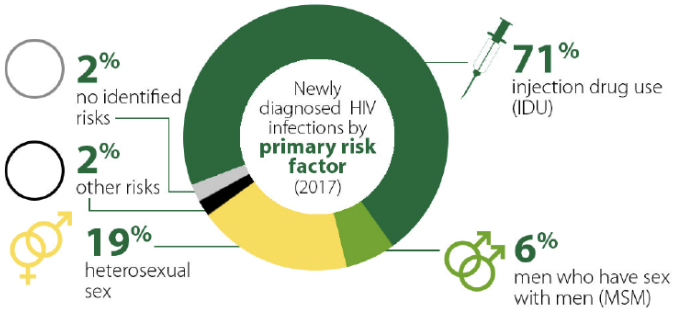
About **8 in 10** of the newly diagnosed females were within the **childbearing age** (15-45 years).

HIV was most common among those **aged 30-49 in males** and **aged 20-29 in females**.

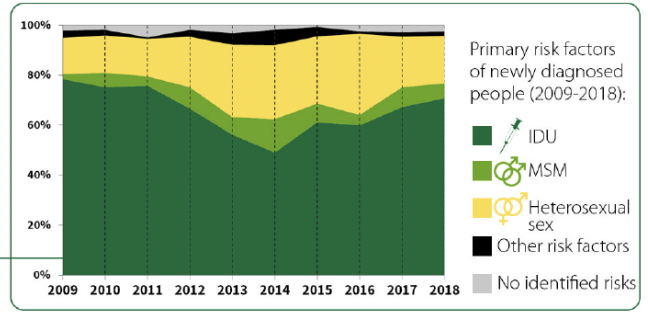
3 in 5 males diagnosed with HIV was **aged 30-49**

7 in 10 females diagnosed with HIV were **aged 20-39**

Injection drug use (IDU) remained the **most common primary risk factor** among newly diagnosed people.



The proportion of newly diagnosed people reporting **IDU had increased from 2014 to 2018.**



HCV Burden

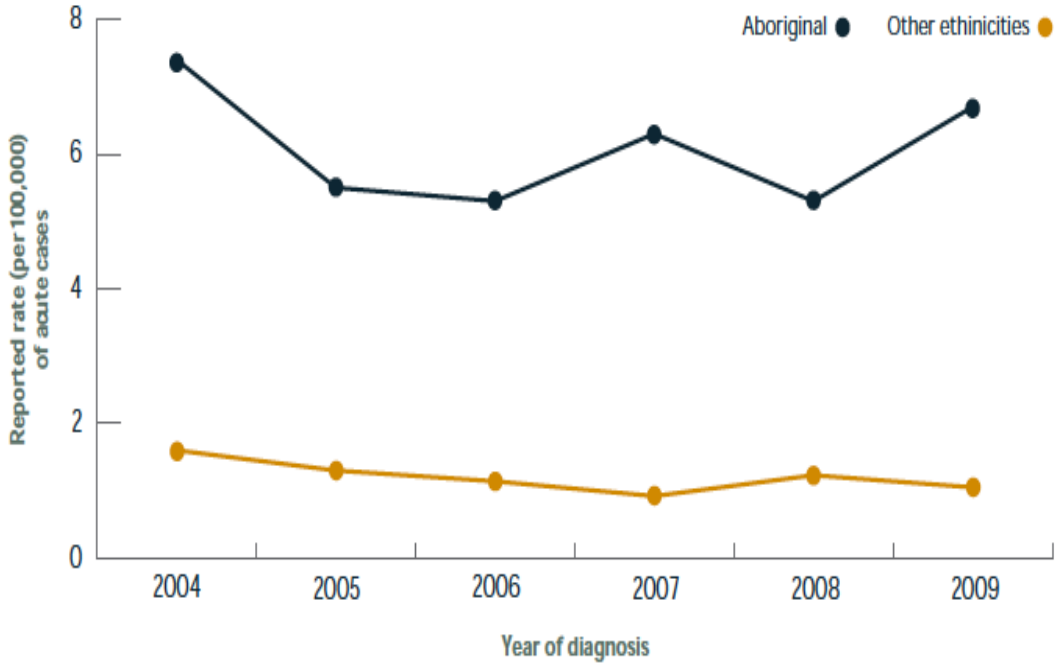
3.4 Key populations at risk of HCV infection

Table 3 summarizes the estimated prevalence among key populations at risk for HCV, based on data collected from both routine and enhanced surveillance systems. These estimates are based on different years of data collection and do not distinguish current from past or resolved HCV infections. In addition, the prevalence estimates reported by M-Track, E-SYS and I-Track are not nationally representative of the target populations sampled, since data collection only occurred across a small number of sites across Canada. Appendix 1 provides more detail on the surveillance systems used for the data presented below. Risk factors associated with HCV infection will be the focus of Chapters 5.0 to 7.0 in this report.

TABLE 3. Estimated prevalence of HCV infection in the Canadian general population and sub-groups

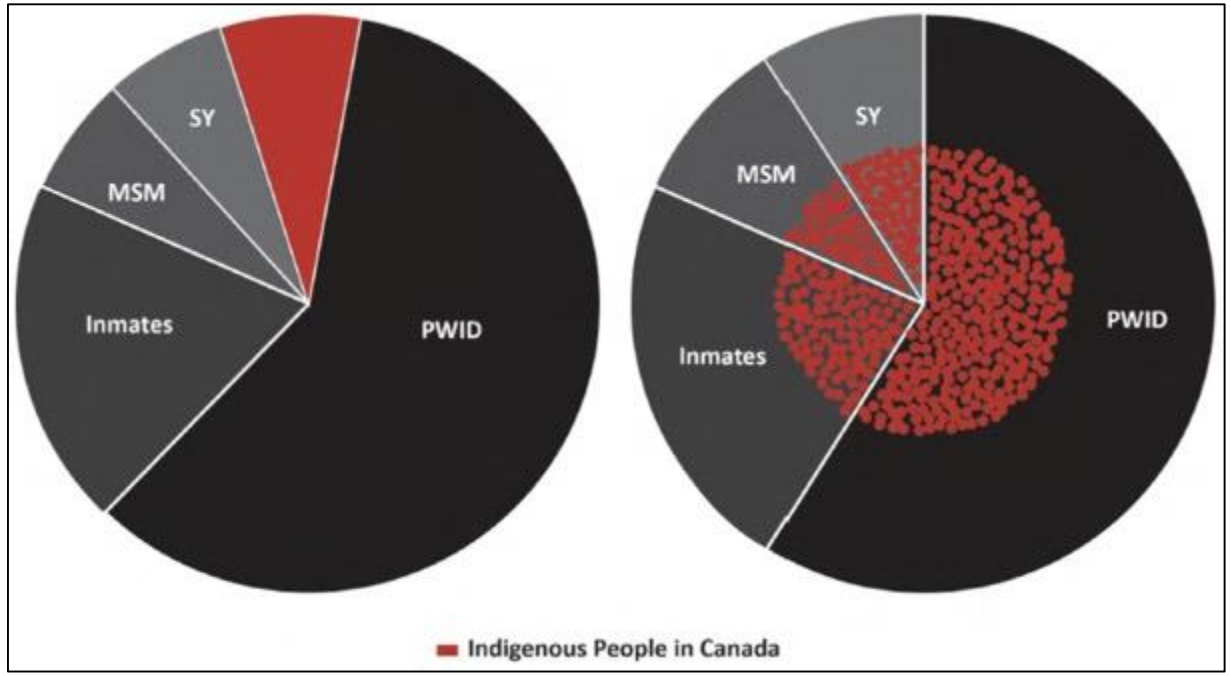
Population/ risk group	Canadian population[a]	People who inject drugs[c]	Inmates[e]	Men who have sex with men[b]	Street Youth[d]	Aboriginal population[a]
HCV prevalence	0.8%	69%	28%	5%	5%	3%

FIGURE 8. Reported rates of acute HCV infection by year and ethnic group, EHSSS, 2004-2009



Public Health Agency of Canada. (2011). Hepatitis C in Canada: 2005–2010 Surveillance Report

Over-represented in Populations at Risk for HCV



Non-Indigenous people in Canada

Fayed, et. al (2018)

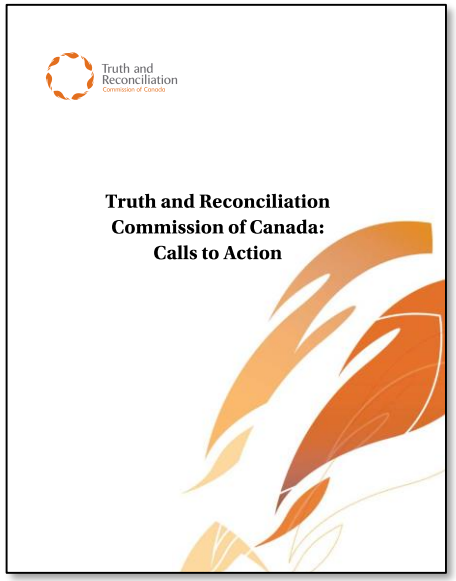
Population	Indigenous Identity	Data
I-Track	36.2%	2010-2012
E-SYS	33.3%	1999-2003
Federal Inmates	25.0%	2014-2015

PHAC (2014). I-Track (2010-2012); PHAC (2006). Enhanced Surveillance of Canadian Street Youth, 1999-2003; Correctional Investigator Canada (2014-2015 http://www.oci-bec.gc.ca/cnt/rpt/pdf/annrpt/annrpt20142015-eng.pdf

Truth and Reconciliation Commission

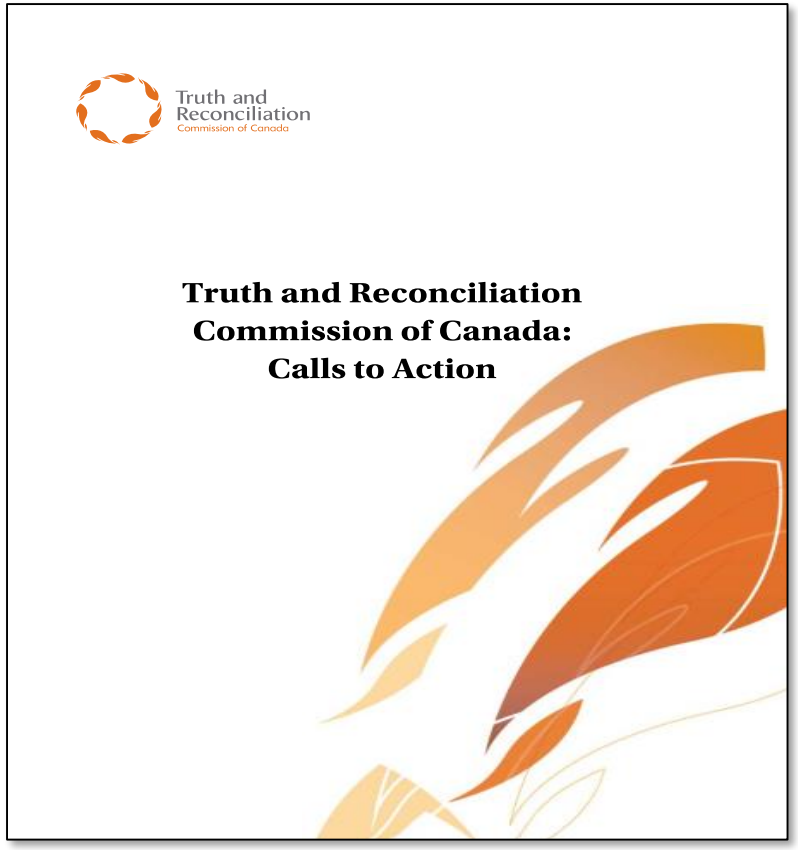
94 Calls to Action:

- Child welfare
- Education
- Language and culture
- ***Health (18-24)***
- Justice
- ***Reconciliation (43-94)***



** Tightly coupled with the United Nations Declaration on the Rights of Indigenous Peoples and the ILO Convention C169 – Indigenous and Tribal Peoples Convention

Canada's Truth & Reconciliation Commission Call to Action #18



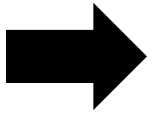
"We call upon the …governments to **acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies,** including residential schools, and to recognize and implement the **health-care rights** of Aboriginal people…"

Direct Causal Links: Colonialism & Health Inequity

Reconciliatory Objectives

1. Expose colonialism ("government policies", C2A-18) as a **direct risk factor** for health inequity

2. Operationalize colonialism as a health indicator that can be targeted within cascades of care (i.e., front-line work)



Colonialism
Risk factor

Colonialism
Intervention target

Fayed, S., King, A., King, M., Macklin, C., Demeria, J., Rabbitskin, N., Healy, B., & Gonzales, S. In the eyes of the Indigenous People in Canada: Exposing the colonial etiology of Hepatitis C & the imperative for trauma-informed care. CanLivJ Vol 1 Iss 3 Oct 2018,

Indigenous health determinants: Metaphoric analysis

Material & Living Conditions

Income, education, employment, physical environments, food security/sovereignty, childhood development

Social Structure

Health system, education system, labor market, child welfare, justice system, government, gender

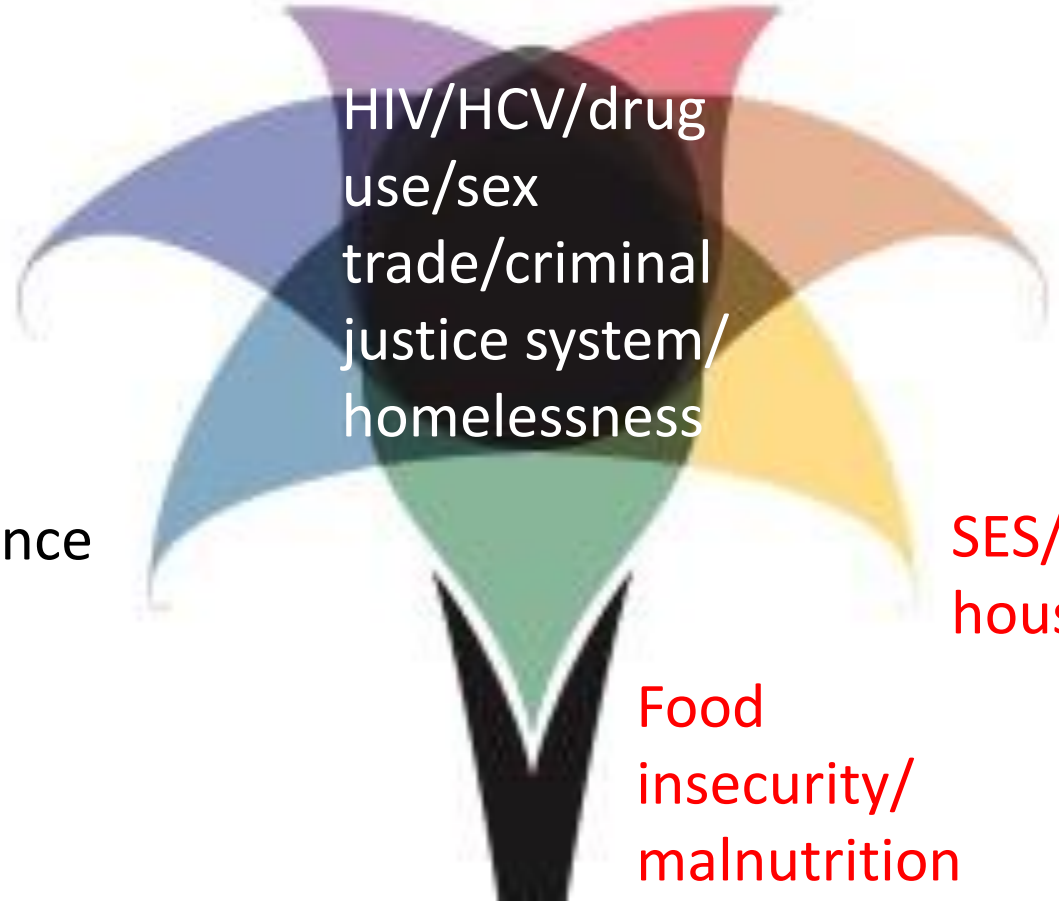
Indigenous Wellness Resources

Culture, self-determination, Indigeneity, spirituality, community, languages, land

Colonialism

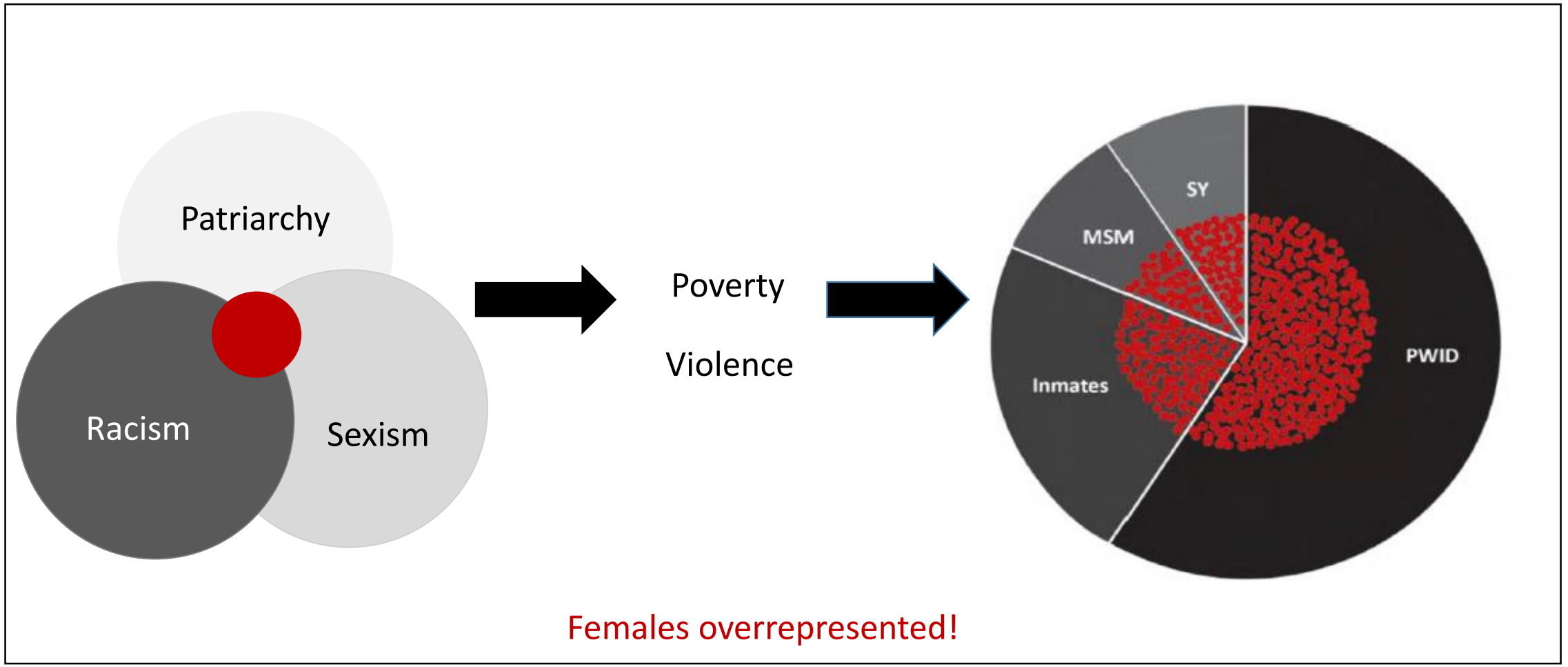
Indian Act, residential schools, 60s Scoop, racism

Layering of stress factors and resilient factors



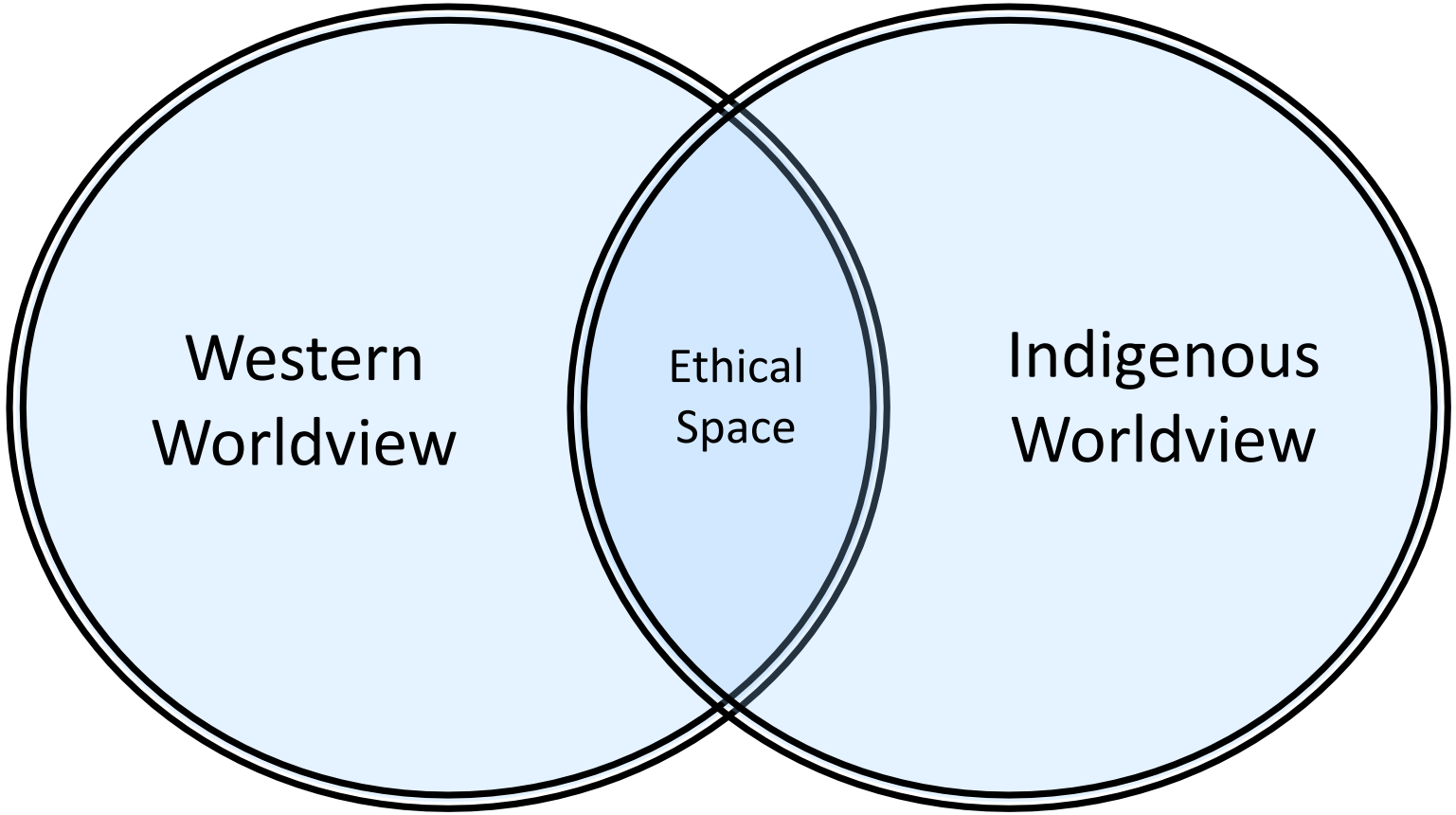
jessalyn king

HCV burden among Indigenous Females: Colonialism & Intersectionality



- Indigenous people
- Non-Indigenous people

Ethical Space



Ermine W. 2004. *Ethical Space: Transforming Relations.* www.traditions.gc.ca/docs

Two-eyed Seeing: *Etuaptmumk*

The perspective of “Two-eyed Seeing”, as put forward by Mi’kmaq Elder Albert Marshall

To see from one eye with the strengths of Indigenous ways of knowing

And to see from the other eye with the strengths of Western ways of knowing

and to use both of these eyes together.

Cultural responsiveness framework

Principle: To improve Indigenous health status and eliminate Indigenous health inequities that exist in Saskatchewan

Strategic directions:

- Restore community-based health and wellness systems
- Establish a *middle ground* for engagement between mainstream and Indigenous systems and worldviews
- Transform mainstream service delivery to become culturally responsive

** Trauma-informed, strengths-based, community-specific and spiritually grounded

Harm reduction – definitions over time

Western

- Policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop
- Practical strategies and ideas focused on reducing the harmful consequences associated with drug use and other risky health behaviours
- Range of public health policies designed to lessen the negative social and/or physical consequences associated with various human behaviours, both legal and illegal

Indigenous

- Native ethic of non-interference: A high degree of respect for every human being's independence leads the Indian to view giving instructions, coercing, or even persuading another person to do something as undesirable behaviour (Dr. Clare Brant)
- Decolonize | Indigenize | Reconcile | Heal
- Love (Sempulyan, Sandy-Leo Laframboise)

Indigenous approaches …

- Grounded in lived experience, ancestral wisdom
- Wholistic: individual (spiritual, emotional/social, mental, physical), family, community, nation, all life forces
- Inclusive: all genders, all ages, all walks … leave no one behind
- Non-judgmental
- Make use of Western tools, where appropriate

INDIGENOUS HARM REDUCTION
=
REDUCING THE HARMS OF COLONIALISM

INDIGENOUS HARM REDUCTION RESOURCES: Overview of Key Findings and Recommendations

PROJECT LEADS:
Canadian Aboriginal AIDS Network (CAAN)
Interagency Coalition on AIDS and Development (ICAD

FUNDER:
Public Health Agency of Canada

http://www.icad-cisd.com

OUR APPROACH (3):

PEERS:

- **41:** Peers engaged in the information gathering process

PEER REPRESENTATION:

- **58%:** Lived or living experience of injecting drug use
- **22%:** Elders or Indigenous Knowledge Holders
- **34%:** Health or social service providers
- **95%:** Self-identified as Indigenous
- **24%:** Two-spirit, trans-identified or LGBTQ
- Vast majority were First Nations
  (This gap was identified and addressed by bringing in additional representation for the review of the final draft of the document)

REVIEW PROCESS:

- **Advisory Committee:** 3 rounds of review
- **Peer-Review:** 2 rounds of review with all peers involved in the information gathering and additional community members

"Indigenous harm reduction means reducing the harms of colonialism."

- Rawiri Evans, Maori Educator

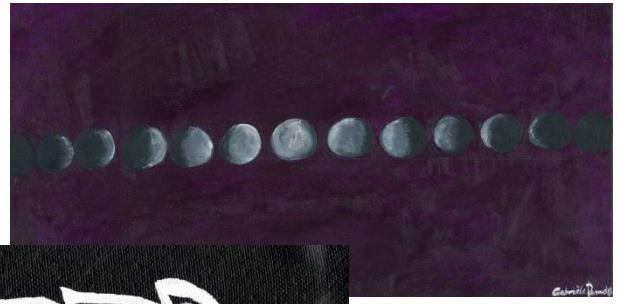
OUTLINE OF POLICY BRIEF:

- **Indigenous Harm Reduction (5)**
- **Challenges to Indigenous Harm Reduction (4)**
- **Recommendations for Indigenous Harm Reduction Policy and Practice (6)**
- **Promising Practices in Indigenous Harm Reduction (6)**

http://www.icad-cisd.com

CASE STUDIES:

1. **13 MOONS HARM REDUCTION INITIATIVE**
   - Indigenous youth (11-35 years old) in Winnipeg, Manitoba
2. **CULTURE SAVES LIVES**
   - First Nations populations in Vancouver, British Columbia
3. **MAMISARVIK HEALING CENTRE**
   - Inuit people in Ottawa, Ontario. One of a kind in Canada.
4. **STURGEON LAKE TRADITIONAL HEALTH PROGRAM**
   - Sturgeon Lake First Nation (on-reserve)



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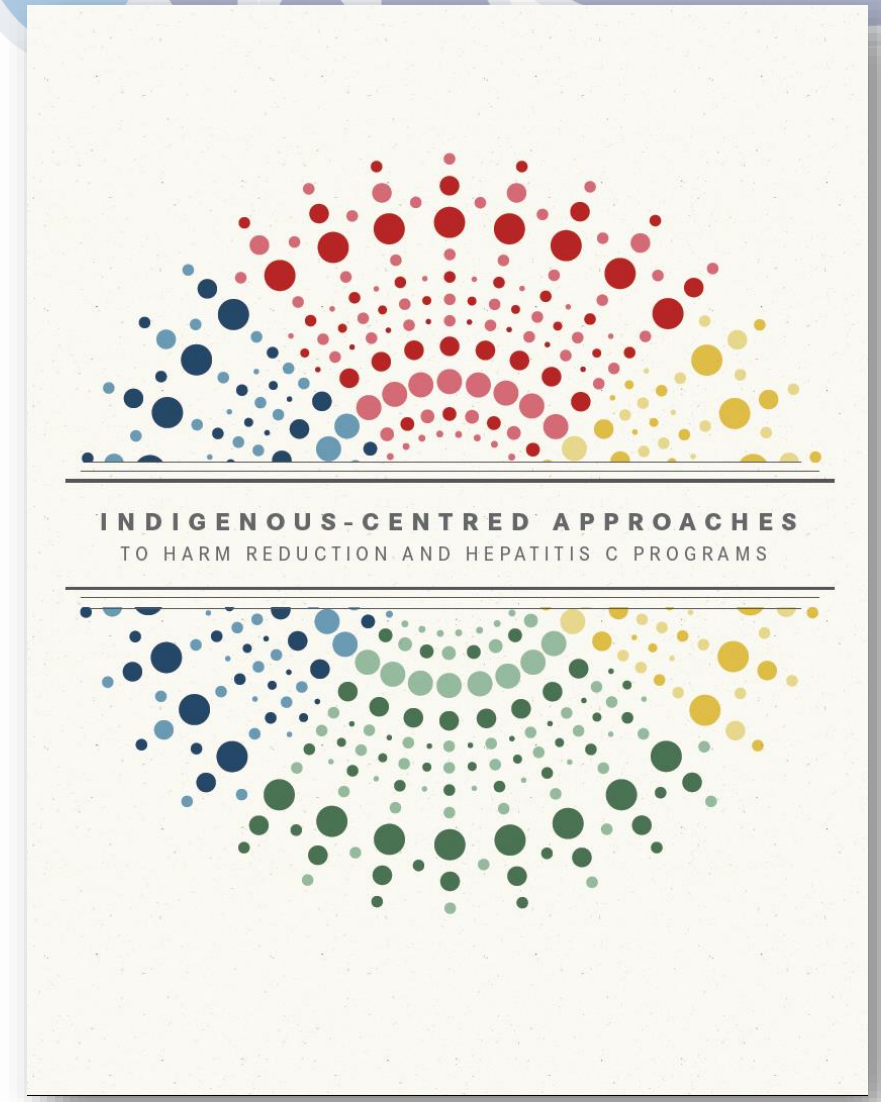


Available at www.catie.ca

CATIE Programming Dialogue

- 26 participants gathered in Edmonton in October 2018
- Worked with an advisory committee to root the meeting and discussion in Indigenous principles and practices
- Structured discussion to share examples of programs, identify key elements and discuss how reconciliation informs this
- Worked with Advisory Committee to summarize information and draft the report
- The report summarizes key themes and program examples, and will help inform work and future discussions

Available at www.catie.ca

Guiding principles

- Create space for Indigenous practices, languages and culture
- Promote self -determination in planning and delivering programs
- Engage people with lived experience in program planning and delivery
- Destigmatize programs and communities
- Create programs that are person-centred
- Respect for one's personal journey

Available at www.catie.ca

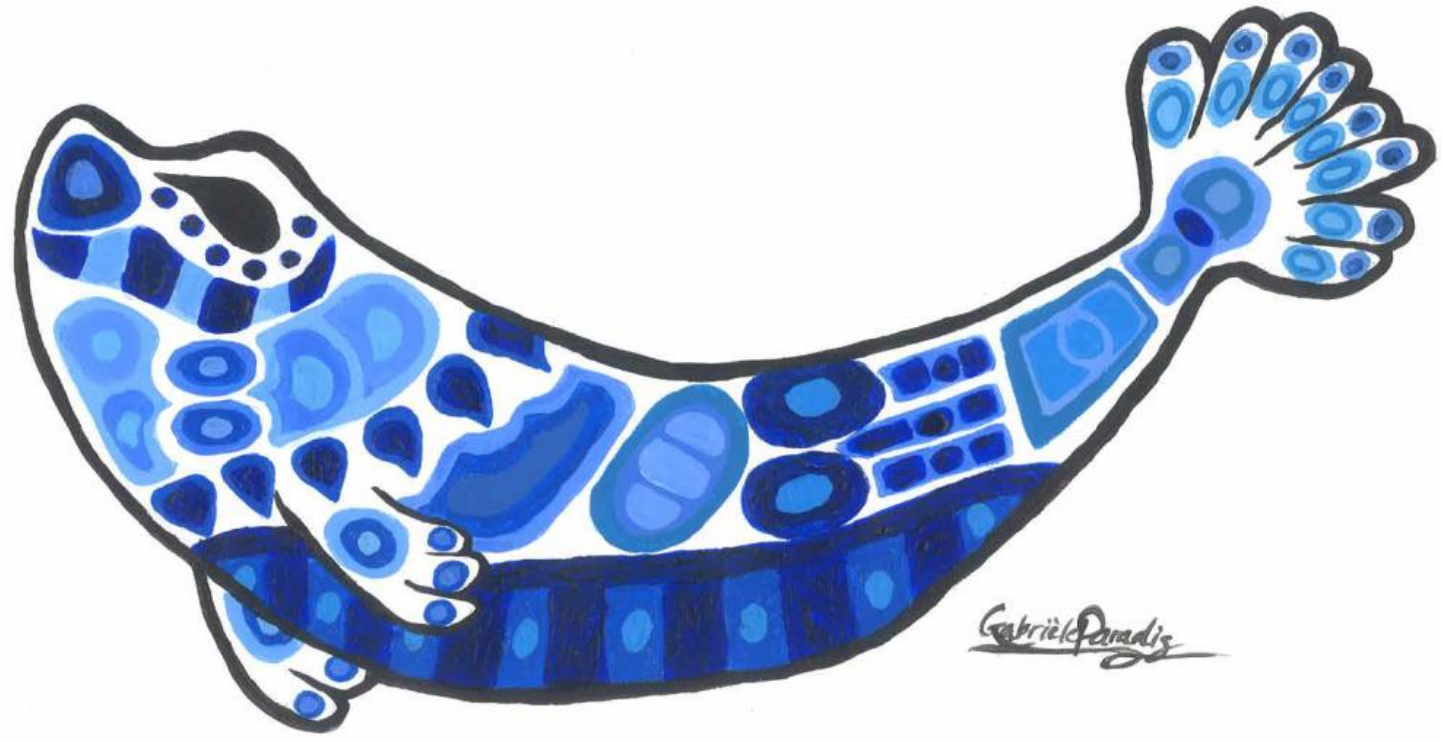
2020 World Indigenous Peoples' Conference on Viral Hepatitis

September 23-26, 2020
Sheraton Cavalier Hotel
Saskatoon, Canada

For more information about registration, abstract submission, scholarships, travel, accommodations and more, please visit:

www.wipcvh2020.org

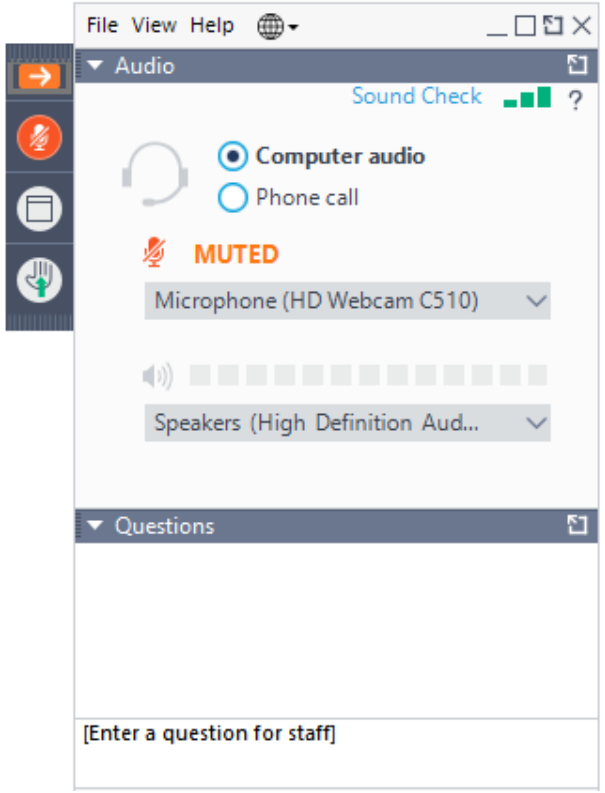
Email: info@wipcvh2020.org Twitter: @wipcvh #wipcvh2020


Gabriel Paradis

Norma Rabbitskin is a fluent Cree speaker from Big River First Nation, Saskatchewan. She is the Senior Nurse with the Sturgeon Lake Health Center. Norma leads community-based programs that are grounded in traditional healing practices and language to help revitalize culture and build community wellness.

Carrielynn Lund is a Métis consultant who assists Aboriginal communities to identify and address health and social issues. She has done extensive work in the area of heath research, particularly with Aboriginal youth and resilience and research ethics. She is currently working with the Canadian Aboriginal AIDS Network and is the DRUM & SASH project and CanHepC Coordinator

Questions and discussion



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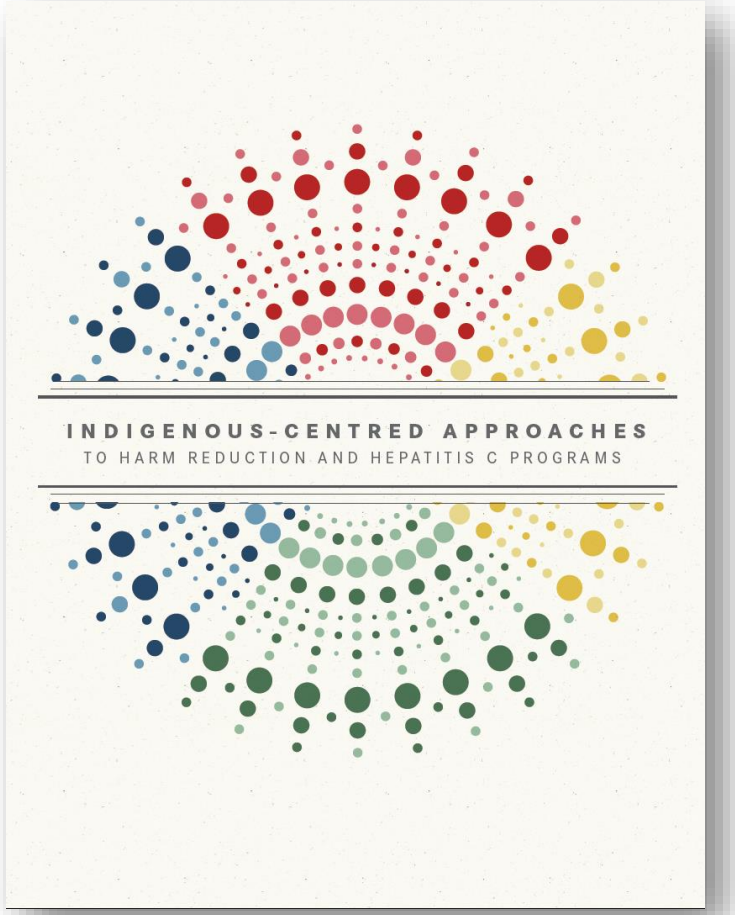

Available at www.catie.ca

Register for part two at CATIE.ca!

Tuesday, March 3 *at* 12pm EST

Reconciliatory partnerships with Indigenous communities for Harm Reduction, HIV and Hepatitis C programs