



**MVAEC**

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**Metro Vancouver Aboriginal Executive Council**

**Urban Indigenous Opioid Task Force**

**Approved Terms of Reference**

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Version 3: July 26<sup>th</sup>, 2017

MVAEC was founded in 2008 to respond to the community's desire for a more collaborative, strategic, and unified voice. The organization serves 23 Aboriginal not-for-profit members that are appointed by their Board of Directors who are elected by the community.

## 1. Background/Context

- Metro Vancouver is facing a severe opioid crisis; BC's provincial health officer declared a public health emergency on April 14<sup>th</sup>, 2016. 2016 saw 325 fentanyl-detected drug overdoses. Fentanyl is 50-100x more toxic than morphine and since its introduction as a street drug, overdose deaths in BC have quadrupled.
- The UIOTF addresses the opioid crisis as a health issue requiring a healing and a trauma-informed approach. Restorative solutions complementary to an *Indigenous Wellness Framework* are to be prioritized and for each downstream intervention there needs to be an upstream solution. The differences between on and off-reserve lived experiences are recognized so strategies will be tailored to individual needs.
- MVAEC hosts roundtables designed to facilitate discussions and create action strategies for Metro Vancouver's urban Indigenous population. The Psychology of Poverty addresses internal and systemic barriers that contribute to the vulnerability of this demographic. Poverty, intergenerational trauma, and discrimination are combined factors that place Indigenous people at higher risk of dependent drug-use and death due to overdose.
- The Opioid Response project will create action initiatives directed by the outcomes of the Action Table discussions. Based on a community assessment, topics to address will include: 1) Emergency Harm-Reduction Response; 2) MVAEC Awareness Campaign; 3) Culture as the Intervention; 4) Intervention, Treatment, & Prevention; and 5) Indigenous Collective Impact Strategy.
- Indigenous Collective Impact (ICI) is a strategical framework endorsed by MVAEC that enables increased efficiency in delivering community programs. Community leaders collaborate to assess readiness, agree on the parameters of a shared vision, and implement shared measurements via objectives and metrics dashboard.
- The opioid crisis is broad, complex, and, despite current initiatives, continues to escalate. The development of a **MVAEC Urban Indigenous Opioid Task Force (UIOTF)** will increase the understanding of the interplaying dynamics of the opioid crisis, increase capacity for overdose response, and improve outreach into the community. Long term

outcomes will include improved health of Indigenous families and reduce the risk for overdose death through prevention initiatives.

## **2. Roles and functions of the MVAEC Urban Indigenous Opioid Task Force (UIOTF)**

The **UIOTF** will:

- provide strategic leadership in the development, implementation and sustainability of opioid response projects and strategies
- provide advice, support and assistance in the implementation of the project
- identify and assess developing trends in harm-reduction strategies
- monitor identified and emerging risks and advise on their prevention strategies including long-term awareness efforts to address the impacts of substance use on children, youth, and families
- recognise barriers and enablers to accessing mental health and addiction treatment and assist in developing initiatives to address these
- monitor trends in the opioid crisis and share knowledge with the Indigenous community
- recognise and develop Culture as the Intervention as a healing tool for the Aboriginal community
- assess community readiness and agree on shared vision and measurements through an Indigenous Collective Impact strategy

## **3. Role of individual group members**

The role of the individual members of the MVAEC **Urban Indigenous Opioid Task Force (UIOTF)** includes:

- attending regular monthly meetings when available
- actively participating in the group's work
- genuinely interested in the initiatives and outcomes being pursued
- be an advocate for the program's outcomes
- share information more broadly as it becomes known
- contribute where possible to developments that increase understanding and proposed interventions

## 4. General

### 4.1. Membership

The MVAEC **Urban Indigenous Opioid Task Force (UIOTF)** shall be comprised of:

- MVAEC (**Kevin Barlow**, CEO and **Colter Long**, Projects Officer)
- Vancouver Native Health Society (**Lou Demerais**)
- Aboriginal Front Door Society (**Nora Hanuse & Debbie Krull**)
- Battered Women’s Support Services (**Terriea Harris**)
- BC Centre for Disease Control (**Margot Kuo**)
- BC Centre for Substance Use (**Cheyenne Johnson, Kenneth Tupper, Lindsay Farrell, Cody Callon & Kanna Hayashi**)
- BC Ministry of Health (**Tara Nault, Michelle Wong, Meg Emslie, Heather Bretschneider, & Eric Berndt**)
- Canadian Drug Policy Coalition (**Donald MacPherson & Scott Bernstein**)
- City of Vancouver (**Chris Van Veen & Zakary Zawaduk**)
- Circle of Eagles Lodge Society (**Barb Ellis & Leslee Montgomery**)
- Elder Support (**Brenda Wesley**)
- First Nations Health Authority (**Ashraf Mohammed, Soha Sabeti, Andrea Derban, Andrea Medley, & Janine Stevenson**)
- Fraser Health (**Erin Gibson & Tracy Steere**)
- Fraser Region Aboriginal Friendship Centre Association (**Rodney Olinek**)
- Lu’ma Native Housing Society (**Marcel Swain**)
- Native Courtworker and Counselling Association of BC (**Arthur Paul & Lynn Power**)
- Native Education College (**Dan Guinan**)
- Overdose Outreach Team (**Roger Tourand**)
- PHS Community Services Society (**Russell Maynard & Patrick Smith**)
- Provincial Health Services Authority (**Cheryl Ward, Danielle Mitchell, Alycia Fridkin, Brianna Stevenson, & Nancy Laliberte**)
- Providence Health Care (**Elise Durante**)
- Simon Fraser University: Public Health, The Health Officers Council of BC, & REACH Community Centre (**Malcolm Steinberg**)
- Spirit of the Children Society (**Alba Banman & Jamie Dixel**)
- Streetohome (**Rob Turnbull & Denise Bradshaw**)
- University of British Columbia & BC Centre for Disease Control (**Mark Tyndall**)
- Urban Native Youth Association (**Jenna Gaines, Fleurie Hunter, & Shaun MacDonald**)
- Vancouver Coastal Health (**Laurel Jebamani & Sarah Levine**)

- Vancouver Aboriginal Child & Family Services Society (**Cole McGillivray**)
- Vancouver Aboriginal Community Policing Centre (**Norm Leech**)
- Vancouver Aboriginal Friendship Centre (**Fawn Adolph & Dorothy Brown**)
- Western Aboriginal Harm Reduction Society (**Delilah Gregg**)
- WISH Drop-In Centre (**Wanda Pelletier**)

Other members may be included in the group as required. Open attendance is encouraged.

#### **4.2. Chair/Convenor**

The group will be chaired by Kevin Barlow, CEO and the Health Roundtable Chair. Meetings will be convened by the Chair and supported by the Coordinator Colter Long, Projects Officer, UIOTF.

#### **4.3. Agenda items**

All agenda items will be forwarded to the Coordinator by close of ten working business days prior to the next scheduled meeting.

The agenda, with attached meeting papers, will be distributed at least five working days prior to the next scheduled meeting.

#### **4.4. Minutes and meeting papers**

The minutes of each MVAEC UIOTF meeting will be prepared by Colter Long.

Full copies of the minutes, including attachments, will be provided to all MVAEC UIOTF members no later than five working days following each meeting.

By agreement of the group, out-of-session decisions will be deemed acceptable. Where agreed, all out-of-session decisions will be recorded in the minutes of the next scheduled meeting.

#### **4.5. Frequency of meetings**

The MVAEC UIOTF will meet monthly, or as agreed upon.

#### **4.6. Proxies to meetings**

Members of the MVAEC UIOTF may send a proxy to attend a meeting if the primary member is unable to attend.

The proxy is responsible for relaying relevant comments/feedback about the meeting back to the primary member they are representing.

#### **4.7. Quorum requirements**

No quorum is required as the Task Force holds no binding authority on any party or participant.

#### **4.8. Review**

The effectiveness and membership of the MVAEC *Urban Indigenous Opioid Task Force* will be reviewed after 6 months.