



# Metro Vancouver Aboriginal Executive Council

Suite 004 - 1607 East Hastings Street  
Vancouver, BC, V5L 1S7  
phone: (604) 255-2394 website: [www.mvaec.ca](http://www.mvaec.ca)

Aboriginal Community  
Career Employment  
Service Society

Aboriginal Front Door  
Society

Aboriginal Mothers Centre  
Society

Canadian Aboriginal AIDS  
Network

Circle of Eagles Lodge  
Society

Federation of Aboriginal  
Foster Parents

Fraser Region Aboriginal  
Friendship Centre  
Association

Healing Our Spirit Society

Helping Spirit Lodge  
Society

Kekinow Native Housing

Knowledgeable Aboriginal  
Youth Association

Lu'ma Native Housing  
Society

Native Education College

Nisga'a Ts'amiks  
Vancouver Society

Pacific Association of First  
Nation Women

Spirit of the Children  
Society

Urban Native Youth  
Association

Vancouver Aboriginal  
Community Policing  
Centre

Vancouver Aboriginal  
Friendship Centre Society

Vancouver Aboriginal  
Transformative Justice  
Services Society

Vancouver Aboriginal  
Child & Family Services  
Society

Vancouver Native Health  
Society (VNHS)

Vancouver Native Housing  
Society

Warriors Against Violence  
Society

## Urban Indigenous Opioid Task Force Meeting

Thursday, November 16th, 2017

9:10 am to 11:05 am

VAFCS Chief Simon Baker Room

Minutes: **DRAFT**

### Present:

- Kevin Barlow- Chaired (MVAEC)
- Colter Long (MVAEC)
- Rocky James (MVAEC)
- Norm Leech (VACPC)
- Debbie Krull (Independent)
- Sarah Levine (VCH)
- Melissa Matheson (UNYA)
- Malcolm Steinberg (SFU)
- Fawn Adolph (VAFCS)
- Gabriella Emery (PHSA)
- Nora Hanuse (AFDS)
- Aura Masi (SOTCS)
- Zakary Zawaduk (COV)
- Katie Mai (BCCSU)
- Lee Brown (Elder)
- Janine Stevenson (FNHA)
- Sarah Cochrane (PHC)
- Tyler Craig (TWC)
- Catherine Sanders (SFU)
- Curtis Ahenakew (VAFCS)
- Margaret Go (VNHS)
- Donald Robertshaw (VACFSS)
- Arita Atwal (VNHS)
- Alena Pacuchova (VNHS)
- Laurel Jebamani (VCH)
- Dawn Tisdale (ARNBC)
- Charlene Hellson (VCH)
- Delilah Gregg (WAHRS)
- Russell Maynard (PHS)
- Robert Clifton (VSB)
- Sandy Lamberts (DUDES)
- Jason Fitzpatrick (DUDES)
- Bernadette Spence (VACFSS)

Meeting opened at 9:10 am

1. Opening prayer: Dr. Lee Brown

2. Old Business:

I. Reviewed results of UIOTF Information Exchange

- i. Most people preferred email updates as needed

II. Update on Action Groups

i. Awareness Action Group

1. First meeting was held September 25<sup>th</sup> with VCH and FNHA to review messaging for five posters of the *MVAEC Opioid Response Awareness Campaign*. Five posters on the topics of Stigma, Support, Resiliency, Prevention, & Resources were created and are available for pickup at MVAEC's office (04-1607 E Hastings St.)
2. MVAEC, VCH, & FNHA participated in NEC's Opioid Symposium for community awareness on October 30<sup>th</sup>.



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- ii. Advocacy Action Group
    1. First meeting was held November 6<sup>th</sup> to discuss recommendations for a Written Submission to the Ministry of Mental Health & Addictions.
  - iii. Healing Action Group
    1. No meetings yet
    2. MVAEC healing event is scheduled for December 15<sup>th</sup>
3. New Business
- I. Written submission for the *BC Ministry of Mental Health & Addictions*
    - i. Key messaging: UIOTF response to inform funders
      1. On October 11<sup>th</sup>, Minister Darcy consulted provincial stakeholders to hear recommendations for the new Ministry. Members of UIOTF unanimously agreed that a comprehensive written submission be sent to the Ministry detailing our top priorities for action.
      2. Proposed recommendations mentioned at the stakeholders' meeting:
        - ✓ Youth specific services for those aging out of care
        - ✓ Remove jurisdictions between health authorities
        - ✓ Offer better integrated *Circle of Care* healthcare system
        - ✓ Examine determinants of health considering *Psychology of Poverty* model
        - ✓ Advocate for policy analysts to support systems change
        - ✓ Support existing frontline agencies who cannot keep up with demand, reduce waitlists, and address worker burnout
        - ✓ Nurses need to be able to expand scope and be permitted to administer OAT
        - ✓ Reduce racism & stigma in healthcare system
      3. We must recognize the constructive move of government but make aware that the process was incomplete. The Ministry should host and fund a stakeholders meeting exclusively with Indigenous leaders to make demands and have their recommendations documented and reported by trusted knowledge holders, not a sub-contracted service (Malcolm Steinberg, SFU).
      4. Need to clarify framework for submission, provide hard numbers, and distinguish whether it is to be policy or funding based (Zakary Zawaduk, COV). The submission will focus on short-term actionable items, it is to be mostly policy-based (Kevin Barlow, MVAEC).
      5. UIOTF's vision and recommendations has been established, therefore, large-scale top-priority projects should be advocated for as soon as possible. (Norm Leech, VACPC). To strengthen the submission, UIOTF should also align itself with other strong recommendations, like decriminalization (Zakary Zawaduk, COV)



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- ii. Coordinate Indigenous Street Patrol
  1. Reviewed current outreach street patrols in Vancouver outlined in the *MVAEC Street Patrol Assessment* document.
  2. WAHRS will be offering a street outreach service in December, supplying harm reduction supplies, bannock, hot cocoa, and will refer people to services in the legacy of the late Tracy Morrison (Delilah Gregg, WAHRS).
  
- iii. Indigenous Healing Centre
  1. A working group has been formed and \$1.3 million has been offered by VCH & FNHA for its establishment. MVAEC has asked Minister Darcy to match this amount.
  2. Clarity needed to define what a Healing Centre is and how it differentiates from existing programs (Tyler Craig, TWC). The Healing Centre would be similar to the *Hey Way Noqu' Healing Circle* that closed in 2015 (MVAEC). There is no harm in duplicating efforts because the demand for services is critical (Debbie Krull, Ind.).
  3. Healing Centre is to offer wrap-around all-barrier services inclusive of everything from drop-ins for coffee to longer-term counselling support (Russell Maynard, PHS).
  4. The established wellness centre is to be accessible to nature and will provide professional mental health services in conjunction with Indigenous cultural practices (Curtis Ahenakew, VAFCS).
  
- iv. Others??
  1. Need for low-barrier Indigenous housing: The top priority should be to secure low-barrier Indigenous housing with a zero tolerance for exclusion policy. We should begin with a backwards approach, supporting those "*hard on housing*" to shift responsibility back to service providers. Building damage should be expected and maintenance is to be built into program funding (Russel Maynard, PHS). Funding for housing navigators is to be included in programming costs and all levels of the barrier spectrum and these levels (low-high) should be clearly defined to reduce cycle of homelessness after treatment (Alena Pacuchova & Arita Atwal, VNHS). Housing for 2-Spirited youth is also to be prioritized (Melissa Matheson, UNYA).
  
  2. Support Culture as Treatment: The opioid crisis should be acknowledged first as a crisis of social disconnection. Mobile Units may provide harm reduction and access to culture like sport, Indigenous medicine, food, & theatre. (Debbie Krull, Ind.) *Culture as Treatment* is a priority and has been shown to be 5 times more



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successful than standard non-culture treatment  
<http://roundlaketreatmentcentre.ca/> &  
<https://www.uvic.ca/hsd/socialwork/assets/docs/student-research/MPTThompson-Project.pdf> . All forms of treatment have value and can co-exist, from harm reduction to the 12-steps abstinence- based model. Solutions are to be community led and driven (Dr. Lee Brown, Elder). An upstream decolonization approach is needed beyond harm reduction and focus should also be on culture restoration (Tyler Craig, TWC).

3. Increase access to services: Barriers to accessing support need to be eliminated so people guide service providers to accommodate their needs (Nora Hanuse, AFDS). A liaison worker is needed to assist people into treatment. Services would benefit from increased cross-communication & cross-referrals with clients. More funding is needed for existing services, frontline workers, & cultural support (Fawn Adolph, VAFCS). A place for immediate support and shelter from the street is needed. Suggests corporations also be pursued as funders (Delilah Gregg, WAHRS)
4. Remove jurisdictional boundaries: The difference between on & off-reserve should be acknowledged and jurisdictions across health authorities be removed (Curtis Ahenakew, VAFCS). Vancouver must coordinate its responses with other province-wide efforts. Adequate funding needs to be available for residential treatment and access to *culture as treatment* in these programs (Tyler Craig, TWC).
5. Support children in care: More caregivers are needed to house infants born to women experiencing addiction and for children in need of placement homes. Staff burnout has been rising as more workers are taking unpaid leave (Bernadette Spence, VACFSS).

## II. UIOTF's Continuation: Moving Forward

- i. Project charter: what can be achieved to March 31/18 or beyond if funding can be secured
  1. Will be creating Opioid 101 binder of definitions and briefing notes for members and community members (MVAEC).
  2. Funders need to acknowledge that the cessation of UIOTF would be a crisis in itself. A proposal to extend MVAEC's Opioid Response Project is to be put forward (Malcolm Steinberg, UIOTF).
  3. The city is impressed with UIOTF's work and suggests MVAEC leverage funding with multiple funders and obtain letters of support for its continuation. Contingency funding will still exist, but has not



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- yet been assigned and no grants are available from the city at this time (Zakary Zawaduk, COV).
4. Suggests projects map be created to show members all projects being funded at all levels (Bernadette Spence, VACFSS).
- ii. How do UIOTF members want to work with one another?
    1. Requested VCH offer informational sessions on harm reduction and substance use (Alena Pacuchova, VNHS).
    2. PHS would like to establish a relationship with FNHA (Russell Maynard, PHS).
    3. Submissions for funding that support primary care, not housing, can be made to working plans at the FNHA Regional Office (Janine Stevenson, FNHA).
    4. Requested that a group of core UIOTF members meet as an Action Group (Norm Leech, VACPC).
4. New data reports
    - I. Member updates
      - i. FNHA: BCCSU provides data on all self-Indigenous people, however, this data was not stratified to First Nations, Metis or Intuit people. This data is now linked to the *First Nations Client File (FNCF)* so monthly updates will be received regarding deaths due to overdose of opioids among First Nations people in BC in the category of *closed cases*, *open cases*, and *suspected cases* (Dr. Ashraf Mohammed, FNHA). Most overdose deaths are attributed to men between 29-48 years of age, but gender differences are much smaller in Indigenous community. Young Indigenous women are disproportionately more at risk. (Janine Stevenson, FNHA).
    - II. The Cedar Project
      - i. Young Indigenous people were 12.9 times more likely to die than all Canadians the same age, young women and those using drugs by injections were most affected, and the leading cause of death was overdose.  
<http://www.cmaj.ca/content/cmaj/189/44/E1352.full.pdf>
    - III. Global Commission on Drug Policy: *The Opioid Crisis in North America*
      - i. Suggests ending criminalization and incarceration of those who use drugs.
      - ii. Allow and promote pilot projects for the responsible legal regulation of currently illicit drugs, including opioids, to replace and bypass criminal organizations.  
<http://www.globalcommissionondrugs.org/wp-content/uploads/2017/09/2017-GCDP-Position-Paper-Opioid-Crisis-ENG.pdf>
5. Closing prayer: Dr. Lee Brown
  6. Adjourned: at 11:05 am