



TOOLKIT

Courageous Conversations ON SUBSTANCE USE

The toolkit guides courageous conversations on substance use to uproot assumptions and reframe perspectives. This bold and honest work involves being open to sharing stories and listening to the experience of others.

COVER ART BY SA'TSI NAZIEL



First Nations Health Authority
Health through wellness



BRITISH COLUMBIA
CENTRE ON
SUBSTANCE USE
Networking researchers, educators & care providers



Sa Tsi

“Sa’Tsi” translates from Wet’suwet’en to English as “Sun Heart”

Satsi Naziel is a two-spirited Wet’suwet’en and Chilean Artist. They were born in unceded Wet’suwet’en territory in what is known as Smithers British Columbia. They have spent a lot of time connecting on their Yintah (the traditional land of the Wet’suwet’en). Though Satsi has been an artist for most of their life, they have been practicing North West Coast Art since 2020.

Satsi finds passion, inspiration, and dreams in their traditional artform. They love to spread the healing, the reconnection and pride that comes with seeing and creating North West Coast pieces. They believe this artform like any other cultural aspect of the Wet’suwet’en, brings back the spirit of their nations’ people piece by piece. As we work through the trauma of colonization, we become our ancestors’ wildest dreams through decolonization and the reclamation of everything that makes us strong and beautiful.

— *Snekalyah* (Thank you)

The Indigenous People of These Lands

With gratitude, the First Nations Health Authority (FNHA) and the BC Centre on Substance Use (BCCSU) acknowledge the beautiful, traditional, unceded territories of the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh Úxwumixw (Squamish), and sə́ílwətaʔ (Tseil-Waututh) Nations on which both the FNHA and BCCSU head offices are located. On these lands, the FNHA, through the Office of the Chief Medical Officer, the BCCSU, and Moms Stop The Harm partnered to create the Healing Indigenous Hearts Facilitators Guidebook.

The xʷməθkwəy̓əm, Skwxwú7mesh Úxwumixw, and sə́ílwətaʔ Peoples have stewarded these lands since time immemorial through a reciprocal relationship where they protect the lands and waters, which in turn contribute to their Peoples' physical, mental, emotional, and spiritual wellness.

The xʷməθkwəy̓əm (Musqueam) are traditional hə́nqəmińəm-speaking people. They have 1,300 members and have always moved throughout their territory while fishing, hunting, trapping, and gathering. Despite colonial attempts to eradicate their language and customs, the community is strong and rich in culture and traditions. The xʷməθkwəy̓əm People have always been in a relationship with the land, which serves as a source of knowledge and memory with their teachings and laws. Their ancestors have lived on the Fraser River for thousands of years. Today, the xʷməθkwəy̓əm territory covers Vancouver, North Vancouver, South Vancouver, Burrard Inlet, New Westminster, Burnaby, and Richmond. (Source: "Musqueam's Story." Musqueam Nation website, available at <https://www.musqueam.bc.ca/our-story/>)

The Skwxwú7mesh Úxwumixw (Squamish) are traditional Skwxwú7mesh sníchim-speaking people. They have approximately 4,300 members. Their oldest archaeological site is 8,600 years old and is located at Porteau Cove in the Howe Sound. The Skwxwú7mesh Úxwumixw People have resisted cultural genocide, and their oral traditions and cultural and spiritual rituals have endured. Their vital oral traditions speak to their origins as a people on their lands through the stories of the first ancestors of the Skwxwú7mesh Úxwumixw People. The Nation comprises 23 villages encompassing 28.28 square kilometres, spanning across Burrard Inlet, English Bay, False Creek, and Howe Sound watersheds. (Source: "About Our Nation." Squamish Nation website, available at <https://www.squamish.net/about-our-nation/>)

The sə́ílwətaʔ (Tseil-Waututh) are traditional hə́nqəmińəm-speaking people. There are approximately 600 sə́ílwətaʔ members today, which is an increase of 200% in the past 30 years. However, before contact, they had 10,000 members living on their territory. There are many archeological sites built by their ancestors that are thousands of years old. This community has strong traditions and culture, having resisted colonial attempts to repress it, and are land rights holders with a mandate to care for and defend the lands and waters. Their values support the sustainability of fish migration routes, elk herd locations, old-growth forests, ancestral villages, and art sites. (Source: "Our Story," Tseil-Waututh Nation website, available at <https://twnation.ca/our-story/>)

Under the United Nations Declaration of Indigenous Peoples (UNDRIP), all Indigenous Peoples originating from these lands, as well as the Indigenous Peoples living on these lands, have distinct Indigenous rights. We acknowledge and respect the rights of all Indigenous Peoples and each Nation's cultures, laws, protocols, and governance systems. We also acknowledge our role to serve the many diverse British Columbia (BC) First Nations communities that originate from these lands, colonially known as BC, as well as the Indigenous communities that live within them.

Acknowledgement of the Work

From 2020-2022, contributors gathered virtually (due to COVID-19 constraints) to discuss our experiences of substance use and to create a space for healing and empowerment. These discussions culminated with the development of the “Courageous Conversations on Substance Use” Toolkit.

Some of us had lived and living experiences of substance use—having used substances ourselves, having loved ones who used or use substances, or both. As we listened to one another and shared from the heart, the work seemed to take on a life of its own. Having “Courageous Conversations” means speaking about our experiences related to drug use and toxic-drug poisoning, and about what we have learned from those who have passed. We talked about our own individual traumas and our healing processes. For some, this healing process included nurturing our spirits by connecting with nature and the land. Elder Syexwaliya would say, “Get out on the land. Walking in nature helps to rid the negative energy and feelings and can restore the mind, body and spirit.” We listened to her teachings and this helped to restore our hearts and minds to continue this work.

A special thank you to Dr. Nel Wieman, Acting Chief Medical Officer, FNHA, and Warren O’Brian, Senior Policy Advisor, BCCSU. Without your patient guidance and leadership, thoughtful recommendations and contributions, and strong belief in our team and the importance of this work, the Courageous Conversations on Substance Use Toolkit would not have been possible. We are so pleased and proud to be able to help support people to have meaningful, heartfelt, courageous conversations. Marsee!

Contributors and Writers

Elder Doreen Peter

Bryn Hanks

Elder Syexwaliya
Ann
Whonnock

Dustin Johnson

Helen Kang

Corrina Chase

Warren McDougall

Anita Christoff

Marlene Stevens

Anne Cochran

Sony Subedi

Sekani Dalketh

Kenthen Thomas

Jane Doherty

Janelle Tom

Trish Emerson

Dr. Cheryl Ward

Janene Erickson

Catarina Witt

We acknowledge and uphold the stories of people with lived and living experience of substance use who graciously and generously shared their words of fear, love, pain, and loss. This work has been possible because of you, the champion warriors who fearlessly shared your stories to help create change in BC First Nations communities. We raise our hands to you, and thank you and love you from the bottom of our hearts. We are always with you in spirit.

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Storytelling is the beating heart of Indigenous culture. Since the beginning of time, First Nations' history, educational stories, and the stories of creation, history, and traditions have been passed down through the generations through oral testimony. Today, storytelling sustains communities, validates experiences, nurtures relationships, and serves as an essential cultural continuation for the next generation of storytellers.

Bear and Coyote Make Day and Night

By Kenthen Thomas from the Secwépemc Nation

A long, long, long time ago, Bear was out and about doing what bears love to do – eating. When bears are not eating, they want to be sleeping. On this day, Bear was hungry. He found himself down by the river at the time when the salmon are recycling their lives. This is also called the Spawning of the Salmon.

Bear never ate the first salmon he came across during this time. He was always patient enough to wait for the biggest and juiciest salmon in the river. After a good while, he finally saw it coming. It went back and forth from one riverbank across to the next. It leapt over and swam under logs, and it jumped in and out of the water. This particular salmon was twice as long and fat as any other salmon in the river.

Bear watched its movements with drool dripping down his chin and chest. He could feel other salmon hitting his legs and paws as they swam by, but they were of no consequence to him. Bear waited for that big, juicy salmon, and when it got close enough, Bear positioned himself so he could sink his teeth into it. He gobbled that salmon in three bites; he was that hungry.

Afterwards, Bear ate salmon all willy-nilly. He ate salmon to the left of him, to the right of him, small salmon, long salmon, and all the salmon he could catch. Most times, he would eat 100 salmon in one sitting.

Then Bear washed his face of all the salmon juices and said to himself, “Now I need some fiber in my diet.”

Bear went into the mountains to find some form of fiber – berries, roots, or even vegetables. He looked everywhere. However, at this time of the year, fall, it was almost impossible to find anything growing. The only thing that contained any form of fiber was the wild rose hip berry. This berry for us humans is hard to digest; mostly, we use it for tea in the long winter months. It is rich in vitamin C and iron. Bear did not care about any of this at all, though; he ate the wild rose hips all willy-nilly too.

Immediately after eating many bushes of rose hip berries, Bear remembered that eating too many of these types of berries made his bum itchy. So, if you ever see a bear dragging his behind around the bush in the fall, you will know why.

Now as I mentioned, Bear only liked to do one of two things: one was to eat, and the other was to sleep. On this particular day, Bear was done eating and wanted to sleep. In order to do that, he needed to find a dark, quiet place. Being lazy and tired from gorging himself on salmon and berries, Bear looked for the closest and easiest place to find darkness. This turned out to be under a tree in the shade.

Bear looked to see where the sun was at this time and was happy to see that it was way over on the opposite end of the land. This meant it was nowhere near to wake him up with its light. “Oh me7e (yes),” he said, “that will do.”

There is a well-known rule in the Secwépemc forests, and it is that you never ever wake a sleeping bear. However, Sun saw Bear trying to sleep under this tree and decided to take away his darkness.

Sun could do this because it is a belief that a long time ago Sun had no rules. It could go in any direction, or it could stay shining in the sky for as long as it pleased. Thus, Sun positioned itself directly above the tree and took away Bear’s darkness.

Bear at first thought it was a curious coincidence that Sun fell directly above him and took away his darkness. He was mildly annoyed at Sun and showed this by growling at it a little. He thought to himself that there was no way Sun would intentionally wake him up.

However, this did not happen just once or even twice—but four times! Each time, Bear became angrier and angrier. He progressed from slightly growling at Sun to loudly growling at it to smashing his paws on Mother Earth. The very upper level of anger presented by any bear in the wild when they are angry is clacking their teeth while smashing their paws. Bear was so furious after the fourth time of being woken up by Sun that he did this.

Bear vowed to make Sun, along with its light, go away no matter what. He said to himself, “I’m going to get rid of light, not just for a day, a week, or even a month or a year, but FOREVER!”

So, Bear set out to rid Earth of its light and sunshine. His first idea was to knock it out of the sky. He grabbed an enormous boulder and threw it up at the sky, but nothing happened. The rock went up and up but returned to earth. He said, “It is too heavy, I need something lighter but still solid.” Then he tried a log. The log went up and up much like the rock, but again returned to Earth. “What can I do now?” Bear asked himself as he stood in the unwanted sunlight.

Then Bear remembered he had the gift of song. This gift was given to him so that he could help create parts of Earth, and it was a gift he’d always used carefully and with honour. That is, until now. Now he wanted to use this gift to rid Earth of Sun, with no thought for the plants who need its light to nourish and feed themselves. He also did not consider the warmth that Sun gives or the life that is nurtured by sunlight. Bear just wanted to sleep, so he sang a song to rid Earth of Sun and its light. Four times Bear sang, “OOOOOOH... darkness... darkness... darkness!”

This song was so powerful that it did just what Bear had intended. Sun disappeared; not just for a day, a week, a month, or even a year, but FOREVER! Bear went back to sleep.

Meanwhile, Coyote was out and about doing what a Coyote does. He was running, jumping, howling, stealing other people's food, and trying really hard to be pretty – when all the light just suddenly disappeared! It disappeared so fast that at first Coyote panicked and screamed because he thought he had lost his eyeballs again (some time ago, two crows had stolen Coyote's eyeballs when he tried to juggle them like chickadees, but that is another story)! Coyote felt his face and exclaimed with great joy, "WOOO HOOOOOOO! They're still in my skull!"

But that did not explain why all of sudden it got dark so fast! Coyote set out to find out what was going on. First, he thought maybe Sun just went to the other side of the earth, so Coyote went over there, but he found no light. Then he thought maybe someone else knew what had happened to the light. He travelled and hollered, but no one answered his calls. That's when he decided to use his extremely strong sense of smell to find someone – anyone. So, he sniffed and smelled something stinky.

Coyote recognized the stink. "It's my brother Bear," he said, plugging his nose. He followed that stink right to a large field, where he heard Bear snoring away. Coyote realized that Bear was sleeping in the middle of that field, which was odd as Bear usually slept in a cave or under a tree for its darkness, but never in a field.

Coyote did not give it much thought though, because the more important part was to wake up Bear and see if he knew anything about what happened to the light. If he did not know, then of course he would be as concerned as Coyote was, Coyote thought. Coyote went ahead to try and wake up Bear.

As Coyote was nearing Bear, he remembered the widely known rule that you never ever wake a sleeping bear. Coyote stopped for a second to reconsider this choice of action, but then went ahead anyways. He tripped over a drum as he got closer to Bear and found a drumstick, all of which Bear had used in his quest to rid Earth of Sun and its light. Coyote wondered who was doing the drumming and singing.

Coyote put the drum directly above Bear's head and began to smash it and yell, "WAKE UP, BEAR! WAKE UP!"

Oh, did Bear ever wake up. He jumped up and yelled out, "Who did that? And why?"

Coyote laughed and said, "It is me, my brother."

Bear stood in the darkness and growled, "What do you want?"

Coyote told him about how he was out and about doing what he loves to do, when all of sudden Sun just disappeared.

Bear laughed and told Coyote that he was the one who had made Sun go away, forever. He told Coyote how he loved to eat, then sleep, but Sun kept waking him up. Bear told Coyote how he had drummed and sung the song of darkness, making Sun and its light go away forever.

Coyote listened to this story, and not once did he consider that Sun pretty much is the beginning of life here on Mother Earth. He did not consider that from that moment on it would be dark, forever. Or, that it would also be really cold without Sun. What Coyote heard was that Bear thought he was a much better singer than Coyote would ever be. This was a challenge, Coyote thought.

So, Coyote picked up his drum and sang, "Light, light, light; I like the light."

Sun returned. Bear sang, "Darkness, darkness ... DARKNESS."

Sun was gone again. This went on for no one knows how long! Because Sun kept on coming and going, Moon was confused, and so was everyone else. Finally, Bear opened his eyes and his heart and looked around.

What he saw was devastation. With their selfish actions and their selfish battle, he and Coyote had killed many of Earth's creatures. They had brought Sun so close to the Earth that parts of it are scorched to this very day. Bear's heart told him to stop. He looked at Coyote, who did not appear to see what he saw and feel what he felt. Instead, Coyote kept on singing. Bear held up his drum and put his drumstick right in the middle and said one word to Coyote: "HALF!"

Coyote stopped and looked at the drumstick on the drum, and he heard the word "half." Coyote then opened his eyes and his heart too. He saw all the damage that their selfish battle had done. It hurt Coyote's heart to see what they had done to each other, to Earth, to Earth's creatures, and to themselves. Coyote stopped singing and he looked at Bear. Bear returned the look. They both knew that they needed to share, that there needed to be a compromise.

They made a lot of rules on how Earth and Sun work together that day. The most important one for this story though is the one about "half." Coyote declared, "From the time Sun rises and until it sets, that half will always be called DAY."

Bear yelled out for all to hear, "From the time Sun sets, Moon rises, and Sun rises again, that will be called NIGHT."

This is the story of how Bear and Coyote made day and night.

Notes and commentary for “Bear and Coyote Make Day and Night”

Written by Kenthen Thomas, Secwépemc. Kenthen’s grandparents are Dr. Mary Thomas, Mark Thomas, Herbie and Vera Johnny. His parents are Phyllis and Gerry Thomas.

The words of our ancestors, the knowledge, the medicines, and all that is culture or traditions are said to be healing. As a storyteller/performing artist, I believe this to be very true, and have been told so by Elders and medicine makers. They say that not only are the traditional medicines such as salves made of devil’s club and cottonwood healing, but so are the stories. At first, I couldn’t fathom such a statement, then I considered all that has happened to me in my own personal life and how it has helped me to be more thoughtful with respect to how I behave and interact with the world around me.

Before I begin my “Sle7xyem” (personal story), let’s consider a few things that are known to be healing in the world around us. There’s a feeling one gets when out on Mother Earth walking, gathering, hunting, or just being. Some say that feeling is peaceful or like “being one with Mother Earth.” While true, I like to consider it the feeling of being connected. There is a connection that we get from Mother Earth. As the medicine makers will tell us, everything in life gives us our life. The trees give us medicines and tools to build shelter and tools, the plants give us food and medicines, the animals give us food, their bones give us tools, and their furs give us warmth. In the stories it is explained that all of those on Mother Earth gives themselves to us, not because they must or are directed to, but because they want to. The forest that we walk through chooses to be connected to us, and thus takes care of us in a good and kind way. Fire and water also take care of us or choose to heal us. Fire cooks our food; it helps create tools and implements, and it keeps us warm. Water is one of the most healing elements around. It cleanses us, supports our lives, and makes up most of our bodies. Once again, the world around us is not directed or made to help us in life, it chooses to.

In my own Sle7xyem (personal story), it was connection to the stories, the words of our ancestors, and traditional knowledge that helped me. I was born in Tkemlup, BC to a single mother who lost me for two weeks right after my birth. Some say that this was my own story of Sneena, a half-human, half-owl creature who took children when it deemed parents unfit to raise a child. I was taken by a nurse and a social worker, who could be said to be present-day Sneenas. They took me, but the love and perseverance of my grandmother and my mother brought me back to my connection to my family and my connection to my inherited rights as a Secwépemc. As a young man, I first learned the story about 20 years ago. These stories have stuck with me whether I tried to shed them or not. The ability and the want of stories has always stuck with me. I would try to get away from the stories, but there were always people wanting to hear them. So, as a performer, I would oblige. Little did I know that not only did stories give me a connection to everything that is around me in this world, but also to the ancestors and their teachings.

The stories in my adult life have helped me battle through violence in my younger years. They have helped me through very tough times in my life such as deaths, violence, substance abuse, and so much more. They’ve helped me to be responsible for my actions, to learn from Coyote about “how not to behave.” It would be so easy for me to just say I’ve had a somewhat tough life and be unhealthy in every way possible, but the stories have given me insight into who I am right

now and who I could be. For instance, in 2013, at the age of 36, I decided to go back to university (University of British Columbia) to become a qualified teacher. This was brought on by the stories; I already was going into the schools and sharing the stories and teachings, so why not become “qualified”? The stories have healed me in so many ways, they have also helped me in so many ways and once again – they do not have to, they choose to.

In the story, “Bear and Coyote Make Day and Night,” there are many healing words. For me, one of the main lessons is about sharing and compromise. Coyote and Bear battled hard and for a long time, so long they couldn’t see the damage they were doing to Mother Earth and everything around them. Addictions are like this. People struggling with addictions do not always see the damage they are doing to other people, to themselves, or to the world around them, until the day they open their eyes and hearts, look around, and finally see the damage. Of course, many things will have to change; things may never be the same. That is where compromise will come in. Sharing will mean that individuals will have to share themselves back into their families. Many times, those connections between people with addictions and their families are broken.

Balance is also important. We in Indigenous or First Nation communities have, for a long time, heard about balance. We are taught that the emotional, spiritual, mental, and physical aspects of ourselves must all balance together to create a whole individual. When one tips the balance and goes too far one way, the other quadrants suffer. For instance, if someone stops caring for their physicality, it can lead to health impacts. This concept of balance is prominent in the Bear and Coyote story and shows how imbalance can create havoc. Bear only likes to do two things—eat and sleep. Both good things, but when his balance is interrupted and he is woken up by Sun, his life is thrown into turmoil. He thinks he has no way of getting that balance back except by ridding himself of Sun forever. He does this, but it leads to no life on Earth and eventually a horrible battle with Coyote. Balance is not restored until they both open their eyes and their hearts, and really see what they have done. Balance takes honesty from the heart and the eyes.

The thing about our traditional stories is that lessons are provided when they are needed. Sometimes a story is just a story. In this little commentary, you’ve heard how the story of Bear and Coyote has been healing for me based on my personal history and reflections. Bear and Coyote also gave me pause to reflect on new lessons. Stories, our connections to the world around us, the words of our ancestors, the land, and our teachings – are healing. They have persevered and they choose to help us.

Glossary

Addiction: The continuation of, or craving for, a behaviour despite negative consequences. Addictions may develop around a range of behaviours, including chronic dependent substance use. Addiction is complex and bio-psycho-spiritual. It has many causes that can start early in life and be compounded over the life course.

Addiction treatment: Health care delivered by a trained provider to treat addiction. Treatment may be provided in outpatient or inpatient settings and may include traditional medicines, Western medication, psychosocial treatments, residential treatment, or a combination.

Bereavement: The experience of losing someone. It is characterized by grief, which is the process and the range of emotions we go through as we gradually adjust to the loss.

Conflict: A disagreement between two or more people or between different thoughts within oneself. In general, conflict is a natural part of being human because we are all different and unique, with different personalities, perspectives, values, opinions, feelings, and likes and dislikes. When there is inequality between people who disagree with one another, conflict can lead to injustice and oppression because one person or group of people has more power to impose their perspectives and values on the other person or group of people. We can approach conflict not as something to be feared or avoided, but as an indication that something is not quite right—for example, that there is a difference in values or opinions or that someone’s needs are not being met or that someone is feeling threatened.

Cultural Safety: The act of creating safe environments for, and interactions with, Indigenous Peoples. A culturally safe approach considers how social and historical contexts, as well as structural and interpersonal power imbalances, shape the experiences of Indigenous Peoples. When facilitators are being culturally safe, they are self-reflective on their position of power and the impact of this role in relation to the people they are working with. “Safety” is defined by those who receive the service, not those who provide it.

Drug: A mood-altering (also called “psychoactive”) substance other than food that is consumed to change how a person thinks, feels, or acts. May be legal (tobacco, alcohol) or illegal (street heroin, cocaine). Many drugs have medical purposes (pain relief, anxiety relief, sedation) but may also be used for non-medical reasons such as fun, or to cope with difficult emotions or experiences. They may also be used to prevent withdrawal symptoms and cravings (when one is physically dependent).

Drug Poisoning (also known as “Overdose”): Drug poisoning results from an over-ingestion of either illegal, prescribed, or over-the-counter (OTC) drugs. Overdose of prescribed or OTC drugs is caused by ingestion of too much / more than prescribed by a medical professional or the package instructions. A high toxicity of a harmful substance results in a person accumulating too much of it in their bloodstream.

Gender: The social construct of norms, behaviours, and roles that varies between societies and over time. Gender is often categorized as male, female, or nonbinary. Gender is different from

sex, which refers to a person's biological status and is typically assigned at birth, usually on the basis of external anatomy. Sex is typically categorized as male, female, or intersex.

Cisgender: An adjective that describes a person whose gender identity aligns with the sex they were assigned at birth.

Transgender: An adjective used to describe someone whose gender identity differs from the sex assigned at birth.

Two-Spirit: The term used to describe complex Indigenous understandings of gender roles, spirituality, and the long history of sexual and gender diversity in Indigenous cultures. Individual terms and roles for Two-Spirit people are specific to each Nation.

Grief: Grief is the complex response to losing someone. Grief has spiritual, physical, cognitive, behavioral, social, cultural, and philosophical dimensions. Drug-related grief, or losing someone to substance use, is closely intertwined with stigma.

Harm Reduction: Policies, programs, and practices that aim to reduce health, social, and economic harms associated with the use of psychoactive substances for those who use substances. Harm reduction can be understood as a practical response that helps keep people safe and minimizes death, disease, and injury when engaging in high-risk behaviour. Harm-reduction examples include take-home naloxone kits, supervised injection or consumption services, and outreach and education programs. Additional information on harm reduction and sites to access take-home naloxone kits can be found on the FNHA website.

Intractable Conflict: A type of conflict that seems unfixable because there are so many overlapping layers of harms and injustices that one person or group has experienced from another. Intractable conflict describes what Indigenous Peoples have experienced and continue to experience due to Indigenous-specific racism and settler colonialism. Settler colonizers used egregious tactics against Indigenous Peoples that were detrimental to our health and created social harms in our communities. These tactics include but are not limited to: taking lands and resources; banning cultural traditions; using legislative power to force Indigenous Peoples onto isolated reserves, break up Indigenous families, and force Indigenous children into residential schools or non-Indigenous homes (e.g., the Sixties' Scoop). The finding of the 215 murdered children at the Kamloops Residential School in 2021 is an example of how the harms and injustices continue this intractable conflict.

Lateral Violence: Lateral violence happens when we as Indigenous Peoples turn on ourselves and each other to relieve the anger, pain, and sadness rooted in Indigenous-specific racism and settler colonialism. We may hurt ourselves, physically or emotionally, or hurt our loved ones or community members by blaming and shaming those who are in pain.

Lateral Kindness: Lateral kindness is the antidote to lateral violence. It is about coming together to support and heal one another and to gather strength, using teachings, traditions, medicines, ceremonies, or language.

Land-Based Healing: This kind of healing recognizes that cultural identity is interwoven with and connected to the land. Cultivating this fundamental relationship increases positive mental health and wellness outcomes among Indigenous Peoples, including healing from grief.

Naloxone (brand name Narcan): A medication used to block or reverse the effect of opioids. It is used to reverse opioid overdoses and is commonly available in British Columbia through take-home naloxone programs.

People with Lived and/or Living Experience: People who have used substances in the past or who currently use substances.

Peer Support: Support that is provided through a network of peers through meetings, open discussions of personal experiences, and barriers. While these do not work for everyone, examples of peer support include Alcoholics Anonymous, Narcotics Anonymous, Wellbriety, SMART Recovery®, and LifeRing® Secular Recovery.

Safe Supply: A legal and regulated supply of drugs with mind/body-altering properties that historically have been accessible only through the illicit drug market. Safe supply services can help prevent overdoses, save lives, and connect people who use drugs to other health and social services.

Stigma: The beliefs and attitudes about people who use drugs, including those with substance-use disorders, that lead to negative stereotyping and prejudice against them and their families. These beliefs are often based on ignorance, misinformation, moral judgement, and misunderstanding. Discrimination, which often emerges from stigmatizing beliefs and attitudes, refers to the various ways in which people, organizations, and institutions unfairly treat people living with a substance-use disorder. Stigma and discrimination can often act as barriers to accessing support, including grief support. Additionally, related systemic discrimination such as racism, poverty, sexism, and colonization can compound the stigma and discrimination experienced by people who use drugs and these people's families.

Substance Use: The intentional consumption of a psychoactive (i.e., mood-altering) substance to modify or alter consciousness. Both legal and illegal psychoactive substances exist. Legal psychoactive substances include alcohol, tobacco, caffeine, medications, and cannabis. Cannabis, like other drugs, can be prescribed by a medical professional for the purpose of medical treatment. Illegal psychoactive substances can include cocaine, crystal methamphetamine, and heroin. Substances have been used throughout human history for a variety of reasons ranging from spiritual or religious to social, medical, or scientific, to experimental or recreational. The effects of substance use can range from positive to very problematic, depending on why, how, how much, and how often someone uses it.

Substance-Use Disorder: Formerly called substance abuse or substance dependence, and informally referred to as addiction, substance-use disorders happen when the chronic use of alcohol and/or other drugs causes significant impairment in function and health. This might include health problems, disability, or inability to meet responsibilities at school, work, or home. Substance-use disorders can be mild, moderate, or severe. Symptoms of substance-use disorders

can include cravings, inability to control use (e.g., being unable to cut back on drinking, continuing to use despite negative consequences, and withdrawal symptoms). Opioid-use disorder, tobacco-use disorder, and alcohol-use disorder are examples of substance-use disorders.

Trauma: Trauma can be understood as an experience that overwhelms an individual's capacity to cope. Trauma can result from a series of events or one significant event. Trauma may occur in early life (e.g., child abuse, disrupted attachment, experiencing, or witnessing others experience violence, being neglected), or later in life (e.g., accidents, war, unexpected loss, violence, or other life events out of one's control). Trauma can be devastating and can interfere with a person's sense of safety, sense of self, and sense of self-efficacy. Trauma can also impact a person's ability to regulate emotions and navigate relationships. People who have experienced trauma may use substances or other behaviours to cope with feelings of shame, terror, and powerlessness.

Intergenerational Trauma: The transmission of historical oppression and unresolved trauma from caregivers to children. For example, the cycle of trauma due to the Indian Residential School System, Reserve System, Sixties' Scoop, Indian hospitals, loss of culture, and racism and colonization more broadly.

Trauma-Informed Practice: Services grounded in an understanding of trauma that integrate the following principles: trauma awareness; safety and trustworthiness; choice, collaboration, and connection; strengths-based approaches; and skill-building. Trauma-informed services prioritize safety and empowerment and avoid approaches that are confrontational.

Withdrawal: Withdrawal occurs when someone who has become physically dependent on a substance stops or significantly reduces that substance. Depending on the substance, it can also include severe flu-like symptoms (opioids), seizures (alcohol and benzodiazepines), and paranoia (cocaine).

Withdrawal Management (also known as "Detox"): The use of medical management (which may include medication) to reduce withdrawal symptoms and withdrawal-related risks when an individual stops using opioids or alcohol in pursuit of abstinence. The term "detox" or "detoxification" is used less frequently, as "withdrawal management" refers to medically supervised withdrawal from substances.

Our Vision

Our vision is of healthy, self-determining, and vibrant BC First Nations children, families, and communities. Our vision informs this toolkit and is informed by the principles of wellness, strength, collaboration, self-determination, and resilience. This vision is shared by our health system partners, which include the First Nations Health Council (FNHC), the First Nations Health Authority (FNHA), and the First Nations Health Directors Association (FNHDA). Together, we support BC First Nations communities.

Learning Objectives

This toolkit will support participants to:

1. Recognize and address blaming and shaming as tools of settler colonialism and Indigenous-specific racism.
2. Use self-reflection and communication skills to create safety and compassion as they prepare to deal with conflict.
3. Develop an appreciation for diverse perspectives and values.
4. Have courageous and meaningful conversations in Sharing Circles about supports and challenges, e.g., drug use, drug poisoning, prison, gangs, interactions with social services, crime, violence, family, friends, love, tears, hopes, etc.
5. Foster resilience and self-determination in individuals, families, and communities to deal with conflict and support one another through healing conversations.

Purpose of the Toolkit

The Courageous Conversations Toolkit was designed by staff members at the BCCSU and the FNHA, Elders, people with lived experience, and their family members, to prepare community members for conversations about substance use with their families, friends, and communities. It is intended for community health providers and leaders who wish to learn how to hold sacred spaces for dialogue and to lead their communities in Courageous Conversations. Speaking honestly about drugs, getting help, and acknowledging the fear of dying from drug poisoning requires strength, knowledge, and skill. This toolkit enables people to enhance their knowledge and build their skills.

It is important to remember that, whether conversations take place in community group settings or at home over the kitchen table, they require tremendous courage and compassion. Engaging in meaningful discussions that enable people to understand one another’s perspectives—and resolve conflicts or clarify miscommunications—can be difficult work. It can bring up strong emotions that may be overwhelming or spark unexpected and strong emotional responses.

We highly recommend that you have additional supports in place prior, during, and after conversations. Work with professionals (e.g., counsellors, nurses) who are experienced, can help hold space, and can assist in guiding conversations. You may also consider seeking out Traditional Healers, Elders, and Knowledge Keepers for cultural support.

Trigger Warning

The following chapters may be trigger traumatic memories. They delve deeply into the harms and violence of settler colonialism. We strongly recommend having supports for yourself as you go through this toolkit. A list of culturally responsive and safe grief and loss support services is available at the end of the toolkit, on Page 82.

Chapter 1: Unlearning and Decolonizing

Indigenous Peoples were thriving Nations and communities, with distinct languages, traditions, medicines, knowledge, laws, economies, and systems of governance.

When colonial settlers arrived, they brought with them “preconceived ideas of cultural, racial, and social superiority.”¹ Indigenous Peoples were viewed as obstacles to the colonizers’ goal to steal the land, by any means necessary, and were perceived as “uncivilized savages.” These dehumanizing and racist stereotypes were used to justify colonial ambitions for territory and resulted in discriminatory actions, such as creating the Indian Act, establishing Indian residential schools, Indian reserves, and Indian hospitals, and forcibly and violently removing Indigenous Peoples from their lands. In addition to aggressive colonizing tactics and targeted strategies to conquer land, settlers infected our communities with diseases and alcohol, further compromising Indigenous health and well-being.

In this chapter, we will examine how settler colonialism has contributed to historic and contemporary trauma and conflict in Indigenous communities, and address how the ongoing impacts of settler colonialism has deeply impaired our ability to understand, manage, and heal from our personal traumas and how we engage with others. We will strip away the layers to uncover the path forward towards positive coping – which is through decolonizing ourselves and turning towards our traditions and teachings.

Trauma, Coping, and Conflict

The trauma of settler colonialism has been deep and enduring and has profoundly impacted Indigenous families and communities. First Nations people’s lands in BC were claimed, children were stolen, and colonizers’ attitudes and beliefs about their superiority permeated legislation and policies. Rich Indigenous languages, cultures, and traditions were undermined, with the settlers’ goal to eliminate our ways of being and knowing. Our families have been intentionally and systematically disrupted through the mandatory apprehension of children, and our children have been targeted with rampant and abhorrent abuses perpetuated at the residential schools. The Indian Residential School System, Indian hospitals, the Sixties’ Scoop, the Indian Reserve System, and many other genocidal, colonialist policies and systems have been and continue to be inflicted upon us deliberately and systematically. We have endured more than 150 years of genocidal intentions and acts of violence that have inflicted deep wounds and unresolved intergenerational trauma.

¹ Government of British Columbia. Understanding BC’s Culture and Systems: Indigenous Peoples. Available at: <https://www.welcomebc.ca/Start-Your-Life-in-B-C/Understanding-B-C-s-Culture-Systems>

“I grew up as a permanent ward in foster care due to the intergenerational trauma from residential schools that plagued the Indigenous nations in Canada. I consider myself a third-generation survivor of residential schools. My father is a second-generation survivor as well as a Sixties’ Scoop survivor—he suffers to this day as a result of living his whole life not knowing his identity. My siblings and I are the third/second generation of intergenerational trauma due to the child welfare system also taking us from our family. Growing up in a foster home separated from all family, in a non-Indigenous community, was my first experience of racism towards me although back then I did not know what was being said nor did I understand the meaning behind anything said or done to me. As I got older (especially being Indigenous and growing up in Winnipeg), I always experienced first-hand—from police especially—the systematic racism towards Indigenous youth. We were considered garbage and treated as if we were never going to go anywhere in life. I do recall some people who worked hard to reach out to us such as certain teachers or social service group home workers, and I appreciate this very much now as an adult. When I was young, anger was the only emotion I felt. As I got older, I realized the truth about anger and that at its core is hurt. Some of the experiences were confusing to me and would anger me that I was treated that way. In hindsight I now understand what I was faced with. Systematic racism is something all of us Indigenous Peoples face unfortunately, and my stories are a regular thing in the life of an Indigenous woman. Some others have had it worse. I have always known how to speak up for myself and growing up I learned how to defend myself. I was put into so many of these situations that I trained myself to get angry when I am scared instead of simply scared so that I can show others how to stand up against it.”

– *Serena*

Healing from the Trauma of Settler Colonialism

Pain and suffering due to settler colonialism have deeply affected our psychological, emotional, and spiritual well-being. To settlers, this is often invisible or, when visible, perceived as Indigenous “issues.” Elders have spoken of the suffering they and other Indigenous Peoples experienced. Hurt and pain can be overwhelming to remember or even to think about, and many Indigenous Peoples have buried their emotions deep inside and may not realize they have been carrying the weight of these burdens. When the pain remains buried, it can fester and manifest as illness. The pain, if not addressed, can be passed down to the next generation. It can spread through families, communities, and Nations, and express itself in many forms of intergenerational trauma.

Human beings cope with pain in different ways. Many Indigenous Peoples find healing by connecting to the land, engaging in prayer, using medicines, or spending time in ceremony. They also seek healing through their relations. Spending time and talking with others (e.g., an Elder, a Medicine Person, an auntie, friend, or family member) can be comforting. Or, it may feel better or safer to speak with a stranger or counsellor. Some people find journaling or music a helpful outlet.

For those who are trying to numb or escape the pain, using alcohol or other substances may seem to be their only source of solace; however, this is a temporary solution. When the relief from alcohol or substances wears off, the pain of unhealed emotional and spiritual wounds returns. This may cause the person to keep trying to numb the pain, each time increasing the amount of alcohol or drugs they take and increasing their tolerance. They find themselves in a dangerous cycle, becoming more involved with and dependent on whatever it is that helps to numb the pain. This healing journey is particularly challenging when the people with whom you are closest are also in pain and in need of support. By listening to people's stories, we can work together to identify the challenges and learn what has worked for others in hopes of finding ways to help ourselves and one another.

Cultivating Resilience and Self-Determination

Thanks to the strong voices, determination, and advocacy of many Indigenous leaders, colonial wrongs that have been purposefully hidden have been exposed and are now publicly acknowledged. The Truth and Reconciliation Commission, the BC Declaration of the Rights of Indigenous Peoples Act, and the horrific discoveries of mass graves of Indigenous children at former residential school sites have brought this deeply buried pain to light. There are many more wrongs that continue to cause pain and are yet to be recognized as real or valid by the settler colonial government, settler society, and even us.

In addition to recognition and reconciliation by settler society, there is the healing that Indigenous Peoples must do. The racist narratives that have manifested in ongoing racist and discriminatory practices have influenced so many aspects of our lives. Their persistence has sometimes caused us to believe the stereotypes—and these false beliefs have deeply affected our confidence, strength, and resilience as Indigenous Peoples. It is through our teachings and traditions that we will begin to heal.

Indigenous Peoples have experienced, and continue to experience, collective trauma stemming from settler colonization. The timeline that follows begins at first contact in the 1400s, Terra Nullius, and highlights the milestones of Indigenous resilience, resurgence, and resistance of settler colonizers up to the year 2022. The challenges inflicted upon Indigenous Peoples are represented in the timeline as a tool to help people identify that some of the feelings they experience around grief and loss are related to intergenerational trauma, in addition to suffering due to the loss of a loved one. The milestones of Indigenous resurgence and resistance demonstrate and remind us of the strengths and resilience in individuals, families, and communities from past to present.

Conflict

Conflict is a natural part of being human; it is an inescapable component of our relationships with family, friends, and those with whom we socialize and work. We are each different and unique. We have different personality types and perspectives, want different things, and have different likes and dislikes. When we encounter differences in the perspectives, values, opinions, and feelings of the people with whom we live and work, or with whom we are friends or have relationships, there is almost certainly going to be conflict.

Where things get complicated is how conflict is perceived and dealt with, and how it gets mapped onto power relations. In colonial settler culture, conflict is often perceived as something to be avoided at all costs. This ideology is beneficial for those who have power, because it associates those who are identifying inequality and oppression and advocating for equity as “creators of conflict.” Our society sees this as negative and taboo, and therefore reinforces status quo rather than making systematic changes. Expressions such as “don’t rock the boat,” meaning, “don’t cause trouble,” are examples of how this cultural tendency can help to let systems of inequality, injustice, and oppression to persist without being challenged.

If we start to see conflict as a natural part of being human, and a sign of injustice and oppression, then we can respond to conflicts within our families, personal relationships, workplaces, and communities in different ways. When conflicts arise, they should be an indication that something is not quite right—for example that someone’s needs are not being met or someone is feeling threatened.

There are different levels of conflict, depending on how many people are involved.²

Intrapersonal Conflict arises within one person. We can also think of it as inner conflict, where a person experiences competing motivations, desires, or roles. For example, a mother of small children may experience an intrapersonal (or inner) conflict when she has to juggle the responsibilities of parenting with caring for her elderly parent and/or her full-time job.

Interpersonal Conflict takes place between two or more people in a small group (e.g., families or workplaces). Interpersonal conflict can be due to differences in opinion, perspectives, or values, or perhaps differences in personalities and communication styles that lead to miscommunication. These conflicts can become very personal and can build up over time into resentment and anger if the conflict continues for a long time without being resolved.

² Adapted from Westmaas L. 1.2 Levels and Types of Conflict. Conflict Management: Perspectives for the Canadian Workplace. 2022: Fanshawe College Pressbooks. Available at: <https://ecampusontario.pressbooks.pub/conflictmanagement/>

Intergroup Conflict takes place between two or more large groups of people. The groups can be communities, nations, etc. Intergroup conflicts are usually about disagreements over goals, values, or resources. They are often the most complicated because they involve many people. Wars are examples of intergroup conflict. Racism is another example. This level of conflict is strongly rooted in “us” against “them” mentality. During the conflict, each side can become insular—becoming very set on certain views and ways of doing things and discouraging alternatives or critiques. This is called group think and it can prevent diversity and openness to new ideas, which can put the groups in deeper conflict.

Intragroup Conflict takes place within a large group of people, like communities and nations. This level of conflict involves disagreement about the goals and values of the group. For example, there might be a division within a community around two opposing views about how much money and resources to invest in roads and buildings, or about how to teach children. There may also be situations where a smaller group within the community has a different view from the rest and they are pressured to follow the rest of the community. This is another way that group think can come into play.

In all these levels of conflict, conflict can lead to harms and injustices, but it can also lead to growth and change. It all depends on the situation—whether everyone involved can voice their views and have them heard, and can have the power to influence the solution to the conflict.

There is nothing unusual or unnatural about conflict in and of itself. It is not something to be feared.

How we deal with conflict is influenced by our experiences, and for Indigenous Peoples, settler colonial violence has an impact here too. The term intractable conflict describes conflict that seems unfixable because there are so many overlapping layers of harms and injustices that one person or group has experienced from another. Intractable conflict describes what Indigenous Peoples have experienced and continue to experience due to Indigenous-specific racism and settler colonialism. Settler colonizers used egregious tactics against Indigenous Peoples—tactics that were detrimental to our health and created social harms in our communities. These tactics included taking resource-rich land, banning cultural traditions such as the Potlatch and Sun Dance, and using legislative power to break up families, force First Nations people onto small, remote tracts of land known as reserves, and take First Nations children away from their parents to either residential “schools” or the homes of white families. The findings of the 215 murdered children at the Kamloops Indian Residential School in 2021 is an example of how the harms and injustices continue this intractable conflict.

The toxicity of intractable conflict seeps into our relationships and into our conflicts with non-Indigenous Peoples who do not share the same knowledge, teachings, or life experiences. When this happens, the pain goes deeper and make it harder for Indigenous Peoples to move through conflicting opinions, perspectives, values, and feelings. When substance use is added into the mix, it gets that much more difficult to heal wounds and connect deeply with one another.

Settler Colonial Impacts: Shaming and Blaming

Settler colonialism exerts itself in many different ways – some visible, such as the Indian Residential School System, the Indian Reserve System, the taking of Indigenous lands and cultures—and some less visible and obvious, because they have infected the way we think and feel. One of the invisible tools of settler colonialism is shaming and blaming, which have been very destructive for Indigenous families and communities, and markedly prevalent in the context of addictions.

When we shame or blame people for turning to substances like alcohol and drugs to cope, we are blaming the person who is in pain instead of blaming the ongoing systems of settler colonialism and anti-Indigenous racism that continue to perpetuate trauma and harm. Blaming and shaming are ways to try to manipulate people into making different choices. These misguided and outdated tactics push loved ones away, causing the person using drugs or alcohol to feel alone, rejected, and disconnected, when what they desperately need is love, acceptance, and connection. In fact, love, acceptance, connection, and kindness are essential for all humans. By keeping this in mind, we move from judging people for their choices and behaviours to being curious and questioning what experiences and circumstances have caused them to turn to substances. Instead of asking questions like, “What’s wrong with this person? Why can’t they just stop? Why do they keep hurting those they love?” we should be asking, “What happened to this person, their family, and their community that causes them so much pain?”

Colonial oppression is entrenched in our thought processes; it makes itself invisible by shifting blame to the individual, blaming them for being weak. Settler colonialism works silently through laws, policies, institutions, and governments that claim to be neutral and objective yet erase Indigenous Peoples in deliberate and calculated ways. Over and over, Indigenous Peoples are portrayed as “less than,” with no mention or acknowledgement of the colonial oppression they endure. When we blame and shame those who are in pain, we succumb to settler colonial processes. Instead of coming together to support and heal one another and to gather strength, we blame and shame, leaving individuals alone to fend for themselves, without the support of their teachings, traditions, medicines, ceremonies, or language. In response, individuals internalize their pain or inadvertently unleash it on others to relieve the anger and sadness. This is called lateral violence.

Decolonizing Our Minds, Bodies, Spirit

When we blame and shame our own people for trying to deal with the harms and traumas of settler colonialism, we are helping to reinforce settler colonialism. We need to free ourselves from the cycle of lateral violence so that we can stop hurting ourselves and one another. We need to decolonize our minds, bodies, and spirit.

In the sections that follow, we offer a framework and strategies for dealing with conflict in ways that are loving and healing, as well as decolonizing.



First Nations Health Authority
Health through wellness



Timeline of Settler Colonialism and Indigenous Strengths and Resiliency

INFOGRAPHIC



Racism against **Indigenous people** is a malignant disease that has been in the health system in British Columbia since inception. Every person who works in the **health care system**, in fact every British Columbian, must acknowledge this reality and **work together** to ensure health care for Indigenous people is equitable, culturally safe and **focused on the needs of the individual**, not on the attitudes of the system.”

Grand Chief Stewart Phillip,
President, Union of BC Indian Chiefs

Timeline of Settler Colonialism and Indigenous Strengths and Resiliency



Rise up rooted like trees
Indigenous activism, strength, resilience



Stones of time
Markers of the heavy past

1400

Terra Nullius & *The Doctrine of Discovery* legitimizes the settlers' claim to lands outside Europe.

1603

Colonial settlers arrive on the shores of the traditional homelands of the Mi'kmaq people.

1969

The *White Paper*, formally known as the *Statement of the Government of Canada on Indian Policy 1969*, attempts to abolish legal rights and entitlements of Indigenous people in Canada.

1969

A conference of over 140 bands results in the creation of the Union of British Columbia Indian Chiefs. This organization rejects the *White Paper* and produces *A Declaration of Indian Rights: The BC Indian Position Paper*. Also called the *Brown Paper*, this document asserts Aboriginal title to land. It aims to protect the unique legal relationship between First Nations and the federal government and seeks self-determination for Indigenous peoples.

1700

First Nations people use diplomatic and military measures in an attempt to resist the theft of their land by settler colonizers who grant themselves land titles.

1763

The Royal Proclamation is issued. It provides guidelines for colonial settlers to negotiate land treaties with Indigenous nations, ultimately taking away recognition of land titles from First Nations people.

1858 - 1864

Douglas reserves (small, remote tracts of land) are laid out on BC mainland small, remote tracts of land under Douglas' Policy, which abandons Aboriginal titles and treaty-making during this period.

1960s - 1970s

Growing Indigenous activism: The National Indian Brotherhood (now known as the Assembly of First Nations) successfully pressures the government to reform the *Indian Act* in consultation with Indigenous people. The Red Power Movement (a term coined by a settler) emphasizes Indigenous pride and exposes broken treaties, grievances, and oppressed conditions in communities while asserting Indigenous rights. These movements highlight the continuing determination of Indigenous people to resist cultural genocide and fight centuries of colonization, degradation, and white "civilization's" attempts to destroy them.

1864

The "Chilcotin Uprising," a battle provoked by gold miners and fur traders building roads through Tsilhqot'in territory without consulting the Tsilhqot'in people, results in the Tsilhqot'in chief and five others being executed for murder despite defending their traditional lands.

1867

With the *British North America Act* (now known as the *Constitution Act, 1867*), colonial settlers take control of lands. Treaties are established.

1876

The *Indian Act* forces First Nations people to change their names to settler names. It forbids them from engaging in culture, wearing traditional regalia, and speaking their traditional language, and restricts them from leaving their reserves.

1880 - 1900s

The *Indian Act* allows the government to implement residential schools. Over 150,000 children are taken from their families and homes and are sent to residential schools across Canada. According to the Truth and Reconciliation Commission, many of these children never returned home.

1908

Indigenous leaders from across BC travel to England to see King Edward VII and discuss the petition against land claims, hunting and fishing regulations, and the banning of the potlatch.



The monster that was created in the residential schools moved into a new house. And that monster now lives in the child welfare system.”

Murray Sinclair,
Chair of the Truth & Reconciliation Commission



2016

Jordan's Principle ensures First Nations children are not denied or delayed access to public services due to systemic inequities.

1958 - 1980s

The Sixties' Scoop is a mass removal of Indigenous children from their families into the child welfare system by the federal government, without the families' consent, in an attempt to force children to assimilate into the dominant culture.

1997

The last residential school — Kivalliq Hall in Rankin Inlet, Nunavut — closes.

1997

In its ruling on *Delgamuukw v The Queen*, a case brought forward by the Gitksan and Wet'suwet'en peoples, the Supreme Court of Canada describes the protection given to Aboriginal title, defines how claimants can prove Aboriginal title, and clarifies how to test for infringement of Aboriginal title. The decision is also important for its treatment of oral testimony as evidence of historic occupation.

1999

In the *Gladue Report*, the Supreme Court of Canada describes racism in the legal and criminal justice system that creates challenges for many Indigenous people, including being more likely to be sent to prison than to serve community sentences. This report supports rulings for Indigenous people to serve their sentences in the community and avoid incarceration.

2010

Idle No More, a significant Indigenous movement calling for a renewal of lands, treaties, culture, and the relationship between Canada and Indigenous people, is led by three Indigenous women activists who advocate with protests, blockades, and round dances across the nation.

2011

In a significant First Nations self-determination vote, a new BC First Nations Health Governance arrangement that is community-driven and nation-based is approved. At Gathering Wisdom for a Shared Journey IV, BC First Nations chart a path for the future of their own health governance. This future envisions BC First Nations children, families and communities that play an active role in the decision-making that impacts their personal and collective wellness.

1980s - Present

Settler colonial trauma and the millennial scoop continues with the use of Birth Alerts, a government-imposed system for flagging “at-risk families” before a child is born. Birth alerts often result in newborns being apprehended and placed in foster care, even if the parents want to raise the child. (Poverty is often codified as neglect.)

2000

Ongoing settler colonial trauma and Millennial Scoop.

2014

Jaime Black, a Métis artist, launches the REDress Project, which involves collecting and hanging 600 red dresses symbolizing the hundreds of Missing and Murdered Indigenous Women and Girls.

2015

The Truth and Reconciliation Commission of Canada publishes its final report detailing the experiences, impacts, and legacy of the residential school system, centering the stories of the survivors.

2013

National Orange Shirt Day is an event inspired by Phyllis Webstad from the Stswecem'c Xgat'tem First Nation (Canoe Creek Indian Band) in Northern Secwepemc (Shuswap). On Phyllis's first day at a residential school, her brand-new orange shirt was taken away from her and this day commemorates “Every Child Matters.”

2016

Canada's federal government signs the UNITED NATIONS DECLARATION RIGHTS OF INDIGENOUS PEOPLE (*UNDRIP*), although initially Canada is one of four countries to oppose the *UNDRIP*, which includes Indigenous recognition of territorial rights and rights to self-government.



2017

The Prime Minister designates June 21 as National Indigenous Peoples Day, a statutory holiday. Formerly known as National Aboriginal Day (since 1996), June 21 is a day to remember and celebrate the achievements and contributions of Indigenous peoples. Its creation was the result of recommendations by the Royal Commission on Aboriginal Peoples in 1995, as well as calls for such a day from various Indigenous groups.



2019

Birth alerts in BC are discontinued. Birth alerts allowed social workers or hospital staff to declare an expecting parent unfit to care for the newborn, often without the parent's knowledge.



2019

The Declaration on the Rights of Indigenous Peoples Act establishes the *United Nations Declaration on the Rights of Indigenous Peoples* as the Province's framework for reconciliation, as called for by the Truth and Reconciliation Commission's Calls to Action.



2021

The Department of Fisheries and Oceans decides not to appeal the commercial fishery infringement case to the Supreme Court of Canada. Five Nuu-Nulth nations (Ahousaht, Ehattesaht, Hesquiaht, Mowachaht/Muchalaht, and Tla-o-qui-aht) win a dispute that began in 2003.



2022

BC introduces the *Anti-Racism Data Act*, a new legislation aimed at identifying and eliminating systemic racism in government programs and services.



2022

BC releases its highly anticipated Action Plan for implementing the *Declaration of the Rights of Indigenous Peoples Act (DRIPA)*. The overarching purpose of *DRIPA* is to implement the objectives of the *United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)*, including the alignment of provincial laws with *UNDRIP*.



2020

In Plain Sight Report exposes the racism and discrimination towards Indigenous people in the health care system and makes 24 recommendations for a system reform.




2020

Addressing Racism: An Independent Investigation into Indigenous-specific Discrimination in BC Health Care proves there is widespread systemic Indigenous-specific racism in BC's health care system and calls for the implementation of the 24 recommendations in the *In Plain Sight* report.



2021

Tk'emlúps te Secwépemc confirms an unthinkable loss that was spoken about but never documented by the Kamloops Indian Residential School. With the help of a ground-penetrating radar, the remains of 215 Kamloops Indian Residential School students are found. The 215+ come to be known as Le Estcwicwe y (The Missing), and the confirmation of the unmarked graves in Kamloops prompt a series of events across the country. Other First Nations use ground penetrating radar to search former residential school sites and many more bodies are found.



2021, September 30

September 30 is designated the National Day of Truth and Reconciliation, to honour the lost children and survivors of residential schools and their families and communities. This designation fulfills one of the Truth and Reconciliation Commission's 94 calls to action: a public commemoration of the tragic and painful history and ongoing impacts of residential schools as a vital component of the reconciliation process.



It is because of our strength and resilience as Indigenous people that despite the many hardships from settler colonialism, we are still here to reclaim our rightful heritage – including our land, culture, language, and traditional ways. By using our culture and traditions, we are thriving and sharing our teachings with future generations, ensuring our culture lives on. If Indigenous people and our allies work together as one, Indigenous people can be free of racism and discrimination.”

Elder Doreen Peter, Cowichan Tribe

Before contact, BC First Nations people maintained an intense relationship with the land that included concepts of ownership, responsibility and, more recently, resistance to settler-colonial assertions of sovereignty. **The land is our identity as a nation**, and our language is inseparable from the land. BC First Nations people's land base and territory have never been ceded or sold from the time of contact to the present day.

RESOURCES

The White Paper 1969:
<https://www.thecanadianencyclopedia.ca/en/article/the-white-paper-1969>

DFO info:
<https://nuuchahnulth.org/sites/default/files/news/Final%20DFO%20Decision%20not%20to%20Appeal-2.pdf>

NTC Applauds DFO Decision not to Appeal Ahousaht Commercial Fishery Case:

<https://nuuchahnulth.org/sites/default/files/news/Final%20DFO%20Decision%20not%20to%20Appeal-2.pdf>

Check the ISO version of the timeline for a list of sources. The work of Mohawk policy analyst Russ Diabo and the late Métis historian Olive Dickason was crucial to this timeline, in particular – there would be no timeline without their work.

The Leveller 5.4 and 5.5 in 2013 to put Idle No More in context. Developed into a game by Indigenous Solidarity Ottawa, for use in their Introduction to Anti-Colonialism & Indigenous Solidarity workshop.

June 21, National Indigenous People's Day: <https://www.rcaanc-cirnac.gc.ca/eng/1100100013718/1534874583157>

Affirmations for decolonizing our minds, bodies, spirits and hearts

I am in relationship with the land and other living things.

Settler colonial thought dictates that land is to be taken, extracted from, and/or controlled. Changing our relationship to the land and other living creatures is extremely important if we are to decolonize our future.

I am in relationship with myself.

Settler colonialism has disconnected us from ourselves. We have gone away from our homes for a long time. This has caused neglect, loneliness, and desperation.

I am in relationship with others.

One of the manifestations of settler colonialism is the ideology of isolationism and individualism. However, we need to realize that we are not alone. We have our ancestors, our families, and our communities.

I acknowledge that I am enough.

Settler colonialism makes us feel small and unworthy. To resist this, we must acknowledge and walk in an understanding that we are enough, and that we come to the table with history, culture, traditions, creativity, and other valuable offerings.

When we can see and understand that the reason we use substances or experience / perpetuate lateral violence is to cope with the pain of settler colonialism, then we can start to understand the behaviours of people in pain.

We can start unlearning the narrative that's been taught to us for over 150 years.

I am a worthy, deserving, loving, beautiful, and kind human being.

We are hurting from the wrongs that have been done to us and that continue to be done to us by the settler colonial government and the settler society. We must continue to lead in brave and positive ways by having Courageous Conversations to help future generations break the settler colonial structures.

Every human being deserves the right to be loved and respected, especially by our own people.

“I am enough. I am a human being with a spirit, and I come from a long line of ancestors who love me. I give myself permission to walk in my light, and I see the same in others and speak and act from that place. I will not spread ideas of fear and scarcity. Instead, I trust in the Creator to help guide me to have responsible partnerships with self, family, and my community.”

– *Tara Bee*

Chapter 2: The Framework

In this chapter, we discuss the framework for starting the healing journey in our families and communities through transformative dialogue (defined below) or Courageous Conversations. This framework is grounded in our strengths and rights as Indigenous Peoples, and honours our traditions and teachings.

Orientation of the Toolkit

In our experience, many people use the “moral model” when addressing substance use—one that blames, shames, and punishes individuals for their drug use. The moral model is outdated and can result in harm if it prevents people from accessing life-saving medicines. Rather than inhibiting conversation, we need to stimulate it by talking openly about drug use, drug dependence, and approaches that can save lives such as medicines like safe supply, methadone, suboxone (which helps with drug dependence), and naloxone (which can help reverse overdose), as well as drug checking (to ensure that people’s drug supplies are safe) and overdose-prevention sites.

What is the moral model about drugs?

The moral model is the idea that using drugs and alcohol is morally wrong and that there is something morally wrong with a person who uses these substances. This model often leads to blaming the person and seeing them as unworthy of receiving help or love. It is a common and very damaging perspective about drugs, and people who use drugs, that can lead to a lot of blame, shame, and harm.

The Courageous Conversations Toolkit is designed to address harm reduction and introduce some recent innovative health therapies that have helped people on their pathways to wellness. It also gives voice to tremendous wisdom, teachings, and knowledge of our Elders and Knowledge Keepers, as well as individual community members who are modelling health and wellness and living each day with purpose.

Engaging in Courageous Conversations

It can often feel difficult to talk about substance use, addictions, and other harms and traumas of settler colonialism. When something traumatic happens to us and our loved ones, it can feel overwhelming beyond what words can describe. We can also feel an intense feeling of shame. Shame and overwhelm can push us into silence—it often feels easier to avoid talking about something that feels difficult, overwhelming, and shameful, like substance use. It takes a considerable amount of courage to break the silence.

We need to have Courageous Conversations about substance use in our families and communities. Our people are dying. Many are sick and suffering alone in silence. Although Courageous Conversations may initially feel uncomfortable (because shame and trauma want to stay hidden and it can feel uncomfortable bringing them to light), we must embrace them if we want to prevent people from dying.

“I used cocaine and heroin for a long time. I know the embedded shame that haunted me every day. I simply let go of my family and did not connect with them because I could not stop using drugs, and I was not provided the help I needed. The feelings of unworthiness kept me using the illicit drugs to escape the reality that people believed I had no purpose and just gave up on me. This shame and disconnection from my loved ones nearly killed me!”

– Willow

From 2019 to 2021, the FNHA and the BCCSU hosted a webinar series called *Difficult Conversations* with First Nations communities across BC. Over 450 people attended. The webinars featured a panel of people with lived and living experience of substance use as well as health care providers. Those with lived/living experience shared their stories of strength and resilience, as well as insights into their healing journeys. Health care providers shared their knowledge about substance use, trauma, harm reduction, and healing through culture and traditional teachings.

Following the webinars, audience members commented on how hearing the panellists’ stories helped them to feel they were not alone in their struggles. They also requested information about how best to support family members and advocate for themselves in the health care system.

The following is a sampling of comments we received from webinar participants:

“It was wonderful hearing the panel members’ stories. Hope to see more of these sessions and broaden the reach to more communities across BC. Thank you!”

“When we hear first-hand life experience from folks who have overcome and are overcoming challenges, it gives us hope. When we hear and put faces to stories, it humanizes and connects people. Well done.”

“Thank you—we need to talk openly about this more in my community.”

“Having the opportunity to express feelings in safe ways is a way of healing. Stories need to be shared so people understand what drug users experience instead of making assumptions.”

The Courageous Conversations Toolkit is designed to address harm reduction and introduce some of the most recent innovative health therapies that have helped people on their pathways to wellness. It also gives voice to the tremendous wisdom, teachings, and knowledge of our Elders and Knowledge Keepers, as well as individual community members who are modelling health and wellness and living each day with purpose and resilience.

Communicating From the Heart

Learning to share from the heart and communicate in safe ways is important for our wellness. This means using “I” statements (such as “I feel...”) and avoiding blaming statements (such as “You are...”) or shaming oneself or others. Speaking about personal and painful experiences for the first time can feel daunting. It requires a willingness to be open to the process and to feel emotions that will help us to heal our mind, body, and spirit. We derive strength from one another, relying on individuals to hold each other up during Courageous Conversations. We all can learn from one another by sharing our stories.

“My passion for protecting and watching out for others comes from the experiences I have had and seen growing up—the racism against us for just being Indigenous. I remember being treated as worthless growing up whenever a racist would cross my path. During my first pregnancy, the father’s family would always call me a “squaw” every morning when I would be getting ready to start the day (I was 17 at the time). Not knowing what that meant, I thought it was a joke because they would all laugh every time. I found out what it meant when I asked my mom and was told that it was a very derogatory racist term. When I left Winnipeg and came to BC, it was not any different. Seven years later, I decided to have my second child; I was older and felt like I was ready. The home I stayed at did not believe that I was pregnant (even though I was showing clear signs of morning sickness), and one of the staff grabbed my arms and ran her hands up and down my inner arms. I asked what she was doing. She said she was checking to see if I did needles, which completely grossed me out at the time ‘cause needles freak me out. When they did realize I was indeed pregnant she apologized, and I told her it was okay. Countless situations like that confused me at the time when it was happening because I had no idea what they were doing until I started to receive more education and came to the realization that what these people have done towards me in life is wrong.”

– Amy

The story Amy shared is not uncommon in BC. Racism and discrimination are very real threats to the health and well-being of Indigenous Peoples in this province and across Canada, where settler colonialism and Indigenous-specific racism are still prevalent.

As expressed by First Nations communities, families, and individuals in BC, wellness approaches to mental health and substance use “must be designed based on an understanding of the deep and

ongoing impacts of colonialism, including experiences of intergenerational trauma and racism.”³

For this toolkit, we approach conflict resolution and healing as anti-racist work that acknowledges and names the many ways that settler colonialism and Indigenous-specific racism continue to impact the well-being of Indigenous Peoples. We facilitate meaningful sharing circles to tackle the challenges and strive to mitigate the impacts on our senses of self, our relationships, and our communities.

Adopting a Strengths-Based Approach

By adopting a strengths-based approach to substance use, we are empowering our people to discuss substance use with their families and communities in order to decolonize the shaming narrative created by settler colonialism.

Every human being is on their own unique and self-determined wellness journey, and we uphold and honour their strengths and courage as they walk this path (see the visual depiction of health and wellness by the FNHA in *First Nations Perspective on Health and Wellness*).

A strengths-based approach means looking from a positive perspective and identifying the strengths of a person or community, and building on that foundation to develop sustainable solutions. In short, we practise the long-held tradition and belief in our Indigeneity as a source of strength and pride.

“When the other branches of our collective family think of us, there is a common perception of Indigenous Peoples as being ‘less than.’ Less able to care for ourselves. Less able to achieve. Less able to advocate for the services we need. This report is not about less; it is about unity and the fundamental rights of all peoples. It is about confronting and acknowledging the negative, while making room for the positive.”⁴

– Knowledge Keeper Te’ta-in (*Sound of Thunder*) Shane Pointe, Musqueam Nation

Following Knowledge Keeper Te’ta-in’s words, in this toolkit we confront the settler colonial and Indigenous-specific racism that continues to affect our communities, while making room for and drawing upon our rights, strengths, knowledge, and culture to help us move toward a more positive future. We do this by empowering participants to speak about truths from a place of strength, power, and entitlement as Indigenous Peoples, rather than from a place of “less than.” It is our right as Indigenous Peoples to have access to healing, as individuals and as communities, in a culturally safe way that honours and elevates our cultures and traditions.

³ First Nations Health Authority Policy on Mental Health and Wellness, p. 3

⁴ Turpel-LaFond (Aki-Kwe), M.E. In *Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care*, p. 4.

Connecting and Reconnecting

1. Indigenous Peoples have the right to use their traditional medicines and maintain their health practices, including the conservation of their vital medicinal plants, animals, and minerals. They also have the right to access, without any discrimination, all social and health services.
2. Indigenous Peoples have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

Article 24 of the *United Nations Declaration of the Rights of Indigenous Peoples*

Article 24 of the *United Nations Declaration of the Rights of Indigenous Peoples* affirms the rights of Indigenous Peoples to have access to care and medicines, including traditional medicines, that allow us to flourish on our own terms and according to our vision for the future, not just survive and barely get by.

We want to promote hope and possibility. We want to change the narratives in our communities from surviving to self-determining and thriving. Pain and sorrow can teach us many lessons, and when we open ourselves up to learning and healing, pain can help us grow emotionally, intellectually, and spiritually. If we do not open ourselves, the pain will continue. We control the choices we make, and this includes how we choose to react to the things that have happened and continue to happen to us. The process of reframing our thinking about our experiences when sharing stories with others can lead us to a path of peace and happiness. This work is done through transformative dialogue between individuals, family members, and community members.

Transformative dialogue is about changing how we think and talk about the conflict that exists so that we can come together in our differences to a better understanding of one another and honour each other's perspectives and experiences.⁵ It is not about reaching an agreement necessarily, or finding common ground—although that may come later. What matters first and foremost is to move away from allowing the conflict to destroy our relationships and instead committing to work through our differences.

Transformative dialogue offers hope and possibility for Indigenous Peoples to imagine and work toward a future where we can flourish in connection with one another, rather than just survive. Our connections can extend to our cultures, traditions, medicines, ancestors, and lands. Reconnecting to our stories, songs, connections to the land, drums, medicine wheels, and other teachings is a way to connect with self and others. Culture is healing. Culture has a way of grounding us and connecting us to one another. It helps us to make choices that draw on our inherent emotional, mental, physical, and spiritual strengths. By reclaiming our culture and ways of being, we are reclaiming our identity.

⁵ Erik Cleven, Robert A. Baruch Bush, and Judith A. Saul, *Living with No: Political Polarization and Transformative Dialogue* J. Disp. Resol 53 (2018). Available at: https://scholarlycommons.law.hofstra.edu/faculty_scholarship/1157

Sharing Circles/Talking Circles

“Spirituality is utilizing culture and traditions to live in harmony with the land and oneself, which gives peace to the heart and mind.”

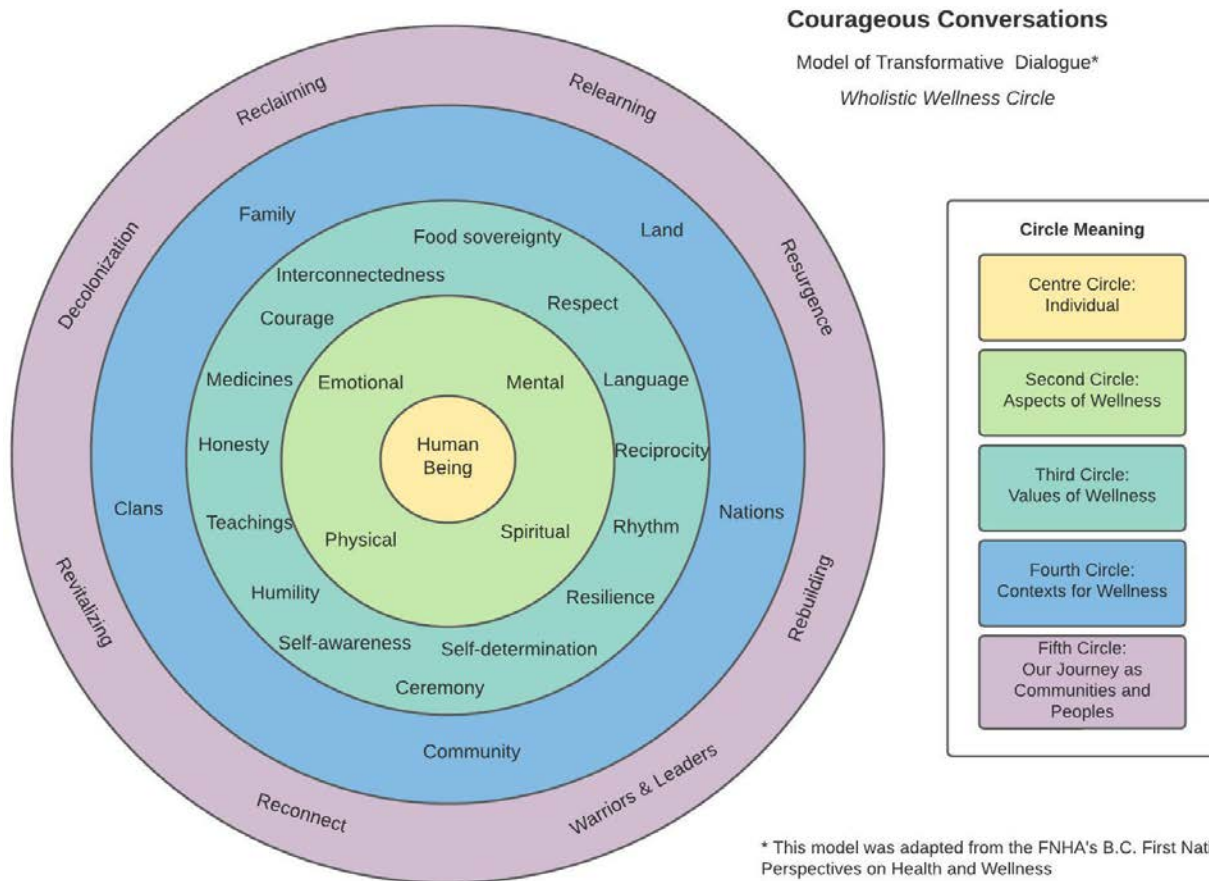
– *Elder Doreen Peter, Cowichan Tribes*

Indigenous spirituality is diverse and culturally rich. The traditional teachings passed down from generation to generation vary widely. Spiritual practices and ceremonies reflect Indigenous Peoples’ sacred connections to the Creator, Mother Earth, ancestors, lands, waters, the four-legged, the ones who fly, and the ones who crawl. These traditional teachings are our ways, and they lead us back to the lands and the world around us. “Nature is Culture, and Culture is Nature,” says Cowichan Tribe Elder Doreen Peter. Today, our sacred traditions continue to give us the strength, resiliency, and self-determination we need to call out and mend intentional colonial harms. Our communities are vibrant and thriving and continue to share and pass traditional teachings to the next generation. We have retained our spiritual connection, a connection that is fundamental to all beings.

Recognizing the importance of reinforcing connection, the Courageous Conversations Toolkit centres Indigenous worldviews, knowledge, beliefs, social processes, and structures wherever possible. Indigenous Peoples in BC have laws and traditions that inform their diverse protocols and processes for resolving disputes and conflicts within their communities. These include sharing circles, healing circles, and talking circles. (It is important to consider different terms for ways to gather in a circle, in relation to the diversity in beliefs and spiritual practices amongst Indigenous Peoples.) These circles are an essential part of the oral tradition of Indigenous Peoples. Some use a talking stick or a talking feather, while others use a peace pipe, a sacred shell, or another selected object that has meaning for them. The main point of using a sacred object is that the person holding the object has the right to speak. The circle itself is considered sacred. First Nations people know that the circle is a dominant symbol in nature and represents wholeness, completion, and the cycles of life. When the concept of the circle is used in communication, it provides a means of communicating in supportive ways that ensure everyone is included and given a voice.

See **Chapter 5** for more information about the steps for creating a sharing/healing/talking circle.

Courageous Conversations: A Model for Transformative Dialogue



The FNHA’s framework of BC First Nations Perspectives on Health and Wellness is based on a holistic approach to wellness and knowledge that has been passed along by our Elders and Traditional Healers. We have adapted the FNHA’s circular framework to illustrate the ways in which transformative dialogues can assist families and communities (see image above).

The individual is placed in the **Centre Circle** (yellow). It is where the journey to wellness begins.

The **Second Circle** (green) shows the different aspects of wellness—**mental, emotional, physical, and spiritual**—that surround an individual and that are needed to be healthy.

The **Third Circle** (teal) shows the different values that allow conversations and conflict to unfold in healthy and supportive ways.

Respect is about acknowledging and lifting the dignity of ourselves and one another as individuals. It is about honouring and valuing who we are as people and community, even though we may not at times agree with one another. Respect is important for maintaining healthy relationships with ourselves, our families, and our communities.

Honesty is about being truthful to others and to ourselves. When harmful things happen to us, we may want to bury painful memories deep inside to forget them. When we ignore our memories, they can make us sick. Honesty needs a pathway of trust and safety. We are all responsible for creating this pathway for ourselves and for each other.

Courage is about overcoming our fears by doing what we need to do even if we feel afraid. Fear can be useful. It tells us when we are feeling challenged with something new, uncomfortable, or both. When we are able to notice and name our fears and find ways to support ourselves and each other, we find the courage to face our fears and move through them. We can change ourselves or our situation and find peace and connection.

Humility is about accepting change and knowing when it is time to listen and open our hearts to understanding others. It is about letting go of our pride and being open to new or different perspectives that may not match what we have known or believed in the past.

Self-Awareness is about understanding ourselves, our feelings, our behaviours, and our actions. It is about being able to stand back and look at ourselves with kindness and love. It is also about being able to ask ourselves tough questions about our beliefs and about responsibilities for those we love. Self-awareness is about building a healthy relationship with ourselves. When we understand ourselves better, we become stronger and gain the power to make the changes we want.

Reciprocity is about relationships—with ourselves, family, and community members. It is about holding ourselves and others accountable as representatives of our families and our culture. It is about understanding how our actions can have a ripple effect on other people and the world, like a wave that travels across the ocean.

Rhythm is about embracing the natural cycles in things—the ebbs and flows of the oceans, the decay and rebirth of life through the seasons, the quiet before a storm. It is also about embracing these rhythms of the land within ourselves. It is about knowing when to give space and time for rest, pause, and healing, and when to gather momentum to push forward and outward.

Self-Determination is about having the power to take control over our lives so that we can make decisions, learn, and grow on our own terms. It is about honouring the fact that Indigenous Peoples have had our own laws, traditions, languages, protocols, and cultures since long before the arrival of the Europeans. Self-determination is about our right and responsibility to control our own lives, make decisions, learn, and grow.

Interconnectedness is about our ways of being connected to everything around us and to our ancestors who have gone before us. Everyone and everything has a purpose and is worthy of respect and caring. We connect Mother Earth with all of the plant beings and four-legged brothers and sisters, the finned and flying beings, and the Creator and Great Spirit that animates all. When we know and feel the interconnectedness of everything and our own connection to them, we can feel stronger and have greater respect for others. This leads to stronger relationships and healing.

Resilience is about being able to adapt to challenges or adversity. When we face something difficult, sad, dangerous, or hurtful, our inner strength can help us move through these stressful situations and bounce back. Resilience is like a muscle that gets stronger with practice and exercise. Some challenges are more stressful than others and we may need help. Connecting with culture, the land, and loved ones are all ways to help us recover our mind, heart, and spirit and thereby build our resilience when facing something that is particularly difficult.

Teachings, medicines, ceremony, and language are central to having healthy and supportive conversations. Our Elders help us to connect with teachings, medicines, ceremony, and language. They help us to reconnect with our ancestors, our cultures, and each other so that we can come together, make amends, and heal our bodies, minds, and relationships.

Food sovereignty is about growing, making, eating, and sharing food in ways that reflect our cultures, traditions, medicines, ceremonies, and teachings. It is about being “in a good way” with the land and the creatures that provide our food. It is about having access to nutritious, delicious food regardless of who you are or where you are. It is about coming together and sharing meals together as an important part of rebuilding our families and communities as we move through conflict.

The **Fourth Circle** (blue) shows the different contexts for wellness. **Family, land, community, nations, and clans** surround us. Even if we as individuals may not feel connected to them right now, they remain our foundation and are a part of who we are. It is by connecting and reconnecting that we can live out the values of the Third Circle and replenish the four aspects of our wellness.

The **Fifth Circle** (purple) shows our strengths and resilience. Re-connecting is the armour that protects us on our journey as communities and as peoples.

Reclaiming land and reclaiming power.

Relearning the history and cultures of our ancestors that we already carry within ourselves.

Reconnecting to culture, ceremonies, teachings, language, and land.

Revitalizing language, traditions, and culture.

Decolonizing our hearts, minds, bodies, lands, and relationships.

Resurgence to emerge out of the grips of colonization.

Rebuilding our families, lands, communities, nations, and clan systems on our own terms, according to our own vision.

Empowering our **Warriors & Leaders** to redefine what good leadership truly means.

Courageous Conversations: A Model of Transformative Dialogue provides a framework for how we can approach conflict as a way to attain wellness in ourselves and in our communities. The themes and concepts in this model are the guiding stars of this toolkit. In the following chapters, we delve into specific ways to apply this model in the way we approach conflicts around substance use through transformative dialogue, or what we call Courageous Conversations.

Chapter 3. Learning and Reframing

It takes courage to leave behind old patterns.

We need to learn more about the colonial atrocities that were committed against our Peoples and understand how the colonial legacy of violence and racism continues to impact us. We also need to recognize that we are not defined by the pain that has been inflicted upon us.

The profound suffering caused by colonialism has embedded itself across generations in our bodies, minds, and spirits. It takes a lot of work and love to confront the pain and hurt so that we can open up to ourselves and each other. We have to talk about our collective and personal pain. We need to let it out in the open so that we no longer hold the pain and shame as secrets. This is the way to healing, rebuilding our communities, and reclaiming ourselves and our identities.

To start this journey, we need to decolonize our bodies, minds, and spirits by rejecting the colonial tools that undermine us and by reclaiming the things that sustain us (our traditions, our medicines, our governance systems, our ways of thinking and being, and our relationships with one another).

In this chapter, we will explore ways to begin the healing journey with ourselves, our families, and our communities. First, we will confront the damaging stigma about substance use and stereotypes about Indigenous Peoples, and then we will discuss harm reduction and traditional teachings for ways to move forward.

Confronting Stigma and Harm Reduction

Stigma refers to the negative and unfair beliefs that a society or group of people hold about something or someone or another society or group of people. It is one of the ways that colonialism continues to erode our spirit, our spirits, and feelings of well-being, our relationships with one another, and our communities. To stigmatize someone or something means to mark a person or an object/behaviour with shame.

Stigma as it Relates to Substance Use

There is a long history of stigma attached to substances and the people who use them. Often, stigma related to substance use is driven by **stereotypes** about people who use substances or who have substance-use disorders. Stigma is a negative stereotype and discrimination is the behaviour that results from this negative stereotype.⁶

⁶ Canadian Mental Health Association. "Stigma and Discrimination." Accessed 15 January 2023. Available: <https://ontario.cmha.ca/documents/stigma-and-discrimination/>

Stereotypes are perceptions (often negative, but sometimes positive) of people based on superficial and overly simplified descriptions. They are often based on prejudice and judgement. This is because stereotyping is part of our human process of managing information into categories, including information about people who are different from ourselves. Both negative and positive stereotypes take this process to an extreme, taking one trait about a group of people out of context, exaggerating it and flattening as a defining feature of the group. Stereotypes tend to ignore the fact that people are complex and that there are systemic factors affecting people’s lives and choices. This can be done deliberately to dehumanize and discriminate against people based on their ancestry or how they behave.

Stereotypes of Indigenous Peoples are settler colonial tools to dehumanize us and justify discrimination against us, including taking our children, erasing our culture, and robbing us of our lands, dignity, and rights. Stereotypes of Indigenous Peoples include the racist preconception that we are prone to substance dependence, that we “deserve” our suffering and trauma, and that we are not fit to take care of ourselves or our families. These cruel stereotypes are extremely damaging to our hearts and our souls, and they lead to mistreatment, abuse, and neglect of Indigenous Peoples across all systems, including the health care system. This can lead to less access to life-saving care and medicines and even death (for example, the tragic cases of Joyce Echaquan in 2020 and Brian Sinclair in 2008).

Stereotypes of people who use substances or have substance-use disorders include descriptions like being out of control, weak, selfish, dangerous, and incompetent. All of these are negative perceptions based on prejudice and judgement about substances and people with substance-use disorders. Interestingly, these are the same stereotypes that are applied to Indigenous Peoples. In settler colonial society, being an Indigenous person has come to be synonymous with someone who uses substances.

It is important to understand that these negative stereotypes of people who use substances did not always exist. In fact, before the arrival of colonial settlers, we did not have the concept of “bad substances” or “bad drugs” in Indigenous communities. Everything was considered medicine. It wasn’t until the arrival of colonial settlers that alcohol entered Indigenous communities – and

Joyce’s Principle, August 2020

Following the death of Joyce Echaquan, Joyce’s Principle was created by the Atikamekw Nation and aimed to guarantee all Indigenous People the right to culturally safe, accessible health services without experiencing discrimination and racism. Joyce passed away because of racism, and her legacy lives on as we uphold Indigenous Peoples’ rights to mental, emotional, physical, and spiritual care with Joyce’s Principle.

- Indigenous Peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals, and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.
- Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

***Out of Sight* by Brian Sinclair Working Group, September 2017**

The Brian Sinclair Working Group was formed to examine the role of racism in the death of Brian Sinclair and the inquest that followed. Mr. Sinclair passed away in a Winnipeg hospital emergency room after being ignored for 34 hours “because staff assumed he was intoxicated or homeless rather than in need of medical care” (p. 5). The Working Group produced a report to highlight ongoing Indigenous-specific racism in the health and legal systems. It recommended that “all stakeholders in the healthcare system (including the federal government, the provincial government, Regional Health Authorities, unions, professional organizations, and post-secondary institutions involved in the delivery of professional programs) adopt anti-racist policies and implementation strategies that include committing resources to providing anti-racist training and supporting independent investigations when complaints are filed” (p. 9).

with it, prejudice and judgement about certain substances and their use. In 1917, alcohol was made illegal by the Canadian settler colonial government, thereby prohibiting the sale of liquor except when it was used in (Western) prescribed medications. This led to the rise of illegal production and distribution of beer, and bootlegging. From that point forward, alcohol consumption and addiction were perceived as immoral, and the people engaging in these activities were thought of as criminals.⁷

By the 1920s, the **moral model** had come to the forefront in which addiction to alcohol and other substances was perceived as a sign of human weakness—a character defect. This **moral model** of addiction, which passes moral judgement on people who have substance-use disorders, ignores biological or genetic components of addiction that have little to do with a person’s personality, character, or even choices. The moral model of addiction offers little sympathy for those who display addictive behaviours.

By the time alcohol was made legal again in the 1920s, the moral model was firmly rooted.

It still exists today, when you hear people say things like “pull up your bootstraps” or “get over it” regarding substance-use disorders. The moral model is about blaming the person with the substance-use disorder.

The same moral model is applied to harm reduction as well. Instead of being seen as a way to save lives, harm reduction is often portrayed as enabling substance use. We will explore the misconceptions and myths about harm reduction later in this chapter.

⁷ Hallowell, Gerald. “Prohibition in Canada,” *The Canadian Encyclopedia*. 2013. Accessed 15 January 2023. Available: <https://www.thecanadianencyclopedia.ca/en/article/prohibition#:~:text=Prohibition%20was%20first%20enacted%20on,exported%20out%20of%20Canadian%20ports>

Definition of Stigma

Stigma is a Greek word referring to a mark of disgrace such as a tattoo that was cut or burned into the skin of people who were criminalized or slaves. The intention was to visibly mark them so they public would shun and shame them. Further, this mark of disgrace informed the public that this person had weaknesses or defects of character.⁸

Today, people who use drugs continue to be judged and “marked” as having weaknesses or defects of character based on their behaviours. Such judgements are untrue but pervasive, causing further psychological harm to people who use substances.

Types of Stigma

Stigma manifests in different forms (structural, social, and self), each reinforcing the others.⁹

Structural stigma includes structures of society such as policy, practices, and social norms, which enable prejudice and discrimination against people with substance-use disorders. Structural stigma can present in the form of criminal records, laws against the use of certain substances, government policies (e.g., Ministry of Children and Family Development policies), and organizational policies (e.g., hospital policies) around substance use.

Social stigma refers to the negative attitudes about people who use drugs and/or their friends and family members. It also includes the use of negative labels in everyday conversation and in the media and the use of negative images of people who use drugs or of their families. It involves blaming people with substance-use disorders and their families, ignoring their cries for help, and erasing their experiences and voices.

Self-stigma refers to when a person internalizes the social and structural stigmas by absorbing the negative messages and images they see and hear about people who use drugs and applying it to themselves. They end up blaming themselves for their own illness.

For people with substance-use disorders, these different types of stigmas are concurrent and further complicate one another.

⁸ Retrieved from Encyclopedia 1080
<https://www.encyclopedia.com/plants-and-animals/botany/botany-general/stigma>

⁹ Retrieved from Here to Help BC. (n.d.). The three faces of stigma. Here to Help BC. Retrieved February 13, 2021, from www.heretohelp.bc.ca/visions/recovery/stigma-and-inclusion-vol13/the-three-faces-of-stigma

Stereotypes and Indigenous Peoples

In addition to the stigma associated with substance use, Indigenous Peoples face stigma due to our culture. We are confronted by a long history of negative stereotypes, racism, and judgement by colonial settlers, which has led to structural, social, and self-stigma including the belief that we are “less than” non-Indigenous Peoples. When combined, these negative stereotypes translate into negative attitudes that affect all levels of our well-being, and in turn reinforce each other, ultimately hindering good health outcomes. Negative stereotypes are the legacy of colonization and loss of our language and culture.

Indigenous Peoples face multiple stigmas simultaneously. We are disproportionately represented in toxic-drug deaths, where the gap between Indigenous and non-Indigenous Peoples is widening, as well as in the foster care system and correctional facilities. In society, these stark realities “mark” us as being weak and having defective characters, but they do not show the full picture.

Indigenous Peoples have insufficient access to culturally safe mental health and addiction treatment. We face systemic racism in health care, including policies that discriminate against us as “weak” or “less than,” further compromising the care provided to us. Many of us have intergenerational trauma from our ancestors’ experiences at the hands of the colonial settler government and institutions, like health care, education, and the criminal justice system. We also cannot forget the legacy of trauma caused by the Indian Residential School System, the Indian Reserve System, the Sixties’ Scoop, the Missing and Murdered Indigenous Women and Girls, and many other traumas inflicted on our people that have created deep wounds in our souls, our families, and our communities.

Many Indigenous Peoples face the stigma of substance use as well, because we are disproportionately represented in toxic-drug deaths. The negative perceptions reinforce stereotypes of Indigenous Peoples as being more prone to addiction. These stereotypes lead to negative attitudes toward us by others, including health care providers, government workers, and the police. These attitudes tend to reinforce each other, ultimately hindering our well-being. We ultimately end up internalizing these attitudes and stereotypes ourselves.

The results are that we have less access to health care and harm reduction. We lack trust in health care services—many health care providers have failed to treat us with dignity or believe us when we say we are in pain. We feel ashamed, hopeless, and isolated in our pain. We do not receive understanding from our friends, families, and others around us. All of this fuels disconnection, loss, and mental health issues.

Decolonizing our bodies, minds, and spirits means confronting the lies that are continuously told about us, including that we are “less than.” It means dismantling stereotypes and shedding light on the source of these experiences, our struggles, the ongoing legacies of settler colonialism. We are not at fault for our own traumas, as individuals or as a people. When we can recognize these truths, then we can begin to shed our internalized stigmas. And when we do, we can begin the process of healing – which includes Indigenous harm reduction.

Embracing Harm Reduction

“Harm reduction saved my life; I was able to get a job and begin to start a spiritual journey of self-discovery, and I learned that I have worth and purpose.”

– Rose

FNHA’s Policy Statement on Indigenous Harm Reduction

Through our relationships and partnerships, the First Nations Health Authority works to integrate cultural knowledge, traditional practices, and First Nations values into harm-reduction strategies and services. We support harm reduction as a crucial approach to wellness. We view harm reduction as an approach deeply embedded in culture, as well as in public health and human rights, one that seeks to minimize harms associated with substance use and supports people who use substances where they are at on their healing journeys. A First Nations approach strengthens conventional harm reduction by weaving in culture, teachings, community, and connections to the land and each other.¹⁰

Harm reduction is about reducing the negative consequences of using alcohol and other substances while respecting and upholding the rights of the person who uses. It is recognizing that abstinence is but one path – not the only path, and not necessarily suited to all people.

Harm reduction is compassion, empathy, and courage in action. It is about meeting people where they are and may take any of the following forms:

- Offering therapies such as **Opioid Agonist Therapy (OAT)**, which helps a person replace more harmful drugs with substances that are known to be less harmful but still allow the person to numb their pain.
- Driving/accompanying someone to a safe-consumption site or finding someone else who can help.
- Checking in on a person after they have used substances to ensure they are okay.
- Making naloxone (a medication known to save lives which a bystander can administer to a person who is experiencing an overdose) widely available.

¹⁰ First Nations Health Authority. “Fact Sheet: Indigenous Harm Reduction Principles and Practices.” <https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Indigenous-Harm-Reduction-Principles-and-Practices-Fact-Sheet.pdf>

- Learning how to use naloxone and carrying it with you so that you are prepared to provide help if someone is in distress.
- Providing people who are using with housing, food, and enough money to live on. Poverty, homelessness, housing, and food insecurity only add to a person’s pain.

Why is Harm Reduction Important?

Sometimes it is difficult for families and friends to understand why they cannot stop a loved one from using substances. Out of love and concern, they may feel angry, sad, even betrayed, and may resort to shaming their loved one.

Pain and suffering can push a person to use. So, being judged or shamed by families and loved ones just adds to the pain and suffering they are already feeling. Shaming does not change behaviour. In fact, feeling shame can lead a person to take risks that put them in harm’s way, even in dangerous situations. Shame also creates distance so that when help is needed, there is no one there to assist.

Judgement and shame do not solve substance use and pain. Taking a harm-reduction approach and supporting a person through their pain without judgement can help create a bridge to connection and healing.

Myths and Truths about Harm Reduction

There are a lot of misunderstandings and misconceptions about harm reduction. The chart below provides a sampling of the most common ones:

Myth	Truth
“Harm reduction encourages people to use drugs.”	A great deal of research has been done exploring the relationship between harm reduction and substance use. This research has shown that harm-reduction strategies do not encourage substance use. In fact, harm-reduction strategies can encourage people who use substances to start treatment. At its heart, harm reduction is about treating people with respect, no matter where they are in their journey. ¹¹

¹¹ For examples of this research, see: Beirness DJ, Jesseman R, Notarandrea R, Perron M. (2008). *Harm Reduction: What’s in a Name?* Canadian Centre on Substance Abuse. Available at www.ccsa.ca; Brunt T. (2017). *Drug checking as a harm-reduction tool for recreational drug users: opportunities and challenges*. European Monitoring Centre for Drugs and Drug Addiction. Available at: www.apo.org.au

<p>“If we teach kids about harm reduction, we are giving them ideas about drugs and encouraging them to use drugs.”</p>	<p>Teaching children and youth about drugs, alcohol, and harm reduction provides them with the information they need to make safer choices. They have access to many different substances, and some are extremely dangerous/part of the toxic-drug supply. There is also a lot of misinformation about drugs and alcohol—about what is dangerous and what is safe, especially for young people whose bodies are still developing. Teaching children and youth about harm reduction is about giving them the tools they need to keep themselves and others safe.</p>
<p>“Using alcohol and drugs is a personal choice. You can choose not to use them.”</p>	<p>For many Indigenous Peoples, alcohol and drug use is closely connected to the pain imposed by enduring colonial structures and intergenerational trauma. Indigenous Peoples carry not only their own pain, but also the weight of pain inherited from colonial harms inflicted on parents and ancestors. Harm is the source of pain for which Indigenous Peoples have yet to be acknowledged and receive and reparations. Alcohol and substance use are coping mechanisms. In short, it is not about people “choosing” to use. People need other options for dealing with the pain and taking steps towards healing.</p>
<p>“Harm reduction is wrong. Abstinence is the only right way.”</p>	<p>This is a belief that many people hold in Indigenous communities and in society. It is perhaps why there are so many laws and punishments around drug use. All too often people end up in the legal system with little recourse. Abstinence is not attainable or right for everyone. For many people, harm reduction offers an alternative that can help to prevent overdoses in our families and communities.</p>
<p>“Harm reduction is the first and only step to abstinence. Abstinence is the goal of harm reduction.”</p>	<p>Not necessarily. For some people, harm reduction could be their first step on their journey to abstinence. Some people might alternate between using, abstaining, and using again. Some people might continue to use indefinitely or reduce their use. Everyone’s journey is different.</p>
<p>“Detox and treatment are more effective than harm reduction.”</p>	<p>Getting into treatment or detox takes time, and everyone arrives at this place at their own pace. The choice to enter detox and treatment rests solely with the individual, and until they are ready to make this choice, other supports need to be in place. Harm-reduction strategies and techniques offer options.</p>

Common questions answered by a person with lived/living experience:

Q. Is dependence on heroin, fentanyl, cocaine, and crystal methamphetamine treatable?

YES! These drugs are treatable with medications that will help people stay safe. The medications may differ depending on what, how much they would use in a day, and how long they have used drugs.

Q. Can people use medication to treat dependence on these drugs and have a functional life?

YES! Many people are able to use these medications and begin a new start that includes parenting, working, and spending time with family and loved ones.

Q. Why do people relapse?

We do not like the word “relapse”! Cravings and impulses are natural when you become dependent on drugs and alcohol. These things affect each person differently. YES, people have setbacks—and that’s okay. This life is a journey for every human being to make and to live in the way they choose.

Q. Does “tough love” help?

NO. As one person who overcame substance-use disorder shared, “I carried heavy shame for a long time, and the rejection from family was another indicator that I was unworthy of love and belonging. The drugs at first worked to numb the heavy pain I was carrying. Does that make me a bad person? NO. Shame MUST be HALTED when speaking to people about their actions and substance use. I used drugs and went to prison, prostituted, stole, and sold drugs, and yet these actions do not define my character. Yes, they are not easy to live with, but more importantly these actions reflect the pain and suffering imposed on me by others in my childhood and as an adult. I was able to overcome my drug use and create a meaningful life. We have to stop discriminating and judging people as ‘bad’ people and instead support them with meaningful connections.”

Now that you have had the opportunity to review these materials, here are some questions for you to think about. These are reflection questions to help you identify your beliefs and opinions and their impact on your loved ones who are using substances.

- **What are your beliefs about substance use? What are your beliefs about people who use and are dependent on substances?**
- **Why do you hold these beliefs? What are they based on?**
- **What do you think a person who uses substance would feel if you told them your beliefs about substance use? Would they feel ashamed or blamed? Or would they feel validated and understood?**
- **If you have someone in your life who uses substances, why do you think they are using? What kind of pain might they be trying to numb by using drugs or alcohol?**

You can reflect on these questions in a journal, or you might consider talking through these questions with someone you trust—a counsellor, an Elder, an auntie or uncle—**but not the person in your life who is using substances. Not yet!** There are many more steps before you can start thinking about having the conversations. We will explore that in later chapters.

Indigenous Harm Reduction

Harm reduction for Indigenous Peoples goes deeper than offering harm-reduction supplies like naloxone, or safe supplies of substances. The FNHA’s description of the “Not Just Naloxone: Talking about Substance Use in Indigenous Communities” training workshop reflects the core of what Indigenous harm reduction does, i.e., it “uncovers and addresses the roots of addiction, acknowledges the roots of community connection, and empowers First Nations communities to design their own response to the issue—all while celebrating community and individual resilience.”¹² Western approaches to substance use are not centered on understanding the individual’s motivations and beliefs around substance use. Indigenous harm reduction is focused on creating a foundation of care and support with the goal of creating understanding about why people use substances.

¹² First Nations Health Authority. Not Just Naloxone Training: a three-day “train-the-trainer” Workshop. 2018 June 17. Available at: <https://www.fnha.ca/about/news-and-events/news/not-just-naloxone-training-a-three-day-train-the-trainer-workshop>

Indigenous harm reduction is also about drawing on our existing strengths—our medicines, cultures, and teachings—to heal ourselves and one another. The FNHA has established overdose-prevention services for Indigenous Peoples across the province. Called Raven’s Eye Cedar Sites, they include the medicines and teachings of First Nations peoples:

At Raven’s Eye Cedar Sites, following the spirit of the cedar, staff use kindness to support people as they decide what is best for them, allowing people to paddle their own canoes of wellness. Raven’s Eye Cedar Site staff support harm reduction for people who use substances in a fixed location that stands tall like a cedar tree.

Also sacred, sage is used for smudging, cleansing and maintaining our spiritual, mental, emotional, and physical safety. For some Nations, sage is a very personal medicine that people gather themselves.

Raven’s Eye Sage Sites emulate the spirit of sage by adapting to the needs of the community and the person accessing services. Like the smoke of sage, Raven’s Eye Sage Sites wrap around the person using substances on short notice, supporting their wellness in that moment. Staff providing support at community health clinics, supportive housing facilities and resource centres can respond to the needs of people accessing services by providing “episodic” substance consumption support – on demand or as needed.¹³

The FNHA also developed *Indigenous Harm Reduction Principles and Practices*, which describes different aspects of harm reduction for Indigenous Peoples and are represented by important animals in First Nations beliefs and stories. These principles emphasize connecting, understanding, supporting, respecting, and healing.

¹³ First Nations Health Authority. Raven’s Eye Sage Sites: First Nations Overdose Prevention in BC. Available at: <https://www.fnha.ca/Documents/FNHA-Ravens-Eye-Sage-Sites-Service-Delivery-Framework.pdf>

THE PRINCIPLES AND PRACTICES USE CULTURAL REPRESENTATION FROM FOUR PROMINENT ANIMALS HERE IN BC. EACH ANIMAL IS REPRESENTED BY SYMBOLISM, A HEALING PRINCIPLE, AND COMPARATIVE HARM REDUCTION STRATEGIES:



THE WOLF

- A symbol of relationships and care.
- Healing requires working together as one heart and one mind.
- This representation is associated with harm reduction principles that emphasize the importance of building relationships with people who use substances. An example of carrying out this work might look like providing outreach services.



THE EAGLE

- A symbol of knowledge and wisdom.
- Healing requires time, patience, and reflection.
- This means acknowledging that wellness is a journey instead of a destination. It aligns with the harm reduction principle that support may take many ongoing opportunities. It also means that in our professional work practice we take the time to reflect on our own emotions and allow room for patience in our engagements with people who are using substances.



THE BEAR

- A symbol of strength and protection.
- Healing is embedded in culture and tradition.
- This principle celebrates a strength-based approach in working with harm reduction. This also recognizes culture and tradition as intergenerational strengths that are methods of harm reduction on their own.



THE RAVEN

- A symbol of identity and transformation.
- Healing requires knowing who you are and accepting who you were.
- This healing principle acknowledges that the path to wellness is a journey that encompasses the exploration of identity and that mistakes will be made along the way. We do not need to carry the burdens of past, as they transform us when we learn from them.

WORKING WITH INDIGENOUS HARM REDUCTION: LEARNING COMPONENTS

THE WOLF: RELATIONSHIPS AND CARE

- Outreach services for people who do not access site based services: food, safer smoking/injecting kits, condoms, etc.
- Services are human-centred - inclusive, caring, and trauma-informed.
- Strategies and services are based on a foundation of cultural safety and humility.
- Acknowledging family relationships, community, Nation, and land.
- Understanding the impact of cultural oppression, intergenerational trauma, land-loss, and current social, environmental, and economic realities.

THE EAGLE: KNOWLEDGE AND WISDOM

- Strategies and services are trauma-informed.
- Support individuals and communities wherever they are at in their wellness journey.
- Recognize that stigma and shame are factors that need to be taken into consideration and addressed.
- Supporting strategies and services that are evidence-based.

THE BEAR: STRENGTH AND PROTECTION

- Strategies and services are wellness focused and holistic in nature.
- Incorporate Indigenous beliefs, values, and practices: medicinal plants, ceremony, Elder consultation etc.
- Incorporate Elders and cultural people to guide and participate in the Initiatives.

THE RAVEN: IDENTITY AND TRANSFORMATION

- View addiction as a health and social issue, not a moral or criminal issue that can result in complex personal health and social consequence, involvement with the law and premature death.

Embracing harm reduction is part of our journey toward healing from traumas of settler colonialism and embracing our future in relationship to ourselves, one another, and our cultures and teachings.

Traditional Teachings and Good Medicine

Our strength is rooted in our culture. Bringing back our culture is essential to our path to wellness as Indigenous Peoples.

It is important to know that learning about our culture does not necessarily mean going back to how we were in the past. Prior to the arrival of colonists, our cultures were constantly evolving, organically shifting to address changes in thought, world views, needs, and understandings of the world. There were, however, fundamental principles and traditions that remained constant.

Traditionally, Indigenous strength was rooted in our Nations, clans, families, extended families, and communities—we looked after our children, our elderly, and our sick. We supported one another through difficult times and combined our strengths to accomplish great things. We believed and knew that we were stronger together than apart.

Today, many of us are disconnected. Through *The Indian Act* (and its many iterations), settler colonizers purposefully severed these deep ties, however the power of our connection is not lost. We are reclaiming it. For some, the opportunity to connect with families, communities, language, Elders, traditions, and the land is direct. For others, reconnecting through other Indigenous traditions and cultures assists in healing. Each of us can choose how to reclaim our culture and traditions to bring us back to ourselves and our communities.

When considering the importance of culture, here are some questions for you to think about:

- **What does culture mean to you?**
- **As you move forward, what aspects of your culture do you want to incorporate into your life and possibly pass on to the next generation?**

“I remember when I stopped using methadone. It was hard, and I was scared. I was scared because it was the first time that I was not medicated on any mood-altering substance in over 15 years, and I was worried that I could not rely on myself to not self-medicate when feeling the guilt and shame I was carrying. This heaviness would weigh on my heart and I felt hopeless and was not sure I could abstain from drugs because I did not have the tools. I was invited to a sweat lodge (my first sweat) by a Cree Elder. I went to the sweat lodge and prayed and cried to the Creator to help me. That day began my journey inward to listen to my spirit. My spirit and I connected through the medicines. I am grateful that the Elder shared his teachings it opened the door to culture to help me cultivate kindness, compassion, and forgiveness to myself.”

– *Rae*

Self-Reflection and Communication




As shared at the outset of this toolkit, individuals are at the centre of the *Courageous Conversations Model of Transformational Dialogue*. To engage in Courageous Conversations and gain a deeper understanding of who we are and why we respond as we do, we need to take the time to self-reflect.

Self-reflection is an important part of understanding how we relate to the world. Communication plays an equally important role. Each of us has different skills, strengths, and comfort levels when communicating, and these are challenged when it comes to having difficult conversations and working through differences with other people in our lives. Being mindful of our communication style is key to the quality of our interactions.

Secwépemc storyteller Kenthen Thomas illustrates the challenges of communication when he shares the story of Bear and Coyote, based on the work of Ron Kraybill. Thomas illustrates various communication styles. The Kraybill model of communication includes five styles of responding to conflict based on the different ways in which a person makes a choice between promoting their own agenda and reinforcing their relationship with others, rated from low, medium, to high.¹⁴ These have been adapted by Kenthen Thomas, who incorporates the model into Secwépemc teachings: “The examples below are based on Secwépemc stories and shared in my own storytelling and from what I understand.”

¹⁴ Style Matters, The Kraybill Conflict Style Inventory, Riverhouse ePress, 2011.

Communication Styles Based on Secwépemc Stories (by Kenthen Thomas)

 <p>Sevxuxlucw (Coyote)</p>	<p>Competing: Trying to win at all costs</p> <p>In one of the stories (called “stepetkwll” within the Secwépemc Nation), Coyote shows “win-at-all-costs” behaviour. It is hard to communicate with Coyote because he hears what he wants to, and then imposes his pride and ego into the situation, making things far worse. He either wins or fails miserably for everyone around him. Usually, it is a failure at all costs. This can be seen in the Secwépemc stories, “Bear and Coyote Make Day and Night” or “Coyote as the Sun.”</p>
 <p>Speqmíc (Swan)</p>	<p>Cooperating: Will work to find solution by consensus</p> <p>In the Secwépemc story of Swan, who is the chief of the little animals, fish, and birds, Swan needs someone to go talk to the larger animals called the Deer People. Swan wants to find a way for all to humble themselves and to talk about not only their differences but to also consider their ways of doing things. To talk candidly about their own behaviour and about how they can correct themselves is considered brave and honest. Like the Swan People and the Deer People, we need to humble ourselves and be brave. Doing so will help us collaborate and find ways to correct ourselves; to find a compromise or solution and to even get along.</p>
 <p>Sku7pecen (Porcupine)</p>	<p>Compromising: Split the difference</p> <p>Porcupine is the one who “knows what needs to be done.” This is a common phrase that is used in the stories from the Secwépemc, where the character or animal person or Qelmucw (human) has finally concluded what they need to do to move forward in the story or in their life. Porcupine often puts his own safety at risk to ensure that a compromise is met. In the story of Porcupine, Coyote understands that whoever goes into the mountains and retrieves the Deer People will receive great riches. This is his impetus. But as we see from the “Competing” box above, Coyote is a win-at-all-costs character and thus he cannot fail under any terms. Porcupine knows that there might be some form of failure but, “knows what needs to be done.” Porcupine prepares, plans, and sets out on the quest, compromising her own safety for the good of all. When she meets with the Deer People, she finds a way to meet in the middle between the two sets of “animal peoples.”</p>



**tsq̓wmus
(Suckerfish)**

Avoiding: Take whatever you can get, will not get involved

In the story of Suckerfish, Suckerfish is narcissistic and full of ego. He believes he is the most handsome creature on Mother Earth. He decides that he is going to jump over the Moon because everyone thinks the Moon is better looking. Suckerfish fails and busts himself into a million pieces and is put back together. He is no longer as beautiful but is alive. But being alive and living alive are two different things. At this point in the legend, Suckerfish chooses to completely withdraw from all his animal people, friends and family and from life itself. Thus, no communication, no self-esteem, and he only takes what he can get.



**xgwélemc
(Fox)**

Harmonizing: Will sacrifice one's viewpoint in order to avoid an argument

In the story of Fox, Fox is often seen as the opposite of Coyote. While Coyote will do what he needs to do to try and win, Fox goes out of his way to not engage in any form of disagreement or competition. Quite often, Fox will find out that Coyote had been killed while acting foolishly – and later will find him by his stink. Thereupon, he jumps over Coyote four times, which brings Coyote back to life. Coyote will never admit to being killed or learning a lesson or foolishly causing his own death. Coyote will blame Fox and try to engage him in an argument as to why Fox woke Coyote up from a good slumber by jumping over him. Fox will disengage and leave. Another example of Fox's accommodating ways can be seen in the Secwépemc story "Coyote and Fox."

Secwépemc “Stepetkwll” or “Legends that Teach” instill two main lessons. The first lesson is how Mother Earth was created as well as all that is life. The second lesson is, “How Not to Behave,” based on examples of poor behaviour and its outcomes. Quite often, Coyote meets his death with his “win-at-all-costs” mentality, his lack of communication, his pride and ego. We see other animals in the stories behave in different ways that provide different learning, ways of knowing, and ways of being. As Qelmucw (humans), we can choose how to behave.

Often, we can look to our own stories from our own Nations and find stories that correlate our Indigenous teachings to the Thomas-Killmann model.

I am an educator and teacher from the Secwépemc. I know some of the stories, I am a language learner, and I choose to learn from the legends or the words of my ancestors.

Kukstsemc (Thank you) for sharing some teachings and time.

– *Kenthen Thomas*

Which communication style do you think you have?

Think about your own communication style. Do you have more than one style? If so, when do you use different styles? In what situations? Maybe it depends on who you are talking to or what you are talking about. Why do you think you take on this communication style or adopt different styles?

Family Roles

Communication styles within our families are varied. Often, family members take on different family roles that can create family dynamics. Here are examples of family roles as developed by Sharon Wegscheider-Cruse,¹⁵ an expert on addiction and codependency. These are archetypes, as in they are each a collection of common patterns of behaviour. It does not necessarily mean that a person would have all the traits within the role, but they may exhibit behaviours that fit into the pattern.

¹⁵ Martin, Sharon. How Addiction Impacts the Family: 6 Family Roles in a Dysfunctional or Alcoholic Family. Psych-Central, 2017. Accessed from: <https://psychcentral.com/blog/imperfect/2017/05/how-addiction-impacts-the-family-6-family-roles-in-a-dysfunctional-or-alcoholic-family>

Role #1: The Person with Substance Dependence

The person who is struggling with substance use lives in a constant state of chaos. Alcohol and drugs become the primary way to cope with problems and difficult feelings. They will stop at nothing to supply this need. They can burn bridges, lie, and manipulate those around them. They isolate themselves and blame others for their problems.

Role #2: The Enabler

Deny, deny, deny! This person wants to smooth things over with the family. To “protect” the family, this person convinces themselves that alcohol or drugs are not the problem. They make excuses for the loved one’s behaviour. Often the enabler is the spouse, but they can also be a child.

Role #3: The Hero

This person is a typical Type A personality: hard-working, overachieving, perfectionist. This person tries to bring the family together and create a sense that everything is normal. This role is usually taken on by the eldest child. Unfortunately, their need to “do everything right” often puts an extreme amount of pressure on this person, leaving them highly anxious and prone to developing stress-related illnesses.

Role #4: The Scapegoat

This person gets blamed for the problems of the family. This role tends to be taken on by the second-oldest child. This person gives the family someone to blame. They voice the family’s collective anger, while shielding the person who struggles with substance from a lot of blame and resentment. When this person gets older, men tend to act out in violence while women tend to run away or participate in high-risk sex.

Role #5: The Mascot

This person is a joker, the class clown. They always try to deflect the stress of the situation by being funny. This role is usually taken on by the youngest child. They’re fragile, vulnerable, and desperate for the approval of others. Being funny is also this person’s defense mechanism against feeling pain and fear. This person often grows up to self-medicate with alcohol or drugs, perpetuating the cycle of substance use and dependence.

Role #6: The Lost Child

This person is usually the middle or youngest child. They’re shy, withdrawn, and sometimes thought as “invisible” to the rest of the family. They do not get a lot of attention from other family members. This person puts off making decisions, has trouble forming intimate relationships, and chooses to spend time alone as a way of coping.

You may already recognize yourself or your family members in these archetype roles. Maybe a person exhibits behaviours in more than one archetype role. Here are some reflection questions for you to consider as you begin to better understand your communication style and where you get them from.

- How did each person “play” their role(s)? What did they do/say (or not do or say)?
- How did other members of the family respond to each person’s behaviours?
- How did it make you feel being part of this family dynamic?
- What could it mean for you to change your role? What would that look like? What impact would changing your role have on your family? How will it meet your needs or the needs of your family?

The questions in the last bullet are to help you imagine something different. It does not mean you have to make these changes or that there is a right or wrong way to be. Recognizing patterns of behaviour in your family of origin is an important way of understanding why you behave as you do, and why others in your family behave as they do. This leads to greater understanding and compassion, and at that point it becomes possible to ask, “Can things be different? If so, how?”

Understanding is a starting point, not the end point

Learning about yourself, your communication style, and your role in the family can assist you in creating positive change. Understanding that things can be different is an important first step. Of course, it will take hard work, compassion, and courage for yourself and others. Having Courageous Conversations is part of this work, and it starts with you.

Remember...

You are not alone.

You have your ancestors and your community behind you.

You are still here.

You are resilient. The mere fact that you exist is evidence of your strength, despite colonial efforts to make you disappear.

Chapter 4. Getting Ready for Difficult Conversations

Before you jump into a conversation about uncomfortable or difficult topics, whether with an individual or a group, it is important to prepare yourself and your surroundings first.

If you have not yet had a conversation about substance use with a family member, friend, or community member, it can feel scary and intimidating to start. If you have talked to them before and the conversation did not go well, you may feel nervous about broaching the subject again.

Talking about uncomfortable topics is hard. It takes courage, and you can build this courage by doing some preparations to help create safety for everyone involved. In this chapter, we cover step-by-step details of how to prepare for the conversation.

Preparing Yourself

Are you ready for this conversation?

You might be motivated to address old patterns in your family or community and, in doing so, start the process of healing within yourself and in your family.

Let us say you decide to go bungee jumping for the first time. You are excited about it, but also feel scared and nervous. You have some ideas about how it should go and what you want from it, but you do not really know for sure. There are many steps in between thinking, “I want to try bungee jumping,” and actually taking the leap. You have to feel ready before you jump. You have to learn how to use the equipment to do it safely. You might want to arrange to have a buddy join you to provide moral support.

Having a Courageous Conversation is similar.

Check in with Yourself

When considering what you want and need from the conversation, here are some questions you might want to ask yourself:

- How am I feeling right now about having the conversation?
- How do I want to feel during and after the conversation? What don't I want to feel?
- How do I want the other person to feel? What don't I want them to feel?

When answering these questions, try to be as honest as possible and focus on your emotions and feelings. Avoid spending time thinking about what you want or do not want to happen, or what you want or do not want the other person to do or say. These are things we cannot predict. We can, however, speak from the heart and find ways to connect and listen to one another deeply.

Your energy and capacity

It is also important to be aware of our capacities and energies and their limitations. Be aware of personal pain and the ways in which it will temper what we are able to do and/or give. Likewise, be mindful of the efforts required to support others and try not to over-extend yourself.

Practise the conversation with someone else you trust before you have the conversation

When preparing for a conversation, ask someone you trust to be a sounding board. It will give you a chance to try out the words you will use. Choose someone you consider safe, someone who will listen, respect your wishes, and honour the confidential nature of what you are sharing. The person could be a counsellor or therapist, or a trusted friend.

The person you trust might notice things that you do not. For example, they may observe that certain emotions keep coming up. If they listen and get a sense of what makes you angry, sad, or upset, then you can work through these emotions safely with them.

Additional tips and strategies to consider when preparing

- **Breathe** deeply and ground yourself. Take long deep breaths, root your feet to the earth. This will help you stay calm, and the more centered you are, the better you will be at handling difficult conversations. Schedule a break and practise mindful breathing. This will help you refocus and give you the capacity to manage the emotional hurts that may arise.
- **Plan**—but do not script—the conversation. Jot down notes and key points beforehand.
- **Acknowledge** the other person’s perspective. Acknowledge that you do not know everything, and that you are not being judgmental as you have your own problems, even if they are not substance use.
- **Be respectful**, use the medicines, and set aside any closed thinking, such as “It is my way or the highway.” What is the problem? And what does the other person think is the problem? If you are not sure of the other person’s viewpoint, acknowledge that you do not know, and ask. Show the person that you care, and take time to process the other person’s words.
- **Be considerate and compassionate**, deliver difficult news in a courageous, honest, respectful way. At the same time, do not say things like, “I feel so bad about saying this,” or “This is really hard for me to do.” These statements bring things back to you and put you in the centre instead of the other person or the relationship. Do not play the victim. This is not about you.

- **Slow down and listen** in order to keep tensions from rising. Slowing your voice and pausing before responding to the other person gives you a chance to find the right words, and tends to diffuse negative emotions from the other person. If you listen to what the other person is saying, you are more likely to address the right issues, and the conversation is more likely to go well. Make sure your actions reinforce your words. It is important to be aware of your body language.

Preparing the Environment

Choose a time when both you and the person you want to talk to are not feeling rushed, tired, or distracted.

It is important to find a good time for everyone so that you can be present in the conversation and let the dialogue happen for as long as necessary. You do not want to have to cut off the conversation because someone has to leave. Try to avoid having the conversation after something tiring, like a full day at work or when either you or the other person has something immediately afterwards (such as an appointment, a responsibility to pick up kids or start a work shift).

Choose a place that feels comfortable for both you and the other person.

It is important to feel as safe and comfortable as possible when having a Courageous Conversation. This could mean creating a private space in the home or in a community building. Or perhaps it would be helpful to be outside in nature surrounded by trees, fresh air, or maybe next to water. Having the conversation in a neutral place or a place that you and the other person associate with positive memories and emotions can help you both feel more comfortable and open to discussing difficult topics.

Share a meal together.

Hunger and thirst can influence one's mood, so ensure that everyone has eaten and is hydrated. Also, keep in mind that sharing food together is a bonding activity and promotes relationship building. For Indigenous Peoples, food is typically connected with comfort, safety, community, culture, and traditions. If you are in a community setting, you might consider having a communal feast prior to the conversation. Sharing a meal together can help ease tensions and encourage everyone to talk about things that may otherwise feel difficult or uncomfortable.

Prepare medicines.

To support the healing sought by having Courageous Conversations, prepare traditional medicines such as a smudge—or stories, which, as Kenthen Thomas reminds us, can also be medicines. If available to you, prepare family and community stories to share, or invite a storyteller. Songs and music are also healing, so bring your drums and sing your songs. Gathering and preparing traditional foods is also a way of connecting as we work together to enjoy the nutrition we give our bodies.

Food is medicine. To learn more, please refer to the following resource:
[FNHA, Traditional Food Fact Sheet](#)

Seek support from Elders, Healers, Aunties, and Uncles.

If you are preparing for a community conversation, try seeking help from Elders and Knowledge Keepers who are able to support the dialogue with medicine, prayer, stories, and teachings. Elders and Knowledge Keepers can help in connecting us with the wisdom and strength of our ancestors. Keep in mind that when extending an invitation, an honorarium should be offered to show respect for time and teachings. Elders, Aunties and Uncles can also assist when you are preparing for a conversation with your family if there is concern about how heated the conversation could become. Elders, Aunties and Uncles can act as neutral parties and help to mediate any disagreements that might arise. They can also provide medicine, calming words, and prayer. You do not have to be alone in this process. It is part of our traditional practices as Indigenous Peoples to turn to our Elders and Knowledge Keepers for advice and assistance when engaging in difficult conversations and/or conflict mediation.

Enlisting help.

Difficult topics can get heavy, leaving people feeling raw and in pain. In a community setting, it is a good idea to have a counsellor present to assist those who need help. If a counsellor is not available, locate a help line or access other community resources that can help. Ensure everyone feels supported during and after the conversation.

Find out if funds or resources are available.

It may be necessary to provide bus tickets to enable people to get to the meeting place. You may also want to pay for meals, provide an honorarium for an Elder, or pay a counsellor if one is not covered.

Check to see if there is funding available through your community or through the FNHA, which offers First Nations people in BC a Mental Health Benefit to manage emotional distress and receive support for their health and wellness journey. To learn more, please refer to the following resource: [FNHA Mental Health Benefits Information](#).

Culture and Conversation

One important element of preparation is to consider how cultural differences may impact the ways that communication is understood and received.

Communication and culture are deeply interconnected. Our words, tone and body language can be interpreted differently by others depending on what they have been taught to understand. Similarly, we are constantly interpreting others through our own cultural lenses. Sometimes, communication can be interpreted very differently from how it was intended, simply based on cultural differences. Some examples of areas where cultural differences can lead to misinterpretations include:

- **Making/avoiding eye contact:** Some interpret eye contact as a sign of respect. Depending on the social context, eye contact can also be interpreted as defiance (or conversely, avoiding eye contact is a sign of respect).
- **The use of silence:** There are cultural differences in how silence is interpreted. For example, someone might interpret silence as shyness, resistance, or awkwardness, whereas for others silence can signal a need to consider things further before responding.
- **Proximity/physical space:** Being in close proximity can be interpreted by some as a sign of affection or relationship; it can be interpreted by others as aggressive. What is a “safe distance” for some might feel overly formal or even cold to others.
- **Time spent on relationship-building and establishing connection:** Some people might interpret spending time on relationship-building, “small talk,” or speaking about unrelated topics as avoidance of the issues at hand. For others, this time is foundational to getting into more difficult conversations.
- **Expressions of emotion:** Different cultures lead to different expectations and norms about emotion. Some people build relationship through expressing strong emotions. Others may be less comfortable with them or find that strong emotions inhibit relationships.

Skilled communicators avoid making assumptions about the meaning of others’ behaviours, and instead stay curious about what the other person might really be communicating. They also take their cues from the people they are communicating with and try to adapt their way of communicating accordingly.

Using Cultural Symbols and Stories in Communication

Using stories, ideas, symbols, and metaphors that are rooted in cultural traditions can be a powerful way of building bridges with people and helping them connect to their values. However, it is also important to remember that as in all communities, there are vast cultural differences among people within Indigenous communities. Unless we are intimately familiar with the beliefs or histories of the person(s) you are speaking with, it is important that we inquire before offering culturally based teachings. This could sound like:

- “What stories do you know that have to do with ____?”
- “What teachings in your tradition speak to the issue of ____?”
- “What did your grandmother/grandfather/aunties/uncles have to say about _____?”

In the following section, we will be exploring some specific tools and skills for conversation on difficult topics. Keep in mind that these tools, like all forms of communication, are cultural too. They may not be appropriate for all contexts or people we are speaking with. The invitation is to ask what is of value to them, adapt conversations as needed, and continuously observe and learn what constitutes effective communication in your situations and relationships.

Chapter 5. One-to-One Conversations on Difficult Topics—Resources

This chapter recommends strategies for approaching difficult conversations about substance use. These tools may be helpful in having conversations with loved ones about their substance use. They may also be useful in having conversations with other family members, community supports, or leaders whose attitudes and behaviours may impact people with substance dependencies.

TALKING ABOUT SUBSTANCE USE

Substance use can be a difficult topic to discuss with family, friends, colleagues, strangers and often those closest to us. Talking about substance use brings up many thoughts, feelings, opinions and memories – good and bad.

Using stigmatizing language, shame or judgment is usually hurtful and makes it almost impossible to have constructive conversations with the people in our lives that use substances.

To become a safe person to talk with, use extra care and respect, come from a place of empathy, and remember that all people deserve human rights and dignity, including people who use substances. Let them know that you care about them and that you value their life.

When we are supporting people who are using substances, it is important to focus on building relationships based on safety and trust. You can be an important connection for someone in your life who is using substances. Beginning that conversation is a crucial first step. There is no perfect formula for having these conversations. This list of Do's and Don'ts is here to help you get started.

DIGNITY

REDUCE STIGMA

HARM
REDUCTION

SUBSTANCE
USE

COMPASSION



First Nations Health Authority
Health through wellness

A Word about Listening

DO'S	<ul style="list-style-type: none">DO talk with people about something other than their substance use. Take a more holistic approach to engaging in conversations.DO talk about substance use as a healing journey instead of it being a choice. Substance use is not a choice. It's much more complicated than "just saying no."DO include people using substances in conversations and activities as often as possible, just as you would anyone else. Inclusion and belonging are good sources of medicine.DO prepare to meet people where they are at instead of telling them where they should be at. People who struggle with substance use know it affect everyone around them.DO take time to learn about substance use. Talk to a counsellor or do your own research.DO use person-first language like "people who use drugs" or, for people who have engaged in substance use in the past, "people with lived experience." Person-first language is respectful, maintains a person's dignity and shows compassion.
DON'TS	<ul style="list-style-type: none">DON'T focus the conversation solely on substance use. People are not their behaviours. Substance use is just one part of life and it's important to focus on all the things that bring us joy, purpose and meaning.DON'T tell people to "clean-up" or just "get sober." Avoid focusing the conversation on rehab and detox. These are overwhelming and unrealistic approaches to substance use and wellness. These approaches are judgmental and will not result in an opportunity for connection.DON'T segregate or isolate people using substances or make relationships with them conditional. Doing this is hurtful and often leads to increased substance use.DON'T give people using substances demands or try and guilt them with statements such as, "If you really loved me, you would stop using."DON'T believe everything you see or hear about substance use on social media or television. There are a lot of myths, assumptions and incorrect statements. Take the time evaluate what is a commonly held belief that may not be true.DON'T use stigmatizing language like "drug user," "drug addict," "clean" or other harmful terms. These terms reduce people to a single behaviour when they are so much more than that.

One of the most important attributes we can bring to difficult conversations is the willingness to truly listen. Listening from a place of genuine curiosity makes it possible for those with whom we are in conversation to trust us and feel safe to share their feelings and perspectives. Deep listening also gives us essential information about how to best support the people around us. Here are a few principles to keep in mind as we think about effective listening:¹⁶

¹⁶ Carolyn Schrock-Shenk. Making Peace With Conflict, Practical Skills For Conflict. Herald Press. 1999, 1st Ed.

1. Listening and understanding is about respect, not about agreement.
2. Listen loosely to the words and tightly to the meaning.
3. Stay curious and open, rather than assuming and judging.
4. The other person will usually listen to you after (but only after) being heard and understood by you.
5. Listening is more an act of will than an act of skill.

Some Skills for Communicating and Listening in Difficult Conversations

- **Re-Statement:** Re-stating is sharing back to the speaker, briefly and in your own words, the essence of what you are hearing them communicate. The purpose is to let them know you are listening closely, while helping to clarify (for yourself, and maybe for them too), the meaning of what they are saying.
 - Examples:
 - “So, you’re feeling worried that I’m here to tell you how to live your life, is that right?”
 - “Seems like you’ve been feeling misunderstood by a lot of the people you love lately.”
 - “You’re frustrated with the harm-reduction approach and concerned it might not do enough to change peoples’ behaviour.”
 - Re-stating tips:
 - Avoid distractions and focus on the speaker.
 - Keep it simple and heartfelt.
 - Remember to use your own words, not just repeat back the same words they used.

- Open-Ended Questions: Open-ended questions are questions that encourage the speaker to talk more about their perceptions and feelings, rather than giving a short answer like “yes” or “no.” They often begin with words like “what” or “how.”
 - Examples:
 - How have you been doing?
 - What can I/we do to support you?
 - What do you think (name of person with substance dependencies) might need from us right now?
 - Open-ended questions tips:
 - Avoid leading questions: E.g. “What were you thinking?”
 - Be genuinely curious is the key to asking good questions!
- Silence: Sometimes silence—when combined with body language that demonstrates presence and compassion—can be a powerful communicator. Silence can signal to the speaker that they have time and space to gather their thoughts, and/or that what they are communicating cannot be easily summarized or put into someone else’s words. When we as listeners are being very present with someone else, silence can convey deep respect.
- Behaviour Observation: What we objectively see, hear, taste, feel, or smell through our senses. Using behaviour observation is different from stating our interpretation of what was said or done. Using objective or “sensory-based” language helps others receive what you are saying without becoming defensive.
 - Examples:
 - “I haven’t been able to get hold of you lately.”
 - “I noticed you called to cancel three of our last five appointments.”
 - “I recall you saying at our last meeting that ‘addicts have no place in our community...’”
 - Behaviour observation tips:
 - Avoid using judgmental language disguised as sensory-based language, for example, “I noticed you skipped out on three of our last five appointments.”

- Stating Impacts Using “I”: Sometimes in conversation it can be important to state the impact that the person’s words or behaviours are having on you. Using “I” to help describe your experience can allow the listener to better understand and empathize with what you are describing, rather than moving to a place of shame and/or defensiveness.
 - Examples:
 - “I have been having a hard time sleeping because I’ve been feeling worried about you.”
 - “I was really upset and disappointed when you took things in the house that belonged to me.”
 - “I felt surprised and discouraged when I heard you making general statements about people in our community who have substance dependencies.”
 - “I” Statement Tips:
 - Stick to your experience. Avoid making accusations disguised as “I” statements, for example, “I feel like you are untrustworthy.”

Steps to Having Difficult Conversations

1. Describe the Situation
 - a. Be objective in your description using behaviour observation. For example, “I’ve been having trouble reaching you lately, and haven’t seen you around.”
 - b. If you feel comfortable, briefly share your interpretation and/or feelings of the behaviour. For example, “I’ve been feeling worried that maybe you’re hurting and don’t know who to turn to.”
 - c. Remember humility and curiosity in describing the situation.
2. Invite Them to Share
 - a. The intention is to ask for help in understanding what has happened/is happening, and why.
 - b. Focus on engaged listening by using your skills in paraphrasing and open-ended questions to explore with the speaker the underlying feelings and interests.

3. Explore Next Steps

- a. Explore the individual's needs and supports, including the option of a sharing circle (see next chapter).

Scenarios

Here are some fictional examples of situations that might come up in your community, along with possible practice options to choose from as a support person. All names and situations are fictional.

Scenario 1

Jake is a man in his early 20s. He comes to you about wanting some support for his fentanyl use. He shares his story of how he played hockey in his youth, injured his knee, and how he was prescribed opiates for pain management. A series of events in his life started a downward spiral for him, during which he began using a contaminated street supply that caused him multiple near-death overdoses. As a result, he received medical support and is now accessing a safe supply.

Now three years later, Jake describes his decision to access a safe fentanyl supply as a “game changer” and said, “I no longer wonder if I will survive the night and be with my loved ones again.” He tells you he is ready to go home and wants to connect with his family and community. He plans to stay on a safe supply and describes his fears of rejection and stigma because of others' judgements.

With a partner, use the skills in this toolkit to practise one-to-one conversations to support Jake's transition back home.

Option 1 - Talking with Jake: Have a conversation with Jake for the purpose of supporting him and offering him resources for the transition back home. You may want to explore topics such as:

- Feelings: What are Jake's hopes, fears, or other feelings about the transition?
- Challenges: What kind of resistance or judgement does Jake expect from people around him? What options or skills does he have for responding to this? What other skills might he want to develop further?
- Supports: Who are Jake's supports at home? When and how will he reach out to them? What barriers or challenges can he anticipate in these relationships?

Option 2 - Talking with a community leader or health providers: Have a conversation with another supportive individual to discuss ways to support Jake’s wellness pathway. You may wish to explore topics such as:

- Needs: What are Jake’s needs?
- Challenges: What challenges or obstacles might come up for this individual in supporting Jake, and how could these be addressed?
- Roles and relationships: What are the different ways this individual can support Jake?

Scenario 2

Florence is a pregnant woman living in a remote community. She tells you she has recently used fentanyl. She wants some support to stop using, and she does not want her family to know. She is scared of losing her baby—she has trauma from her own experience as a youth in foster care. She asks you to attend a doctor’s appointment with her to get on suboxone. You agree to drive her for the four-hour round trip, supporting Florence to access suboxone. During the appointment, you notice that the doctor’s screening questions have a sharp and condescending tone, for example, “So, you have a history of other kids in foster care?” and “You relapsed?”

With a partner, use the skills in this toolkit to practise engaging with the doctor in order to better support Florence.

Practice Option 1 - Talk with the doctor: You may ask the doctor to step out for a private conversation with you. Have a conversation to support and educate the doctor on harm-reduction principles. You may wish to explore topics such as:

- Intent: What is the doctor hoping to accomplish by communicating this way? What perceptions or assumptions are they carrying about Florence?
- Impacts: What might be the impacts of these kinds of questions and statements on Florence?
- Understanding: What are alternative skills and strategies that might help the doctor in better supporting Florence to meet her healthcare needs?

Practice Option 2 – Email the doctor: Write an email to the doctor after the appointment to outline your concerns and suggest possible improvements in Florence’s care.

Chapter 6: Talking Circles and Sharing Circles

“Everything the Power of the World does is done in a circle... The sun comes forth and goes down again in a circle. The moon does the same and both are round. Even the seasons form a great circle in their changing, and always come back again to where they were ... and so it is in everything where power moves.”

– Heháka Sápa (Black Elk) (Oglala Lakota Nation)

A circle is a structured dialogue process that aims to create a deeply respectful space to be with one another. In a circle, everyone’s voice is equal and uninterrupted; no person is more important than another; there are no “sides.” Circles remind us of the interconnectedness of all life, or our desire to be in good relationships with one another, and that each person brings unique and essential gifts to conversation and relationship.

Key Elements of a Circle

Circle Keeper: The Circle Keeper is a caretaker of the process. They are in a position of responsibility, but not authority. They are responsible for helping participants maintain the values of the circle, and for introducing the talking piece and circle prompts (see below). The Circle Keeper can also be a participant in the circle, as long as their sharing does not conflict with their role as the Circle Keeper.

Opening and Closing: Talking circles and sharing circles are traditionally held in a safe and sacred space, and open and close through prayer and medicines. The circle is a safe and sacred space.

Talking Piece: Circles typically use a symbolic object that lends power, insight or reflection to the person holding it. The talking piece is passed from one person to the next around (not across) the circle. Whoever has the talking piece is invited to share from the heart. Whoever is not holding the talking piece is invited to listen from the heart.

Values/Guidelines: Having guidelines and shared values about how participants agree to be together can be an important component to the creation of a circle. Guidelines are not meant to be rigid rules, but shared expectations and norms of being together in right relationships. Some examples of guidelines that are often used in circles include:

- Honour the talking piece: The holder of the talking piece is the only person speaking.
- Listen from the heart: Give your full attention to the speaker. Let go of stories, judgements, and ideas that make it hard to hear one another. Practise deep listening. Be continuously curious.

- Speak from the heart: Share your truth, your perspectives, your experience and not those of others. Be as honest as you feel “safe and brave” to be.
- Say just enough: Without feeling rushed, share what you would like to share while keeping it short enough so everyone can have a turn. Maintain an awareness of time, sharing responsibility with group and being considerate of the time of others.
- Trust you’ll know what to say: Release the need to rehearse and prepare as you wait for your turn.
- It is always okay to pass: There is never an obligation to speak in a circle. If someone receives the talking piece and does not wish to speak, they can simply let the group know they are choosing to pass, and hand the talking piece to the next person in the circle.
- What is said in the circle stays in the circle: Never repeat anything that is said within the circle unless you have the permission of the speaker.

Circle Prompts: Circles often use guiding questions or themes at the beginning of each round to initiate thinking authentic sharing. Sometimes circles have multiple rounds requiring different prompts, for example:

- a lighter introductory prompt that helps break the ice and build relationships,
- a deeper prompt that gets at the heart of the issue at hand, and
- a closing prompt that helps people walk away feeling connected to one another.

First People's Principles of Learning

1. Learning ultimately supports the well-being of the self, the family, the community, the land, the spirits, and the ancestors.
2. Learning is holistic, reflexive, reflective, experiential, and relational (focused on connectedness, on reciprocal relationships, and a sense of place).
3. Learning involves recognizing the consequences of one's actions.
4. Learning involves generational roles and responsibilities.
5. Learning requires exploration of one's identity.
6. Learning involves recognizing that some knowledge is sacred and only shared with permission and/or in certain situations.

Developed by the First Nations Education Steering Committee¹⁷

¹⁷ First Nations Education Steering Committee and BC Ministry of Education. (2006/2007). First Peoples Principles of Learning. Available at: www.fnesc.ca/first-peoples-principles-of-learning/

Step-by-Step Guide for Circle Keepers

Preparing for the Circle:

Prior to the circle, the following questions should be considered in consultation with circle participants.

- Who will be present?
- How will they be made aware of the purpose/intention of the circle?
- When and where will the circle take place?
- Will there be food/refreshments?
- What will be done to open and close the circle in a good way?
- What will be used as the talking piece?
- What will be the circle prompts?
- What additional protocols need to be followed?
- How will the room be arranged?
- Who will sit where?
- Other arrangements and logistics: childcare, transportation, accessibility issues, etc.

During the Circle

1. **Opening:** Conduct the opening ceremony/prayer or invite another participant to do so
2. **Introduce the Circle**
 - a. Introduce yourself: State where you are from and who your family is, if you know. Use your spirit name or use your given name.
 - b. Share the intention of the circle.
 - c. Introduce the talking piece—its significance and its use in the circle.
3. **Guidelines:** Review circle guidelines (above) to create a shared foundation and container for how to be together. Or, ask the group what guidelines they would need from the circle in order to feel like they can speak honestly and from the heart, and pass the talking piece.
4. **Introduce the circle prompt(s):** Pass the talking piece for each round. Take a break as necessary.
5. **Closing:** Close the circle with a ceremony or prayer.

Circle Keeper Tools and Strategies

As caretakers of the process, the Circle Keeper should be prepared for the presence of strong emotions and conflict in the circle. The following tools provide some options for the Circle Keeper in challenging circumstances; they can be used according to the intuition and experience of the circle keeper.

- **Stay Grounded**: Use your breath and mindset to maintain personal grounding. Elements of a mindset for difficult moments might include:
 - “This person needs the opportunity to be heard with respect and compassion.”
 - “I trust in the collective strength and wisdom of this circle. This is not mine to fix.”
 - “I can be comfortable with discomfort.”

The emotional grounding, compassionate presence, and open body language of the Circle Keeper will influence the tone of the circle, even without the use of words.

- **Validate Strong Emotions**: While holding the talking piece, the Circle Keeper can work to acknowledge and validate strong emotions shared by participants and the underlying interests and needs behind them. This can help the participants feel seen and heard as the talking piece moves around the circle, allowing them to communicate with more clarity and emotional grounding.
- **Tell a Story**: While holding the talking piece, the Circle Keeper may choose to tell a story that speaks to the topic at hand. Stories can help participants reflect in new ways on the issues, while accessing a different part of the brain.
- **Change Topics**: If conversations on a given topic are becoming too difficult to manage, you may choose to pivot toward a less controversial discussion prompt. Let the group know you will return to the more difficult topic at a later time.
- **Call a Break**: Breaks can be very helpful in allowing participants to de-escalate and regain emotional grounding. During a break, the Circle Keeper can speak privately with participants as needed, to understand their perspective and help them come back into the circle in a good way.

When to call a break

Even where strong emotions are present, it is usually best to wait until the talking piece returns to the Circle Keeper before calling a break. You will find that after a strongly worded, difficult, or emotional share, other circle participants that follow will often use their time with the talking piece to address or acknowledge these emotions and the underlying needs behind them. Circle work requires participants to feel uncomfortable at times, and this is not necessarily to be avoided. However, in rare circumstances, it becomes necessary for the Circle Keeper to intervene or call a break without holding the talking piece. For example, if a participant is speaking in ways that are abusive towards others or sharing private information about others, these behaviours would warrant immediate intervention by the Circle Keeper.

After the Conversation

After a difficult conversation, it is worthwhile to think about what went well and what did not. Think about why you had certain reactions, and what you might have said differently. Handling a Courageous Conversation well is not just a skill—it is an act of courage.

Follow up with participants after the circle and offer additional support if needed (see also Resources on page 82).

“Many times, after speaking to my mother about wanting to use drugs because the cravings were so intense, I saw how defensive I became when she begged me to quit using. I felt so guilty AND RESENTED HER FOR IT! I knew she loved me, but she would use tough love. She wanted to help save me from myself, but she did not realize I had given up on all my reasons for living. Looking back, I wish I could have just said it was not her fault. I was in pain, and I loved her, and all I ever wanted was love and acceptance from her.”

– Ruby

In Closing

The *Courageous Conversations on Substance Use Toolkit* was developed to support people and to normalize conversations about drug use so we can respond to the toxic-drug crisis in ways that convey understanding and work on solutions to save lives. This toolkit can be modified for any substance, not just opioids.

Once we begin to open our hearts and minds, healing can occur, and we can work together to find solutions to prevent people from dying.

“Sharing intimately about the shame of using drugs, what we do to get drugs, and who we hurt in the process can help lead to understanding. Talking openly about opioid use, stimulant use, opioid agonist therapy, safe supply, harm reduction, drug poisoning, Ravens Eye EOPS/OPS, Not Just Naloxone, drug testing, self-determination, and abstinence can all be part of the dialogue. These can be life-saving conversations. We need to work to build trust and discuss what we fear and what we need from each other.

Sometimes, when I have a Courageous Conversation about my drug use with my loved one, my words would get stuck in my throat and my palms would get sweaty. At times, all I could do was weep. Over time, I was able to share from my heart. For me, the healing began when I realized it could be possible to heal from the shame of using drugs, experiencing violence (both being harmed and harming others), being part of gangs, participating in sex work, going to jail, and ending up in hospitals. I had to forgive myself for everything and realize my story and my past do not define my worth as a person. I want to tell others, don’t buy in to the negative thoughts—you are worthy.”

– *Corrina Chase*

Sharing from the heart and listening to other perspectives from a place of curiosity allows us to connect with one another. We learn about others and ourselves in this process, and together, we can share the knowledge to help others on their pathway to wellness.

Resources

This section is intended to assist care providers and community members in accessing culturally responsive and safe grief and loss support services. This section outlines supports that are rooted in Indigenous culture and wisdom, as well as some non-Indigenous resources. Each service highlight is paired with hyperlinks that you can click for further information.

Children and Youth Support

<p>Children and Youth</p>	<p>Walking Forward with Good Medicine</p> <p>A resource curriculum designed for Indigenous children and youth to address grief and loss. The curriculum is divided into 12 one-hour sessions to be delivered on a weekly or bi-weekly basis by trained facilitators. It is adaptable to any audience (age group/cultural traditions) and is based on the core cultural values of wholeness and connectedness, balance, healing, and respect. While the focus of the program is on loss and grief, it is complemented by teachings on and about the Medicine Wheel and Medicine Bags, and informed by the work of Bendtro, Brokenleg, and Bockern (2004) and the Circle of Courage and the four core values of belonging, mastery, independence, and generosity.</p>
<p>Children and Youth *non-Indigenous</p>	<p>Kids Grief</p> <p>Talking with kids and teens about serious illness, dying and death; resources for parents and educators by Canadian Virtual Hospice</p>
<p>Youth counselling and crisis line</p>	<p>Foundry</p> <p>Crisis Line: 1-800-784-2433</p> <p>This crisis line offers young people 12-24 years old, health and wellness resources, counselling, and support services. Young people can access counselling via messaging over the Foundry App and can also schedule virtual and in-person appointment using the app. Counselling and support services are also available in person at the following locations: Abbotsford, Campbell River, Kelowna, North Shore, Penticton, Prince George, Richmond, Ridge Meadows, Terrace, Vancouver, and Victoria.</p>

Crisis and Help Lines

<p>Crisis Line *non-Indigenous</p>	<p>Crisis Centre BC</p> <p>Distress Line: 1-866-661-3311. For individuals who are or know someone who is having thoughts of suicide: 1-800-SUICIDE or 1-800-784-2433.</p> <p>If your crisis is an emergency, call 911</p>
<p>Crisis line *non-Indigenous</p>	<p>Crisis Line Association of BC/310 Mental Health Support</p> <p>Toll-free provincial access line for 24/7 mental health support, emotional support, information and resources specific to mental health (BC resource):</p> <p>Call 310-6789 (no area code needed)</p>
<p>Crisis line and counselling</p>	<p>KUU-US Crisis Line</p> <p>Toll Free: 1-800-KUU-US17 or 1-800-588-8717</p> <p>Adults and Elders (Port Alberni local): 250-723-4050</p> <p>Child/Youth (Port Alberni local): 250-723-2040</p> <p>Crisis Line is available 24-hours, there is no fee, and all services are free to access.</p> <p>Non-profit registered charity providing 24-hour crisis services through education, prevention, and intervention programs. Run by First Nations peoples for First Nations peoples.</p> <p>Reasons for calling: grief and loss, addictions, abuse, suicide, financial stress, peer pressure, divorce/separation, trauma, child welfare, and much more.</p>
<p>Help lines</p>	<p>BC Bereavement</p> <p>Website and help line will assist you to find grief/bereavement supports locally.</p> <p>Offers Indigenous Support and Resource Repository online</p> <p>Programs include the help line, suicide grief support, support to families of missing and murdered Indigenous women and girls, support for loss by substance use, training, and educational programs.</p> <p>Call the Helpline at 604-738-9950 Monday to Friday 9 a.m.–5 p.m.</p> <p>Toll free 1-877-779-2223 or email contact@bcbh.ca</p> <p>The help line is free and confidential.</p>

<p>Help lines</p>	<p>The First Nations and Inuit Hope for Wellness Help Line</p> <p>Call toll-free 1-855-242-3310 or access through online chat counselling. Offers immediate mental health counselling and crisis intervention to all Indigenous Peoples across Canada.</p> <p>Counsellors are able to provide referrals to local support services if needed.</p> <p>Phone and chat counselling offered in English, French, Cree, Ojibway, and Inuktitut.</p> <p>Help Line and online chat open 24/7.</p>
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Grief and Loss Counselling

<p>Culturally supportive grief and loss counselling services</p>	<p>Indian Residential School Survivor Society Counselling</p> <p>Phone: 604-985-4464 or toll-free 1-800-721-0066</p> <p>Services include individual, family, couples, and group counselling; art therapy and psychology educational groups; circles and crisis support/counselling; and Elder connections and cultural support, e.g., ceremony, traditional medicines and therapies, healing circles and wellness plans.</p> <p>Services are offered in person and over the phone; counselling is not limited to discussions around residential schooling and/or intergenerational effects of residential schooling; folks seeking support for grief and loss are also encouraged to reach out for support.</p> <p>Offices are located in Vancouver, Kamloops, Terrace, Penticton, Hope, Williams Lake, and Prince George.</p>
<p>Culturally supportive grief and loss counselling services</p>	<p>Tsow Tun Le Lum</p> <p>Staff and cultural teams provide confidential outreach services such as counselling and cultural support by phone, video, or other means. To access counselling, cultural support or outreach services, please call the toll-free line at 1-888-403-3123 or the main office at (250) 390-3123.</p> <p>The phone lines are available to all of BC and the Yukon and are open Monday to Friday 8am-8pm and 10 a.m.–2 p.m. on weekends. By calling Tsow Tun Le Lum you will have the opportunity to connect with a clinical counsellor or with one of 15 Elders, many of whom also have a counselling background.</p> <p>This service is run and operated by First Nations peoples for First Nations peoples. It is funded by the FNHA, at no cost to the caller.</p>

<p>General grief and loss counselling services</p>	<p>Lumara Society</p> <p>Provides education, support and counselling services to children, youth, individuals, and families impacted by life-threatening illness, grief, and loss.</p> <p>Services offered: bereavement support groups, Circles of Strength online, community, choirs, counselling, education, family retreats, virtual Indigenous wellness gatherings, virtual grief symposiums and conventions, and care packages and practical support for those grieving the loss of a child.</p>
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Please consult your local library for recommendations and support in choosing helpful books and print materials around grief and loss.

Online Resources and Media

<p>Indigenous online resources</p>	<p>Healing Your Spirit. Surviving After the Suicide of a Loved One</p> <p>Alberta Health Services resource on dealing with suicide grief that includes helpful information that would, in most cases, also apply to a substance use loss. This guide is written with a focus on an Indigenous audience.</p>
<p>Online resources *non-Indigenous</p>	<p>Gone Too Soon: Navigating Grief and Loss As A Result Of Substance Use</p> <p>BC Edition</p> <p>Alberta Edition</p>
<p>Online resources *non-indigenous</p>	<p>Hope and Healing. A Practical Guide for Survivors of Suicide (Government of BC)</p>
<p>Online resources *non-indigenous</p>	<p>Living Through Loss Counselling Society of B.C</p> <p>Organization provides online and in-person professional grief and loss counselling services and support groups, as well as training for professionals who support clients experiencing grief and loss.</p> <p>Resources on site include: self-care advice, articles and books, helpful links and supports for grief during the holidays and community grief and tragedy</p>

<p>Online resources *non-indigenous</p>	<p>MyGrief.ca</p> <p>Created by Canadian Virtual Hospice, MyGrief.ca provides a free series of educational modules about grief and loss. Modules feature topics such as grieving before the loss, understanding grief, how this loss has affected my family, moving through grief, making sense of intense emotions, and many more.</p>
<p>Online resources *non-Indigenous</p>	<p>Parental Grief After a Child’s Drug Death Compared to Other Death</p> <p>Journal article on parents’ difficulties with grief after losing children to various death causes, including substance-use loss.</p>
<p>Indigenous written material and tools</p>	<p>Teachings to Support Grief and Loss in First Nations, Inuit and Metis Communities</p> <p>Produced by Cancer Care Ontario, this section of the Tools for the Journey toolkit contains general information and resources on grief and loss as well as personal stories and traditional teachings.</p>
<p>Indigenous educational videos</p>	<p>Living My Culture has several short videos on grief and loss, end-of-life, and culture and a few examples of videos relevant to grief and loss developed by Canadian Virtual Hospice:</p> <ul style="list-style-type: none"> Indigenous Voices: Honouring our Loss and Grief Traditions and Grief Family Grief and Healing Grief Comes in Waves
<p>Alternate media (Webinars, podcasts, videos, art)</p>	<p>Below is a list of hyperlinks leading to various alternative media resources around grief and loss such as webinars, podcasts, lectures, videos, and art:</p> <ul style="list-style-type: none"> First Nations Health Directors Association Wellness Wednesday: Culture as Wellness Webinar with Elder Merle Williams CBC Unreserved: How Indigenous Communities Grieve, Survive and Thrive TedXTalks: We don’t move on from grief. We move forward with it Nora McInerney Curated list of the best Podcasts about Grief and Loss in 2021 How to Start a Grief Art Journal: Griever Teacher PhD #SeeTheLives (videos featuring Moms Stop the Harm stories)

Peer Support

<p>Peer support organizations *non-Indigenous</p>	<p>Compassionate Friends</p> <p>Grief and trauma support group for parents who have lost children of any age and from any cause.</p>
<p>Peer support organizations *non-Indigenous</p>	<p>Holding Hope</p> <p>Support Group for those who are supporting a loved one with a substance-use disorder.</p> <p>If interested in joining or starting/facilitating a Holding Hope group in your community, reach out to: canadaholdinghopenational@gmail.com</p> <p>For all other matters, including exploring adapting the model to your culture/community, reach out to: strongertogether@momsstoptheharm.com</p>

Other

<p>Financial support for counselling</p>	<p>First Nations Health Authority Mental Health Benefits</p> <p>Coverage available through the Health Benefits Program, which covers as many hours of counselling services as you and your provider determine you need. Check out the Mental Health Provider List for a list of FNHA-funded service providers.</p>
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