

Indigenous Youth Focus Group Report

Focus Group Report

- I. Summary of Project
- II. Introduction with a list of outcomes
- III. Participant demographics
- IV. Summary of findings with each outcome, including representative quotes, results of yes or no questions, and qualitative data
- V. Youth Consultation Focus Group
- VI. Recommendations

I. Summary of Project

The **Metro Vancouver Aboriginal Executive Council (MVAEC)**'s Opioid Response Project held a focus group with seven Indigenous youth aged 16-20 who were attending **Urban Native Youth Associations (UNYA)**'s Young Bear's Lodge and School Support programs. Through this focus group, MVAEC gathered wisdom about the Opioid 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 seven Indigenous youth on August 30th, 2018. The focus group was conducted as part of MVAEC's involvement in responding to Metro Vancouver's Opioid Epidemic.

The discussion was designed to gather information from the youth in regard to the following outcomes:

1. To understand the knowledge Indigenous youth have about the Opioid Epidemic
2. To understand the knowledge Indigenous youth 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 youth

III. Participant Demographics

Programs staff from UNYA were contacted to recruit Indigenous youth members who attend their programming to participate in the focus group. Four youth under the age of 19 were recruited from the Young Bear's Lodge, a culturally-based youth inpatient recovery program and three young adults over the age of 19 were recruited from UNYA's School Support Program. Youth over the age of 19 signed consent forms while those under 19 had their consent forms signed by their guardian from the Young Bear's Lodge program. Each youth was given a cash stipend of \$25 for their participation at the

beginning of the session and were told they could leave at any time. Brenna Doolan sat as an observer to the group and was introduced as a supportive listener for anyone who may feel triggered during the conversation.

Seven youth took part in the focus group:

- Four women and three men
- Four under the age of 19 and three over the age of 19
- Four members of the Young Bear's Lodge inpatient recovery program and three participants from UNYA's School Support Program

IV. Indigenous Youth Perspectives

Outcome 1: To understand the knowledge Indigenous youth have about the Opioid Epidemic

What do you guys know about the opioid crisis?

Multiple youths expressed having personal experience with opioid addiction including personal use or witnessing substance use issues with family members. The youth agreed that contamination of substances was an issue and that there is fear of knowing that fentanyl could be in street drugs like cocaine and MDMA. A theme of broken families and growing up in foster care was consistent in their stories.

- *"It's left a lot of families incomplete"*
- *"I've overdosed too many times to count and lost three close friends in the span of six months"*
- *"My mom is an addict and now my sister is an addict. I pray every day and I'm thankful they're alive"*
- *"Kind of fucks with the family too, mom was an addict, now I'm in foster care and my kids will be checked in on."*

Outcome 2: To understand the knowledge Indigenous youth have about harm reduction

What do you know about harm reduction?

The youth support harm reduction because they recognize that people are unable to stop using immediately. Their definition of harm reduction was "thinking twice and being smart about how you use." Examples of harm reduction they listed were safe drug supplies, tent cities, heroin supply programs in the DTES, opioid replacement, recovery houses, low-barrier shelters, and reconnecting with spirit.

One group member discussed how low-barrier shelters helped her journey into recovery. Shelters that allow people to use provide the resident with safety free of stigma and the fear of getting kicked out. This environment helped the youth to stabilize and access recovery services when she was ready.

- *"I wouldn't have gotten into recovery without harm reduction"*
- *"Low-barrier helps to get you off the street to relieve some fear and stigma of using"*

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?

One youth mentioned that taking care of your spirit was a form of harm reduction. When explored further, the topic of the Red Path of recovery was identified. In their words, the Red Path is the practice of being traditional, respecting the Earth, going by the seven sacred teachings and the medicine wheel. When asked if the Red Path was compatible with harm reduction, one youth said that it was more in hand with recovery. One youth mentioned that recovery for her was only possible through harm reduction.

Addiction was described as the soul leaving the body, the process of getting it back is unique to each individual. Spirituality was identified as a major theme for a successful recovery. The youth agreed recovery is the process of replacing addiction with spirituality, self, and culture. The group recommended more cultural programming like Young Bear's Lodge and TWC's All My Relations recovery house. They liked participating in blanketing ceremonies, land-based activities, having Elders incorporated in programming, and opportunities to learn sacred teachings.

- *"Spirituality and culture played a bigger role than the 12-steps"*
- *"The Red Path is trying to find yourself again, the path keeps going, you still have a long process to go"*

Outcome 4: To learn how substance use services could better support Indigenous youth

Do you feel there's enough support in the community?

Lack of Motivation

Lack of motivation was a major theme identified. The youth explained that when a person is in their active addiction, they are not looking for resources until they hit their rock bottom. With the contaminated drug supply, that rock bottom can be death or selling yourself. When asked how to intervene with people before they hit their bottom, the group expressed that naloxone was personally life-saving

Access to Culture

Indigenous culture was identified as the most important component of the group's recovery. The youth agreed that access to Elders has been the biggest healing too. The group favored culturally-based programming like UNYA's Young Bear's Lodge in comparison to western facilities. They explained that cultural programs offer connection and spirituality while western recovery is uncomfortable because they felt no real connection, offer only one way of recovery, and scare you to stay clean. The youth prefer workers who have lived experience with addiction who understand what the individual is going through. Sharing experiences with groups in talking circles has helped to show that people are not alone and it was identified as being more beneficial than one-on-one counselling.

- *"Treatment was hell, but I stayed there to go to Young Bear's Lodge"*
- *"Directions has an Elder that comes in and it's awesome"*
- *"TWC's All My Relations programs is great, but there needs to be more like it"*



Opioid Replacement Therapy

The youth were in favor of alternative treatments like using suboxone or marijuana over heroin. One group member told of a friend that was paying as much for methadone as she did for rent and found it cheaper to become a heroin user.

Waitlists for Recovery Programs

Waitlists were identified as being so long that people lose motivation and give up before going into treatment because the wait is horrendous. The youth suggested more recovery houses, more services while available during the wait for recovery, and more culturally-based detox & recovery facilities.

- *"I had a friend die the night before they were supposed to go to treatment"*

Youth Programming

Youth programming was identified as essential for creating opportunities for change. They recommend that youth be reached while they are still developing and before they become adults. It was suggested that youth programming is to be delivered separately to ages 11-14, 14-18, and 18-24. When mixing ages together, some female members expressed feeling triggered in the presence of older males. Exposing younger youth to older youth may also show examples of what to do and what not to do. One of the barriers for youth accessing treatment is the stigma. The group agreed that substance use recovery is something to be proud of and should be celebrated.

Self-care

The youth mentioned the benefits of self-care. Female group members recommended that opportunities to get nails done help to let them feel good about themselves. They would also like to see women's circles help empower one another that would be inclusive to those who identify as two-spirited.

Peer Supports

Peer support was mentioned as an intervention that has helped the group members feel less alone. Seeing other people who have gone through similar challenges provides hope for recovery. The youth had enjoyed when members of AA came by to talk about their experiences with addiction. A group member shared that she had been in a recovery program where they were not allowed to speak about drugs or listen to music that made reference to use. The youth agreed that their experiences with substance use needed to be acknowledged and so they do not feel ashamed of their addiction.

- *"I had to hide my recovery and pride in getting sober because of how others feel about it"*
- *"Told my brother to go to treatment but he feels judged"*
- *"We want to live, not just stay clean"*
- *"Not talking about drug use just continues the stigma of something you shouldn't talk about. I don't want to pretend it didn't happen."*

Information provided back to the participants:

Posters and fact sheets on harm reduction developed by the BC Centre of Disease Control (BCCDC) and First Nations Health Authority (FNHA) were passed out to the group members. All of the feedback expressed by the youth was positive.

- *“This is beautiful – I like this”*
- *“I like the language being used, instead of punishment it should seem like the best thing ever”*

Debrief:

How did you like the group?

- *“I like feeling like I have a voice”*
- *“They need to hear it from people who have gone through it”*
- *“I appreciate you guys are really respectful. People usually treat young people like shit.”*

The facilitators thanked the group members and acknowledged the information they heard.

“We acknowledge that you are the experts and we have asked for your knowledge because we know the old system doesn’t work. People are now recognizing that we need people who have lived it and experienced it. It is now mandatory that people with lived experience be a part of decision making. Things are changing and this is the role of MVAEC to share your voices.”

Is there anything you didn’t like?

“Be more constructed. I felt lost. You could be more specific on what kind of answers you were looking for and use examples.”

“We were broad because we wanted to ask general questions to know what was on your mind. We didn’t want to ask leading questions. These open-ended questions allow you to speak your story. We could have gone and asked specific things about using naloxone, but you brought up topics on your own like culture. Cultural safety and *Culture as the Intervention* and low-barrier housing are things we are trying to talk about. The information you’ve provided gives us examples we can share with service providers, public health, and government. For example, people are dying while waiting for treatment.”

Ashley Rosman, the group facilitator and Indigenous wellness counsellor, handed out business cards and the Metro Vancouver Indigenous Services Society (MVISS) pamphlets to tell the group members she was available to connect with. The youth were also introduced to Brenna Doolan, MVISS’s youth worker. The participants were provided with MVAEC’s email and were told they could message any statements or recommendations they would like to be included that they didn’t feel comfortable saying in the group. Emails and phone numbers were collected from the participants who consented to be contacted for future interviews.

V. Youth Consultation Focus Group

The youth who had participated in the original focus group were not available for a consultation group.

VI. Recommendations

Overdose Crisis

- *“Do some commercials to show recovery is healthy”*
- *“The opioid crisis is such a big deal but it is not getting enough attention”*
- *“There should be a detox that is cultural”*
- *“There should be commercials that use positive language that show pride in recovery”*



- *“Stop the stigma”*

Harm Reduction

- *“OAT needs to be more affordable”*

Culture as Treatment

- *“More programs like All My Relations and Young Bear’s Lodge”*
- *“More access to Elders in treatment” “Offer a lot of self-care and culture”*

Accessing Services

- *“We need more peer support”*
- *“More diversity in recovery”*
- *“More service providers that can understand what the individual is going through”*
- *“There needs to be more recovery houses because of waitlists”*
- *“There should be treatment centres available on rez”*
- *“Work with each individual in the way they want”*