SHARING CIRCLE REPORT

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Background

On July 18, 2019 a Sharing Circle was held at Street Health Centre with five individuals who are Indigenous, self-identify as Indigenous, or who have Indigenous ancestry. Kathy Brant from the Indigenous Health Council was present to help facilitate the discussion. The purpose of the Sharing Circle was to discuss opportunities for addressing substance use in communities from the perspective of this population. This information has been incorporated into the Community Consultation Report prepared for the KFL&A Community Drug Strategy Advisory Committee that will guide future strategy development.

Participants were offered a $25 grocery gift card and were given the option to provide their email address if they wanted to review the notes and input presented in this report. Feedback was received via email from one participant. Participation in the Sharing Circle was voluntary.

Identifying information has been removed for privacy purposes, but wherever possible, the original wording and voice of participants is maintained. The notes taken during the Sharing Circle have been organized into themes listed below. Only information provided by participants of the Sharing Circle is presented in the *Themes* section. The lists of what is needed are solutions generated by the participants. The *Observations* section presents some observations made by the Health Promoter based on interaction with participants before, during, and after the Sharing Circle.

Themes

Education: Meth is a problem. People think meth is the old speed. It is hard to tell when people are in the deep end when they are on it. It [use of methamphetamine] gets to the point where people are willing to take anything to be well again. Contamination issues need to start being driven home. Youth need to know that the people making drugs do not have the best of intentions. Schools don't do enough about drug education. It is like having a swimming pool with no water in it and no adult standing at the edge to stop kids from running and jumping in.

Any type of education that is developed needs to be culturally safe and aware.

What is needed:

- A resource with a list of possible behaviours people can display while on meth. This needs to be shared at all ages, levels and at community events.
- Education for youth from people in recovery.

Safety: Unsure of what to do or where to go when there are drug deals and violence in the neighbourhood. There is an inadequate response from police. It is too lax of a situation in this area compared to the potential for physical danger.

- Participant experience of seeing a person climbing on a roof and threatening their dealer. In this situation neither person was detained or even separated after the police response.
- Participant experience of never being sure whether to call 9-1-1 when hearing violent interactions in the community.
- Participant story of son and son's girlfriend being attacked in neighbourhood.

Bias: History creates an automatic bias with police. You call them for something, but as soon as they find out you have a past record, they blow you off. Same with ambulance services.

- Participant experience of calling ambulance for a man in the park who was unwell. Paramedic response was "Are you sure he didn't fall down drunk?" They didn't take it seriously. The man was having a heart attack. It isn't like that with everyone. Good and bad applies.
- Participant experience of seeing someone walking down the street with a rifle. Would have made the call, but there was too much fear as to what the call would lead to [involvement with police and fear that they would bring up past record].

Racism: Need to talk about racism, systemic racism, if this [drug strategy] is going to be effective. People need to understand the effects of residential schools and how they are impacting the community now. Need to look at the impact of racism as a community.

- Participant acknowledgment that racism needs to be discussed and it never is.
- Participant examples of racism and how racism is affecting health:
    - Took a long time for the RCMP to start looking into the missing indigenous women. They had so many bullshit reasons for not doing it – suicide, etc. They used the stereotypes. It was a genocide. Seems like it is ok to not act until there is community outrage.
    - Message is always being put out there that it is us [people who are Indigenous] who are the messed-up ones. That needs to stop. Media never highlights the positive aspects of an Indigenous person's life. Always frames it in the negative.
    - There is a lot of noise from stakeholders that is getting in the way of health. The ongoing focus of everything negative reinforces stereotypes which lead to poorer health outcomes. Even when focusing on strengths, people talk about recovery or sobriety, like every Indigenous person has had an addiction or mental health issue. Again, reinforcing negative stereotypes which ultimately impact lived experience.

- Everything that reinforces that stereotype gets in the way [of health].
- Example of the women who was killed in Ottawa. The media got the facts wrong and projected a negative stereotype. They left out all the positive information about the individual, but the story wasn't covered when family made the corrections to the articles.
- Why do First Nations leaders need to starve themselves to get attention. Why should it come to that?
- I meet more non-Indigenous people in the community who are using than Indigenous people.
- When white kids get in trouble, or die or a drug overdose, none of the bad information comes out.
- My mother hid the fact that she was native for years. She was just doing what she had to do to get by. She shuts down when residential schools come up.
- Amber alert does not show missing Indigenous people. Need to go to a separate website to get that information.

Housing: People who use drugs are not fitting in with the shelter. Shelter can also be very triggering for some people. Not enough housing availability. ODSP shelter and food allotment isn't enough. People need safe spaces. People are told they need to detox a few days before getting a subsidized housing unit, but there is a wait list.

- Participant has heard of people being turned away from detox because there is no room.

What is needed:

- Two types of residences for people who use drugs. One that is for people who are still using, and another for people who want to stop but slip up occasionally. Need one for older people and one for younger people because adults prey on vulnerable youth.
- A place for people to be social and where they can lay their head.
- Visitor policies in subsidized housing units extended. Currently people are putting themselves at risk if they want to open their home to someone who needs help.
- More space in the detox centre.

Health services: ACT is very limited in what they can do. Hours of service do not cover all that people need. Mental illness doesn't stop at 5:00 p.m.

How effective are the addictions programs we have? We need to critically look at what programs we have out there and how effective they are. The most critical aspect of a program is having good relationships. Care nowadays is procedural. We are missing the humanity, love, and tradition. We should be saying 'Tell me your story not your symptoms'. A lot of damage is done when people are transferred from one provider to another, especially those with abandonment issues.

- Participant experience of being treated very badly in the emergency department at Kingston Health Sciences Centre. Nurse did nothing but belittle them. Would have committed suicide if it hadn't been for a nice nurse that gave them a blanket.

There is such a need of training for psychiatrists and psychologists and pharmacists. Get so many requests that they [participant's place of work] are constantly saying no.

A lot of stigma is attached to the safer use site at Street Health Centre. People might not want to go because of that stigma. People also want to use in their home. This prevents people from going out.

- Participant experience of not wanting to go to site when experiencing a relapse because they did not want people to know they had relapsed.

What is needed:

- Access to an Indigenous Elder/Knowledge Keeper in Health Care settings, and especially and Street Health Centre.
- ACT to expand capacity and hours.
- People who can go into your home and just sit with people and talk.
- Sensitivity training on how to speak to people.
- People need to see naloxone kits as a standard item in first aid kits.
- A simple way to explain what is going on in brain [regarding addiction].
- Naloxone promotion needs to highlight the availability of the nasal spray version.

Indigenous-specific services: People don't want to have to constantly re-tell their story to someone [care provider/service provider] who is 'by the book', lacks passion, lacks experience, and lacks an understanding of Indigenous culture/teachings/ways for fear of being misinterpreted.

- Participant example of using phrases with the words 'ghosts' and 'spirits' that non-Indigenous people might misinterpret. It is a deep gut feeling that something is there, or a way to describe dark thoughts and/or memories but could easily be misinterpreted.
- Participant experience of using the term 'two spirited'. Means a person has both masculine and feminine souls and can see both worlds. But it sounds strange when you tell people that you have two souls. Prior to colonialism it was seen as a gift to be able to communicate with both worlds.

There is a lack of understanding and awareness in the medical community of the expertise of Indigenous elders and what Indigenous culture and teachings have to offer. When care providers question one's choice of Indigenous care options, it debases the individual's self awareness. Elders should receive certifications for teaching and healing traditions.

- Participant experience of an interaction with a physician where the participant stated she had elders to take care of what she needed and the physician responded, 'Are you sure?'

Science is just catching up to teachings that have been around for a long time.

- Participant example of during pregnancy women are told not to expose themselves/ listen to negative things and how people are taught not to raising their voice when speaking to a child.

No matter how much reconciliation the CAS here does [in Kingston] … [participant did not finish sentence]. The CAS on reserve is not about removing kids it's about helping [parents]. When you are in so much despair, things get worse. And then when your family is taken away, what's the point?

What is needed:

- A Native CAS off-reserve [in Kingston].
- Academic acknowledgement for Elders.
- A school of native medicine and thought.
- Opportunities, like a Sharing Circle, for Indigenous people to come together and talk.

Compassion and empathy: There is a lack of compassion and empathy. Doesn't matter what the program does, if it is not offered with heart and love, it feels cold. Programs are not person-centered. Sometimes the only thing that keeps me going is when I see small displays in the community of compassion and love.

What is needed:

- A community meal program that fosters a caring community and brings people together with healthy food. It would also help people who are on a fixed income. These types of meals would allow elders to be more involved with community and they reinforce the family network. The meals wouldn't just be for people in crisis. Would need agencies to work together to make it happen.
- Upstream prevention for youth that involves helping others. Need different forms of motivation for youth.

Other Suggested Solutions:

- Need age appropriate support for kids in foster families
- Need places for people who are living in unstable conditions to do their laundry. Participant has heard that youth are not allowed to do their laundry at the youth shelter. Another participant recounted an experience where they hadn't done laundry in three days but was dressed passably and is a white woman and so she was not asked to leave the library. But this is not the same with others.
- Need a family share program where families pair up and help fill the needs of each family.
- Adopt a person program (grandparent). If you are busy helping somebody else, then you can't get into too much trouble.

Observations

Participants very much appreciated the opportunity to participant in the Sharing Circle and were very pleased and appreciative of having the opportunity to meet Kathy Brant. One participant mentioned that they weren't sure about attending because they didn't really know if it was just about talking or if it would be more research focused. This participant in particular appreciated the flexibility of being able to talk about anything, not just substance use concerns. Participants appreciated the gift card and food provided.

Overall, the discussion was not particularly focused on substance use issues. While the discussion started off with substances, it very quickly opened up to broader issues of racism, lack of cultural sensitivity within community, housing and homelessness, foster care, etc.

A regular Sharing Circle held at Street Health Centre is a viable option for bringing more Indigenous people in contact with the services offered. Having an elder present is absolutely necessary. By offering a regular Sharing Circle, it is likely that people will become more familiar with Street Health Centre and might eventually be more open to accessing the services offered at the site.