

# Indigenous Men Focus Group Report

## Focus Group Report

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### I. Summary of Project

The **Metro Vancouver Aboriginal Executive Council (MVAEC)**'s Opioid Response Project held a focus group with seven Indigenous men who were attending programming offered by **Circle of Eagles Lodge Society (COELS)**. COELS provides Indigenous-specific services to those who are reintegrating after incarceration. Through this focus group, MVAEC gathered wisdom about the *Overdose Epidemic* and harm reduction from to inform Metro Vancouver's urban Indigenous community, service providers, and public health partners.

### II. Introduction

MVAEC held a focus group discussion with nine Indigenous men on October 30<sup>th</sup>, 2018 at the Circle of Eagles Pre-Employment Program facility in Vancouver. The focus group was conducted to support MVAEC's response to Metro Vancouver's Opioid Epidemic.

The discussion was designed to gather information from the men based on the following outcomes:

1. To understand the knowledge Indigenous men have about the *Overdose Epidemic*
2. To understand the knowledge Indigenous men have about harm reduction
3. To understand the relationship between *Culture as Treatment* and accessing services
4. To learn how substance use services could better support Indigenous men

### III. Participant Demographics

Programs staff from COELS were contacted to recruit Indigenous men members who attend their programming to participate in the focus group. Nine men were recruited from COELS programming that serves those reintegrating from incarceration. This demographic was selected based on the associated high overdose risk with those who have been in custody at some point of their lives (*B.C. Coroner's Service*). All participants signed consent forms to be audio recorded and quoted. Each group member was compensated with a cash stipend of \$50 for their participation at the beginning of the session and



were told they could leave at any time. The group was facilitated by Tim Manuel, a cultural worker for MVISS. Colter Long, MVAEC Projects Officer, observed, recorded notes, and asked follow up questions.

## IV. Indigenous Men's Perspectives

### **Outcome 1: To understand the knowledge Indigenous men have about the Opioid Epidemic**

#### **What can you tell us about the opioid crisis?**

Group members were aware that many lives have been lost to the opioid crisis and most men had personally known at least one person whose life was lost due to overdose. The men agreed that the epidemic is affecting everyone, not just Indigenous people. Many had shared stories of personally knowing someone who had passed away during a slip or during a pass while at a recovery house. They also witnessed injection use and overdose on the Vancouver streets. One participant expressed that heroin was being replaced by fentanyl.

#### **Where are you getting your information?**

Three of the men agreed that much of what they know about the opioid crisis comes from TV, media, and the news. Three men expressed having first-hand knowledge from their own experiences and three men said they had seen the effects of the opioid crisis in the streets.

#### **Quotes:**

- *"I get most information about the opioid crisis from TV and the news."*
- *"I participate in the drug and alcohol programs and all the information I get comes from the people I talk to on a daily basis."*
- *"I see my friends deteriorate. Not in years or even months, but in days."*
- *"Got knowledge from people who've been through everything."*

### **Outcome 2: To understand the knowledge Indigenous men have about harm reduction**

#### **What do you know about harm reduction?**

Suboxone was mentioned the most as being an effective treatment that helps people recover from opioid addiction. Many of the men attested to how it had personally helped themselves. The alleviation of pain and cravings in combination with its ability to block opioid receptors makes it a "miracle drug".

Group members also associated the abundance of services in the Downtown Eastside (DTES) with harm reduction and that these resources were counterproductive to addressing the opioid crisis. Many men expressed that access to free meals, shelter, needles, and drugs was making it easy for people to stay in the same situation. This appeared to be the general consensus of the group as many made reference to this and no one disputed it.

#### **Where are you getting your information?**

Naloxone training appeared to be a major source of education when learning about harm reduction. Four of the men mentioned taking naloxone training to help prevent overdoses and one had administered it in an overdose situation. The motivation to take the training came from wanting to help

after seeing people overdose or having personally known people who overdosed. One group member had received harm reduction information when he was a youth back on his reserve and another mentioned getting informed by reading pamphlets.

**Quotes:**

- *"I had no knowledge and it was kind of scary. They started doing the naloxone training on the inside and I took the training in case it happened again."*
- *"I went for narcan training because I saw people slumped over on a regular basis."*
- *"I just know of some of the good boys who have passed on because of not knowing about it..."*
- *"Low-barrier helps to get you off the street to relieve some fear and stigma of using"*
- *"Suboxone is good because it can't be mixed with fentanyl."*
- *"I got Suboxone in jail, that's where you get the knowledge."*
- *"Harm reduction is reducing harm against yourself and making better choices."*

**Outcome 3: To understand the relationship between Culture as Treatment and accessing services**

**Do you guys feel like culture and identity help you with recovery?**

All the men agree that culture was a fundamental part of their recovery. Access to Elders was identified as a significant resource when incarcerated. A few of the members shared that they grew up in group homes or foster care without being raised with culture. Learning about culture later in life was expressed as being empowering because it helps restore pride in their Indigenous identity that was systematically taken away during by colonization. A couple of the men explained that residential school and Christianity instilled shame in their Indigenous identity and made them believe that practicing traditional culture was evil. Engaging in culture, reconnecting with family, and participating in traditional activities like sweat lodges, sun dances, and spirit baths was voiced as unanimously beneficial by the group.

One group member described the parallels between the culture of opioid addiction and traditional culture. In the culture of injectable drug use, there is a ritual of obtaining the substance, preparing it, and administering it. The cycle of seeking and using drugs becomes a habitual pattern and the practice of traditional culture offers an alternative way of life. The shame of being marginalized is replaced with the pride of Indigenous identity. Another group member agreed by saying that Indigenous people in recovery have more opportunities than non-Indigenous people because of their access to culture.

- *"The more I learn about my culture, the prouder I get, the stronger I become. That's the medicine."*
- *"Started working with Elders and stopped using altogether and made some commitments to change my life."*
- *"A lot of this has to do with cultural genocide, assimilation of culture. Our culture is how we fix this."*
- *"For the majority of my life I was addicted and now culture has given me strength."*
- *"Culture has kept me sober for 18 years."*
- *"Culture has saved my life and has allowed me to apply that into dealing with my drug issues along with everything else."*

- *“Culture helped open my eyes to be a better person and see things with respect.”*

#### **Outcome 4: To learn how substance use services could better support Indigenous men**

#### **Do you feel there’s enough support in the community?**

#### **Opioid Replacement Therapy**

Suboxone was strongly associated with men’s perception of the opioid crisis and harm reduction. Many of the men expressed that their lives had taken a positive turn when they received access to Suboxone treatment and chose to use it.

- *“I’m on my drug free path right now and Suboxone helped for me to wean myself off.”*
- *“Suboxone is a miracle drug that has allowed me to move away from hard drugs and function normally. It helps alleviate the pain and cravings.”*
- *“On the inside, everyone was okay with Suboxone because it’s way cheaper and they’re not going to die.”*

#### **Revolving Door**

- *“A lot of guys were only coming in to get healthy and then start over again 30 days later.”*
- *“Some of these guys relapsed 15-20 times but they keep trying.”*
- *“The system is just a revolving door to alleviate some homelessness.”*
- *“Instead of a revolving door of jail or whatever, someone should step in when you’re failing and do something different.”*

#### **Support Mental Health**

- *“They’re not talking about drug addiction. They’re talking about mental issues and psychological things they haven’t dealt with.”*
- *“I asked many people why they do it. They say they like the high but their body wastes away. Some people stay in that state to avoid the pain.”*
- *“Some people have deeper issues they don’t want to talk about so they use drugs to cope with that. People use to numb everything out.”*

#### **Eliminate Skid Row**

One participant recommended the strategy Edmonton, AB used to eliminate the areas where drug use was prevalent. The group member believes that if the bars were shut down in the DTES the overdose problem here may resolve itself. Another participant responded by explaining that today’s DTES was created by the closure of Riverview Mental Hospital without adequate resources for community integration. Other participants wondered if the re-establishment of a facility like Riverview would help people with mental issues to get treatment from doctors.

#### **Change of Environment**

In order to break the revolving door cycle, some group members recommended that those wanting to recover from opioid addiction be removed from urban settings for an extended length of time. One participant advocated for more extreme measures to be made by the police and courts to remove people in the addiction from the streets to safe places. The men agreed that recovery and detox services in the Downtown Eastside (DTES) were counterproductive because people are released back into the same harmful environment. They recommend that someone recovering from opioid addiction



needs 3-6 months in a drug-free environment in a facility outside of the city that is located in and around nature.

When men are in recovery houses within the city, they feel the temptation to use and access to drugs is too much. They've seen men struggle and overdose while in detox or recovery houses because it's too easy for them to go back to what they're familiar with. Alternatively, a facility outside of the city amidst nature would be ideal to clear their minds.

- *"If you really care, you have to take people out and segregate them for 6 months to detox."*
- *"You need at least 30 days to wake up and straighten out the opioid receptors."*
- *"You can OD and then go back to everything you know. You need to be displaced from what you know to get clean."*
- *"In the DTES it would take a miracle to recover."*
- *"Give people a decent headspace to work with and some tools to help them feel confident, then drugs won't be their first choice."*
- *"A lot of them talk about not wanting the next phase. Not knowing what to do with their lives or how to reconstruct themselves so they can function like a human being."*
- *"Why would you leave if they have their drugs, they're safe, and their lives aren't threatened?"*

### Court Mandated Suboxone

One recommendation was that there should be a coordinated group of people to take ownership over the person in recovery that would be responsible for assisting them until they come back from treatment. If the person relapses, at least he would be provided with the best opportunities for success and there would be acceptance that they tried.

There was disagreement from another group member who believed that court-ordered recovery would not make any difference. In his experience, being forced into recovery only made him resentful and more disengaged. His opinion was that people will choose their whether to use or not despite conditional sentences.

- *"Courts could help get you on Suboxone."*
- *"The best solution would be for the courts to be involved."*
- *"Courts can work with people to find them an alternative to get out of the area so they can start with a clear head."*
- *"Somebody, family or friends has to support them through that process to quit drugs. But if the law tells them treatment or jail, they'll be back to using."*

### Treatment & Healing Lodges

All of the participants agreed that the cultural programming they received through COELS was helpful and believed that more resources like this would be helpful. Some said that accessing treatment can be difficult because of waitlists. The group members recommend that conditions for accessing treatment should be removed.

- *"A friend couldn't get help and died while on a waiting list."*
- *"Recovery is dangled like a carrot. 'If you do this, you can get treatment'."*

## Debrief:

### How did you like the group?

- *"Thank you, invite us back."*
- *"This was really insightful. Appreciate it."*

The facilitators thanked the group members and acknowledged the information they heard. Information sheets produced by *First Nations Health Authority (FNHA)* and *Vancouver Coastal Health (VCH)* were distributed along with MVAEC's Indigenous harm reduction posters and *Metro Vancouver Indigenous Services Society (MVISS)* pamphlets. Emails were collected from the participants who consented to be contacted for future interviews.

## V. Recommendations

- *"Government and administration people are trained in only band aid solutions for a crisis requiring a hell of a lot more than a band aid solution."*
- *"The talking stage is done. Let's do something that needs to be done."*
- *"I think Suboxone needs to be readily available and everyone should have access to it."*
- *"When going to court, the judge could order the plaintiff to go on Suboxone to prevent you from using fentanyl."*
- *"Take people out of their situation for a 60-day detox."*
- *"More healing lodges needed and more places to go if you want to get help."*