



Honouring Our
Strengths to

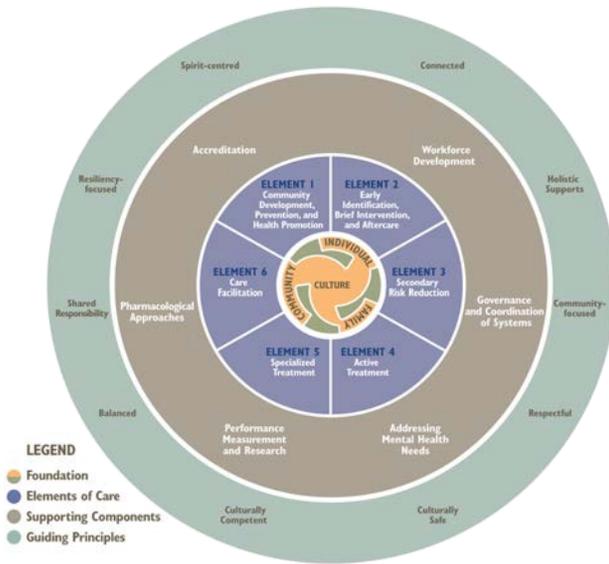
Address Opioids

Carol Hopkins, O.C., MSW

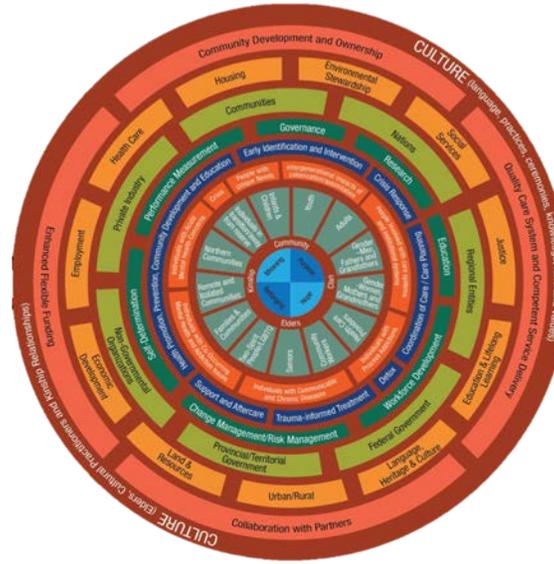
Executive Director

Thunderbird Partnership Foundation is a national voice advocating for First Nations culturally-based wellness services.

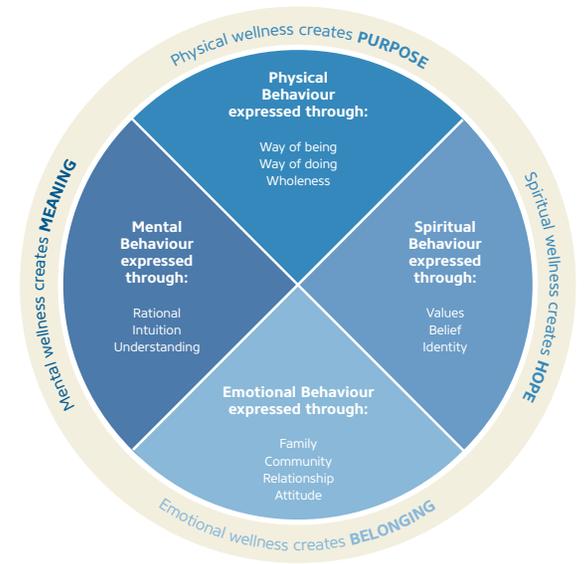
Honouring Our Strengths



First Nations Mental Wellness Continuum Model



Indigenous Wellness Framework





The creator imaged the most beautiful and perfect place... Where life would grow



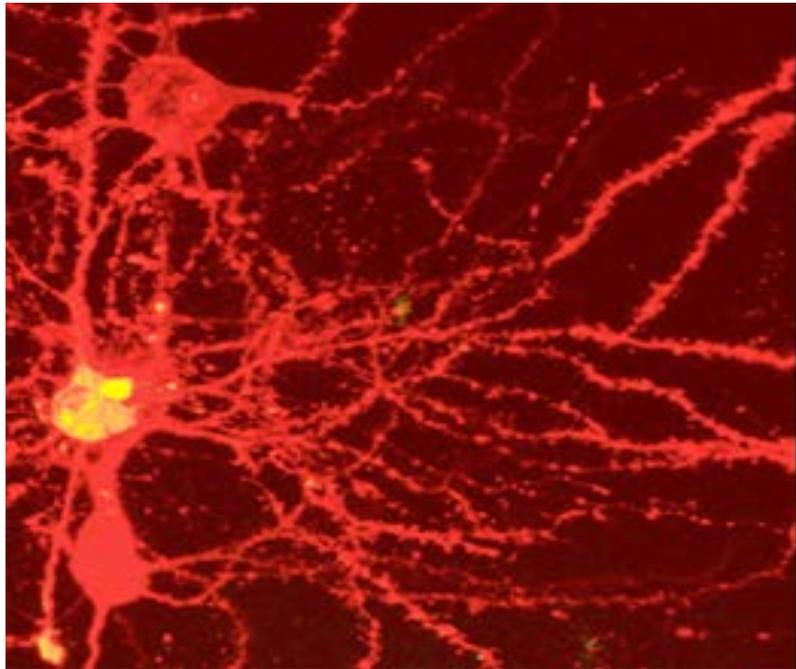
Did you know.....

- That the sound of the drum engages and stimulates all regions of your brain to act in unison, creating order to the flow of life
- Did you ever hear the sounds of the drum and cry and wonder why...

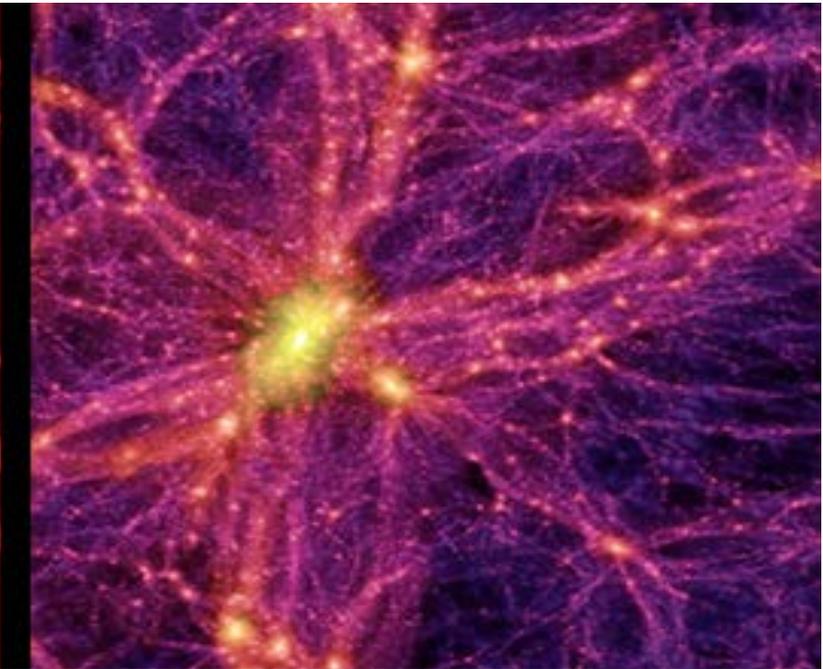


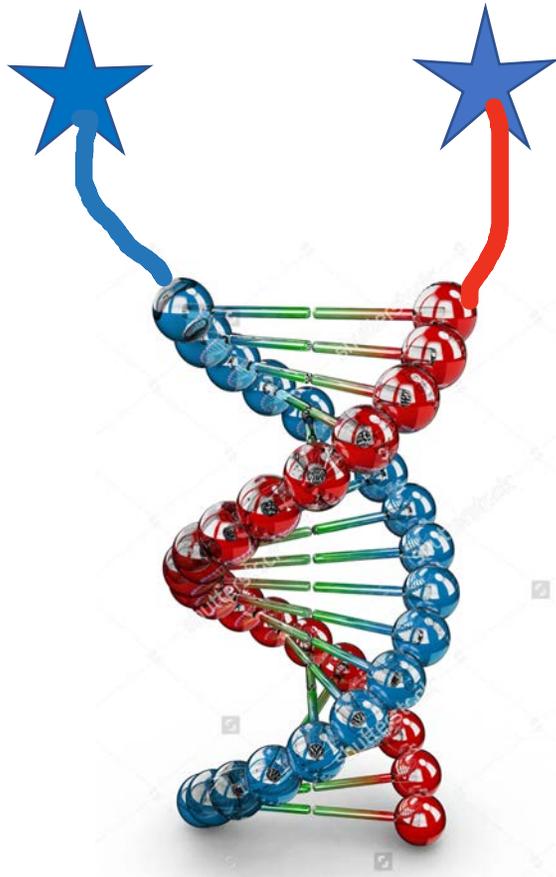
Neurons and Star Galaxy

Neuron Cells



Star Galaxy





The pattern for stringing together the seeds of life is continuous as is the unfolding and expression of these seeds we know as our DNA



Touches the Earth for the First Time

- When we are born, its important to “tether” or “connect” our spirt to the earth... our first mother.
- This simple act of touching the earth for the first time, is an act of connecting our life to our life path.
- **This engages our connection to life.**
- In a treatment program, we support engagement with the healing journey by facilitating some practice of “connection”
- From that point forward, a culture based approach to supporting strengths is “dressing them up with their strengths, gifts and identity.





Indigenous Knowledge / Culture-Based Evidence ... What does this mean?



One day somebody is going to call us on it – statements like, “our way is the way of the circle; our way is the way of the four directions; our way is a holistic way of life; we are environmentally conscious,” and so on. Somebody one day is going to ask us *what that means*.

- ***We are in that time now***
- ***Its also time for us to discuss how to balance Indigenous knowledge with western empirical evidence specific to addressing addictions/mental health***
- ***Culture is not a superficial factor – it isn't just behavioral***



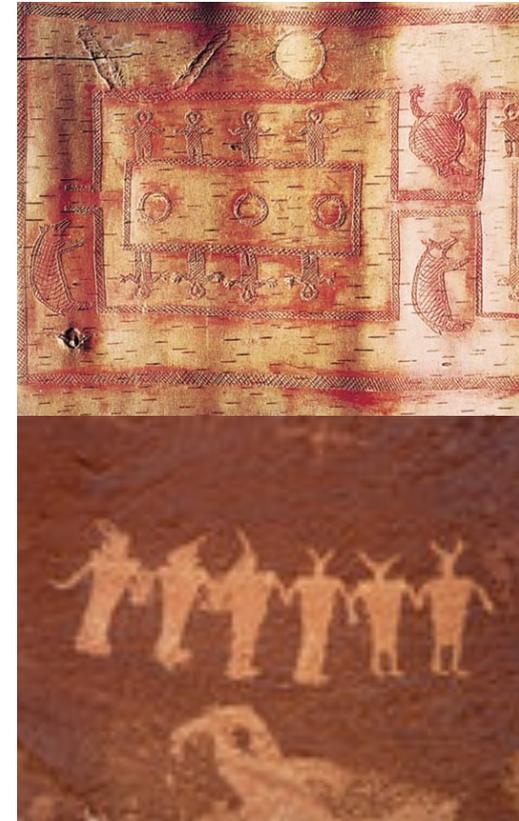
Knowledge
always has to be
tethered to
its origin.

Western Knowledge

- Theoretical until it's proven
- Ownership / authorship of knowledge
- Public knowledge
- Open to testing to determine validity
- Citation

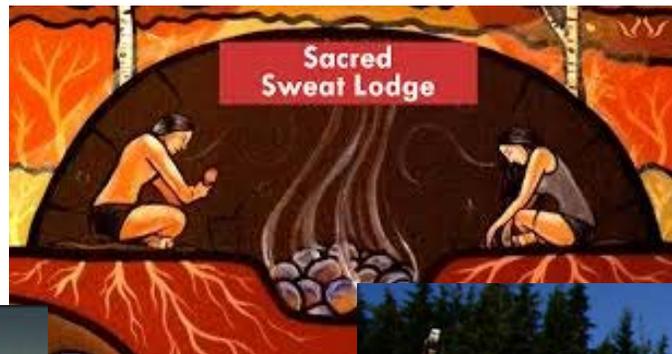
Sacred Knowledge

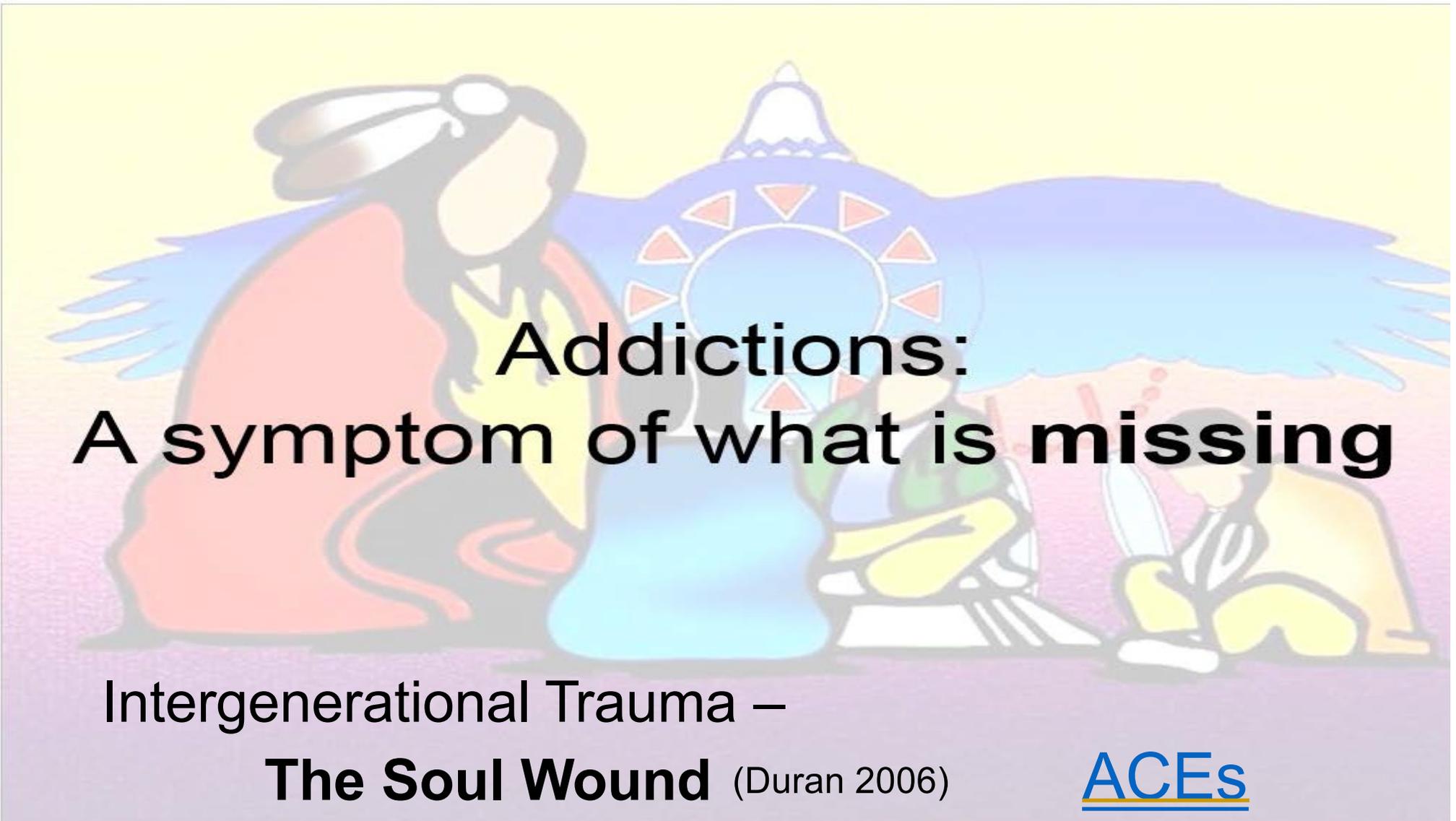
- Original Knowledge given by the spirit
- Carried by the student / teachers for the people
- Held in trust
- Translated across generations to make usable in all contexts while maintaining the truth of the knowledge
- Citation – sacred society / teachers



Our Indigenous knowledge systems

Are still in tact





Addictions: A symptom of what is **missing**

Intergenerational Trauma –

The Soul Wound (Duran 2006)

[ACEs](#)

Research Question

What are the OAT practices (protocols/standards/strategies) including use of medical cannabis for First Nations clients in community-based and residential treatment centres?

People who use opioids will experience different withdrawal symptoms depending on the time since last dose.

**ACUTE
(UP TO 72 HOURS)**

**LONG-TERM
(4 TO 20 DAYS)**

**POST-ACUTE
(MONTHS TO YEARS)**

Opioid Withdrawal Symptoms



Cold shakes.



Chills and sweating.



Fever-like symptoms.



Mood swings.



Anxiety and depression.



Bone pain.



Vomiting.



Insomnia.



Diarrhea.

A close-up photograph of a person's hand holding a feather over a bundle of dried sage leaves tied with string, which is smoldering in a wooden bowl. The background is dark, and the scene is lit to highlight the textures of the skin, feather, and wood. A semi-transparent white circle is overlaid on the center of the image, containing the text.

**First Nations
Opioid Survey**



OPIOID SURVEY

BASE MODULE

This is a survey to better understand opioid use within your community.
 It will help identify how to address prescription drug abuse.
 Your answers and identity will be kept private.
 Please do NOT write your name on the questionnaire.
 You can choose to withdraw at any time.

Please indicate your consent to participate below:

Yes - I consent. No - I do not consent.

! OPIOID is a type of drug used to treat pain, treat opioid dependence, and are used recreationally to get high.

Examples of OPIOIDS include

OPIOID	Other Names
oxycodone	Percoctan [®] , percoc, OxyContin [®] , OxyNOC [®] , oxya, OC, Inhibly Nervin, Bb
codeine	Tylenol-3 [®] , Tylenol-4 [®] , F3, F4, Codone-Codon [®] , codep
buprenorphine	Buprenex [®] , patches, buprenorphine, Bu
morphine	M8 Codon [®] , Stadol [®] , morph, M, and
hydrocodone	Endocet [®] , dilon, hydroa, dilon
tramadol	Ultram [®] , Tramadol [®]
hydrocodone	Hydrocod [®] , Tylenol [®]
morphine	Morphine [®] , morph, morph, julor
buprenorphine	Buprenex [®] , Bupren, and
heroin	smack, china white, junk, stag, brown

We are NOT interested in BACULAB, over-the-counter pain relievers such as ibuprofen, Advil or plain Tylenol that can be bought in stores.

- Designed for community monitoring of Opioids:
- Use and Misuse Patterns
 - Treatment
 - Harm Reduction
 - Pregnancy
 - Trauma
 - Impact on Family & Community
 - Community Attitude
 - Support First Nations in Implementing



Access and Availability



According to UNODC estimates only 1 in 6 people in need of treatment has access to it;



It is estimated that in many countries, less than 10% of people with drug use disorders are receiving treatment.



Do we know how this information applies to First Nations?

Harm Reduction

What are we calling for?

- Redirect 10% of the resources currently spent on ineffective punitive responses to drugs and invest it in harm reduction.

What we will this achieve?

Even this small redirection of funding could achieve big results.

- A 10% redirection of funding from drug control to harm reduction would:
 - End AIDS among people who inject drugs by 2030.
 - Cover annual hepatitis C prevention need for people who inject drugs.
 - Pay for enough naloxone to save thousands of lives every year from opioid poisoning and overdose.
 - Ensure we are building capacity in First Nations communities to address trauma
 - Ensure effective advice, healthcare and emergency responses in the face of newly emerging challenges.
 - Strengthen networks of people who use drugs to provide peer services and campaign for their rights.

Declaration on Drugs

In 2016, member states at the UN General Special Session (UNGASS) on Drugs and the High Level Meeting on Ending AIDS committed to 'minimising the adverse public health and social consequences of drug abuse' and encouraged States to scale up harm reduction interventions.

Neither document included a target to increase harm reduction funding.

Harm Reduction International, 2017



Reducing Stigma

“Promoting non-stigmatizing attitudes to ensure the availability, access and delivery of health, care and social services for people who use drugs”.

For First Nations People this means using Indigenous Knowledge, culture, language and connection to land





Benefits of Opioid Agonist Therapy

Evidence suggests that opioid agonist treatment will:



Increase entry into substance use treatment



Improve ability to follow through with medical treatment



Decrease death from overdose



Decrease illicit opioid use

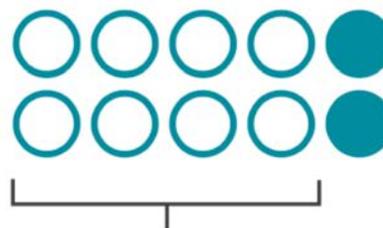


Decrease HIV risk behaviour

People who engage with services tend to get better.

- Opioid agonist treatment is the best available treatment for opioid addiction.
- OAT is the best predictor of improved outcomes for people with opioid addiction.

After five years most people on opioid agonist treatment have:

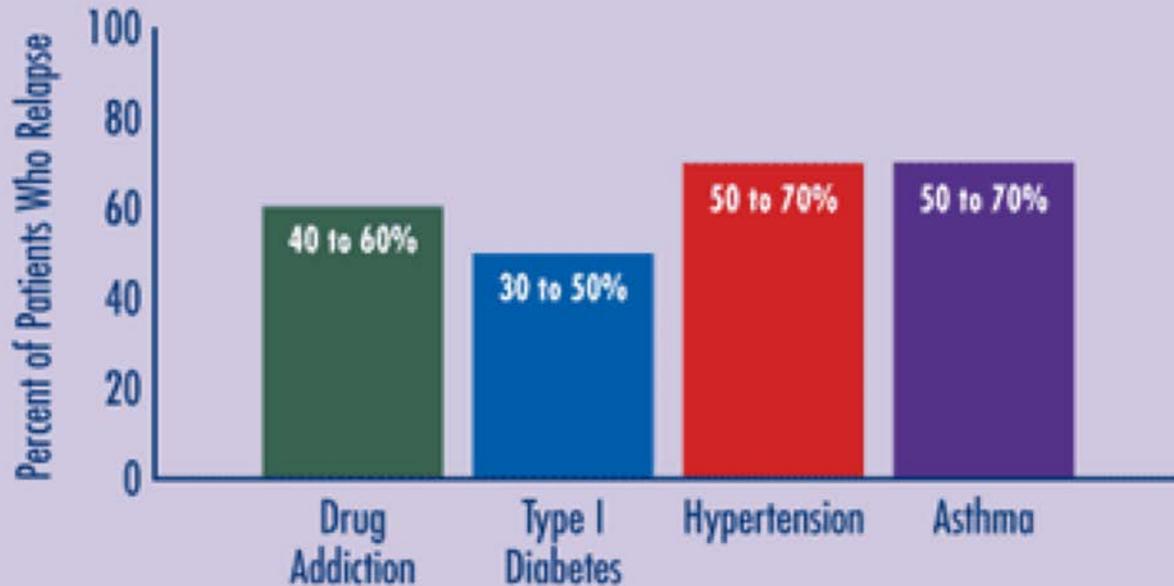


Reduced their illicit opioid use by 80%



Reduced their sharing of needles by 66%

COMPARISON OF RELAPSE RATES BETWEEN DRUG ADDICTION AND OTHER CHRONIC ILLNESSES

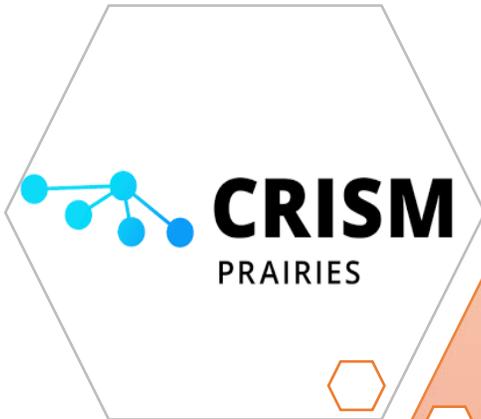


Source: JAMA, 284:1689-1695, 2000

Relapse rates for people treated for substance use disorders are compared with those for people with diabetes, hypertension, or asthma. Relapse is common and similar across these illnesses (as is adherence/non-adherence to medication). Thus, drug addiction should be treated like any other chronic illness; relapse serves as a trigger for renewed intervention.

Partnership

Thunderbird Partnership Foundation is in collaboration with the CRISM Prairie node to develop **Opioid-Agonist Therapy (OAT) Treatment Guidelines** for Community-Based and Residential Treatment Centers Who Serve First Nations Clients.



Principle Investigators

Cam Wild
David Hodgins
Colleen Dell

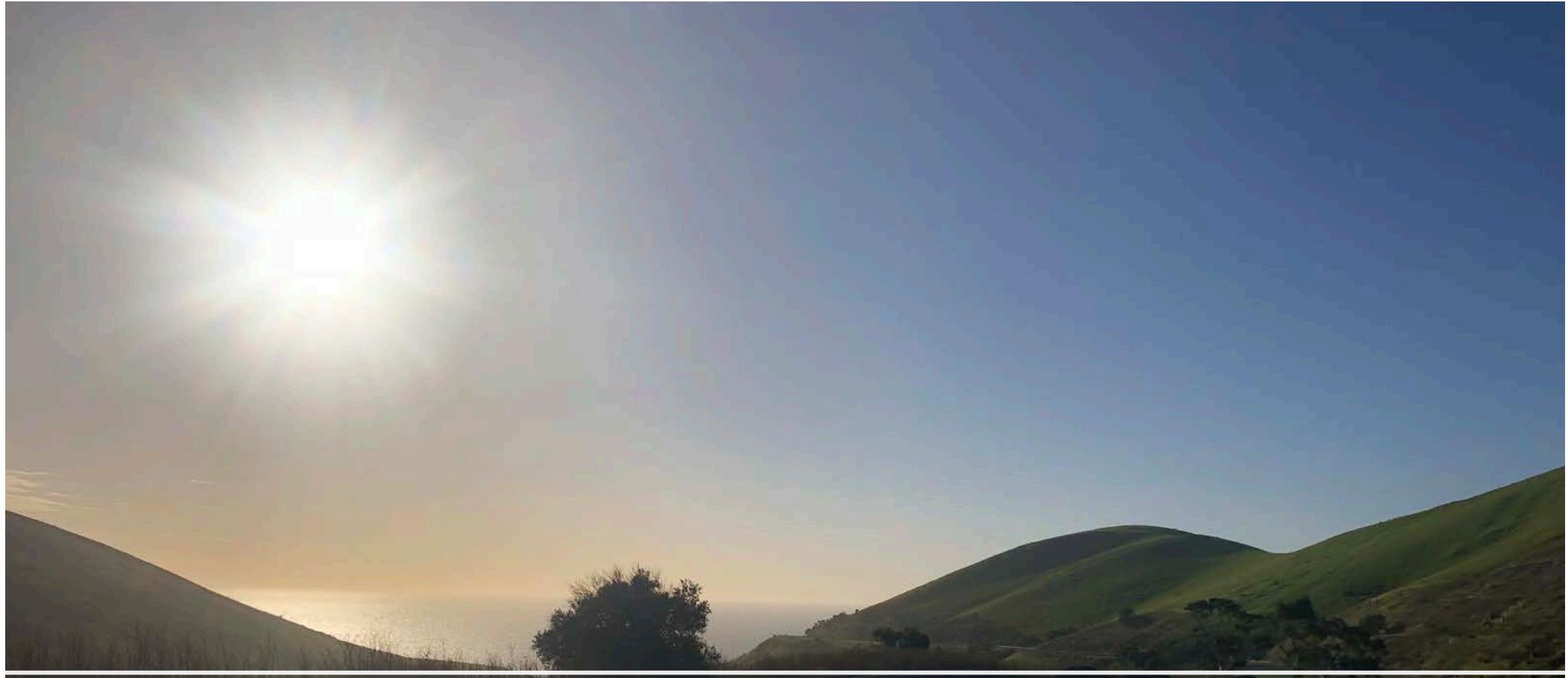


Project Investigators

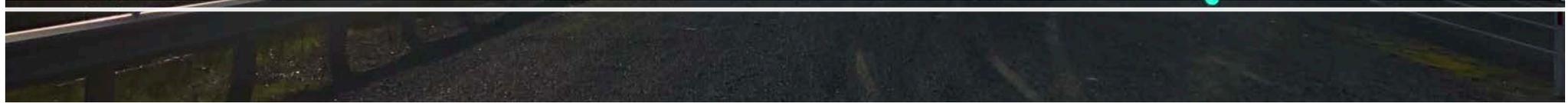
Carol Hopkins
Chris Mushquash

Key Messages From Indigenous Knowledge





Expect - life, to live life, work for life

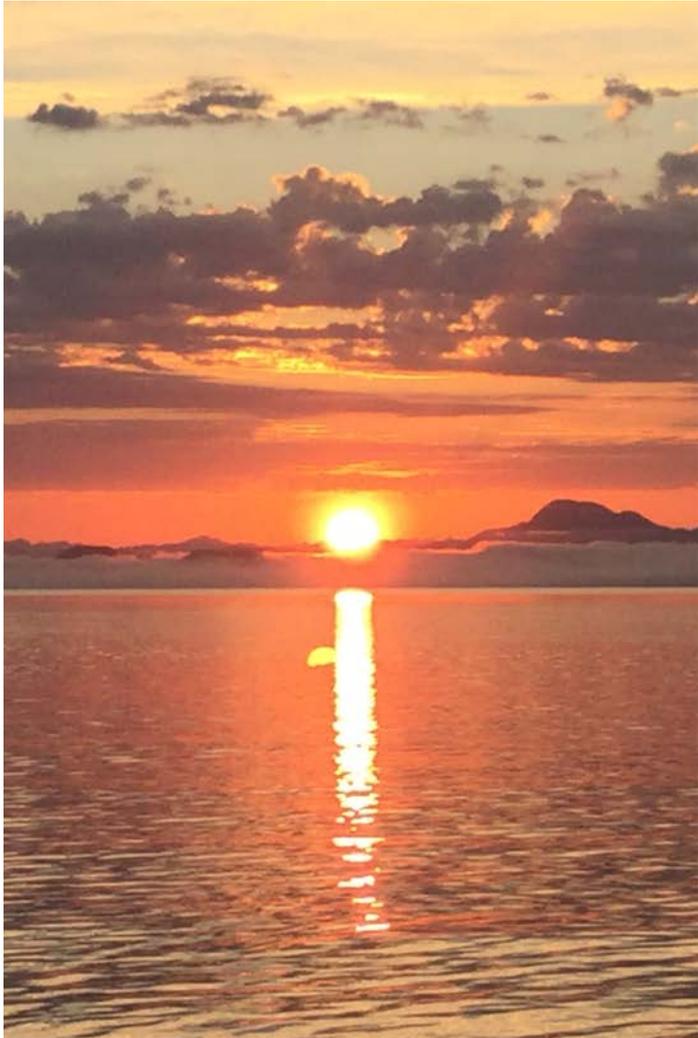




Helpers need training to develop “belief”

Understand language as medicine





The circle is healing

All life moves in a circle



Don't declare a war on
drugs or addictions

Support the
voice of
people who
use drugs

Belief → Attitude



Results ← Action

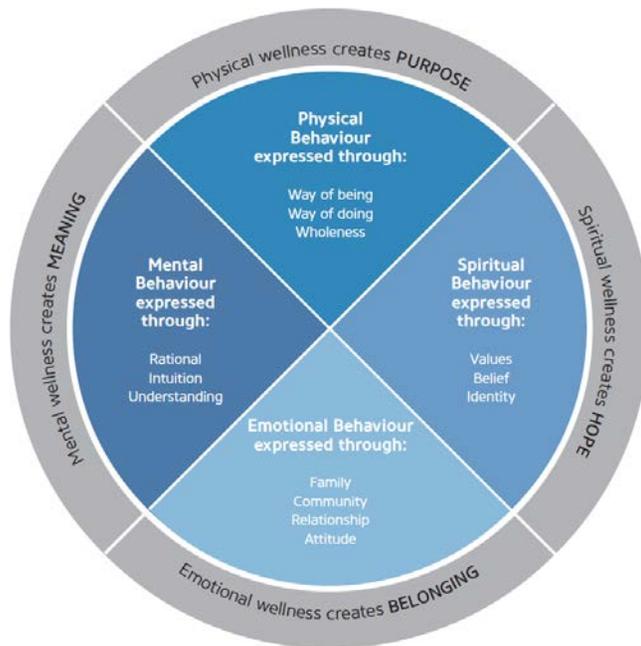
claireshealthyhome.com

A dense field of stars, likely a star cluster or galaxy core, with a bright central region. The stars are of various colors, including white, yellow, orange, and red, set against a dark background.

Connect, support, and meet people who use drugs
where they are

The creator imaged the most beautiful and perfect
place... Where life would grow

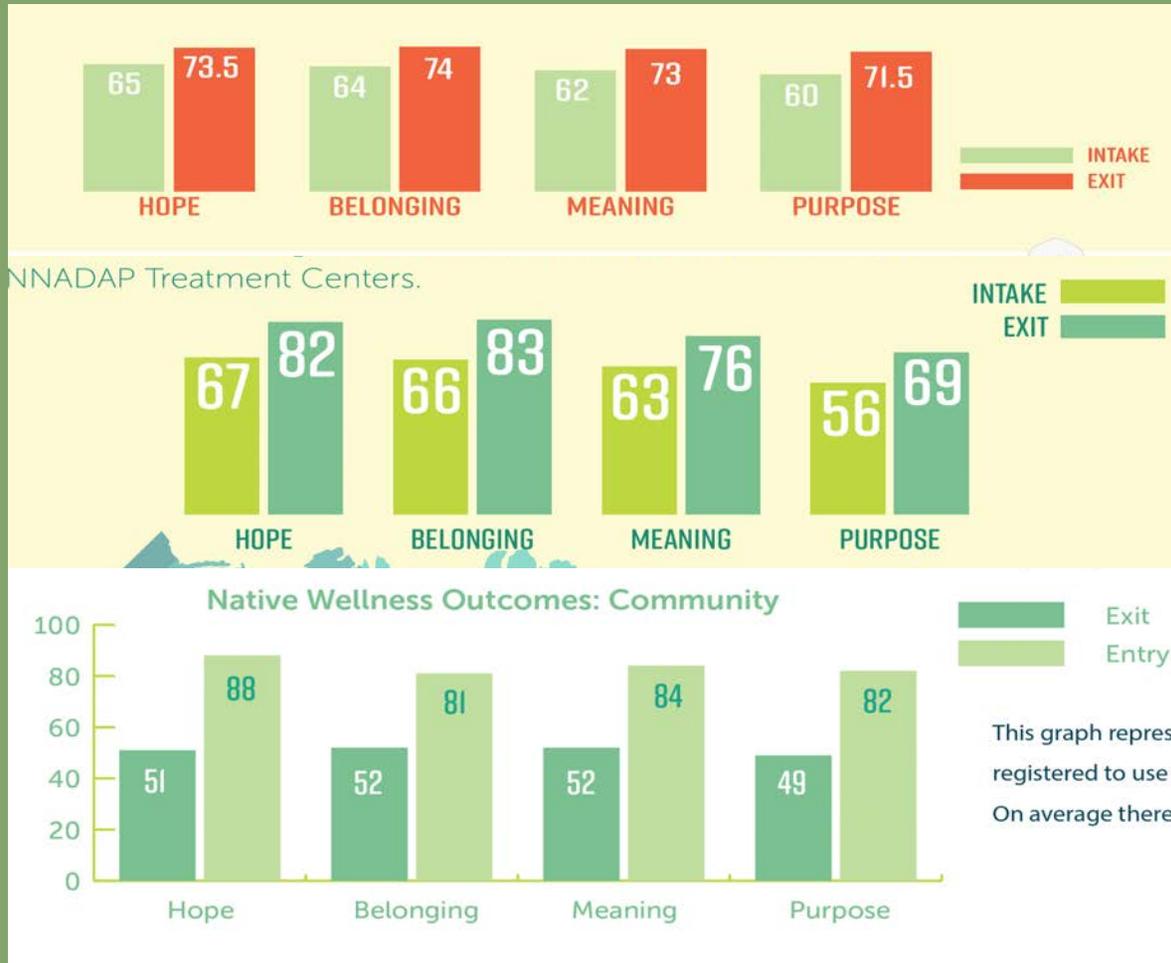
Promising Models



Indigenous Wellness Framework

Opioid misuse:
23%

Opioid misuse:
74%



Increase in
Wellness

Youth 8-11%

Adult 17%

Community
33%

Youth Opioid Survey – F2 North Building

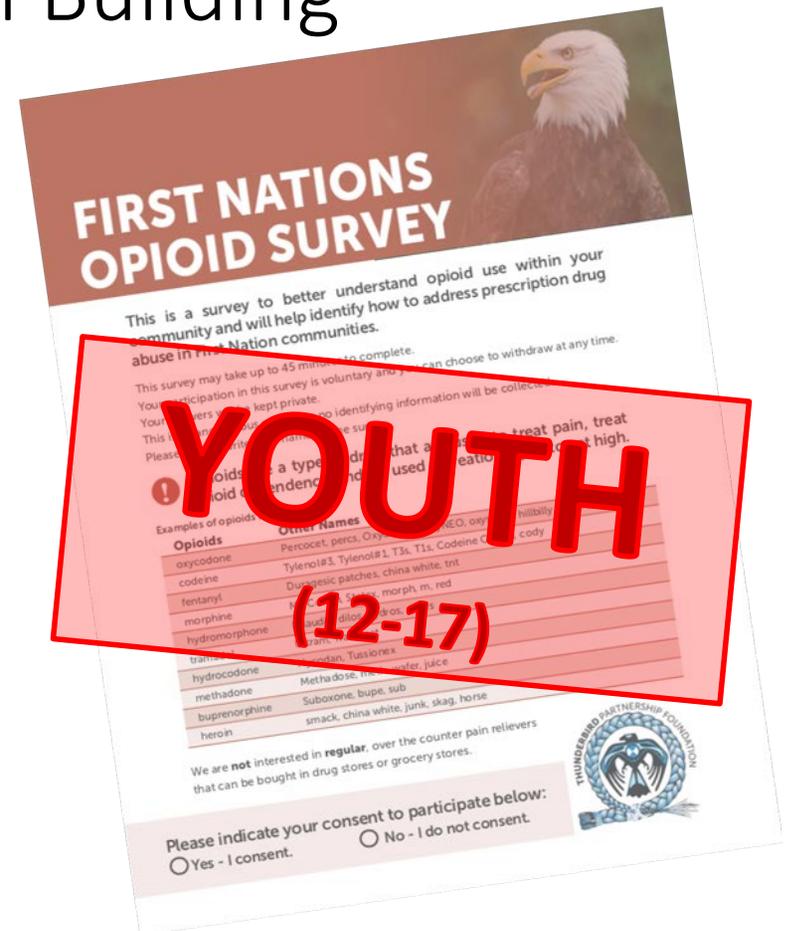
Draft Youth Survey with a Working Group.

Next Steps:

- Complete Design survey
- Pilot survey
- Complete revisions
- Support communities in using survey

Estimated time of Project:

- 3 years



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