COMMUNITY MATTERS:

ACTIVATING THE VILLAGE TO REDUCE DRUGS RELATED HARMS

January 2019

Conference Report

"Strong community can aid in the development of resilience and strength in children. Children are our future and we need to nurture them into being our leaders." – CONFERENCE PARTICIPANT

Prepared by Margaret Bryans, Substance Consulting

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de notre santé

MANITOBA HARM REDUCTION NETWORK

AYO! ABORIGINAL YOUTH OPPORTUNITIES

"those who lead" Ka Ni Kanichihk Inc.

This conference and the writing of this report took place here in Treaty 1 Territory, the traditional territory of the Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene peoples, and on the homeland of the Métis Nation. We honour and value Indigenous Knowledge and Science and welcome system changes that do the same.

"[I value] being in a room full of people imagining alternatives to the status quo and believing that change is possible"- Conference Participant

"More elders and more youth. We need to strengthen the relationship between these two groups. [Include] more people who currently struggle with use, so their voices are heard" – Conference Participant

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Background

The 'Community Matters: Activating the Village to Reduce Drug Related Harms' Conference took place on October 18th and 19th, 2018 in Winnipeg Manitoba. Hosted by The Healthy Sexuality and Harm Reduction (HSHR) Team and Indigenous Health Programs at the Winnipeg Regional Health Authority, this conference sought to bring together youth, community members, policy makers, clinicians, front-line workers, and politicians to explore a way forward to support innovation and harness Indigenous knowledge and science to address the harms associated with substance use in the community, in particular with young people who use drugs.

The HSHR team has been hosting a yearly conference or knowledge exchanges events over the past 8 years. Traditionally, these events have brought public health clinicians and other social service providers together to build capacity and share expertise related to sexual health and harm reduction approaches to substance use.[1] This year the conference approach shifted in an effort to be responsive to the TRC Calls to Action as well as to the voices of Indigenous youth living in Winnipeg.

The following calls to action specifically related to the health sector were relevant in shaping this year's conference:

> 18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.
>
> 22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
>
> 23. We call upon all levels of government to:
>
> i. Increase the number of Aboriginal professionals working in the health-care field.
>
> ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
>
> iii. Provide cultural competency training for all healthcare professionals.
>
> (Truth and Reconciliation Commission of Canada, 2015)

These calls to action provide a road map to settler organizations and governments to begin the work of learning truth and practicing reconciliation. This was an important conference goal of the HSHR team and was the impetus for the conference name change to 'Community Matters' – shifting the focus of the

[1] For a look at these conferences, see http://www.wrha.mb.ca/extranet/publichealth/services-healthy-sexuality.php

conference to locate harm reduction work in the community. In aid of this goal and in response to the calls to action, this year's conference coordination was a shared responsibility between Aboriginal Youth Opportunities, Ka Ni Kanichihk, The Manitoba Harm Reduction Network, the Healthy Sexuality and Harm Reduction Team and Indigenous Health Programs at the Winnipeg Regional Health Authority. These four organizations came together to develop a conference that could be a catalyst for a public health harm reduction approach that is led by Indigenous peoples and grounded in Indigenous science and community.

Conference Goal

To shift thinking about youth drug use/related harms & explore community-based approaches towards health.

Conference Objectives

1. *Explore the need for local data to inform programs:* Systems require data that is meaningfully provided by Indigenous communities, communities of people who use drugs, and frontline workers and organizations to change, build, and inform the work that is done at a population level. This conference objective asks two things, one - how do systems do the unlearning required to be able to learn gather and apply data to population health interventions? And two, what do we need to gather and how do we begin the process of collecting meaningful community-based knowledge specifically related to substance use and youth.
2. *Begin the conversation to shift the focus away from drug use and on to the harms related to drug use:* This conference objective seeks to broaden the definition of harms related to drug use in order to address the issues at the root of problematic substance use – community engagement, identity and culture, access to basic needs, family connections, colonization and racism, etc. This objective seeks to broaden the scope of public health interventions to focus on more systemic issues rather than individual behavior change.
3. *Adjust conversations about the harms of drugs use to include colonization:* The role of racism, colonization, and systemic indifference need to be factored into the lives and experiences of racialized communities who use drugs, in particular Indigenous people who use drugs. This objective seeks to underscore the need to understand substance use in the context of colonialism AND the role of culture and identity as principle factors in healing for Indigenous people and other communities of colour.

4. *Foster healthy community based social norms:* through learning, sharing and meeting at our intersections – this conference seeks to identify existing community norms and determine how to engage with those that support a stronger community and to shift or adapt those that could be redirected to improve the ways in which we can support people who use drugs.

The hope of the conference organizers was to have these two days serve as a catalyst for shifting practice and approaches to serving young people who use drugs. This report provides a summary of the conference activities, key themes and directions for moving community-led intervention forward in a meaningful way.

Conference Frameworks

The following four Frameworks were used to shape the tone and approach of this conference. Each one was introduced by plenary speakers and applied in the small group work that was done.

Indigenist Public Health Framework

The term Indigenist refers to a "progressive, Native viewpoint that acknowledges the colonized or fourth world position of Natives in the United States and advocates for their empowerment and sovereignty" (Walters and Simoni, 2002).[2] Core concepts include:

Fourth World: nations of Indigenous people living within or across other societies.

Empowerment: tackling the inequitable distribution of power.

Power: ability to achieve purpose; influence created by relationship between interests and resources.

Sovereignty: self-determination- power to create a desired collective future.

An Indigenist Public Health Approach centers the experience of Indigenous people and works in relationship that respects Indigenous rights. It explicitly addresses multilevel racism at the structural level to reduce/remove colonial harms and prioritizes the physical, social and mental well-being of people who use drugs. This approach focuses on problematic or harmful use that can be from the drug itself or from societal responses to substance use. It is evidence-informed, ethical and pragmatic and avoids further trauma or harm.

(from Dr. Marcia Anderson's presentation at the Community Matters Conference, 2018)

4 Fires Harm Reduction Framework

This framework was developed by the Native Youth Sexual Health Network (NYSHN) and proposes an Indigenous harm reduction model that they call the 4 Fires Harm Reduction Framework.[3] They believe that by centering community wellbeing and the restoration of different Indigenous knowledge systems, life ways, ceremonies, culture and governance structures Indigenous peoples of many Nations and cultures can reduce the harm they experience in their lives. This framework has 4 'fires' that surround a central home fire and inform how harm reduction can be viewed using Indigenous knowledge and science.

4 FIRES

Sovereignty: Principles like non-interference teach us to support and meet people where they're at, ex. not forcing treatment.

Cultural Safety: Acknowledge the power differences that exist between service provider and client/ patient. Allowing and creating spaces for Indigenous peoples to feel safe to be our whole selves when receiving care.

Reclamation: Colonialism uprooted and distorted many structures and ways of life within our communities, reclaiming cultural practices can strengthen us.

Self-determination: Allowing individuals, communities and Nations to decide specifically for ourselves what works best for us.

(from NYSHN: http://www.nativeyouthsexualhealth.com/harmreductionmodel.pdf)

[2] Walters, K. and Simoni, J. (2002) Reconceptualizing Native Women's Health: An "Indigenist" Stress-Coping Model American Journal of Public Health 92(4):520-4.

[3] This framework advances WRHA's Harm Reduction Position Statement, see http://www.wrha.mb.ca/community/publichealth/files/position-statements/HarmReduction.pdf

ARROWS Youth Engagement Strategy

This approach was developed by Aboriginal Youth Opportunities in 2008 by observing successful youth care workers in the inner city. It has developed to be a tool, lens and guide to encourage relationship-based engagement within programs or systems affecting young people.

The ARROWS Youth Engagement Strategy is an acronym that stands for:

ACCESS
RESOURCES
RELATIONSHIPS
OPPORTUNITIES
WELCOME
SUPPORT

(from Aboriginal Youth Opportunities: https://www.ayomovement.com/)

Icelandic Model

This approach was the catalyst for this year's conference. Introduced to AYO by Dr. Marcia Anderson, this population health approach was of significant interest to the young people at AYO. It melded direct community work with research and policy change, and this felt meaningful for AYO youth and like a potential possibility for fostering community change in their own community and Winnipeg overall.

The Icelandic Model of Adolescent Substance Use Prevention focuses on both risk reduction and the enhancement of protective factors at various levels of prevention.

Specifically, this model includes interventions in four domains:[4]

School: Increase school engagement and commitment to studies. Ensure school well-being (positive school climate) and ensure school safety.

Peers: The less youth spend time with other youth who use drugs the less likely they are to use. This model seeks to activate social capital by creating the opportunity for parents to know their kids' friends and those friends' parents and to work together to address all of their children's substance use.

Family and Caregivers: The emphasis in this model is not on the quality of the time but the quantity of time that parents spend with their teenagers. The more time spent together the less likely that those teens will develop relationships with other youth who use drugs, AND if they do that, they are still less likely to use drugs with those friends.

Recreation: participation in supervised youth work and recreation deters youth substance use.

The Icelandic Model along with the ARROWS Youth Engagement strategy, Indigenist Public Health Approach, and the 4 Fires model guided the development and content choices for the conference.

[4] See, Sigfúsdóttir, I., Thorlindsson, T., Kristjánsson, A., Roe, K. and Allegrante, J., (2008) Substance use prevention for adolescents: the Icelandic Model. Health Promotion International, 24(1), 16-25.

Conference Summary

This conference was held at Sergeant Tommy Prince Place in the heart of the North End of Winnipeg. Two hundred conference participants attended from a number of different sectors. Organizers prioritized community members, youth, people who use drugs, and a mix of service providers, policy makers, and politicians. The organizations represented ranged from government to health agencies, to local arts organizations, to recreation services, community health, addictions services, to neighbourhood associations. This mix was intentional as organizers wanted a wide range of perspectives and ideas to emerge over the two days. Brian Bowman, the mayor of Winnipeg was also able to attend this conference on behalf of the city. This cross-section of people allowed for the development of rich conversation and innovation and created a foundation for moving forward.

The conference itself was a combination of large plenary sessions, small group work, and sharing circles. The main keynote speaker was Alfgeir L. Kristjánsson, an Icelandic researcher who was involved in the development, implementation, and evaluation of the Icelandic Model – an approach to youth substance use prevention that saw significant reduction in youth substance use in Iceland.[5] This approach resonated, in particular, for the young people involved in conference organizing and this model was used to guide the work of conference participants over the two days.

[5] Ahead of the conference, AYO members led Dr. Kristjánsson through a walk through the Point Douglas/North-End areas of the cities where they engage with community members to help contextualize the discussions that would occur during the conference, and further build on the relationship.

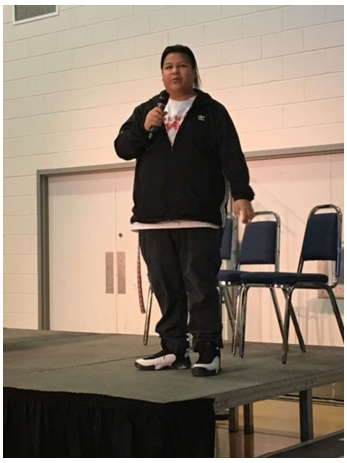
Conference Overview and Core Concepts

Opening

This conference began with an opening by Velma Ortis, welcoming the ancestors and asking for the strength wisdom and generosity that was needed for a productive two days that could serve as a starting off point for community engagement around youth substance use.

Following this Micheal Champagne opened the conference as the MC. Remarking that "we are the Village, in the Village we take care of each other," Michael spoke about the idea of 'Activating the Village'- about starting AYO, the 'Idle No More' movement, and how the activism and engagement in his community that had always existed began to shift in a new way that felt positive and meaningful. He spoke about how it felt like the Village was awakening in a new way and that this is the goal for this conference as well – to expand the Village and help awaken new ways of thinking and doing to better support young people who use drugs. See, Appendix A for Program and Speakers' Bios.

What is the Impact of our Current System: Community and System Perspectives



This was a shared keynote between Dr Marcia Anderson from the WRHA and Jenna Wirch, an organizer with AYO. Jenna began the conversation by providing a community perspective on youth substance use in Winnipeg. Jenna spoke about the impact of losing friends to overdose and suicide and the lack of meaningful supports for Indigenous youth. She shared a personal story about her own healing and how impossible it was to engage in peer support programming because so many of these meetings take place in churches and have Christianity threaded through the program itself which felt like a dishonouring of her identity and history. She also talked about a close friend whose death in the parking lot of a closed community health clinic was a system betrayal of the people in Jenna's circle as well as a catalyst for the development of a culturally

grounded harm reduction project at AYO. From these experiences – her own and those of people in her community- the initial concept of the 13 moons harm reduction project was developed.[6] AYO's goal in this project was to create a culture-based peer support program for young people who use drugs. AYO created a program using the 4 Fires Harm Reduction model and based on the idea of using seasons, moon cycles, and Indigenous knowledge to build a healing circle to support young people who use drugs no matter where they are at and without mandating sobriety as a pre-requisite of participation. Jenna emphasized the importance of programming meant for her community to be informed by those it is targeting. She spoke about how culture is healing and that for Indigenous young people who use drugs it is a core aspect of healing.

Dr Marcia Anderson built her own discussion from the work of AYO and how what they are doing should translate into a broader system approach to addressing youth substance use. Using an Indigenist Public health and harm reduction perspectives she spoke to the realities that young Indigenous people who use drugs face given their intersecting identities. Decentering the focus from drug use, Marcia drew attention to the systemic impacts of racism on Indigenous youth, specifically how systems privilege western and white narratives and in doing so create systemic and ongoing disadvantages for Indigenous youth. She used an example developed by C.P. Jones (Jones, 2000 August)[7] to describe the systemic disadvantages that are created and recreated for Indigenous Youth. The example describes how a gardener who prefers red flowers over pink flowers puts more effort into cultivating red flowers. This tale provides insight into how systems have been created that prioritize the well-being and health of white people and western ways of doing over that of Indigenous peoples and other people of colour. Dr. Anderson then used this example to connect Jenna's experiences to the broader public health system and then proposed a shift in Public Health discourse that acknowledges Epistemic Racism (i.e., the positioning of Western knowledge as superior, universal and the objective norm; the use of Western science to "prove" racial inferiority). This proposed shift intentionally values and engages Indigenous science and wellness frameworks to design interventions for Indigenous peoples that are meaningful, effective, and safe. She cited the work the WRHA is doing to support the 13 moons project as an example of Indigenist Public Health. She also made a case for directed Indigenist public health initiatives in neighbourhoods experiencing the most harms related to the overdose crisis.

Together Jenna and Marcia described the impact of our current system on Indigenous health and laid out a possibility for moving forward in a way that benefits both community efforts and the work of public health without contributing further to the harms experienced by Indigenous youth who use drugs.

[6] See, https://www.ayomovement.com/13moonswpg.html

[7] Jones, C.P. (2000) Levels of racism: A theoretic framework and a gardener's tale. American Journal of Public Health. 90(8): 1212-1215. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446334/

What is our Current System? | Colonial Structures and Health Care Challenges

This was a shared keynote between Dr. Melinda Fowler and Margaret Bryans RN BN, of Substance Consulting. They addressed the ways that people are impacted by our healthcare settings and how Colonial structures impact people on an individual and collective level.

Dr. Melinda Fowler is an Indigenous family physician that works in urban Indigenous health and in on-reserve clinics. She spoke to specific healthcare challenges experienced by the young Indigenous clients who use drugs that she sees. Her participants report that most of the substance use starts around the age of 8-10 years old. "Affected by colonization, intergenerational trauma, CFS [Child and Family Services], foster homes, residential school, 60s scoops, poverty, homelessness," Dr. Fowler told the audience, many report using substances as a way to cope with everyday life and that substance use is their form of control. It is also reported that Indigenous cultural identity is not usually on their radar and that for many their first introduction to their culture is through their interaction with the justice system. Dr Fowler underscored the ways in which the system fails her patients by re-traumatizing them, by lacking the meaningful care they need for healing, and by the very structure of the healthcare system, which is a product of the colonial project and not a safe place for them. Specifically, she stated that service allocation is not based on the current gender-based percentages stating there are far more addictions services for men than women. She also identified a lack of family-based/community-based services that are grounded in culture and land-based teachings. In terms of addiction/substance use services for youth, there is a lack of services available based on patient readiness factors. Medical detox facilities intake is seriously flawed, inconsistent and varies based on the on-call provider. Finally, most facilities are abstinence-based when in fact youth are telling us they need harm reduction-based models of care.

She goes on to identify how we can move forward in a way that centers her patients and their goals. She identified the following as critical to her patients' overall health:

- Youth need to find a "community" in which they can be themselves and take pride in expressing who they are and be able to feel self-worth.
- Cultural healing approaches need to be comprehensive and include Elders/Healers at all facilities, this needs to be paired with healing centered approaches (strengths based, people are more than their trauma)
- Learning ceremony needs to include an awareness and understanding of the roles of all genders.
- Community and family inclusive healing centres need to be readily available as it is a crisis for all and community and family have responsibilities to help youth define

their purpose and will lead to more holistic healing involving mind, body & spirit.

- Safe injection sites across the city/province.
- Inclusion of Harm reduction options for pregnant women.

(Drawn from Dr. Fowler's conference presentation)

Margaret Bryans' presentation focused on white settler health care providers and challenging our own racism and the racist structures that we work in as a moral and ethical imperative for our ongoing participation in healthcare provision. The main thrust of her keynote was to challenge the ways that we reinforce white supremacy in healthcare and how we can shift to better serve Black, Indigenous and other people of colour (BIPOC). She talked about the unconscious race bias that people have and how important it is as a white settler to continuously interrupt and interrogate healthcare choices that we make. She spoke about ways in which we deny racism is happening by blaming the indifference of systems as if they have not been built by us and do not disproportionately impact Indigenous people in negative ways. She spoke about our responsibility as settlers to address racism in the workplace, but also at home and in our communities. Finally, she offered 6 ways to resist settler colonialism in healthcare that have been offered to her by Indigenous people:

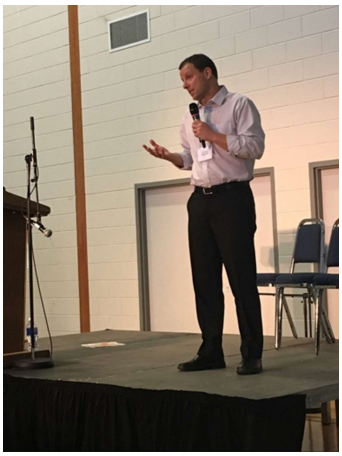
1. Never speak for Indigenous peoples – There is a notion that settlers have about using our 'privileged' voice to talk about these issues on behalf of BIPOC. If we have voice or power in a particular context, we need to invite the voices of BIPOC into the conversation, not speak to experiences that do not belong to us. We do need to use our voices to speak to one another about our racism and how we can shift to become more aware of where our blinders are.
2. Believe Indigenous people when they tell you racism was influencing the kind of care they receive. -We are not impacted by the multitude of microaggressions that BIPOC experience daily. If they tell us that what they are experiencing is rooted in racism it is our job to hear that feedback and think about how we can shift to change our practice to be more trauma informed and culturally safe.
3. Follow the Lead of Indigenous People. – people receiving services need to be in positions of power to direct the flow and decision-making of programs and services. DONT DO ANYTHING THAT INVOLVES INDIGENOUS PEOPLE THAT IS NOT LED BY INDIGENOUS PEOPLE. So, if, for example, we are looking at strategies to support safe use of and/or reduce harms related to Indigenous youth methamphetamine use then Indigenous youth who use crystal meth need to be leading the conversation New initiatives that serve Indigenous people must start with the Leadership of Indigenous people (organizations, and participant populations). Existing programs need a strategy that is more than a token effort to shift leadership and decision making to those who are impacted. Consider shifting current programs to Indigenous leadership and/or orgs.
4. Speak up - Address the way that people speak about BIPOC if it doesn't sit well with you. White settlers need to work with other White settlers to address racism and colonization. It is not up to POC to bring these issues to light – they do not owe us that or anything. We have to do our own work with our own communities. Silence cannot an option for us as settler healthcare providers. If we are asked to talk with our peers about settler colonialism and racism by Indigenous, Black or other POC we say yes to that request.
5. Incorporate culturally grounded reflection into practice – if we are serving communities of colour we must be able to support their healing in a culturally grounded way. This means understanding the role of culture and identity in healing and knowing how to connect patients with their culture and making space for those teachings in the context of the care we are providing. Every debriefing opportunity or clinical supervision session

should include a reflection of how culture impacted practice and how we strive to center culture into the work that we do.

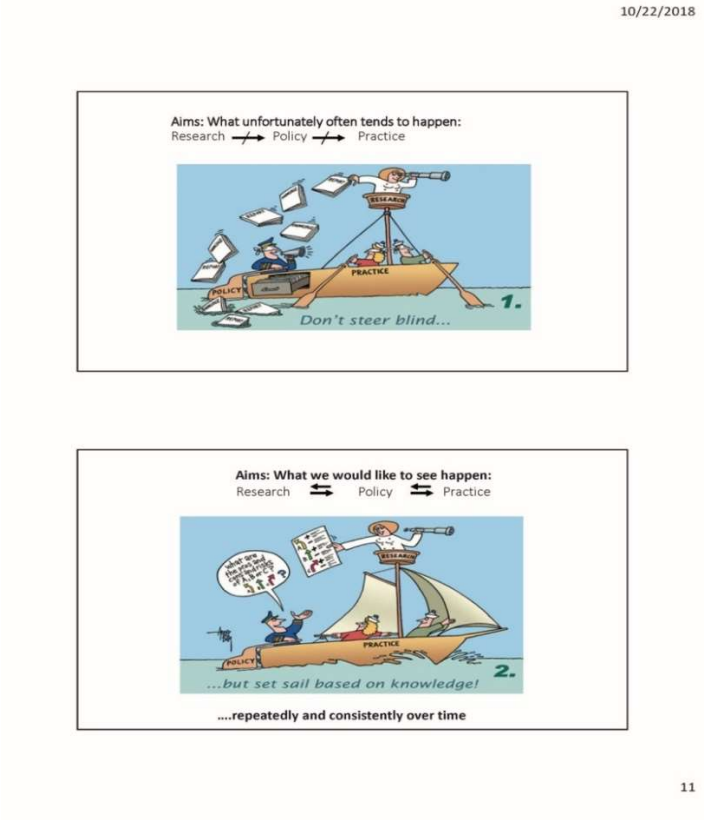
6. Learn to lean into discomfort- Settlers do not share a similar worldview with Indigenous people. This means we have to be open to learning and feeling unsure. If we do not lean into our discomfort, we are putting that discomfort onto our patients/clients to deal with.

(drawn from Margaret Bryans' conference presentation)

Fundamentals of the Icelandic Approach[8]



Keynote speaker, Dr Alfgeir Kristjánsson currently works at the School of Public Health, West Virginia University in the US and at the Center for Social Research and Analysis at Reykjavik University in Iceland. Alfgeir does research on adolescent health behaviors with an emphasis in primary substance use prevention, community health promotion, and school health. He also does intervention work with communities and schools in Europe and the US. His two-part keynote focused on an overview of the Icelandic Youth Substance Use Prevention Approach. He began by talking about the history of youth substance use in Iceland. Young people there were drinking and using drugs at rates that were much higher than their counterparts in other European countries. There was interest from a group of people in Iceland – researchers, policy makers, and community members and organizations who wanted to develop an initiative that could help address this issue. They decided to put emphasis on a population health shift that used 'practice-based evidence' to inform each step of the process.



They began with the basic premise which is that behavior change is notoriously difficult so an emphasis on prevention has more opportunities for success. This does not mean that there was no support or harm reduction initiatives for young people who are using drugs it just means that this model focuses on population health changes through community building. The emphasis on primary prevention is based on the evidence that early initiation into substance use is most likely to escalate into serious substance use problems, cost-benefit analysis shows the best return on investment is through primary prevention, and because it is common sense and most people see the benefit of this approach.

[8] Presentation available at http://www.wrha.mb.ca/extranet/publichealth/files/AlfgeirKristjánsson1.pdf

The three core pillars of this approach are:

1. Not a program
2. Collaboration is key
3. Everything is data driven

The fundamental belief of those involved in this model was that the surface causes of youth substance use – boredom, feeling down, low school involvement, and poor individual choices -are actually the result of Social and environmental risk and protective factors, and that if they could increase youth protective factors at a community level that they would see a reduction in youth substance use.

In Iceland they focused on 4 domains for Interventions and their approach targeted well-established risk and protective factors within the four domains.

Family

- Time spent with parents
- Parental support
- Parental monitoring (know where are and wit h whom)
- Parental co-communication and collaboration

Peer Group

- Decrease engagement with substance using friends
- Parents knowing friends and parents of friends (s ocial capital)

School

- School engagement and commitment to studies
- School well-being (positive school climate)
- School safety (e.g., bullying and other violence)

Leisure Time

- Late outside hours
- Participation in organized recreational and extracurricular activities (e.g., sports, youth clubs, scouts, drama club, etc.)
- Prevent unsupervised gatherings such as parties

In order to target interventions in these domains a significant amount of work was done at the national and municipal level to engage decision makers in this process and to secure support and access to the domains themselves. This approach was successful in large part due to the methodical engagement of communities and leadership combined with ongoing updates, research and reports that ensured a long-term and ongoing commitment in the country overall.

Some of the key interventions included:

- Increased parental monitoring and co-communication at the school-community level (e.g., parental groups, parental walks, parental contracts)
- Decrease un-supervised gatherings where drug/alcohol use is likely to occur
- Increase quantity of time youth spend with their parents
- No smoking and alcohol use policy before, during, and after school-related events, strictly enforced (e.g., 10th grade “post-exam celebrations”)
- Increased funding and participation in organi zed extracurricular and recreational activities (sports, music, drama, art, etc.) and facilitate availability to all (for example: leisure card)
- Decrease late outside hours (specific time standards)
- Improve school climate

This approach has led to significant decreases in youth substance use and delayed onset for alcohol and drug initiation. It demonstrates the value of community building initiatives as significant interventions that can interrupt youth substance use.

See Appendix B for a list of inspiring resources shared by the speakers.

Conference Group Work Summary

Day 1: Sharing Circles Reflection Summary

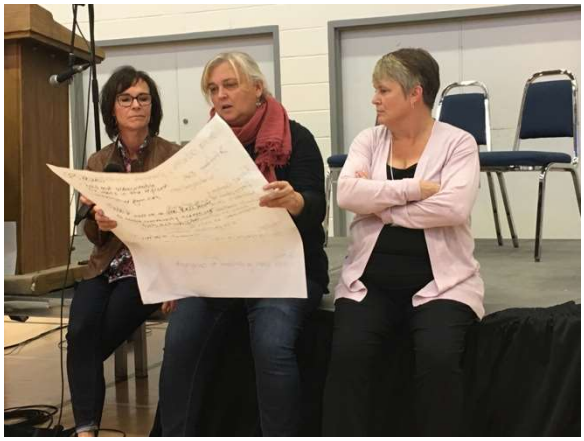
At the end of day one participants were asked to gather in small groups for sharing circles. Each circle had a facilitator familiar with sharing circles and, thanks to a beautiful fall day, they were held outside. People were asked to share their thoughts on the impact of the day and what stood out for them. The following highlight perspectives echoed in multiple circles.

- People appreciated the message of shifting from an individual to a societal/ community focus
- Lots of focus on the question: "where do we start?"
    - Participants wanted to hear about how to mobilize system change
    - Participants wanted to leave day two with a plan to move forward.
- People felt overwhelmed by idea of tackling system change funding. What opportunities exist that might influence politicians and positively impact the system?
- A Need to "un-program the programs" was identified. People would like some ideas on how to implement this concept in the here and now.
- The idea of practice-based research struck people as deeply meaningful. We need to identify who the research allies are?
- Participants expressed hope and empowerment around the ability to create locally driven indicators – 'someone else isn't telling you what is important'
- The local applicability of this model was questioned. Because of colonization, racism, epistemic racism, CFS and the number of kids in care, people raised how a model that worked well within the homogeneous makeup of Iceland translates to a place like Winnipeg.
- **Recognition that knowledge keepers have the same teachings as are expressed in the Icelandic approach: 4 pillars are similar to the medicine wheel.**
- One participant offered teaching using the leaf found outside: the spine of the leaf is where we are, the veins of the leaf are where we are going, the green of the leaf is the excitement of possibility and the browned edge is those in the Village we wish to help/ heal/ prevent harm for.
- Leads from a couple groups noted a sense of discomfort from some participants and reinforced that a feeling of discomfort is ideal in this situation, we need to lean into this, push through in order to impact true change
- Leads from a few groups want to highlight they were hearing participants use the term "harm reduction" very broadly (talking about programs that were not harm reduction based), there is value in defining of harm reduction.
- Leads highlighted that this conference gives us a chance to reflect on how we are serving the system, not our hearts, or our clients. Using our system as an excuse for inaction is

not acceptable. We need to take the concept of cognitive dissonance (mental discomfort with holding 2 contradictory ideas or values), sit with it and explore how our values around anti-racism and our work and workplace practice do not complement one another and explore how we can move our work forward meaningfully for those we serve.

- Highlighted the importance of love and relationships in the work being done ("I care deeply about the people I am working with") and questioned how to build this into programs?

Day 2: 4 domain Discussions – A summary



The bulk of day two was spent thinking about how the Icelandic model might be relevant in Winnipeg and other areas of the province. There was a discussion at the plenary level after a participant raised a question about how epistemic racism is at play in Winnipeg and how the voices of Indigenous peoples who have been bringing these issues up consistently over the years are systematically dismissed. This conversation informed the discussions on the four domains and will continue to be a significant factor in how this work moves forward. Participants saw this as a significant obstacle, but not one that would deter their work.

Participants were asked to participate in two breakout sessions for facilitated conversations about the four foundational domains of the approach. Each of the four groups focused on one of the domains. Participants self-selected their groups based on which two domains resonated most for them. The four domains were redefined to better reflect local context. The following is an overview of those conversations and the themes that emerged based on the discussion.

These facilitated conversations were rooted in the belief that participants, namely community members and youth, are the experts on their reality and are best placed to inform interventions. Facilitators began by asserting this belief and recapped the goal of these conversations which was to capture perspectives about the particular domains in order to inform steps forward in exploring and implementing this approach. In particular, groups were asked to focus on detail around adapting to local context.

<u>Caring adults, parents and extended family</u>

Local definition of domain:

As the title indicates, the definition of this domain was expanded to include realities beyond the dyadic child-parent relationship. **This domain is meant to be inclusive of all adults who provide direct care and support (paid or unpaid) to youth outside of formalized school relationships.** This can include biological or adoptive parents, foster parents, outreach workers, support workers,

grannies, aunts and uncles, older siblings, or a friend's caregiver. We intend for this domain to include a youth's support Village.

Adapting to local context – KEY THEMES and Considerations:

1. Activating the Village: Participants looked at what was working in community around access to safe adults. Both AYO and the Bear Clan Patrol were identified as models and approaches to learn from. Participants identified creating simple [and accessible] spaces where people can meet around a common theme. These comfortable, positive, informal spaces of belonging can be meaningful for youth who don't want to be 'programmed based on deficits. They also emphasized the importance of building intergenerational community environments where the whole community can come and feel comfortable.

2. School safety for kids at risk: Parents and caregivers do not always feel like their families and kids are safe in the school system. The risk for Indigenous parents is particularly significant due to the relationship (perceived and real) between CFS and the school system. Participants suggested focusing on other places youth congregate – drop-ins, teen clinics, community centres. Participants also talked about creating opportunity for connection at schools, but in non-formal ways.

3. Family-based activities: Participants suggested the implementation of universal, free, family-based activities within schools after school, evenings and weekends. This would be a low-threshold way to build relationships with the school community and more comfort in the schools. They put forward the idea of universal breakfast and lunch programs that include parents and other siblings for consideration, as well as facilitated evening activities - movies, art, culture clubs etc. designed for families not just youth. The adults and youth don't have to hang out directly but can be in the same spaces.

4. Child and Family Services: Participants identified how CFS interrupts the parent-child relationship and how CFS care of children contributes to risk factors in this domain, increasing the likelihood young people will use/initiate drugs and alcohol – lack of supervision, lack of connection with a caring adult, school interruptions etc. Significant conversation took place about this system and the damage that it does to Indigenous children and families. Participants discussed the value of a system overhaul or dismantling of this system all together. Participants also emphasized the following, as short-term options to build opportunities for safe adults to engage in the lives of young people:
   - Keep siblings together if they go into care
   - Leave kids in homes with a safe adult or family member and system fosters parents and improves their skills [who improves their skills? Needs clarification].
   - Instead of removing kids/parents – add resources and harm reduction strategies to homes/families.

5. Financial supports: Participants emphasized that parental engagement is based on privilege and suggested income-based intervention to support parental engagement. For example:
   - Spend more money on prevention and keeping families together. If we can pay foster parents, we can pay actual parents to support their children.
   - Basic income
   - Volunteer top-ups for EIA and expand to everyone on EIA.
   - Pay natural helpers

6. Facilitators: Participants identified things that will serve as facilitators for parents' participation. These included childcare, access to transportation, and including food in any planned activities.

7. Culture and Culture-based connections: Access to culture and community should not be found only within systems that are harmful to Indigenous people (Child welfare, justice, health), but should be welcomed and easily accessed in more low-threshold environments. This means that public spaces (schools, parks, community centres) must create opportunity for cultural connection for young people. Additionally, all interventions need to consider Indigenous worldviews and childrearing/parenting practices and norms.

Peer group: friends/ kinship/ community members of similar age

Local definition of domain:

> **This domain is inclusive of those of similar age with whom youth interact and spend time with**. This would include friends, acquaintances from the community, kinship relationships, other youth in care, cousins or classmates.

Adapting to local context – KEY THEMES:

1. Thoughts on curfew: Participants wondered what to do if home is not a safe place? They identified the value in late-night drop-ins for young people with nowhere else to go. Participants felt the Bear Clan had the potential as a respected community facilitator could help remind and normalize the idea of curfew as a social norm. Participants also identified that if the needs of kids were being met there would be no need for a curfew.
2. Collective community: Participants asked, 'how do we build a collective community?' There is significant fear of interference from institutions that neighbours may bring on each other – calling CFS, etc. Everybody wants to do the right thing, but there is no collective definition of what that is. Participants discussed the need for efforts to be made to build a sense of community, for people to get to know and trust each other, form networks etc.
3. Positive Peer Relationships: A very positive, unintended, consequence of AYO and Meet Me at the Bell Tower is that the younger youth have positive relationships with older youth. When it comes to more formal supports there are challenges for youth who are using drugs. The following were identified as pertinent to building positive peer relationships:
   - Provide safe places that are free from judgement and shame for people who are high. For example, drop-ins that improve on/adopt a harm reduction philosophy, allowing young people to come into spaces high (focus on problematic behaviours while high rather than discouraging young people who use drugs from coming at all)
   - Increase funding to neighborhoods disproportionally affected by social and health inequities/drug-related harms for more structured, supervised, recreational spaces and help reduce invisible barriers.
   - Remove the barriers to more local detox places.
   - Engage youth in culture-based activities with a strong focus on intergenerational connections, e.g., foster the inclusion of Elders as "everyone's grannies." As well, Elders make a place feel like a safe place.
   - Increase outreach workers for 24/7 drop-in centers so that youth have a safe place to go to if their homes are not safe spaces.
   - Peer belonging can be facilitated through the 24/7 safe spaces: cultural activities, smudging, grounding activities in culture, 'why not learn culture at midnight?'
   - How can Public Health get involved in building and supporting community?

4. Talk to Youth: participants emphasized the importance of connecting with young people themselves to inform this discussion at least in part.

"Leisure" Time Environment and Activities

Local definition of subgroup:

This domain includes formalized environments and the activities that occur within them outside of traditional school hours. This includes organized recreation (e.g., arts, sports, music, dance, etc.), evening/ weekend drop in spaces, culture-based activities, employment and volunteerism.

Adapting to local context – KEY THEMES:

1. General: Participants shared information on the numerous recreation programs currently available for youth. For instance, there were representatives from Art City, Graffiti Art Programming, City of Winnipeg, United Way, Resource Assistance for Youth, the Youth Agencies Alliance, YMCA/YWCA, AFM, Nine Circles to name a few. Throughout the discussion it became evident that there may be ways in which programs and organization could maximize access to resources and programs to youth and their families. This became evident in the occasions whereby some would share a challenge to access or need for additional resources, someone else would provide some solution or extend an invitation for further discussion towards addressing the challenge.

2. Funding: Subsidies and subsidized programs are often administratively intensive/onerous, lack appropriate coverage, and rely on the divulging of private information. There is also a lack of equitable access to recreational resources across the city. There is a need for increasing visibility and tracking of the allocation and usage of community resources and collaborating for the redistribution of resources. Any free community leisure activities must be properly promoted and not reliant on people proving how little they make. There is a strong need for an MLA or city councilor/political level 'champion' to help with funding allocation/redistribution.

3. Transportation: For so many, living in the harsh weather conditions in Winnipeg means families have a limited access to recreation facilities and programs if they are not within walking distance. Subsidized bus passes would allow parents/guardians to accompany youth to their activities/join in their recreational activities.

4. Program Guidelines: Rules and policies should not rule out the participation of those most in need, especially youth who use drugs. Programs need to figure out how to best serve youth under the influence. Additionally, programs must provide flexibility for youth who cannot, for multiple reasons, get parental permission to participate. The ethical practice of youth serving agencies must track the most vulnerable in any given situation and that is nearly always the young person being served.

5. Communicating current programs and resources: We should be Developing and using resources to collect locally-focused/neighborhood level data, and we must share currently available data. Improve communication of available programs, spaces, activities. We should use existing profiles of local agencies and services to enhance collaboration and synergies.

School/ daytime environment:

Local definition of subgroup:

This domain focuses on the formalized school environment, as a hub for youth, peer and family interaction. The school environment serves as a venue for intervention (activities) as well as data collection (to inform programming); "school is an important

mediating structure in building community social capital and enhancing the ties and friendship with peers" (Sigfúsdóttir et al., 2008: 19). While school is an important part of this definition, it is not all of it. The definition of this domain has been expanded to include places that youth who do not attend school spend their weekday, daytime hours. This includes youth serving community agencies which offer drop in support services.

Adapting to local context – KEY THEMES:

There was a conversation within this domain working group about schools being involved but potentially not being the main conveners as they were in Iceland where schools are an established community hub. Additional conversation took place about how to create a culture shift where schools are given the space, time, and leeway to build a stronger community engagement strategy.

1. Existing School Strengths:

- Mentorship/personal connection/meaningful relationships
- School spirit/pride
- Spirit/culture fully integrated in some schools.
- Open door policy for families to engage with school officials/teachers
- Individualized plans to meet family needs
- Schools that have dual purpose as a school AND a community space
- Culture-based curriculum
- Languages taught in school
- Acknowledgment of land/culture

2. School Challenges/Barriers to sense of community safety in schools:

- Children being bounced from home to home (either by housing insecurities or CFS involvement), lack of social stability, lack trust with systems, lack of consistent school community.
- Parents feeling blamed/shamed by school officials, preventing engagement
- School curriculum limitations/exclusionary (racism/sexism/homophobia/Eurocentric)
- Lack of representative work force
- Big system shifts required to create culturally safe environments
- Testing based education may miss learning needs
- When kids fall behind it is difficult to get the support needed to catch up
- Safety issues at home and at school. Who protects kids?
- Interventions need to be community specific.

3. Supporting parent involvement in the schools

- Language classes
- Increased integration of culture/history/colonialism in curriculum. Opportunity for cultural activities within the school for parents and families.
- Having programming that meets the needs of whole family
- Trained parent/family advocate
- Parent volunteer/job opportunities within the school
- Family systems navigator (from a community perspective)
- More school/teacher involvement in broader community- seeing school rep/teachers out at community events/organizations after school hours. Encouraging engagement/volunteering within the community
- Multisystem buy-in for interventions to work

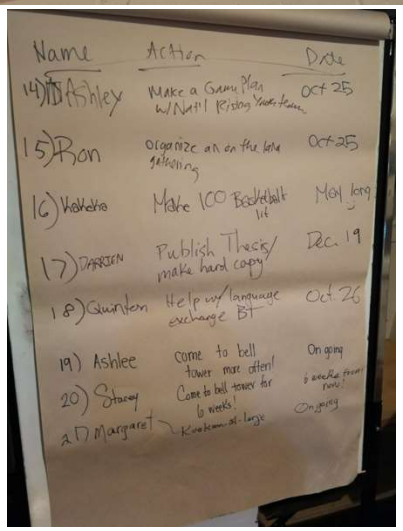
4. School Based Interventions: This section addressed the kinds of interventions that participants thought might be possible for this Domain in the context of Winnipeg schools.

- Meaningful inclusion of parents/community adults
- Integrating cultural/land-based teaching knowledge sharing (having

parents/community adults taking on role of educator)

- Open food programs to whole family, food being culturally appropriate
- Incorporating TRC in the curriculum and school structure
- Resource equity with in and across school divisions
- Supporting/encouraging creative solutions to student/family centered learning
- Culture based approaches to building connections with teachers and community
- Regular, intermittent, long term data collection within schools- doesn't have to be too technical
- Focus on context and systems for what needs to change, not individuals
- Including kids in the process of making welcoming environment
- Creating parent/guardian spaces in the school
- Job opportunities in school for parents/guardians
- Parent/guardian and child activities
- Representational workforce in the school systems

Conference Closing and Wrap-up



Following these discussions, the group met back for a final plenary discussion about next steps and how to move this approach forward in a good way. The three overarching themes of this discussion were:

- 1
- 2
- 3

Additionally, conference participants contributed to a task list to help ensure that the efforts of the past two days move into concrete action. This conversation was extended to the Meet Me At The Bell Tower event that evening where those who could gathered in community to continue the conversations. In early January conference participants will gather at a follow up event to do a concept mapping exercise to coalesce ideas and further momentum.

Finally, participants participated in a conference evaluation process that gathered final thoughts and reflections on the conference.

Evaluation Summary

Forty-five participants responded to the online or paper conference evaluation. X percent of the participants found most useful the speakers and a same proportion the opportunity for networking and meeting people from a cross-section of organizations. Some participants illustrated how they felt about the approaches and discussions shared in the conference as follow:

> "[the conference] confirmed what I already suspected. Strong community can aid in the development of resilience and strength in children. Children are our future and we need to nurture them into being our leaders, it shouldn't matter who their parents are."

> "Being in a room full of people imagining alternatives to the status quo and believing that change is possible"

> "Validation from other Indigenous/non-Indigenous community members about having the knowledge and the gifts needed to assist our peoples"

> "The invitation to check my privilege and being in a room with so many inspiring people."

When asked about other aspects of the Icelandic Model participants would want or need more information about, respondents were interested in the step-by-step article describing the implementation of the Model, and "how to apply [the Model] to our context." These were following with a need to understand "how to tackle funding issues," "how to build community support" and "where to start."

Most respondent indicated to be strongly committed to engaging a local application of the Model. About 40 percent indicated that more politicians and policy makers should be involved. This was followed by over a quarter of respondents, who believed that more community members should be involved. Other sectors named were school divisions, Winnipeg Police Services, and funders.

Participants felt that there was need for more discussion on the incorporation of Indigenous research approaches, development of concrete steps for moving forward, incorporation of anti-racism action plan, incorporation of grassroots organizations in discussions and planning, incorporation of knowledge keepers, Elders, healers' approaches, and access to local supports.

Conclusion

This conference was an important opportunity for the Village to come together on youth substance use in a way that honours young people and their expertise in their own lives. This conference provided participants with a venue to explore what is possible. That possibility can now serve as a catalyst for moving a meaningful, Indigenist population health intervention on youth substance use forward. Too often we are paralyzed by the scope of an intervention, but this is no longer an option. The young people in our community are demanding more of us and once activated, the Village must continue to move forward. This means creating the opportunities to speak with politicians, taking the lead of young people in the community, addressing the systemic racism experienced by Indigenous, Black, and other people of colour within our systems, and working creatively together to find a path forward. The work of addressing youth substance use must involve a culture shift, significant system change, and a much stronger emphasis on Harm Reduction approaches. People created those systems and people can change them. Our young people deserve a monumental effort from the Village. Community driven population health approaches have the potential to truly shift and transform lives. Our path is laid out, all we need to do is walk it.

Appendix A: Conference Program and Speakers' Bios

Winnipeg Regional Health Authority · Caring for Health · Office régional de la santé de Winnipeg · À l'écoute de notre santé · MHRN Manitoba Harm Reduction Network · Aryo! Aboriginal Youth Opportunities · Ka Ni Kanichihk Inc. "those who lead"

COMMUNITY MATTERS:
ACTIVATING THE VILLAGE TO REDUCE DRUG RELATED HARMS

GOAL: SHIFT THINKING ABOUT YOUTH DRUG USE/RELATED HARMS & EXPLORE COMMUNITY BASED APPROACHES TOWARDS HEALTH

OBJECTIVES:
- > NEEDING LOCAL DATA TO INFORM PROGRAMS
- > SHIFTING THE FOCUS AWAY FROM DRUG USE TO THE HARMS RELATED TO DRUG USE
- > ADJUSTING CONVERSATIONS ABOUT THE HARMS OF DRUGS USE TO INCLUDE COLONIZATION
- > FOSTERING HEALTHY COMMUNITY BASED SOCIAL NORMS

KEYNOTE SPEAKER

ALFGEIR L. KRISTJANSSON, PHD

Dr. Kristjánsson currently works at the School of Public Health, West Virginia University in the US and at the Center for Social Research and Analysis at Reykjavik University in Iceland. Alfgeir does research on adolescent health behaviors with an emphasis in primary substance use prevention, community health promotion, and school health. He also does intervention work with communities and schools in Europe and the US.

THE ICELANDIC APPROACH TO SUBSTANCE USE PREVENTION IS AN INNOVATIVE, EVIDENCED-BASED APPROACH THAT BUILDS ON COLLABORATION AMONGST A VARIETY OF STAKEHOLDERS. THE MODEL BUILDS ON KNOWLEDGE THAT SUBSTANCE USE IS INFLUENCED BY SOCIETAL FACTORS AND THAT BUILDING A NETWORK OF SUPPORT AT THE COMMUNITY LEVEL CAN POSITIVELY INFLUENCE DRUG USE.

WE WANT TO HEAR YOUR FEEDBACK!
PLEASE COMPLETE OUR CONFERENCE SURVEY HERE:
WWW.SURVEYMONKEY.COM/R/W828LDR

#VILLAGEWPG

AGENDA

DAY 1: OCT 18, 2018

8:00am Registration
8:30am Welcome
Michael Redhead Champagne & Velma Orvis
9:00am Setting the Context
What is the Impact of our Current System: Community and System Perspectives
Dr. Marcia Anderson & Jenna Wirch
10:20am Refreshment Break
10:50am Setting the Context
What is our Current System: Colonial Structures and Health Care Challenges
Margaret Bryans & Dr. Melinda Fowler
12:10pm Lunch
1:00pm Keynote Presentation
Fundamentals of the Icelandic Approach
Dr. Álfgeir Kristjánsson
2:30pm Refreshment Break
3:00pm Sharing Circles
4:30pm Conference Closing

DAY 2: OCT 19, 2018

9:00am Welcome
Michael Redhead Champagne & Velma Orvis
9:30am Keynote Presentation
The Icelandic Approach: Part Two
Dr. Álfgeir Kristjánsson
10:20am Refreshment Break
10:50am Breakout Session | Part 1
Attendees will choose from: **A)** Caring adults, parents and extended family
B) Peer group: friends / kinship / community members of similar age
C) "Leisure" time environment and activities **D)** School / Daytime environments
11:50am Lunch
12:50pm Breakout Session | Part 2
1:55pm Report Back from Breakout Sessions
2:30pm Refreshment Break
3:00pm Building Local Collaboration and Intersectional Communication
Michael Redhead Champagne & Dr. Álfgeir Kristjánsson
4:30pm Conference Wrap Up

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Presenter Bios

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Dr. Marcia Anderson, MD, MPH

Dr. Anderson is a Cree Saulteaux physician with roots going to Norway House Cree Nation and Peguis First Nation. She is Section Head of First Nations, Métis and Inuit Health at the University of Manitoba and in addition to working as a Medical Health Officer with the Winnipeg Regional Health Authority; she also currently practices Internal Medicine at Grace Hospital. She is a Past President of the Indigenous Physicians Association of Canada and a Past Chair of the Pacific Region Indigenous Doctors Congress. In 2011, she received a National Aboriginal Achievement Award for her work in Indigenous Health.

Jenna Wirch

Jenna "Liiciious" Wirch is the co-founder of AYO (Aboriginal Youth Opportunities) and has been the Youth Engagement Coordinator since 2010. She is a strong Anishinabekwe advocate/community helper from the North End of Winnipeg and has taken up a role as a youth empowerment facilitator, and the megaphone girl at rallies that take place in Winnipeg. She is very active in Winnipeg's inner city at many events and mentors other young people from the inner city to help them reach and realize their full potential. A published author and former Manitoba Women's Advisory Council member, Liiciious brings her attitude and fun style to each engagement that she does. Inspiring in every way, from how she dresses and talks to the way she gets tattooed, Jenna Liiciious is ready to help our community take concrete steps towards healing and hope.

Margaret Bryans

Margaret Bryans is a queer nurse who uses a harm reduction oriented and healing centred approach to serving people who use drugs. As a settler, she has had the good fortune to be mentored by BIPOC managers, colleagues, and friends and is constantly unlearning the settler colonialism and racism that permeates our society and systems. She works hard to do no harm, with varying degrees of success. Margaret has worked in non-profits and government, provided direct care as a front line nurse in a housing first program, developed programs from the ground up, and currently works at Substance Consulting, a firm she founded in 2016 with a colleague. The emphasis of her current work is to support agencies and organizations to best serve people who use drugs. She loves her people fiercely and wants people to stay alive long enough to live well.

Elder Velma Orvis

Velma is currently the Grandmother Keeper of the moccasin vamps of Walking With Our Sisters, an installation art project of 1,700 pairs of moccasin tops or "vamps" commemorating and representing an estimated 824 Aboriginal women and girls who have been murdered or gone missing in Canada since 1961. Velma has worked with Ka Ni Kanichihk, Grandmother's Council, the National Parole Board and the Grandmothers Protecting our Children group.

Michael Redhead Champagne

Michael Redhead Champagne has spent over two decades speaking out and leading by example. He takes a hopeful and solution oriented approach to youth engagement, facilitation and community organizing. He enjoys writing, listening to revolution music and volunteering in Winnipeg's North End. Michael is known for his straight up and heartfelt style that will leave you moved, inspired and ready for action.

Dr. Melinda Fowler

Dr. Melinda Fowler knew she wanted to care for people from a young age. She is a Métis/ Mi'kmaq woman who grew up on the east coast of Canada in Newfoundland and Southern Labrador. She received her Bachelor of Nursing (BScN) in 2001 from Memorial University of Newfoundland & Labrador. While working as a full time nurse at Sunnybrook Hospital, she returned to her education and received her Doctor of Chiropractic (CD) in 2006 at the Canadian Memorial Chiropractic College. While working as a nurse and chiropractor, she again returned to education and completed her undergraduate medical degree (MD) in 2010 and her residency in family medicine in 2012; both at McMaster University. She is passionate about being an advocate for Indigenous youth and encouraging them to recognize their power and potential. She also encourages culturally safe spaces for Indigenous student learners in medicine, addressing and removing barriers and promoting curriculum which will educate both students and educators.

CATERING PROVIDED BY: FEAST CAFÉ BISTRO
THANK YOU TO THE SERGEANT TOMMY PRINCE PLACE STAFF FOR THEIR SUPPORT OF THIS CONFERENCE.

Appendix B: Inspiring Resources

Environmental stressors at play in drug use:
Rat Park experiment by B. Alexander
www.stuartmcmillen.com

The role of settlers in decolonizing
www.groundworkforchange.org

Shift to healing-centered engagement from trauma-informed care
http://www.shawnginwright.com/

The Icelandic Prevention Model

Icelandic Centre for Social Research and Analysis (ICSRA) – Centre developed "to inform the need for population-wide primary prevention through research aimed at arresting and reversing observed increases in adolescent substance use."
http://www.rannsoknir.is/en/home/

&

https://planetyouth.org/