

## UPHNS HUB Video Call Minutes February 16, 2021

### Topic:

Warren's presentation focused on reducing stigma and lateral violence within Indigenous communities and people who use substances. The webinar was adapted to support overdose prevention sites. Warren's approach takes an anti-colonial view to provide a foundational overview of what is experienced by Indigenous people accessing harm reduction services.

### Presenters:

Warren McDougall is an Indigenous clinical counsellor in Fraser Canyon in the traditional territory of the Sto:lo Nation working with people with trauma and addiction.

### Welcome and context:

- Opened with Land Acknowledgment for Musqueam, Squamish, and Tsleil-Waututh Nations along with a moment of reflection
- Introduction of the UPHNS blogs to highlight stories that illustrate the impacts of the overdose crisis.
  - All pieces are edited by a person with lived experience or authentic harm reductionist
  - Looking for pieces 600-1100 words with hyperlinked references
  - Bios of authors are included when blogs are posted on UPHNS
  - Team members listed on UPHNS Hub site were introduced
  - Link to blog: <https://uphns-hub.ca/community-blog/>
  - Link to BLOG guidelines: <https://uphns-hub.ca/wp-content/uploads/2021/02/UPHNS-Blog-Guidelines.pdf>
  - Question: What kind of lived experience is valued?
    - The types of lived experience - lived experience around drug use, homelessness. The guidelines could include as ask for submissions to include their lived experience to include mothers, family and other people connected to supporting harm reduction.

### Presentation:

#### Overview:

- Indigenous people carry both social and self-stigma associated with substance use compounded with Identity stigma about being an Indigenous person
- Addiction is a visible symptom as a result of historical, systemic, and political root causes of discrimination and violence

#### Lateral Violence:

- There have been multiple generations of pain under colonization
- Anger and resentment has built-up against colonizers
- Learned helplessness (*the belief that one is unable to control or change the situation*) prevents anger from being expressed directly
- Anger is internalized as toxic shame

**Cultural Safety:**

- is defined by the person accessing care and what makes them feel safe and includes cultural safety, cultural awareness, cultural sensitivity, and cultural competence

**Trauma-informed care:**

- Trauma awareness
- Window of tolerance (hyperarousal/high-energy or hypo-arousal/withdrawn)
- Infographic and graphics are helpful to show acceptance of peoples' feelings and experiences
- Creating safety and trustworthiness:
  - Ask what can be done can show humility, respect. Support person offers what they can without judgment.
  - Ask "what happened to this person?" not "what's wrong with this person?"
  - Person has right to determine what health and well-being means for them
- Yarning:
  - Social yarning - small talk to build the relationship
  - Clinical yarning - talk about needs for services, maintain human connection and relationship
- Peer Involvement
  - Include peer involvement to create an environment of non-judgment and inclusion.
  - Peers can inform policy because they know what works and what doesn't.

**Questions:**

- **How has this study reflected Urban Indigenous vs. First Nation Communities? or how would we better understand the different dynamics between the two?**
  - Warren: Anecdotal experience suggests that urban Indigenous communities are more adept at integrating themselves culturally with Western ideas. They tend to perceive less discrimination and become more acclimatized to larger societies. Remote communities tend to be further behind in knowledge, awareness, and language.
- **How can we ask questions in a way it is not imposing as if we are interrogating?**
  - Warren: Has received feedback from an Indigenous member questioning can create flashbacks of their experiences from residential school or from the old system which use questions to interrogate them.
  - Rather than interrogating, use open-ended questions starting with *what* or *how*. You want the client to do 90% of the talking or more. Also, ask permission before asking questions: *"I'd like to ask you a few questions about your family history - Is that okay?"* We don't want to get into painful stories from the past if we don't need to.
- **How do we make cultural services more accessible in urban settings?**
  - Clem: The DPC created a community of participants to identify gaps in service. We have brought in Indigenous leaders and knowledge keepers in Vancouver based on recommendations from Indigenous community members who access the centre.
  - Matthew: Bring up awareness at the time [of uncomfortable moments] to acknowledge if they made a misstep. Apologize and ask for better ways of communicating to be more culturally sensitive

- Warren: Allow yourself to make mistakes and reach out to local Indigenous people in your community. What works in one place might need to be adapted for another.

\*Slides are to be shared with the group via email.

Additional Resources:

- *In Plain Sight Full Report* - <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf>
- *FNHA Cultural Safety & Humility* - <https://www.fnha.ca/wellness/cultural-humility>
- *Wester Aboriginal Har Reduction Society (WAHR)* - <https://wahrs.ca/>
- *Decolonizing Substance Use & Addiction* | TedxSFU - <https://youtu.be/j95ayhyadNE>