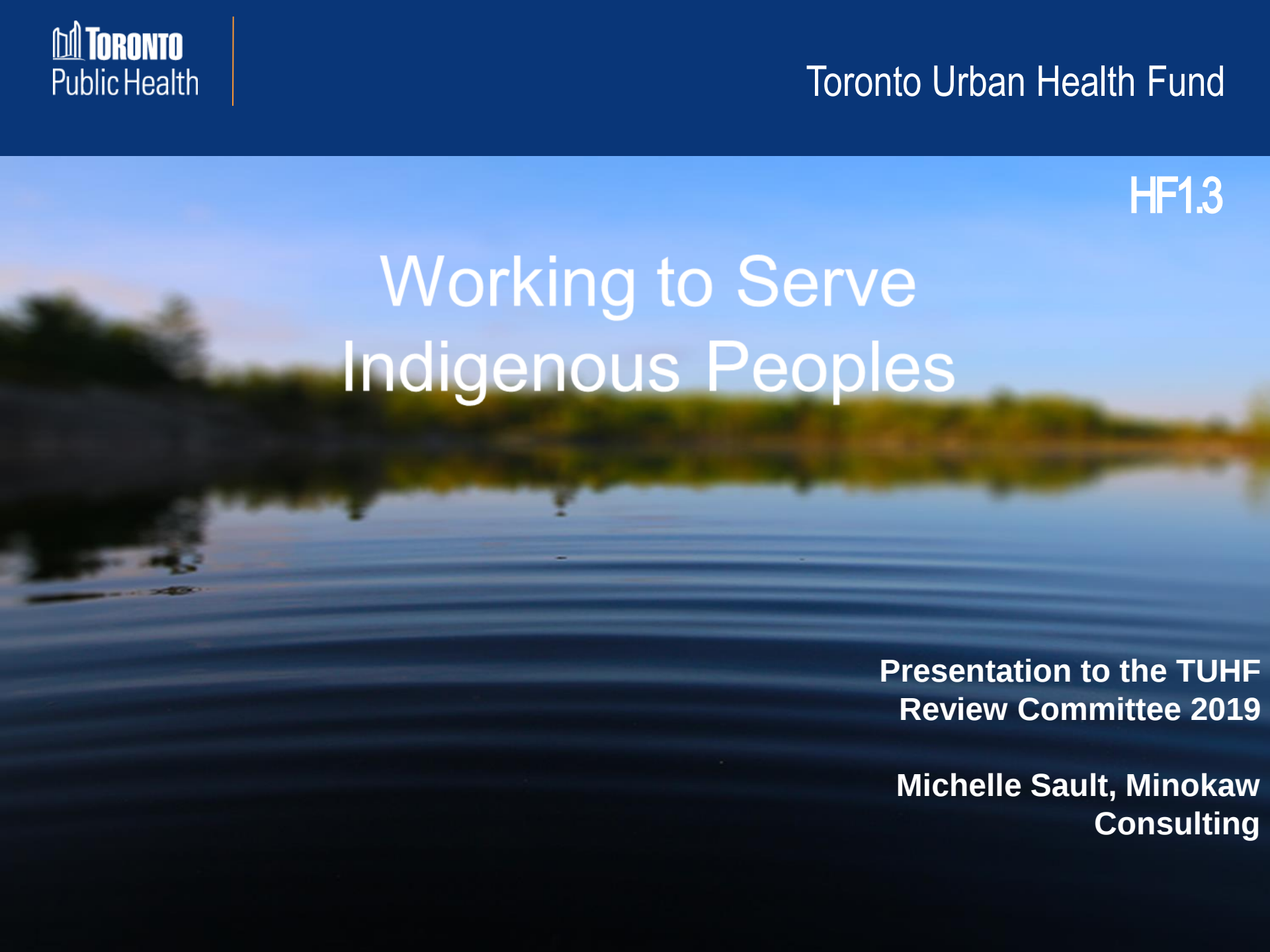


HF1.3

The background of the slide is a photograph of a calm body of water, likely a lake, during the "blue hour" of sunset or sunrise. The sky is a clear, pale blue, and the water's surface is dark blue with gentle ripples. In the distance, a line of green trees is reflected in the water. The overall mood is peaceful and serene.

Working to Serve Indigenous Peoples

**Presentation to the TUHF
Review Committee 2019**

**Michelle Sault, Minokaw
Consulting**

Aanii Wimokekwe Mississaugas of the Credit

I acknowledge that this land is the traditional territory of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit River.

The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and Confederacy of the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes

Effective Approaches for Working with Indigenous Peoples

- 1. Land Acknowledgment and why it is important**
- 2. The concept of Ethical Space**
- 3. Where Toronto is at – TUHF IS, TIOS**
- 4. Aligning TUHF priorities with Indigenous Service requests**

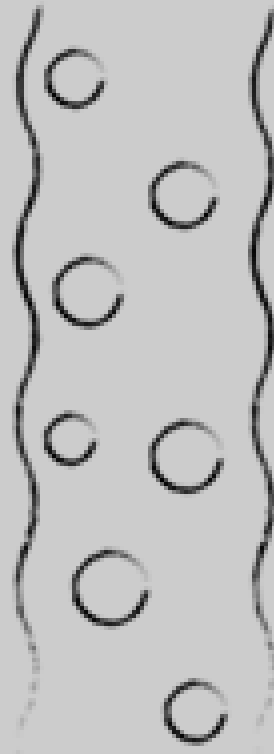


ETHICAL SPACE

(really a story about Reg Crowshoe)

Ethical Space Consideration Regarding the Celebration.

Western



Indigenous

"Two-Eyes Seeing"

Two-Eyed Seeing by saying it refers to learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing ... and learning to use both these eyes together, for the benefit of all.

Guswenta

Two Row Wampum belt is an agreement between Europeans and Indigenous peoples of Turtle Island and was made between our ancestors for all peoples who will live in parallel forever; as long as the grass is green, as long as the rivers flow downhill and as long as the sun rises in the east and sets in the west.

Why Indigenous Specific

2015 BOH motion (C. Doucette)

This motion required staff to identify opportunities and strategies to encourage applications across all three streams from organizations or projects that primarily serve First Nations, Métis, or Inuit groups

This also included improved outreach and opportunities to ensure representation from aboriginal communities on the Toronto Urban Health Fund Review Panel



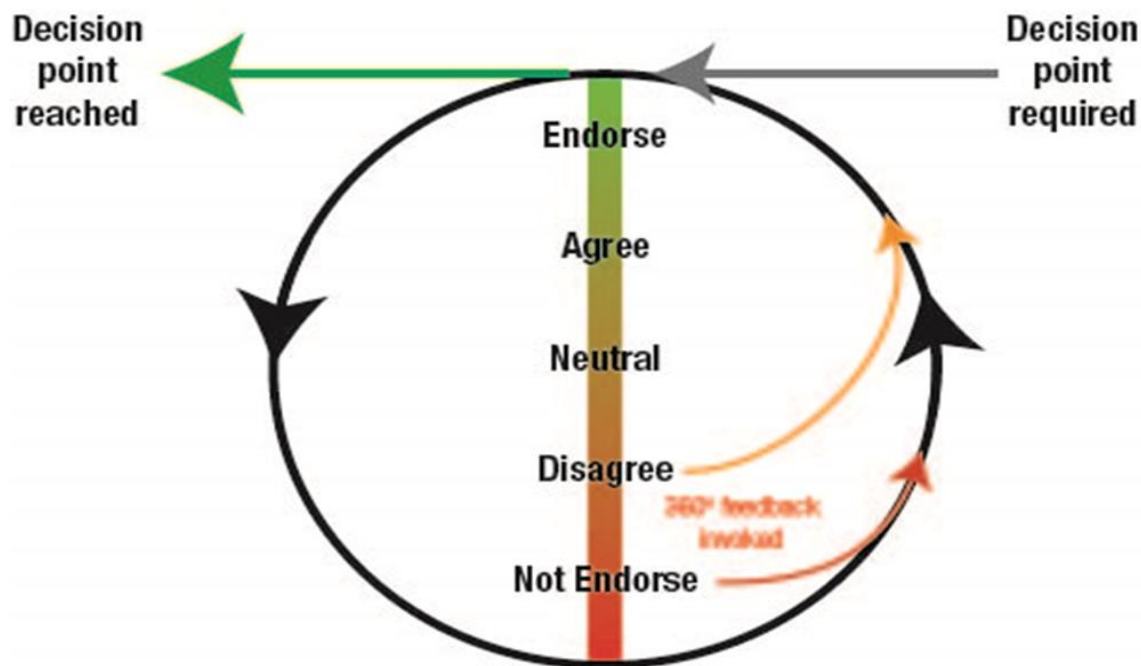
TUHF Indigenous Stream and my role

Toronto Indigenous
Overdose Strategy, an
overview and alignment
with TUHF priorities and
my role as key strategist

Community Driven Responses

TUHF IAC

Consensus Decision Making Model



Indigenous Service Providers still need interest and consideration prior to the Indigenous Stream Funding coming into effect.



The Toronto Indigenous Overdose Strategy

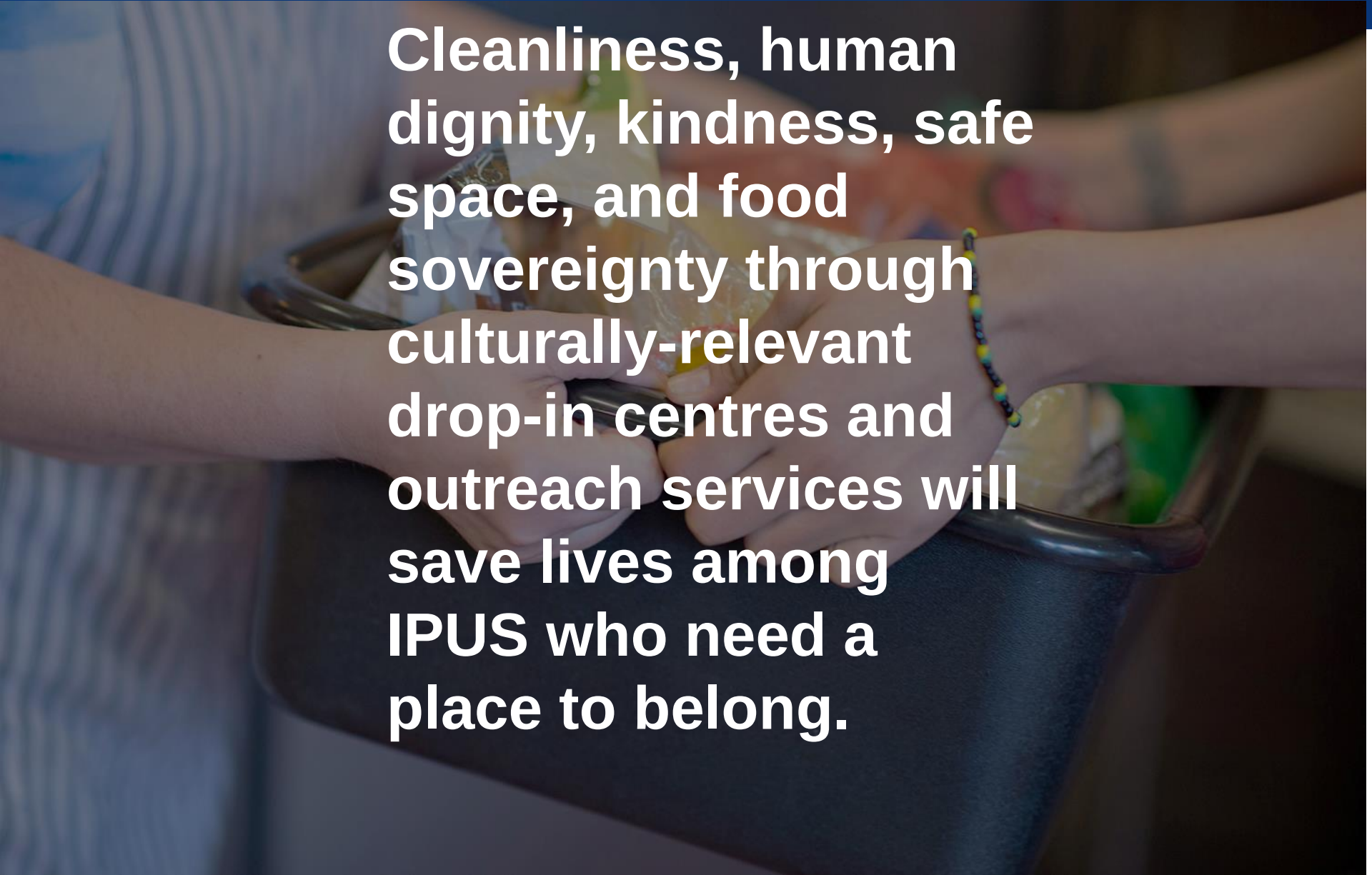






Effective Approaches for Working with Indigenous Peoples

**The advice circles,
combined with
psychological theory on
substance use, indicate
that providing the basics**

A background image showing a close-up of two hands holding a dark-colored tray. The hands are positioned as if they are about to place or have just placed something on the tray. The image is slightly blurred, giving it a soft, human feel. The text is overlaid on this image.

**Cleanliness, human
dignity, kindness, safe
space, and food
sovereignty through
culturally-relevant
drop-in centres and
outreach services will
save lives among
IPUS who need a
place to belong.**

TUHF program and mandate

TUHF mandate is to provide funding for non-profit organizations within Toronto to build individual and community capacity that will support local initiatives in:

HIV Prevention



Harm Reduction



Child and Youth Resiliency









Six criteria:

1. Basis in the community
2. Wholistic approach
3. Integration of Indigenous cultural knowledge
4. Building on community strengths and needs
5. Partnership/collaboration
6. Demonstrated effectiveness

Effective Approaches for Working with Indigenous Peoples

Culture Matters

Effective Approaches for Working with Indigenous Peoples



HF1.3 Indigenous Overdose Strategy

TORONTO INDIGENOUS OVERDOSE STRATEGY: SUMMARY REPORT

January 2019

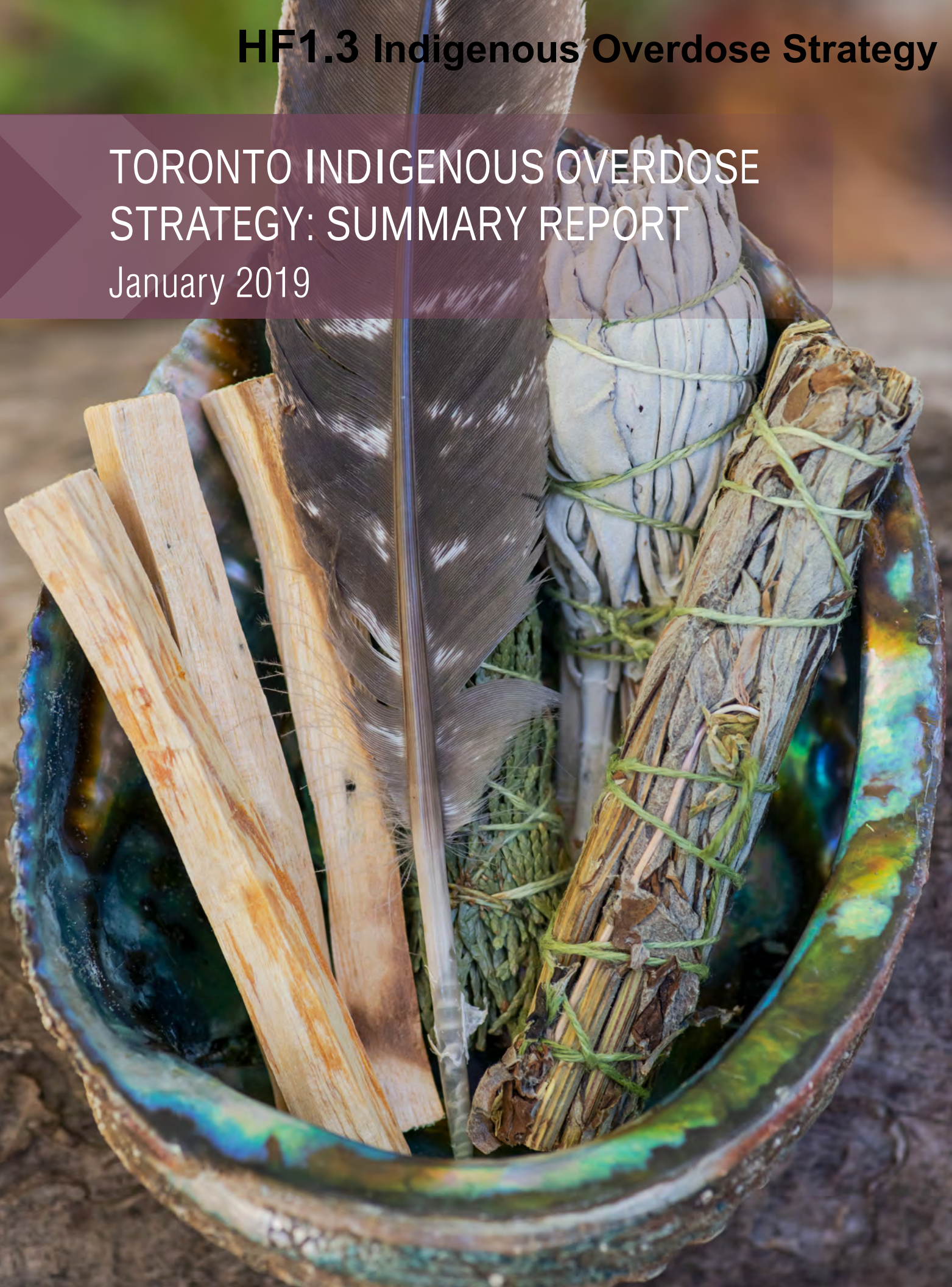


TABLE OF CONTENTS

BACKGROUND.....	2
GUIDING PRINCIPLES.....	3
THE TORONTO INDIGENOUS OVERDOSE STRATEGY: SUMMARY REPORT.....	4
A Note on Process.....	4
Advisement from Indigenous People who use Substances.....	4
Advisement from Service Providers.....	5
“BTB” (Back to Basics).....	6
KEY RECOMMENDATIONS:.....	6
1. Expanded culturally-safe outreach services.....	7
2. Wide availability of naloxone and drug testing.....	8
3. 24/7 culturally safe and appropriate harm reduction drop-ins and respite centres.....	10
4. 24/7 Indigenous-only supervised consumption services.....	11
5. Culturally safe and appropriate medical care.....	12
6. Culturally safe, appropriate, and on-demand abstinence-based treatment.....	13
7. Affordable housing and safe shelters.....	14
ADVICE CIRCLE SUMMARIES.....	14
WOMEN.....	15
YOUTH.....	16
MEN.....	17
INDIGENOUS PEOPLE WHO INJECT DRUGS (MEN & WOMEN).....	19
2-SPIRIT.....	20
Addendums.....	22
Service Map.....	23
Methodology.....	25
References.....	27

ACRONYMS:

CMHA	Canadian Mental Health Association
IPUS	Indigenous People who use substances
TIOS	Toronto Indigenous Overdose Strategy

This document is dedicated to the Indigenous Advisor who quietly shared that the love of his life had died the week prior from overdose; his grief palpable, his bravery evident, he shared in an effort to help others live. Memories of the many Indigenous people who have lived and died on the streets of Toronto far away from the connection to their homelands and far away from the concern and love of their relatives permeate these pages. Miigwech to each person who contributed to this document.

Facilitator and project lead: Michelle Sault, Minokaw Consulting
Lead writer: Dr. Shannon T. Speed
January 2019

ACKNOWLEDGMENTS:

This document incorporates the efforts of many individuals and organizations without which it would not have come to fruition. The following contributors are acknowledged with deep gratitude:

The creators of the *Toronto Overdose Action Plan* for highlighting the necessity for and being the driving force behind this initiative.

The Toronto Indigenous Overdose Strategy Advisory Circle for their dedication and tireless work towards a meaningful approach.

All of the committed service providers who assembled and supported the convening of advice circles, in addition to those who contributed to the workshop, surveys, and editing process.

Dr. Shahar Rabi for allowing us to note his significant research on supporting those struggling with substance use issues.

Canadian Mental Health Association for graciously allowing us to recognize and align with their call for involving people with lived experience to inform Indigenous policy and program recommendations for the opioid crisis.

Jamie McEachern for using effective design and layout to bring aesthetic beauty and meaning to the important messages within this document.

BACKGROUND

In response to an increasing number of overdose deaths in the city, the Toronto Indigenous Overdose Strategy (TIOS) was developed as a companion document to the *Toronto Overdose Action Plan: Prevention and Response* report. The TIOS brought to life the following recommended action in the spring of 2018, and was completed in winter 2018. The voices of those who came, gave, and hoped, are shared in this document.

The action:

Work with an Indigenous facilitator to develop and undertake a dedicated process to engage Indigenous communities in identifying overdose prevention and response strategies specific to Indigenous communities, in accordance with the operating principles of the Toronto Indigenous Health Strategy (TIHS) created by the Toronto Indigenous Health Advisory Circle.¹

GUIDING PRINCIPLES

The following are the operating principles reflected in the Toronto Indigenous Health Strategy². These principles are foundational to all of the work that Toronto Public Health embraces with Indigenous Peoples in Toronto.

1. Health plans are developed with Indigenous Peoples as full partners.
2. Wherever Indigenous Peoples go to access programs and services, they receive culturally appropriate, safe and proficient care, and all barriers to optimal care have been removed.
3. Care is planned to be responsive to community needs and is appropriate, efficient, effective and high quality at both systems and interpersonal levels.
4. Dedicated resources and funding for Indigenous Health programs and services will support a coordinated and collaborative system.
5. Leverage and build the capacity of Indigenous leadership and Indigenous communities to care for themselves.

In April 2018, the Canadian Mental Health Association (CMHA) released the document *Care not Corrections: Relieving the Opioid Crisis in Canada*.³ The CMHA proposed evidence-based/ informed recommendations. In August 2018, the document was reviewed and strategic advisors to the TIOS valued the spirit, intent, and principles.

The CMHA document addresses government, policy makers, and health organizations to support a bold and effective population health approach that focuses on care rather than corrections towards relieving the opioid crisis.

The CMHA experts call for involving people with lived experience using substances in policy planning and program development and surmise that this engenders better population health outcomes. They challenge organizations and governments to invoke policy planning and program development in consultation with Indigenous communities.

This approach was taken and was successfully completed in Toronto with the TIOS. It netted relevant and credible results. The principle of engagement with people with lived experience using substances is not an easy principle to execute on the ground, but a necessary one.

The CMHA also indicates that all health and social services for Indigenous communities should be grounded in culture and in supports that are Indigenous-controlled and culturally-safe, including those that are trauma-informed. This was noted in many of the pools of advice given in each of the advice seeking circles that informed the recommendations found in the TIOS.

The CMHA report is grounded in the principle that Indigenous communities must have access to culturally appropriate and safe services at all stages of care—from health promotion to treatment. This approach will assist stakeholders in the services and mental health care sectors in supporting positive health outcomes for Indigenous communities. The CMHA wishes to see people in these sectors become “allies in advancing the goals outlined by the Truth and Reconciliation Commission.”

The TIOS strategic advisors accept the above guiding principles as foundational principles for the TIOS approach, and all principles were fully realized in the journey toward the development of this document.

A viable and overarching goal of this document will be to witness the establishment of concrete actions of all City of Toronto Divisions engaged in service provision with Indigenous people who use substances (IPUS). This process should begin with the adoption of all principles and practices recommended by CMHA and the Toronto Indigenous Health Strategy in their service planning and implementation approaches.

THE TORONTO INDIGENOUS OVERDOSE STRATEGY: SUMMARY REPORT

A NOTE ON PROCESS

Advice was sought primarily from Indigenous people who use substances (IPUS) and Indigenous people who have used substances in the past. These Advisors sat in circles and worked collaboratively to support the gathering of advice. It is recognized that Indigenous people with lived experience know best how to identify overdose prevention and response strategies for the Indigenous community in Toronto. These individuals are the experts. In order to respect the worldview of IPUS, a layered and respectful process to advice seeking was taken. This process was repeated consistently to garner insights into historical and present day challenges they face.

These Advisors were given a venue to express solutions to challenges faced and came up with valid solutions that form the basis of the recommendations of the TIOS. The solutions presented were, for the most part, simple. All circles involved Indigenous medicines, a circle format for opening and closing, and a process that solidified concrete and actionable advice. Advisors shared a collective positive response to the process.

ADVISEMENT FROM INDIGENOUS PEOPLE WHO USE SUBSTANCES

Key recommendations made in this report came from advice seeking circles and were reinforced by conversations recorded by outreach workers conducted for the purpose of supporting the articulation of clear, concrete advice for the TIOS. Advice circles were organized according to demographics in order to facilitate open discussion and in recognition that some issues and challenges differ according to group membership and characteristics. This also assisted with analysis and understanding how services can best be designed to meet needs.

SEVEN ADVICE CIRCLES WERE CARRIED OUT WITH A TOTAL OF SEVENTY UNIQUE INDIGENOUS INDIVIDUALS; ALL WERE EITHER ACTIVELY USING SUBSTANCES OR IN RECOVERY:



- Two (2) Indigenous men's circles were held with a total of twenty-one (21) men and one (1) woman;
- Two (2) Indigenous women's circles were held with a total of nineteen (19) individuals;
- One (1) two-spirit circle was held with eleven (11) individuals;
- One (1) circle was held with eight (8) Indigenous individuals who inject drugs;
- One (1) Indigenous youth circle was held with ten (10) individuals.

In addition, fifteen (15) one-on-one conversations with IPUS were carried out and recorded by outreach workers. Guidance from these conversations was used to supplement the understanding garnered from the advice circles. The layered process gave room for individuals to consider what should be done to help themselves or their brothers and sisters who are being harmed by the overdose crisis in Toronto.⁴

ADVISEMENT FROM SERVICE PROVIDERS

Solid information was gathered from twenty-four (24) service providers (Indigenous and non-Indigenous) who serve Indigenous Peoples through a facilitated session. This collection process included a workshop and was supplemented by seven (7) in-depth responses to a survey. The guidance is reflective of the current overdose crisis in Toronto; however, the merged recommendations from service providers and IPUS could represent advice coming from any large city in Ontario or Canada. Many of the themes echo what has been captured in other national consultations related to mental health and substance use among Indigenous communities. For example, Health Canada's *First Nations Mental Wellness Continuum Framework*⁵ report highlights how addressing substance use issues among Indigenous Peoples in Canada should be embedded in a continuum of services and supports that promote mental wellness, in addition to culture being an important intervention to support Indigenous Peoples' opportunities to live life as whole and healthy people. Much of the advice in the Toronto advice-seeking process indicates that substance use occurs alongside a variety of health and social issues (e.g. mental illness, isolation, and homelessness), making it important to address these wider social determinants of health in addition to making substance use safer.

Advice sought from service providers who assist IPUS offered a detailed understanding of service gaps. It was noted that even when services are available they can be very difficult to navigate, especially for IPUS who experience concurrent requirements, demands, and challenges. Disparities in services that meet the needs of IPUS were noted widely. Overall, there are not enough services, specifically shelters and housing, that combine both Indigenous approaches and harm reduction. Abstinence is required to 'qualify' for some services, preventing access to assistance for those perhaps most in need and creating a "systemic bias toward the need for sobriety instead of accepting people's drug use."⁶

Some of the shelters and housing that are available were described by service providers as unsafe, unaffordable, and culturally inappropriate, while food insecurity was also noted as a concern. Racism and a lack of understanding of the experience and needs of Indigenous Peoples were mentioned with regards to both 'Western' organizations and health care practitioners, which cause further harm to already marginalized IPUS. Compounding this are concerns about the lack of culturally appropriate and land-based healing practices, and safe spaces to go after a hospital stay. These concerns are representative of the ongoing impacts of colonialism, including the erasure of traditional knowledge and practices, as they affect the health and wellbeing of Urban Indigenous Peoples.

Demographics as they differ among IPUS were noted as needing specialized consideration for services. Significantly, multiple service providers noted that services for two-spirit persons are largely absent in Toronto. Support for families without child apprehension, and substance use treatment services for mothers involved with child welfare services were suggested. Further, it was noted that most services are concentrated in the downtown core of Toronto and that services should be distributed to the north, east, and west areas of the city (See Service Map in Addendum).

Overall, service provider suggestions were similar to recommendations received from Advisors.

“BTB” (BACK TO BASICS)

Throughout the advice seeking circles, Advisors noted first and foremost the need for dignity and self-respect to remain intact. Basic human living conditions are sometimes missing from their day-to-day lives. The desire for services that meet basic needs of housing or safe spaces, personal cleanliness, and feeling satiated by food, as well as the simplicity of being hugged or touched with kindness was evident. A strong desire to seek solace from culture (not to be “cured”) resonated in all circles.

Emotionally, there is system-wide distrust among IPUS. Emotions such as fear, hate, and shame were used to describe reasons why substance use remains cyclical and continuous. Advisors described wanting to run away, being afraid to fail, feeding into cycles of low self-esteem, and a lack of confidence in everything. These feelings are reflective of many human beings but are amplified in this population of people who are, to a much higher degree, vulnerable to system failure.

Trauma was a constant theme among Advisors. They have lost person after person, there has been little time to grieve the losses and no Ceremony for the passing of their friends and loved ones. Grief and loneliness permeated the IPUS that came to share in Circles. From both Advisors and service providers, it is evident that basic physiological and safety needs are not being met. Dignity in the simple form of cleanliness, shelter, and food is lacking. Most troubling is the connection between substance use and trauma.

While we want to avoid the bias towards ‘recovery,’ it must be noted that disempowerment can cause substance use issues to become intensified.⁷ Psychotherapist and registered clinical counsellor Dr. Shahar Rabi writes of the need to empower and to provide more connection and support and less shaming and isolation to ensure that there is not further marginalization of people from support services. His research further mirrors the conclusions made by the TIOS in suggesting that ‘dislocation’ is a contributor to substance use issues; individuals use substances to numb psychological pain that comes from a sense of loss and disconnection from communities and their lived environment—an alarmingly reoccurring explanation for substance use within advice circles.

The advice circles, combined with psychological theory on substance use, indicate that providing the basics: **cleanliness, human dignity, kindness, safe space, and food sovereignty** through culturally-relevant drop-in centres and outreach services will save lives among IPUS who need a place to belong.





KEY RECOMMENDATIONS

These key recommendations encompass the overarching themes that came out of advice circles. A more detailed account of recommendations from each group follows for service providers who assist these particular groups.

1. EXPANDED CULTURALLY-SAFE OUTREACH SERVICES

1.1 We call upon Toronto Public Health to advocate for federal and provincial funds to augment the Toronto Urban Health Fund Indigenous Stream to support Indigenous agencies (currently in development, as directed by the Board of Health). And further, to advocate for funding for the Toronto Urban Health Fund to enhance support for Indigenous-specific programs and services located within mainstream organizations in Toronto to expand their outreach and harm reduction capacity or remodel their outreach strategy.

1.2 We call upon the provincial and federal governments to align 2019/2020 (and beyond) funding calls with practical and immediate overdose responses, in particular access to funding supports for Indigenous agencies to create, strengthen, and enhance culturally-safe outreach and mobile and peer support services to Indigenous Peoples who use substances. There should be a heavy emphasis on progressive recruiting strategies, culturally-safe hiring practices, and retaining Indigenous outreach workers to work with Indigenous Peoples who use substances.

While there are extensive service organizations available across Toronto with fixed locations where individuals can receive assistance onsite, it was indicated that more street outreach, mobile, and after-hours services are needed. Rather than expecting individuals to seek out assistance, assistance needs to come to them. Further, assistance that is offered needs to be culturally-safe, non-judgmental, and stigma-free. Individuals who are precariously housed often cannot get to the services they need. They may also be impacted by street politics that prevent them from safely crossing into specific areas of the city. Further, few organizations offer 24/7 drop-in services, resulting in assistance not being available in cases where there is an immediate need. Additionally, some organizations have a wide range of operating hours that vary day-to-day, which makes it difficult for individuals to keep track of what services are available when.

For IPUS who feel especially disenfranchised, organizations with set locations are often not safe spaces in which they feel a sense of belonging or understanding. Through street outreach, essential supplies, such as clothing and bedding, and harm reduction kits, such as naloxone and safer injection or smoking supplies, can be distributed to IPUS who are unable or uncomfortable seeking assistance from existing service locations. Having such services available through Indigenous-only organizations will increase the cultural-safety for IPUS seeking them.

Outreach is highlighted in *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*, a Health Canada report that outlines a continuum of care to support

strengthened community, regional, and national responses to substance use issues.⁸ In the *Honouring Our Strengths* continuum, outreach is one component of an element of care that seeks to provide secondary risk reduction by engaging people and communities at high risk of harm due to substance use issues. These individuals may not otherwise receive support to reduce the risk to themselves and their communities, but this can be done through targeted activities that engage people at risk and connect them with care that is appropriate for their needs. Allocating resources to services that support direct needs and can mitigate harm is necessary for supporting IPUS.

Outreach can also be a channel for offering and increasing access to traditional sacred medicines used in Ceremony for Indigenous peoples who are underhoused. Offering healing on the streets through counselling and simply 'knowing' IPUS who are homeless can lead to critical interventions that keep them safe. The use of peer outreach by Indigenous Peoples who themselves have lived experience of substance use and/or being underhoused is especially imperative for ensuring culturally-safe outreach. Further, offering outreach during the evenings will add more opportunities to connect with IPUS; this was noted by both Advisors and service providers. Organizations should utilize progressive recruitment strategies and culturally-safe hiring practices in the hiring of Indigenous outreach workers to work with Indigenous Peoples who use substances. From the point of view of service providers, resources are stretched thin, and funding is more generous for programming that is delivered at fixed sites and that can be quantified in terms of 'bodies through the door.' Reconsideration of this approach to funding is very much needed.

2. WIDE AVAILABILITY OF NALOXONE & DRUG-TEST KITS

2.1 We call upon Toronto Public Health to continue to increase the presence of naloxone and naloxone-trained individuals within IPUS communities. Availability of and access to naloxone should be increased through conventional (e.g. community service providers) and unconventional (e.g. housing property managers) channels to facilitate the distribution and availability to Indigenous Peoples.

2.2 We call upon social housing providers to work with Toronto Public Health and community service providers to train staff and tenants in overdose prevention and response, including how to administer naloxone, and to ensure naloxone is available to tenants who use substances to reduce the risk of overdose deaths in housing settings.

2.3 We call upon the Centre on Drug Policy Evaluation and Toronto Public Health to expedite the development of an effective and accessible drug testing program.

Naloxone kits and training are becoming more widely available across Toronto, and are saving lives. However, some individuals are hesitant to call 911 for medical help in cases of an overdose for fear of legal reprisal from police who may also attend the call. The federal government has passed the Good Samaritan Drug Overdose Act, which protects people at the scene of an overdose from charges of drug possession, but not everyone is aware of this protection and it should be promoted within Indigenous communities. Further, there is significant distrust of the police among IPUS, and additional harm reduction and cultural safety training for police would help IPUS feel safer reaching out for and accepting help from police personnel.

Time is of the essence in cases of opioid overdoses and having naloxone kits as accessible as possible is crucial. Training and distribution of naloxone kits to IPUS and community members who can administer the medication

while waiting for paramedics will save lives. Toronto Public Health is supporting the expanded distribution of naloxone kits through community-based services, and this work needs to continue. The risk for death from opioid overdose is especially high for people using drugs alone, including in their homes. Having naloxone kits available for distribution through social housing programs, and training individuals such as superintendents, landlords, maintenance workers, and tenants, will make naloxone more available to IPUS who are housed in these settings.

Further, widely available and free drug testing can provide helpful information to IPUS to guide their decisions about using substances before they consume them. This is especially important given that the current illicit drug supply in Toronto is contaminated with fentanyl of varying potencies. Fentanyl test strips, for example, can detect the presence of fentanyl (although they do not indicate potency). The Centre on Drug Policy Evaluation is working with Toronto Public Health and some of the supervised consumption services in Toronto on a more comprehensive drug testing program that will roll out in 2019. Making sure that all advances in drug testing reach IPUS who are most at-risk of overdose is crucial.

“...housing programs are key locations where naloxone should be available”

Toronto Overdose Action Plan



3. 24/7 CULTURALLY-SAFE AND APPROPRIATE HARM REDUCTION DROP-INS AND RESPITE CENTRES

3.1 We call upon the City of Toronto's Shelter, Support and Housing Administration Division to advocate for more federal and provincial funds to support the development and operationalization of Indigenous-led drop-in spaces and services and respite centres.

3.2 We call upon Toronto Indigenous service agencies to develop targeted 24/7 drop-in services and respite centres throughout Toronto, including services for sub-populations (e.g. men, women, youth, and two-spirit).

There are multiple organizations that offer the services that Advisors call for, however, few have the resources to operate on a 24/7 basis. Such services can be offered in the form of drop-ins that have safe space, food, and support, or respite centres that also offer a short-term place to sleep.

Culturally-safe supports that recognize Indigenous Peoples as unique must be a prominent guiding principle for services established for IPUS. Advice gathered through the TIOS process indicated that trauma is still very much a part of the everyday lives of IPUS. Currently, the perception is that service workers are generally not knowledgeable about Indigenous culture and history and colonialism, including the assimilation and repression of residential schools, the 60s scoop, and Indian Hospitals. This results in spaces in which IPUS feel judged and like misfits; they are less willing to seek out much-needed assistance from such organizations. Further, offering services for specific groups such as 'women-taking-care-of-women' initiatives, youth, and two-spirit programming is advised. Counselling (including peer counselling from individuals with lived experience) is a need as is access to Elders who are willing to accept and support a harm reduction approach. Inclusive drop-ins and respite centres should focus on meeting these needs.

While acknowledgment and inclusion of IPUS and Indigenous programming in non-Indigenous and mainstream organizations is a step in the right direction, there is a need for Indigenous-led organizations to deliver services for IPUS. Governance and operational supports, capacity building, or augmentation that expands the abilities and resources of organizations will allow them to operate on a larger scale to reach and assist more IPUS. We know that environment matters and creating drop-in spaces that are intentionally Indigenous-focused with spatial and visual design that incorporates cultural imagery and programs that include traditional foods are desired by IPUS. Advice included using medicine wheel teachings, and dedicating outdoor space for Indigenous Ceremony, as well as sweat lodges which could be connected with drop-in services and respite centres.

Culturally sound program and space design necessitates consultation with Indigenous knowledge-holders, Elders, and Healers. Additionally, according to Advisors, IPUS or those with past lived substance use experience acting as peer counsellors bring the most credibility to programs. IPUS are very much affected by the traumas of residential schools, the interventions of child protective services, and the ongoing crisis of missing and murdered Indigenous women. Tokenism from otherwise 'Western' organizations through fringe participation and programming is not enough. Healing will come from culturally-appropriate approaches to which non-Indigenous people need to be allies rather than accomplices in continued cultural degradation. Ideally, such drop-in services and respite centres are combined with outreach in the form of transportation to and from locations, and use a harm reduction approach. The availability of 24/7 services is crucial for disenfranchised individuals who are in immediate need or in crisis, and cannot wait until opening hours for access to a clean, safe, and supportive spaces.

4. 24/7 INDIGENOUS-ONLY SUPERVISED CONSUMPTION SERVICES

4.1 We call upon the provincial government to dedicate funding for 24/7 Indigenous-led Consumption and Treatment Services in Toronto as part of the new Consumption and Treatment Services program.

4.2 We call upon Toronto Indigenous service providers to support Indigenous advocates, program staff, and volunteers with operating Consumption and Treatment Services for Indigenous Peoples who use substances that are also relevant to specific sub-sets of the population (e.g. men, women, youth, and two-spirit).

Along with the trauma affecting IPUS comes deep shame and feelings of stigmatization. Additional and 24/7 supervised consumption services are needed across the city, however, there is an expressed need for Indigenous-only services at which IPUS can remain safe without the judgement felt elsewhere. Further, sites or spaces that are women-, youth-, and two-spirit- only were called for to maintain the safety of these vulnerable groups. At the time of writing this report, there were four supervised consumption services and five overdose prevention sites operating in Toronto. In fall 2018, the provincial government announced a new program model, and all existing service providers must reapply to operate under this new Consumption and Treatment Services program. IPUS are using some of the existing services in Toronto although none are Indigenous-led, and none are open 24/7. Advisors highlighted the need for 24/7 Indigenous-only Consumption and Treatment Services being crucial to ensure that clean and safe services are available on an immediate-need basis.

Indigenous harm reduction services are urgently needed in Toronto as mandatory, abstinence-based programming is not universally effective. Cultural safety training for service providers⁹ was advised across groups to make services culturally-safe. Additionally, increasing the presence of Indigenous staff at Consumption and Treatment Services may help to ensure that all services are welcoming to IPUS. Providing a safe space for IPUS who are actively using substances will reduce the risk of overdose and help individuals to stay connected to other services should they want to pursue a goal of abstinence at a later time. Harm reduction was a consistent solution among Advisors stressed that drug use should be treated as a health issue rather than a criminal issue.

“The shame and stigma attached to drug use mean that people are more likely to take risks, to use secretly, and to buy from unregulated street drug markets”

Toronto Overdose Action Plan



5. CULTURALLY-SAFE AND APPROPRIATE MEDICAL CARE

5.1 We call upon the Province of Ontario to ensure the availability of culturally-safe medical care to Indigenous Peoples who use substances now and into the future. Health care providers should explore opportunities to support the use of traditional medicines and approaches to healing, including facilitating access to Ceremony, Healing Circles, Elders, and/or Healers for their Indigenous clients.

5.2 We call upon the Province of Ontario to require all provincially-funded health care providers that provide medical services to Indigenous Peoples in Toronto to demonstrate accountability through formal mandates and strategic plans for their devised investments and outcomes related to culturally-safe care for Indigenous Peoples, including ongoing Indigenous cultural safety training and education for non-Indigenous health care providers.

Indigenous communities must have access to culturally appropriate and safe services. In order to offer culturally-safe services to Indigenous communities we must assist stakeholders in the primary and mental health care sectors in supporting positive health outcomes for Indigenous communities. Organizations in these sectors must become allies in furthering the goals delineated by the Truth and Reconciliation Commission.

Advice received through the TIOS process indicates the incompatibility of ‘Western’ medical care with Indigenous views on wellness and healing. Pharmaceutical interventions are being used in situations where IPUS would prefer the use of traditional medicines, teachings, and approaches to healing, but there is limited access to Ceremony, Elders, and/or Healers. It is known that most healthcare professionals delivering services to IPUS

are not knowledgeable of Indigenous histories and there is an imperative for a trauma-informed lens to influence their work. Specifically, there is a need for Indigenous cultural safety education or training for medical staff (doctors, nurses, and pharmacists) to prevent and address negative stereotyping of Indigenous Peoples, including those who use substances.

IPUS Advisors see poor prescribing practices by healthcare professionals as leading to a dependency on opioids that can eventually force people into the illicit drug market when prescription drugs are no longer available and a tapering plan is overlooked. The current medical system is further disenfranchising IPUS due to poorly trained and culturally insensitive healthcare professionals who stereotype Indigenous Peoples. While it is recognized that this is not the case with all professionals and that resources, including time, are stretched thin, IPUS experiences with healthcare are largely negative. Further development of Indigenous resources for healing can help reduce harms related to substance use, including overdose. Elders and Healers need to be supported and made accessible to IPUS throughout the health care system along with access to healing circles and traditional medicines and teachings.

“People who use illicit drugs face stigma and discrimination from society at large and from service providers, including in the health care system”

Toronto Overdose Action Plan

6. CULTURALLY-SAFE, APPROPRIATE, AND ON-DEMAND ABSTINENCE-BASED TREATMENT

6.1 We call upon the Province of Ontario to increase and target funding to support the development and operationalization of culturally-safe, appropriate, and on-demand abstinence-based treatment spaces for Indigenous Peoples.

6.2 We call upon Toronto Indigenous service agencies to develop 24/7 abstinence-based treatment services throughout the city of Toronto that are also relevant to specific sub-sets of the population (e.g. men, women, youth, and two-spirit).

Waiting lists are especially troublesome with regards to IPUS; when individuals feel equipped to stop using substances they may be unable to follow through due to inadequate space in drug treatment programs. Further, IPUS face added barriers of the approaches being used for withdrawal management (detox), with some drug treatment programs not fitting with their perspectives on healing. This can make it difficult for individuals to maintain abstinence, or not be ready to abstain when treatment space becomes available. Some Advisors expressed concern about methadone as a treatment option, and want access to alternative abstinence-based treatment options. Further, the development of Indigenous-specific, abstinence-based treatment should be Indigenous-led and controlled. Resources should be allocated to ensure treatment spaces are available when needed (intake available 24/7). These services should provide safe and separate spaces and programming for women, youth, and two-spirit individuals.

Honoring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada offers insight into how to take a systems approach that aligns multiple parts within a set of principles. The Health Canada report outlines six elements of care that are part of a continuum of responses to individual, family, and community needs with regards to substance use issues. The first three elements address prevention and early intervention in relations to risk factors, while the latter three elements include active treatment and specialized treatment for individuals who use substances; care facilitation is the final element that involves support for individuals and families in finding appropriate services. All of these elements of care need to be strengthened to better address the needs of IPUS who would benefit from treatment services and supports in Toronto. Availability of appropriate abstinence-based treatment options are crucial to meeting these needs voiced by Advisors. Needs must be assessed, with the understanding that they will be varied, and addressed on an individual basis in order to ensure that the level-of-care required is being met.

**“Treatment options should be available on-demand,
and include a range of options to meet individual needs”**

Toronto Overdose Action Plan

7. AFFORDABLE HOUSING AND SAFE SHELTERS

7.1 We call upon the Toronto Indigenous Affairs Office, the City of Toronto's Shelter, Support and Housing Administration Division, and the Toronto Aboriginal Support Services Council to uphold the agreements to collaboratively devise an action plan to address challenges with homelessness, housing gaps, and the need for enhanced housing supports for Indigenous Peoples.

7.2 We call upon the City of Toronto's Shelter, Support and Housing Administration Division to advocate for increased federal and provincial funding to support the immediate development and operationalization of culturally appropriate shelter spaces for Indigenous Peoples.

Safe, accessible, and affordable housing within the city is a significant concern. Guidance received through the TIOS process indicates that housing should be approached in a way that better takes into consideration the needs of IPUS. Obtaining housing involves long waitlists and the dehumanization of being just a 'number.' Rather than upholding a systemic bias for sobriety, IPUS should always have access to housing regardless of their substance use; Advisors indicated that obtaining and retaining housing is especially precarious for IPUS who struggle with the process and perceive they are being discriminated against based on their substance use. All individuals seeking housing should receive equal treatment by social housing service providers and landlords.

Further, social housing should allow IPUS to remain within the neighbourhood where they feel grounded, rather than forcing them to relocate to a place without support or known resources. 'Ghettoization' of social housing is a significant concern for IPUS. Social/subsidized housing should be spread throughout the city to prevent individuals from being segregated and isolated in spatially marginalized communities in which living conditions are substandard and overlooked. The concurrence of substance use and inadequate housing requires recognition and remediation.

In June 2018, the City of Toronto Housing Division released their report *Meeting in the Middle – Engagement Strategy and Action Plan for Toronto's Shelter, Support and Housing Division*.¹⁰ This strategy was created by Indigenous leaders from the sector and City of Toronto staff to build better working relationships and to eventually improve socio-economic outcomes and housing options for Indigenous Peoples. Both parties have agreed to monitor this initiative, and to hold each other accountable.

For IPUS accessing shelter services, Advisors and service providers noted that some shelters are unclean and unsafe, physically and culturally. While stable housing should take priority ("housing first"), clean and safe shelters for acute and temporary situations should be available for IPUS.

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ADVICE CIRCLE SUMMARIES

The seven core areas of advice from the TIOS process are broad enough to understand the specifics of the advice but do not isolate themes among each group. The following summaries offer insight into the responses as they related to each unique group, and may be useful for service providers seeking to augment the services they already offer. Here the voices of Advisors are captured with regards to the context of substance use and perceived service gaps.

WOMEN

SUBSTANCE USE:

Women Advisors noted emotional issues and challenges that are connected with substance use. Some of these, such as shame, judgement, and stigma, lead to individuals using alone. Some Advisors noted that this makes them more prone to overdose, but they also acknowledged that using alone makes them less prone to being robbed. While fitting in and peer pressure were noted, many of the women had a strength and pride about them that was reflected in their suggestions and advice points. They noted unapologetic reasons for using, things such as pain relief and to connect with other people. As with many of the other circles, the themes of loneliness, a lack of self-confidence, grief/death, and triggers were noted as reasons to use substances. However, Advisors noted that they also use substances out of curiosity, for fun, to feel good, unwind, decompress, or relax, in response to boredom, life problems, or as a reward or celebration.

Lack of family support and the need to be with others were factors in women's decision to use substances, with the sub-culture of drug use influencing some individuals. Drugs were viewed as a survival mechanism. Resisting the adrenaline rush from substance use is difficult as some indicate they like that they are 'getting away with something.' It was noted that substance use is their choice, but they realize that there are unknown potencies and substances used to cut drugs, which can result in overdose and death.

Negative feelings such as anxiety, anger, shame, stress, guilt, and heartbreak were mentioned with substances offering protection from one's own feelings. Other Advisors connected substance use with "jonzing"/"jonesing" (feeling driven by craving or need to use). Both the ritual and process of using were noted as was the glorification of use. Being proud of who you are instead of what you have done was put forward as key for moving forward, with initiatives such as shelters being viewed as 'band-aid' solutions to the problem of structural inequality that should be addressed by education and employment assistance.

SERVICE GAPS:

Women Advisors noted that individuals are a product of their environment or family situation, and a lack of services and women-specific facilities is evidence of a large service gap. They called for:

- Safe spaces for Indigenous women in domestic violence situations and/or who are sex workers
- Access to safety devices such as panic buttons, mace, whistles, phones, and pagers
- More education with regards to men's and women's traditional roles in Indigenous culture, in which women typically held influence and respect and were kept safe

- Access to Healing Circles, traditional medicines and teachings, and invitation to Ceremony
- Programs and services that are places invoking dignity and not shame
- Shorter wait lists for withdrawal management (detox) and drug treatment (often when IPUS are ready to abstain services are not immediately available)
- Elimination of required abstinence period of time to get help from treatment services
- Safety patrols and protocols for outreach teams that are serving women, and the women they are serving
- More ‘women-taking-care-of-women’ support programs
- Harm reduction:
 - Strategy and/or defense training for mitigating mental and physical abuse and violence that comes with using and obtaining substances (safety from dealers)
 - More Elders and Healers willing to engage in harm reduction practices
 - Indigenous centres and drop-in services that use harm reduction as their policy and operating philosophy for IPUS and sex workers
 - 24/7 supervised consumption services that are women-only
 - Access to secure transport services for women to get to safe spaces

YOUTH

SUBSTANCE USE:

Youth Advisors struggle with peer pressure, meeting the “wrong” people, wanting to be seen (respected), and wanting to belong. They shared these as some of the reasons for substance use. They were keen to note a lack of self-awareness at times when engaging in substance use, which puts them at severe risk for overdose and other harms.

Youth Advisors want to see more positive influences in their lives, which came through as advice to augment youth-specific services such as counselling, safe spaces, and connections with (positive) family and friends. Additionally, Advisors noted the issue of needing to support their substance use illegally with things such as boosting (theft and resale), pan handling, prostitution (their language), and drug dealing.

SERVICE GAPS:

Youth Advisors noted that some services are only offered if individuals in need are willing to do something in exchange (such as attend programming and/or be abstinent). It was suggested that individuals be entitled to have their basic needs met without conditions. They called for:

- Drop-in and safe spaces (preferable 24-hour) at which they can access self-care amenities (e.g. showers, laundry, and toiletries)
- Access to programming, social workers, and support through counselling
- Access to basic needs such as clothing, shoes, and bedding, without obligation
- Access to the Internet and after-hours programming to help combat boredom

- Culturally sound supports with outdoor space in the city dedicated to Indigenous Ceremony (e.g. High Park and Rouge Valley)
- Combatting societal stigmatization, systemic racism, and negative judgements around IPUS and substance use:
 - Ensuring that Good Samaritan policies are adhered to by police and paramedics (i.e. anyone who calls 911 should not be penalized if they are under the influence)
 - Decriminalization of the personal possession of all drugs
 - Addressing drug use as a health issue rather than a criminal issue
 - Realigning justice within the federal and provincial criminal systems
 - Elimination of abstinence-based policies (dehumanization)
 - Development of a media campaign geared towards 'Nish Youth' (app, pamphlet, etc.).
 - Development of a media campaign to humanize people who use drugs that generates empathy and compassion
- Connection with land and culture:
 - Meaningful cultural and spiritual connections to combat isolation
 - Food sovereignty
 - Traditional healing (sweat lodges, Nation-specific Ceremony)
 - Access to Healers, Elders, and Elder therapy
 - Cultural competency at all levels of service and government

MEN

SUBSTANCE USE:

Men Advisors expressed feelings of vulnerability such as having a lack of options, experiences of lost culture and discrimination, and feelings of shame. Stigma was highlighted multiple times as were issues of poor self-control, loneliness, self-harm, abuse, and depression.

Men Advisors expressed hopelessness by indicating that they had no voice and a lack of direction. These challenges lead to grief and substance use. Similar to other advice, this grief stemmed from loss of family or loved ones, abandonment, negative thoughts, (self-) isolation, and trauma and its many abuses via intergenerational transmission. Men noted: interpersonal issues with spouses, families, and relatives they do have contact with; physical and sexual abuse; and lost housing. All of these are known effects of colonialism, residential schools, the 60s scoop, and Indian Hospitals. The impact of inter-generational trauma is reflected in the experiences of these Advisors.

Further, Advisors associated their substance use with: social status; (peer) pressure/enabling; triggers from people, places, and things; poor judgment and not knowing when to say "no"; trouble expressing emotions, such as fear; and, stress and anxiety.

SERVICE GAPS:

Men Advisors noted that there is a significant issue with homelessness in Downtown Toronto and a need to rectify this. Some Advisors noted that obtaining housing led to their own sobriety and stability. Further, connections were made between substance use and issues of poverty, education, opportunity, hunger, discrimination, living on the streets, and feelings of helplessness.

Support and employment training were noted as key needs. Substance use was linked to wide societal issues. They called for:

- Affordable housing across Toronto (no ghettoization/isolation)
- Clear and appropriate processes for accessing services (e.g. reduced waitlists and no complicated bureaucracy)
- Safer shelters and an expansion of shelter services and crisis centres
- Funding for more and a wide range of services, including counselling and crisis support
- Substance use and mental illness awareness training for service providers
- Indigenous peer outreach
- 24/7 drop-in centres with access to a gym
- Continued gain in understanding of trauma and its effects
- Programming addressing:
 - Money management
 - Employment
 - Training opportunities/attainable education
 - Concurrent disorders (e.g. substance use and mental illness) in connection with homelessness
 - Legal pardon assistance
 - Healthy habits (e.g. eating and exercise) and mental wellness
- Abstinence-based services that offer:
 - Wider availability (more support with the understanding that it is difficult to quit)
 - Training for 12-step sponsors on expectations and best-practices for supporting the sobriety of others
 - Access to more abstinence-based treatment options as Advisors expressed concerns about using methadone as a treatment option
 - Access to traditional healing for achieving a goal of abstinence
 - Withdrawal/symptom management
- Harm reduction services such as:
 - Indigenous-specific supervised consumption services
 - Drug testing kits
 - A safe drug supply
- Improved medical care through:
 - Better prescribing practices by physicians and accountability for prescribing practices (e.g. proper tapering of opioids and not using prescriptions to numb or suppress anxious and depressive symptoms)
 - Better understanding of mental illness/wellness among healthcare practitioners
 - Education and training for healthcare practitioners to prevent negative stereotyping of Indigenous Peoples
 - Availability of cannabis to manage chronic pain (alternate pain management)
 - More drop-in medical clinics

- Traditional healing opportunities
- Stronger guidelines and accountability in the pharmaceutical industry (e.g. safe and affordable, rather than prohibitive and addictive, drugs)
- More research and hands-on management of substance use issues and the associated wider systemic and societal issues

INDIGENOUS PEOPLE WHO INJECT DRUGS (MEN AND WOMEN)

SUBSTANCE USE:

A mix-gendered circle of both men and women Advisors who inject drugs was convened. These Advisors expressed that their substance use was connected with feelings that are suppressed or undealt with. This includes a lack of confidence and self-esteem, fear (of failure), hatred, embarrassment, shame, and loneliness. Substance use was characterized by various Advisors as: a way of escaping; a learned behaviour; a chosen lifestyle; a response to a lack of love and direction; a sign of having given up; a result of peer pressure; and connected with homelessness. Support from others in the lives of people who use substances (whether they use substances themselves or not) was noted as a need, as was that people, places, and things can be positive or negative forces. Perpetuated mental health issues/illness/challenges were noted as a factor in substance use and was connected with emotional or nervous breakdowns and sickness.

Root causes of substance use were noted such as broken homes, poor education, and death and/or loss of family members and/or loved ones. Both stigmatization and stereotyping were noted as challenges. On a larger scale, colonialism and what has been lost and gained due to it was identified as an issue by Advisors, along with abuse, trauma, residential schools, lack or loss of identity, and not knowing one's heritage.

SERVICE GAPS:

Advisors who inject drugs indicated a disconnect between service providers and IPUS. They are keenly aware of a lack of safe space and resources. They emphasized the importance of positive social connections and humane approaches to service delivery. They called for:

- Positive role models
- Employment training
- Attainable education
- Indigenous drop-ins
- Safe and clean spaces
- Housing services
- Single-parent programming
- Access to culture as a means to ease suffering
- Access to Elders willing to accept their substance use
- Peer outreach from those with lived experience/understanding
- Readily available information, helplines, and referrals

- 24/7 supervised consumption services with outreach (stressed consistent hours)
- Prioritization of IPUS from service providers
- Standard and thorough evaluation/assessment and individualized treatment for managing substance use (not a one-size-fits-all approach)
- Reduced waitlists for substance use treatment
- More substance use treatment options that fit traditional perspectives on healing
- Governmental and systemic accountability to Indigenous Peoples (there is ongoing intergenerational distrust)
- Decriminalization of drug-related crimes
- Expansion of shelter services for Indigenous Peoples
- More supports for displaced Indigenous Peoples

2-SPIRIT¹¹

CONTEXT:

The two-spirit Advisors expressed many similar issues and challenges to those of the other advice circles, but struggled to offer tangible solutions. While it is recognized that there are organizations catering to this demographic, the extensive neglect and disenfranchisement of this group was palpable and is in critical need of remediation. The affect of participants in this advice circle indicated that these individuals are unaccustomed to being given opportunities to vocalize their struggles, are unfamiliar with being listened to, and have up until this point been neglected in solutions to the overdose issue. Additionally, it speaks to the extreme misapplication of current mainstream services made available to them as there was a direct call for safe and suitable programs. Importantly, some of the Advisors did not feel as though the “two-spirit” group label encompassed their distinct identity, making this a group in need of support and cohesion. This group expressed issues of marginalization among and within the community, which surfaced during the advice circle (gay ‘privilege’ and transgender marginalization). Despite solutions being largely absent, Advisors did note some concrete and actionable challenges for which some solutions can be extrapolated.

SERVICE GAPS:

Similar to challenges with gender norms, issues of racism and the dominance of Western practices were noted as were struggles that are prominent among Indigenous populations such as multigenerational and childhood trauma, assimilation, forced religion/“Christianization,” disconnected families, lacking truth, loss, and grief. Their challenges reflect a call for:

- Access to Ceremony
- Access to Healers and traditional medicines
- Utilization of the seven (grandfather/grandmother) teachings
- Following the medicine wheel teachings
- Services that honour traditional values and embrace a holistic understanding of healing and wellness

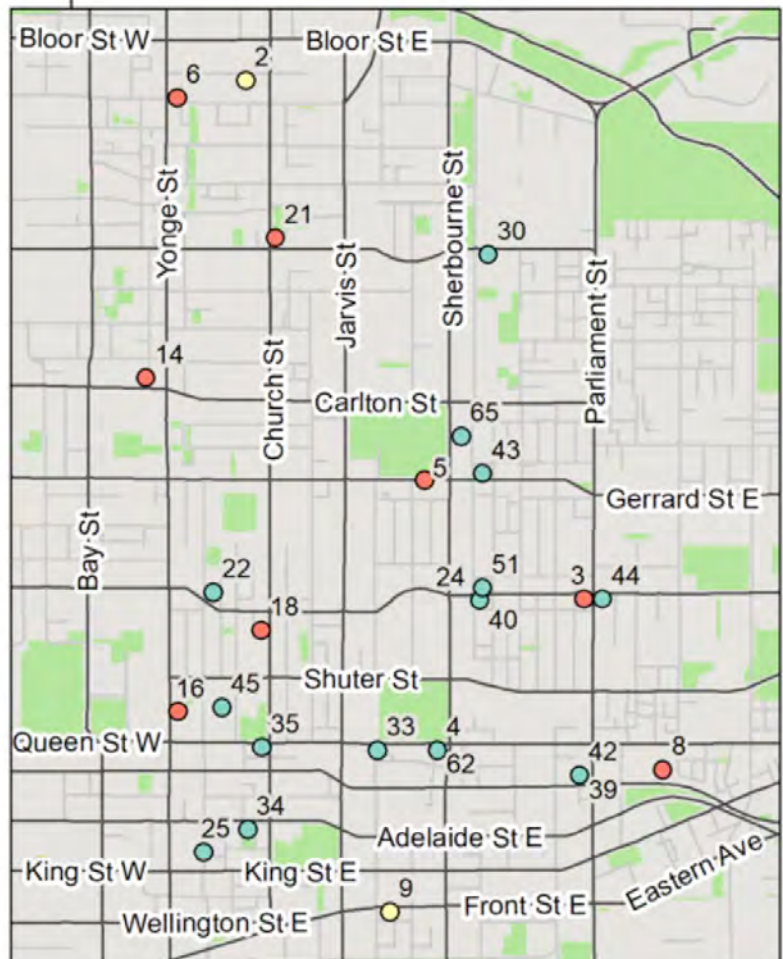
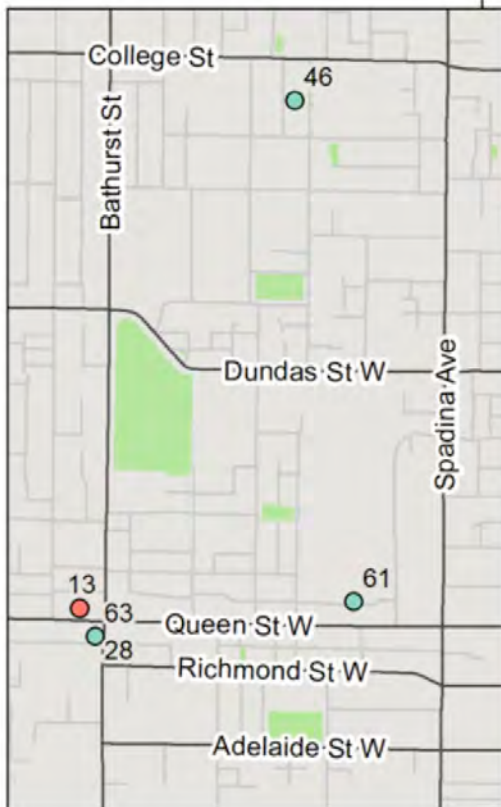
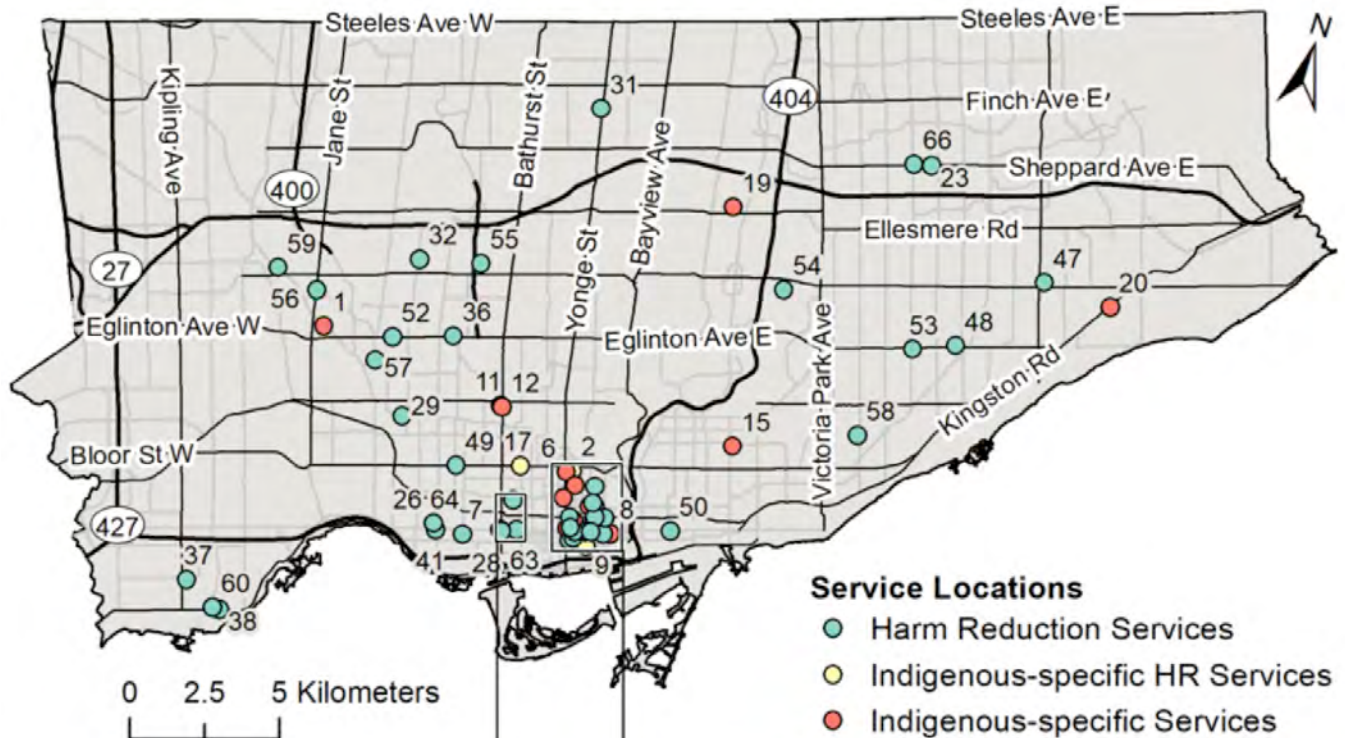
- Organizations that foster feelings of a sense of belonging and culture
- Safe and accessible spaces for cultural practices
- Inclusive programming (e.g. no selectiveness, banning, or gendering)
- Services, policies, and programming that is non-discriminatory
- Advocacy against binary barriers to services and for inclusivity (e.g. standardized forms)
- Education to prevent discrimination, stereotyping, and judgmental and phobic behaviour from service providers
- Training and awareness around displaced peer discrimination and stereotyping
- Aftercare for those aging out of the child welfare system
- Services for thriving rather than mere survival:
 - Affordable housing
 - Access to food
 - Employment assistance
 - Attainable education
- Availability of Indigenous-safe connections and emotional supports
- Cultural and family reunification counselling supports
- Accessible, accepting, and appropriate peer counselling services
- More outreach
- Increased research around substance use to inform service providers
- Harm reduction:
 - Information on safer substance use
 - Wide availability of harm reduction supplies
 - Access to a safe drug supply





ADDENDUMS

HARM REDUCTION SERVICES MAP



ID ORGANIZATION

CATEGORY

1	Anduhyun Inc.	Indigenous-specific Services
2	Ontario Aboriginal HIV/AIDS Strategy	Indigenous-specific HR Services
3	Toronto Council Fire Native Cultural Centre	Indigenous-specific Services
4	Anishnawbe Health Toronto	Indigenous-specific Services
5	Anishnawbe Health Toronto	Indigenous-specific Services
6	Anishnawbe Health Toronto	Indigenous-specific Services
7	Centre for Addiction and Mental Health (CAMH) Aboriginal Services	Indigenous-specific HR Services
8	Native Women's Resource Centre	Indigenous-specific Services
9	2 Spirited People of the 1st Nations	Indigenous-specific HR Services
10	Na-Me-Res	Indigenous-specific Services
11	Na-Me-Res	Indigenous-specific Services
12	Na-Me-Res	Indigenous-specific Services
13	West Neighbourhood House (The Meeting Place)	Indigenous-specific Services
14	Native Child and Family Services	Indigenous-specific Services
15	Michael Garron Hospital/Toronto East Health Network - Aboriginal Healing Program	Indigenous-specific Services
16	Aboriginal Legal Services	Indigenous-specific Services
17	Native Canadian Centre of Toronto (Dodem Kanonhsa')/ENAGB Youth Program (NCCT)	Indigenous-specific HR Services
18	Nishnawbe Homes	Indigenous-specific Services
19	Wigwamen	Indigenous-specific Services
20	Gabriel Dumont Non-Profit Homes	Indigenous-specific Services
21	ODE: Remembered Voices	Indigenous-specific Services
22	The Works	Harm Reduction Services
23	Agincourt Community Services Association	Harm Reduction Services
24	All Saints Church - Community Centre	Harm Reduction Services
25	Black CAP	Harm Reduction Services
26	Breakaway and Breakaway Satellite Clinic	Harm Reduction Services
27	CAMH Addiction Medicine Services	Harm Reduction Services
28	Central Toronto Community Health Centres	Harm Reduction Services
29	Davenport-Perth Neighbourhood and Community Health Centre	Harm Reduction Services
30	Elizabeth Fry Toronto (Women only)	Harm Reduction Services
31	Eva's Satellite (youth 1-24; 24 hours/day)	Harm Reduction Services
32	Fred Victor Caledonia Shelter	Harm Reduction Services
33	Fred Victor Centre	Harm Reduction Services
34	Fred Victor Women's 24/7 Drop-in Program	Harm Reduction Services
35	Inner City Family Health Centre	Harm Reduction Services
36	John Howard Society of Toronto	Harm Reduction Services
37	John Howard Society of Toronto- Reintegration Centre	Harm Reduction Services
38	LAMP Community Health Centre	Harm Reduction Services
39	Maggie's	Harm Reduction Services
40	Margaret's Toronto East Drop-In Centre	Harm Reduction Services
41	Parkdale Community Health Centre	Harm Reduction Services
42	PASAN (Prisoners' HIV/AIDS Support Action Network)	Harm Reduction Services
43	Toronto People With AIDS Foundation (PWA) (HIV people only)	Harm Reduction Services
44	Regent Park Community Health Centre	Harm Reduction Services
45	St. Michael's Hospital (Emergency Dept.) (24-hour needle exchange)	Harm Reduction Services
46	St. Stephen's Community House	Harm Reduction Services
47	Scarborough Centre for Healthy Communities	Harm Reduction Services
48	Scarborough Centre for Healthy Communities (The Hub)	Harm Reduction Services
49	Sistering	Harm Reduction Services
50	South Riverdale Community Centre (Counterfit Harm Reduction Program)	Harm Reduction Services
51	Street Health	Harm Reduction Services
52	Syme Woolner Neighbourhood and Family Centre	Harm Reduction Services
53	The Scarborough Hospital Addiction Program	Harm Reduction Services
54	Toronto North Support Services	Harm Reduction Services
55	Unison Health and Community Services - Lawrence Heights	Harm Reduction Services
56	Unison Health and Community Services - Jane Street Hub	Harm Reduction Services
57	Unison Health and Community Services - Keele Rogers	Harm Reduction Services
58	Warden Woods Community Centre	Harm Reduction Services
59	Weston King Neighbourhood Centre	Harm Reduction Services
60	Women's Habitat of Etobicoke (Women only)	Harm Reduction Services
61	YMCA - YSAP Program	Harm Reduction Services
62	Moss Park Overdose Prevention Site/Toronto Overdose Prevention Society	Harm Reduction Services
63	TRIP Project! (Youth)	Harm Reduction Services
64	Breakaway Addiction Services (Outreach as well)	Harm Reduction Services
65	Sherbourne Health	Harm Reduction Services
66	Scarborough Centre for Healthy Communities	Harm Reduction Services

METHODOLOGY

It was crucial that this advice gathering process be carried out in an authentic and strategic manner. Within this process, there is an intentional movement away from ‘counting’ input as such an approach directly conflicts with advice received. Advisors recommend initiatives such as individualized treatment options that can only be achieved through a qualitative perspective: “talk to the person, find out what their real needs are rather than just shuffling them off like some kind of number.”¹² Following Smith (1999:56),¹³ an attempt has been made to ‘decolonize’ the methodology by setting aside imperial ideas of distance, neutrality, and objectivity that treat populations as specimens rather than humans; this approach rejects that Western ideas “are the only ideas possible to hold, certainly the only rational ideas, and the only ideas which can make sense of the world, or reality, or social life and of human beings.” Instead advice circles have sought to gather and honour all perspectives in a way that is genuine to those this project seeks to serve.

RECRUITMENT PROCESS

Advice was sought from Indigenous people who use substances or have used substances in the past. Contact was made with these individuals through services providers in Toronto (both Indigenous service providers and non-Indigenous providers that serve IPUS). It is important to note that Advisors do make use of services already available and voluntarily came to offer advice on the problems they face and solutions that could be implemented. Their presence at the circles is indicative of a drug overdose issue in Toronto and a need for these recommendations to be taken seriously. These offerings of advice were received with gratitude.

ADVICE CIRCLES

All advice circles were opened using medicines and included a meal, with four (4) of the seven (7) circles having an Elder preside. Honoraria were offered to each participant and Elders. Advice circle dialogue was intentionally not audio recorded so as to encourage candid discussion. These conversations are manifested in the handwritten notecards from Advisors.

Advice circles were organized according to demographics in order to facilitate open discussion and in recognition that some issues and challenges differ according to group membership and characteristics. This also assisted with analysis and understanding how services can best be designed to meet needs. Seven (7) advice circles were convened with a total of seventy (70) unique Indigenous individuals; all were either actively using substances or had used substances in the past. Two (2) ‘men’ circles were held with a total of twenty-one (21) men and one (1) woman. Two (2) ‘women’ circles were held with a total of nineteen (19) individuals. One (1) ‘two-spirit’ circle was held with eleven (11) individuals. One (1) ‘Indigenous People who inject drugs’ circle was held with eight (8) individuals. And one (1) ‘youth’ circle was held with ten (10) Indigenous youth.

Within these advice circles, small groups wrote issues or challenges related to IPUS and the overdose crisis on individual cards. Participants then divided the cards into two (2) categories: (a) issues and challenges that are concrete and actionable and (b) issues and challenges that cannot be easily influenced (emotions). Solutions for the concrete and actionable challenges and issues were then generated by the groups and written onto cards that were collected at the conclusion of the advice circles.

Fifteen (15) one-on-one conversations were carried out and recorded by outreach workers with IPUS outside of advice circles. Guidance from these individuals was used to supplement the understanding garnered from the advice circles.

ANALYSIS

The cards that were collected at the conclusion of the advice circles were transposed into spread sheets based on how the cards were categorized. Each card was recorded into the spreadsheet to ensure that all voices were reflected in the analysis. Information from each sheet was then condensed into a brief summary noting both the actionable and non-actionable challenges faced by the group and the solutions that were posed. Four (4) categories of solutions emerged organically as a result of processing the advice: (a) services; (b) drug specific; (c) medical; and (d) wider/systemic social issues. These categories held for all circles other than the 'two-spirit' circle. This group struggled to develop solutions so the summary deduces some solutions from the challenges posed.

An 'overall' summary was created that eliminated the overlap evident among group solutions. An added category of 'Indigenous-specific needs' was created to highlight the services that are not captured within 'Western' service frameworks. The overall analysis offered specific solutions: (a) five (5) distinct service suggestions; (b) six (6) Indigenous specific resources; (c) two (2) drug specific initiatives; (d) one (1) overall medical approach; and four (4) ways to address wider/systemic social issues. These solutions were condensed into the seven (7) final recommendations.

In addition to speaking with IPUS, service providers working with IPUS were convened to gather insight. Twenty-four (24) service providers attended a half-day session entitled 'Contributing to the Creation of an Indigenous Overdose Strategy for Toronto.' This gathering resulted in a charted discussion of services and appropriate government involvement. As a follow-up to the discussion that took place at the session, a survey was distributed to organizational representatives. Seven (7) responses to the surveys were received, which provided detailed insight into service gaps in Toronto and perceptions of how levels government should be involved in the implementation of the TIOS. Overall, the gaps identified by service providers align with the solutions posed by IPUS advice circles.



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- ³ Canadian Mental Health Association (2018). *Care not Corrections: Relieving the Opioid Crisis in Canada*. Toronto, Ontario
- ⁴ See Methodology Addendum for more information on advice gathering and analysis.
- ⁵ Health Canada (2015) *First Nations Mental Wellness Continuum Framework*. Ottawa: Canada.
- ⁶ Excerpt from service provider survey response.
- ⁷ Rabi, Shahar (2016) *Taking an Integral and Eco-contemplative Perspective on the Phenomenon of Addiction in Dislocated Societies: Beyond "Acceptance" and Towards Soul-making in Non-dual Awareness*. Simon Fraser University.
- ⁸ Health Canada, Assembly of First Nations, and the National Native Addictions Partnership Foundation, Inc., (2011) *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*. Ottawa, Ontario.
- ⁹ An Ontario Indigenous Cultural Safety Program is available for all professionals working in the Ontario health and service systems: <https://soahac.on.ca/ics-training/>
- ¹⁰ City of Toronto Shelter, Support and Housing Administration Division and Toronto Aboriginal Support Services Council (2018) *Meeting in the Middle—Engagement Strategy and Action Plan*. Toronto, Ontario.
- ¹¹ “Two-spirit” is an English translation of the anishinaabemowin words *niizh manidoowag* and refers to people who have both female and male spirits. It is used by some Indigenous people who are gay, lesbian, bisexual, transgender, or who have multiple gender identities. Other Indigenous people may relate to other specific Indigenous identities that describe their sexuality or gender(s).
See <https://rainbowresourcecentre.org/files/16-08-Two-Spirit.pdf> and the 2-Spirited People of the 1st Nations www.2spirits.com.
- ¹² Excerpt from recorded conversation with IPUS.
- ¹³ Smith, Linda Tuhiwai (1999) *Decolonizing Methodologies: Research and Indigenous Peoples*. Zed Books Ltd, New York, New York.



“The lack of support and compassion for people is perhaps the greatest harm of our current approach to drugs”

Toronto Overdose Action Plan

