

THE UNDERSTANDING OF CULTURAL INCLUSION AMONGS SUBSTANCE USE AND  
THE INDIGENOUS PEOPLES BASED IN WINNIPEG, MANITOBA

By

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## **Abstract**

The purpose of this thesis identifies the primary experiences of Indigenous people and their connection to personal substance use and cultural identities. The second approach identifies the need for appropriate Indigenous methods when recruiting with respect and trust. The third and final approach in this thesis has been to include the perspectives of those who are actively using and Indigenous Knowledge Keepers who are doing the work with regards to Indigenous who are actively using and how they involve them in cultural inclusion. The first aim is to identify the disconnection created by substance use between Indigenous peoples and their connections to cultural. The use of substances has been a barrier to the connection to cultural participation. The historical experiences and persistent ways of living are significant factors to the lack of practice or involvement in ceremonies. The second aim is accomplished through interviews with those in the community. The interviews were qualitative and followed by a narrative style of inquiry. Transcripts from each interview were restored into individual narratives. Themes from each narrative were then compared to the teaching of cultural inclusion and literature on substance use approach with respect to Indigenous peoples. The information gathered from participant stories demonstrates that there is more need for transparency within Indigenous communities and organizations to support Indigenous people in an inclusive way that does not follow a turn away practice.

Key words: Social Work, Substance Use, Cultural Inclusion, Indigenous, Harm Reduction, Knowledge Keepers

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## **Chapter I**

### **Introduction**

The purpose of this research is to explore the interconnection of substance use, harm reduction, and cultural inclusion with respect to Indigenous peoples who are using substances. This research includes Indigenous people who self-identify as First Nations, Michif (Métis) and Inuit. Due to the geographical location of the study, the Indigenous people represented in this study are localized to the Indigenous people living in Winnipeg, Manitoba. The Indigenous people who have been interviewed in this study come from urban communities, reserves, and settlements of Manitoba, Ontario, and Nunavut.

### **Terminology**

The term Indigenous refers to the First Nations, Métis, and Inuit living in the geographical boundaries of Canada. For Indigenous people throughout Canada identity of Indigenous people is not simple. In addition to these broader terms, the province of Manitoba has long been and/or still is home to the following peoples: the Michif, the Woodlands Cree, Swampy Cree, Anishinaabe, Saulteaux, Dakota, Chipewyan, Oji-Cree, and Dene. It is because of this multi-cultural diversity of ancestry as well as dialects that this study will reflect the preference of the participants' identities and will not be based on the categorization of the *Indian Act* and Métis Citizenship.

Throughout this research there will be variation of the spelling of the Métis and First Nations words listed above. This is partially due to the transition period from traditional languages to English and the different dialects that have resulted in a variation of spelling depending on the interruption of the language as well as colonial influence. This study will use



the more specific identifiers of Indigenous peoples that were used by the participants and may be used in the cited literature. It should also be recognized that throughout history there have been several terms to reference Indigenous peoples. The literature cited in this thesis may have used older spurious terms such as Aboriginal, Indian, Half-breed, and Native.

**Harm Reduction.** The term harm reduction has been used to explain a method of support and treatment for substance use. However, the study will reflect on the possibility of an Indigenous term or practice that is perhaps more suited to Indigenous values. The aim is to move away from the continuation of inserting non-Indigenous terminology into Indigenous values. One Knowledge Keeper referred to “Harm Reduction as an institutional way of thinking”, as it does not include a community-based perspective (KK02).

### **Social Location**

There is a significant need to add social location when conducting research and explaining the reasons for pursuing research with Indigenous peoples, especially when Indigenous people are represented in social services. For this reason, I am identifying my ancestry, my path of learning about my cultural roots, and the reason that I am researching addictions as it relates to cultural connection. I am a Red River Métis woman, who was born and raised on the west coast of Canada, on Vancouver Island, British Columbia (BC). I come from a mixed-race family. My mother is Michif as well as of Dutch/German descent. My father is English descent. As an adult, I began to learn more about my Lavallée family and I made the choice to go back to my mother’s name when I also made a commitment to learn about my Michif culture, language, and history. I began going to First Nations ceremonies in Tsartlip, but when I realized that for me to truly learn about who I am and where I come from, I would have to move to Manitoba. During my graduate studies, I have resided in the house where my great-

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grandparents lived in an old Métis settlement in southern Manitoba. On this path to rediscovery, I have become more aware of how assimilated and removed some Métis people, including my family, are from our cultural knowledge and ways of being. My personal goal is to focus on cultural ways of being by honouring my ancestral roots and my family.

I have found my path of research in addictions because I believe that Indigenous people need to be at the frontline when it comes to addressing substance use within Indigenous communities. I have confidence that there are Indigenous ways of being that reflect the need for connection, building personal identity, self-worth, and healing. The response to addictions has historically been treated separately from the complex experiences of individuals. Over the years, I have come to realize that substance use should be viewed in a complex manner and treated differently depending on racial stigmas, economic social status, and substance choice/method of consumption. Although Indigenous peoples are not the only ones affected by addictions, there is a disproportionate number who are, and who have reduced life expectancies as a result.

### **Purpose and Rationale**

Originally, the idea for this thesis arose from my personal understanding of substance use when I was working in Victoria, BC at the beginning of the rapid increase in overdose rate sweeping Turtle Island. In 2017, the preliminary data had come out for the First Nation Health Authority on Overdose Data and First Nations in BC. It was identified that Status First Nations or (Status Indian) from First Nations communities in BC were at a greater risk of experiencing fatal overdoses. Initially my thoughts revolved around the standard push for sobriety in Indigenous communities and how that impacted those who were using opioids. Although Manitoba has not been impacted by particular opioids at the same scale as other provinces nor have they released an overdose data report with respect to fatalities or hospitalization. Manitoba

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has focused on the use of methamphetamines and its impact on people who are using. My focus at the beginning of this research looked at keeping people safe and alive via harm reduction spaces and support. Through my research I have adjusted my stance to position cultural inclusion as a focus of study and to consider cultural supports and spaces as being of significant, if not primary, importance. Throughout this study my focus shifted from harm reduction practices to cultural ways of being, although both have validity.

According to preliminary findings from First Nation Health Authority's (FNHA) *Overdose Data and First Nations in British Columbia* released in August of 2017, overdose events in BC are five times higher for First Nations people than for non-First Nations (14% of all overdoses are First Nations); also, deaths due to overdose are three times higher for First Nations people versus non-First Nations (10% of all overdose deaths are First Nations people).

As I reviewed the areas of these preliminary findings, the FNHA (2017) reported that the majority of the fatalities in BC were coming from rural communities: the highest overdose rate (1,226/100,000) and the second-highest fatality rate (18/100,000) were in the Vancouver Coastal health region. The Fraser health region has the second-highest overdose rate (787/100,000) and the highest fatality rate (28/100,000). (p. 9) It is possible that rural communities do not have the same access to readily available emergency services as urban communities. This study was conducted prior to the start of overdose prevention sites that are currently in operation in major cities and smaller towns throughout BC. Most of these overdose prevention sites were opened as early as December 2016 (with the exception of 'Insite', a supervised injection site, operating in Vancouver, BC since 2003), so it is uncertain whether or not these statistics have changed (Insite for Community Safety, 2019, para 3). There is no publically available access to rates of fatalities or hospitalization due to overdose of opioids. Since arriving in Winnipeg, I have observed a

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difference in substance use preference and accessibility, such as non-potable alcohol, methamphetamine, and solvents. The method of using and consumption of these components suggest that there is a need for flexible harm reduction practice including: safe space for injection, smoking, consumption and inhalation. For this reason, I wish to focus my research on Indigenous peoples using any substances that are deemed socially unsupported or illicit by law.

My interest in exploring the practice of harm reduction in Indigenous spaces came after the release of the FNHA report during the period in which overdose prevention sites were in their first year of operation in 2017 in many urban settings. As a Red River Metis woman, I was asked by the health authority representatives, what we were doing in response to this report? My answer was that as there were two Indigenous supervisors at our overdose prevention site. I identified that we were beginning to establish a network with local Indigenous people in both the urban setting and in Indigenous communities while navigating members with whom it would be appropriate to build relationships with our organization. We needed to build coalitions with organizations and agencies that were affected by substance use and overdoses. My work included creating the space and safety for using substances, specifically for people to do what they needed to with their substance use.

The intention of this research is not to endorse or centre the concepts of sobriety or “getting clean.” As a researcher interacting with participants, I chose the position of not imposing, pushing or even discussing with them anything in regard to sobriety. I operate from a position of non-interference and that the element of maintaining substance use is to find stability in personal use and gives understanding that people who use substances know what they need to get through the day. This research is focused upon understanding community connections, personal identities, cultural inclusion, and holistic support services by meeting the people who use

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substances where they are in their own experiences. I have always felt that Indigenous cultural knowledge does not leave us just because we are under the influence of substances. The themes shared and identified throughout this research have been building on my understanding that our relationships are the most important aspect of who we are as Indigenous peoples.

This study goes against a pan-Indigenous approach to Métis, Inuit, and First Nations' ways of being, doing and believing. Indigenous peoples have different cultural protocols depending upon their nations, communities, and families. Respecting these differences must be the primary consideration to healing. With regard to substance use, the participants know their pasts and when they want to stop using, and they know what they need to do to support their own path to sobriety. This study inquires about the connection to Indigenous culture in their lives as well as a method of harm reduction.

## Chapter 2

### Literature Review

#### Consideration

My prior knowledge regarding the practice of harm reduction comes from professional experience in the field. Harm reduction is complex and there is no one-size-fits-all model or approach for individuals, organizations, or geographical locations. Practices are tailored to the needs of each community and organization. I will outline the purpose of harm reduction in my literature review, including the role of peer support workers, who are people who currently use or have used in the past and who support others. Research is required in this area in order to identify what harm reduction looks like for localized Indigenous communities.

After reviewing the literature on substance use, harm reduction practice and Indigenous peoples, it is clear that harm reduction practices have prioritized clinical aspects over Indigenous values, culture, and ceremonial practices. However, harm reduction is an important practice for Indigenous peoples who use substances in Canada. In this study, I will try to find the balance between Western and Indigenous ways of reducing harm in order to more fully address the needs of Indigenous peoples and substance use. It is necessary to develop this more fully because it is inevitable with current socio-economic conditions that there is a disproportionate number of Indigenous peoples in contact with social services. Therefore, the discussion of harm reduction supports is something that must be addressed and understood. However, there are many ways to incorporate the values between traditional ways of being with the values of harm reductions so that Indigenous people do not turn away from accessing these supports.

**Indigenous Peoples in Manitoba.** Manitoba has always been home to a large population of Indigenous peoples, and after a long period of colonization, Manitoba's Indigenous population

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is on the rise. Manitoba was home to 114,230 First Nations people, 78,835 Métis, and 580 Inuit (prior to 2006). From 2006 to 2011, the First Nations population in Manitoba increased by 15%, while the Métis population rose by 10%, and the Inuit population by 6% (Statistics Canada, 2016). While the population is growing, the effects of colonization remain, with one indicator being the life expectancy of Indigenous peoples, which is noticeably lower than the national average.

Table 1  
*2017 Populations and Life Expectancy*

Variable	Women	Men
1. Canadian	83	79
2. Inuit	73	64
3. Metis	78-80	73-74
4. First Nations	78-80	73-74

*Note.* Source: Statistics Canada, 2017

*\*Two-Spirit and Transgender were not given representation in the Statistic's Canada report.*

This chart is representative of Indigenous peoples across Canada and does not focus upon a comparison of those who are living with addictions. While this issue of life expectancy is a significant issue, it is not intended to pre-emptively instill fear into people around some Indigenous people's connection to substance use and fatalities.

These statistics of life expectancy are important and they indicate that interventions need to be developed and further attention is needed. However when addressing the concerns of Indigenous communities. the statistics do not speak to the issues of disconnection and cultural identity, a sense of belonging when it comes to ceremony, and being with those who see them as humans with spirit. Indigenous peoples in Manitoba have a strong presence on these lands but have a disproportionate life expectancy compared to non-Indigenous people, both in the province and throughout Canada.

This research seeks to take a pragmatic approach to people who are using and their life

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experiences in the world of substance use. There is a prejudice and social stigma towards Indigenous people who use that is not reflective of the way other people who use are treated and supported. These factors include race, stereotypes, socio-economic status, and cultural clashes. Finally, there is a significant problem of colonial and missionary values being rooted into contemporary ways of practice and policy making. The practices created by non-using, non-Indigenous people who are routinely in charge of making decisions, creating policies, procedures, bylaws, and bills are based on the assumption that people should move towards sobriety. Even when programs are run by Indigenous peoples, there are external forces inhibiting success in these programs. Often, they are restricted by non-Indigenous and governmental regulations and funding influences. People who use are not taken seriously when they speak, nor are they provided with the same respect when voicing concerns and issues.

Although substance use in Indigenous communities does not differ from non-Indigenous communities, it is evident that Indigenous people are stigmatized more for their use and that advocating sobriety for individuals is only addressing the residual experiences of the trauma that is driving people to self-medicate. The practice of self-medicating can be used to help find balance where otherwise someone would feel imbalanced or dysregulated. This is why investigating the participation in Indigenous culture and ceremony, which can address healing as well as harm reduction, is important. Addictions that are faced today stem from the ongoing effects of colonization through the dismantling of traditional ways of being. It continues to interfere with Indigenous people trying to rebuild connections to their communities, to the land, to the animals, and to their spirit. Indigenous people in Manitoba have been discussed at length when it comes to substance use and addictions. On April 29, 2018, CBC News reported on a story called Crystal Meth as a colonial crisis and whose root causes must be addressed. Dr.



Marcia Anderson and Michael Champagne were interviewed in this article where they talked about the Four Pillar Strategy:

While our response has to include the appropriate treatment of harmful crystal meth use, if we want to prevent further crises we also have to focus on the root cause of trauma and colonization and provide spaces and programs where people can rebuild their connection, their meaning, their belonging, their purpose and their hope. (CBC, 2018)

In order to address these matters of substance use in Indigenous communities, it is necessary to turn towards rebuilding connection as an approach to support individuals, communities, and organizations when using the practice of harm reduction.

### **What is Harm Reduction?**

The function of harm reduction is to reduce the harm delivered by the social services perspective often associated with the use of substances. For the objective of this study, harm reduction (HR) is recognized as supporting the use of substances such as illicit drugs, as well as potable and non-potable alcohol. Harm reduction is often delivered through the practice of injection and smoking supplies distribution, which are organized through health authorities. Supplies such as injection materials (needles, ties, sterile water, cookers, ascorbic acid, alcohol swabs, bandages, and paper towels) are handed out to individuals. Smoking materials offered to substance users include glass stems, bubble pipes, screens, push sticks, and tin foil. Other supplies distributed include naloxone kits that are used for an opioid overdose response.

Locally, the Winnipeg Regional Health Authority (WRHA) published their position on harm reduction (2016):

Harm Reduction is a perspective that focuses on reducing the adverse health, social, and economic consequences of psychoactive drug use, and its principles can be equally

applied to other stigmatized and/or criminalized practices and behaviours related to substance use and sex. (p. 3)

The driving force behind funding a harm reduction approach is often health authorities which are geared towards reducing the spread of communicable diseases and reducing the need for services from health authorities. Although there is a growing awareness of the need to reduce stigma and create a non-judgmental space, the WRHA (2016) “therefore focuses not only on client services, but extends to considering the social and structural factors that create the conditions for harm” (p. 3). Harm reduction must be flexible and fluid due to the complexity of using and the intersectional lives that people may experience while in addictions.

**Overview.** Harm reduction, from a services perspective, generally is directed toward communicable disease control, reducing emergency health service costs, bridging the gap among services, de-stigmatization, and overdose prevention (WRHA, 2016). The underlying perspective in many of the services for harm reduction appears to promote sobriety. This position of the harm reduction services is contrary to the reality, which is that not all users are seeking sobriety, nor are they in mental, emotional, physical, or spiritual positions to seek sobriety. Current supports available in parts of Canada are the opiated treatment programs such as methadone, buprenorphine (Suboxone), or hydromorphone (Dilaudid). which are used to help people maintain stability. Although none of these are new treatment methods, they are taking a more frontline response to address the increased potency in opiates throughout Canada (Chapman et al, 2019).

The concern with the opiated replacement treatments is that they are conducted from a medical perspective and do not always reflect a wider range of methods of treatments that the using individual may be seeking. These treatments are neither peer-lead nor client-centred.

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Research conducted on the Overdose Prevention Sites (OPS) in Victoria discovered that “agencies with an existing culture and infrastructure for the inclusion of people who use drugs and recognition of experience as an important staffing qualification were readily able to employ peers in the implementation of OPS services” (Wallace, Pagan, & Pauly, 2017, p. 20).

Meanwhile, agencies that lacked such capacity initially struggled to establish processes that included peers as a key aspect of successful implementation. Therefore, they often cause more difficulty for individuals who are trying to navigate both their own addictions and the health authority’s views of stopping substance use. These barriers are slowly shifting, but peer input has been left out of the equation of harm reduction practice. Peer support is paramount for proper support. I attribute this value system to be directly transferable to Indigenous communities facing addictions. The individual who is using in a community needs to be given their voice as well as an effective social net, and this can be fostered through a peer model of support.

### **Abstinence-Based Versus Harm Reduction**

Abstinence-based approaches and harm reduction approaches are only utilized separately because service providers and the general public insist upon the practice of separation. As Maté (2008) states: “There is also no contradiction between harm reduction and abstinence. The two objectives are incompatible only if we imagine that we can set the agenda for someone else’s life regardless of what he or she may choose” (p. 317). This separation in objectives goes back to the imbalance of power and control between users and service providers, because people who are using are rarely given the voice to impact change that reflects their interest and needs. Van der Woerd, Cox, Reading, and Kmetc (2010) studied the success rate of people in the Namgis Treatment Centre, located in Alert Bay, B.C., where the focus is “getting clean” through the different programs of either abstinence-based or harm reduction-focused approaches. The article

identified the different viewpoints of addictions: Alcohol Anonymous (AA) is a treatment model that considers addiction to be a “disease” whereas Harm Reduction/Controlled Drinking Model considers addiction to be attributable to a “behavioural disorder.” The treatment centre allowed people to transition between treatment models. Ultimately, the research results concluded “Abstinence rates for AA members were no better than rates for spontaneous remission where clients received no treatment” (p. 384).

### **Harm Reduction Treatments**

**Opioid replacement treatments (ORT).** ORTs are available for the purpose of harm reduction practice, as well, they have practical applications for treatment for its intended users. ORT allows people to maintain their use from a consistent supplier so that the drug potency can be regulated, avoiding unintentional withdrawal symptoms. In Canada, the availability of these treatments depends on the geographical location, philosophy of practice in the health care sectors, the subjectivity of the physician’s philosophies/ethical morals, and hurdles to getting the actual treatment.

In 2007, a methadone program began on the Elisipogtog First Nation Reserve in New Brunswick. The study, conducted by Landry et al. (2016) was focused on substance abuse treatment that included methadone within the community. This study examined the impact on community members and service providers of the people who were using the program. The treatment did not include access to cultural and spiritual ceremonies. The interviews unveiled themes of community members and service providers who felt that “methadone and spirituality don’t mix” (p. 1). Even if a client was maintaining their substance use through the program, they were “not welcome in sweat lodges” (p. 1). This perpetuated stigma with cultural protocols that continued even after the client sought out support for their addiction. Stigma was expressed by

the people who accessed the Methadone Maintenance Treatment (MMT) program; they felt stereotyped, dehumanized, that they were deemed to be unsafe, that they had lost their status in the community, and then the people working with them in the MMT had created a dynamic of power over them (Smye, Browne, Varcoe, & Josewski, 2011, p.3).

**Managed alcohol programs.** Managed alcohol programs (MAP) are a form of treatment used to regulate clients' alcohol intake and to move away from the use of non-potable substances. In Thunder Bay, Ontario, there is a managed alcohol program operated by Kwaie Kii Win Centre. The population focused on the homeless population who were consuming "illicit or non-beverage alcohol." The aim of their services was to create a safer alternative, to reduce the load on community service providers, and improve the quality of life of users (Pauly et al., 2016, p. 6). The program itself used white wine with a 12% alcohol content, where the clients could receive up to one 6 ounce glass hourly between the hours of 8 am and 11 pm (Pauly et al., 2016). However, there were parameters around an individual's personal tolerance and the ability to become overly intoxicated and drinking outside of the program was discouraged (p. 2). Throughout Canada, Pauly et al. (2016) identified at least ten programs offering forms of alcohol administration (p. 2). "The first Canadian MAP, Toronto's Seaton House, opened in 1997 after an inquiry into three tragic deaths on the streets of Toronto during the winter months" (Pauly et al., 2016, p. 2).

Due to the presence of alcohol within Aboriginal communities both on and off-reserve, it is imperative to identify parallel issues around shifting attitudes of society and communities that support the individual drinking (safely) as their choice instead of placing all of the responsibility on the individual to change. It is the community as a whole that needs to heal together. Wilkes (2015) researched Aboriginal autonomy and the reduction of alcohol-related harm within

Australia. The article focused on closing the gap in Australia between non-Aboriginal and Aboriginal peoples. The literature stated that the gap in services provided and the issue of out-of-sight, out-of-mind attitude simply does not work and can actively harm those impacted by this societal isolation (p. 1). My interest in including an Australian article in this review stems from the parallel issues around historical and current treatments towards the Indigenous communities of both countries.

**Overdose prevention sites (OPS)/ Safe consumption sites (SCS).** The reason for this distinction is due to level of permanency. Overdose prevention sites were developed in British Columbia as a temporary response to the overdose crisis. Safe Injection sites would be classified as a fixed site, such as InSite and others that have been recently approved in 2017, such as Victoria's Harbour SCS, BC,

The purpose of these sites is to allow individuals a physical location to safely use, the opportunity to use in a clean environment, the option to not rush the injection, and to reduce the response time when someone does overdose, which in turn reduces the time that someone goes without oxygen. This can significantly increase the chance of surviving what otherwise could have been a fatal overdose. However, there is more to a Safe Injection Site than just medical support; it is also about creating a safe space that gives people a place to use without fear of being arrested, stigmatized and which also can provide a culturally safe location when using.

An OPS provides a space for people to inject their previously-obtained illegal substances with sterile equipment in a setting where staff can observe and intervene to prevent overdoses. The sites were not implemented as an alternative to Health Canada sanctioned SCS. Rather, the province described the response as a temporary measure that would save lives without breaching the Controlled Drugs and Substances Act while waiting for

Health Canada approval of supervised consumption services. These OPS are a significant part of the overdose response across BC. By September 2017, there were 407,738 visits, 2,033 non-fatal overdoses, and no overdose deaths recorded at overdose prevention sites in British Columbia (Wallace, et al., 2017, p. 3).

**Opportunities and barriers for injection drug users.** Wardman and Quantz (2006) identify the opportunities and barriers that have been in place for Aboriginal people in BC, both on and off reserve, rural and urban. This study was published in 2006, but many of the issues identified are still applicable over a decade later. The study highlighted aspects that are still issues such as harm reduction services having to be appropriate for the user and not imposing conflicting value systems. Workers in the social service industry and first responders received no educational training around harm reduction and misunderstood what it meant to support an individual in their addiction through a harm reduction approach. The study identifies that although many of the addictions counselors have had the lived experience of addictions in their lives, most of them valued an abstinence-based approach and imposed this value system onto those they were counseling. This study highlighted issues such as the stigma attached to using both at an individual level and at a community level. Wardman and Quantz (2006) noted that some communities were worried about promoting harm reduction for fear of what people would think about their reserve: “most participants believed that Aboriginal people had their own way of treating Diabetes and one-third believed traditional medicine could cure the disease” (p. 1). If this logic applies to addictions as well, perhaps it is worth exploring the traditional medicine that would support people through their addictions.

Another component to understanding the opportunities and barriers for injection drug users stems from the involvement of peer-lead support. The need for peer-lead support and

fostering empowerment for the users as their own experts is essential for the success of individuals and programs that operate around addictions. This is the exact model that was key in successfully-run overdose prevention sites throughout Vancouver Island. Faulkner-Gurstain (2017) states that “breaking with the war on drugs paradigm that warns against peer influence, overdose prevention mobilizes peers as indigenous public health workers” (p. 6). Wallace et al. (2017) add: “Peer or experiential staff were invaluable in establishing the sites, particularly in relation to facilitating trust in the sites, as well as increasing knowledge and understanding of clients and drug use” (p. 20). The policies and procedures need to include flexibility for users because as they are the individuals who are the experts about what they need to stay safe.

### **Harm Reduction and Indigenous Healing**

There is great potential for positive overlap between harm reduction and the holistic approach of Indigenous ways of being. It is through these Indigenous methods of healing where everything is interconnected and intertwined. What might appear to look messy and unstructured has a purpose and creates a space for healing that fosters a sense of safety, letting go of stigma, and being authentically understood for who they are and where they are. According to the First Nations Health Authority ([FNHA], 2017):

Harm reduction is an approach used to address substance use and is consistent with FNHA’s vision of holistic wellness. It is based on respecting where an individual is at on their health and wellness journey and providing a continuum of options to assist the individual, their family, and their community on their path to sustaining or improving their health and wellness without judgment or shame. (p. 5)

Additionally, other organizations have put forth perspectives on the use of culture in the treatment of substance use. According to National Native Alcohol and Drug Abuse Program



([NNADAP], 1998) General Review: “Culture is Treatment” is the foundation of the work carried out locally, regionally and nationally” (p. 43).

The desire for cultural and community inclusion is evidently being presented through some First Nations authorities and programs. There is value in combining health and spiritual wellness in programming, however, this is still a controversial perspective, which I will explore. The following description addresses levels of attainment, which means the levels of interest or ability to make a connection. One of the Elders worked in Spiritual Care Services at Our Place Society in Victoria, British Columbia, which is a non-profit organization. I was able to witness and discuss with him his approach to working in the organization. He demonstrated an example of both cultural inclusion and levels of attainment. Each week the Elder came into the overdose prevention site, smudged the site, and offered to smudge anyone who was interested, regardless of whether they were injecting, were already under the influence, or were working onsite. It is important to note that smudging was already a part of his practice, which is not necessarily a universal practice done by all Indigenous Elders. The traditional nations on the Coast Salish territory people, such as the Lekwungen, do not follow this practice. Clients always had the option not to participate. The result was that many of the clients expressed a sense of relief while they were using and often claimed that they had an easier time injecting after smudging. This simple practice allows for two types of cultural safety: 1) for the safety of Indigenous practices and 2) for the practice of using. Indigenous medicines were utilized to support those who wanted it but often felt that they could not go near ceremonial practices while they were using. It is important to note that not everyone is ready to participate in ceremony or have an interest in traditional medicines. This is where the practice of non-interference comes into play and meeting people where they are in their personal experience. The Thunderbird Partnership Foundation's

(2017) guiding principles state a “Clients First” approach; “The interest of clients must always be paramount, with all other considerations being secondary” (para 3).

### **Methodologies**

#### **Research Question**

This area of research will be exploring how to incorporate Indigenous values and how to include them respectfully within a harm reduction strategy. The research question that drives the focus of this research is: How does substance use impact cultural inclusion for Indigenous peoples who are using? To effectively answer this question, the following sections will illustrate the design and methods that have been carried out throughout this research process.

#### **Study Aims**

The focus of this study is not upon harm reduction practices in Indigenous communities such as handing out supplies. Instead, the aim is to develop a dialogue of cultural inclusion and fostering relationship experiences for those who are actively using or who have maintained an ebb and flow relationship with substances, and finally to highlight the voices of knowledge and methods of support to help users stay connected to community. In this approach, we are seeking to generate dialogue among Indigenous communities and organizations as a way of shifting away from uncompromising approaches when working in an addictions capacity.

#### **Research Design**

The purpose of this research design is to share the voices of Indigenous people who are actively using substances in the downtown core of Winnipeg. The participants in the study were interviewed individually within the organizations with which they were involved or in a different, mutually agreed upon location that provided a quiet and confidential space. If any participant were interested in continuing an interview into another session, time would have been

allotted for this option, as periods of reflection might allow other stories the participant might want to share to the surface. However, no participant reached out to continue after the initial interview. Participants then had the opportunity to review their interview transcripts for accuracy during a follow-up meeting. They were able to add to or remove any of their statements at that time. I often did multiple check-ins to determine whether a participant wanted time to review or if they needed a refresher of details of the interview. The study goal was to provide a space for the participants to share their experiences, stories, cultural identities, relationships to family and community, while connected to substance use. The concluding focus for the study was to ensure that participants' voices were heard and were accurately portrayed in the findings.

The interviews were conducted using a conversational method (Kovach, 2010). Each interview ranged between 20-90 minutes. Due to the demographic of the participants being interviewed, an alert and oriented test was established for use before each interview (see Appendix F) to ensure that the participant was aware of their surroundings, understanding the questions that were being asked, and was able to terminate the interview at any time if they felt they wished no longer to continue. Later in the methodologies section, I will further explain why the use of the alert and oriented test was not required for the majority of the interviews and why a modified version of the assessment was used for the first interview of the study.

The University of Manitoba Research Ethics Board approved this research in June of 2018. The research design was amended in December of 2018 to expand the scope of the interviews to involve the recruiter, who was an employee at one of the organizations. She has close relationships with the potential participants and assisted in recruitment and supported the interview process. The recruiter's initial role was to help with recruitment and assisting with the Alert and Oriented assessment but it was expanded to assisting in the interviews to help clarify

questions for the participants and to establish better rapport with them. As a Métis worker, the recruiter had extensive experience working with Indigenous peoples who were using substances in this organization, as well as the role of ceremony. Additionally, the recruiter assisted with building relationships and spending time in the collaborating organizations, as well as finding Knowledge Keepers who include substance users in their ceremonies. As a result, the ethics amendment was processed to include a more rounded understanding of the research and included interviews of the Recruiter and Knowledge Keepers who are working with people who met the criteria for participating in the study, namely, Indigenous and current users of substances. The Knowledge Keepers were selected based upon the criteria of: 1) working with Indigenous peoples practising traditional ceremony and 2) allowing people using substances to participate to varying degrees of cultural inclusion.

### **Relationality**

In order to contribute to reciprocity for Indigenous people in this study, the study had to include stakeholder checks, including the community, in my research. From a peer perspective, the study is focused on Indigenous people who are actively using, therefore, the knowledge of substance using and personal experience of living as an Indigenous person had to be included in the review period because this reflects the voices of the participants. The research findings centre their voices and is reflective of what they say. The journey of this research required self-reflection and initial memos of my thoughts and experiences that helped to indicate the change in research development. This process helped to allow for adjustments or shifts in thinking following this experiential pathway. Thomas (2006) talks about accessing trustworthiness during the research process, suggesting the use of “peer debriefing” or “stakeholder checks” (p. 243).

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This is a transferable approach to reciprocity for working in both Indigenous communities as well as working in the downtown core, to ensure appropriate accountability.

### **Theory**

My approach stems from Anti-colonial and Indigenism approaches that honour the individuals participating and those who will be impacted by this research (Hart, 2009). From an academic perspective, these concepts are worth noting due to the continued mismatching of research approaches in Indigenous settings. “Indigenism” refers to the understanding that research essentially needs to take an Indigenous approach when we are looking to involve Indigenous participants (Hart, 2009). In order to be inclusive, Indigenism must include the use of Indigenous knowledge, as well as Indigenous researchers themselves. An Anti-colonial approach can be used to demonstrate the need to move away from the settler colonial practice of non-Indigenous people knowing best.

In social services, there is a push to get clients to go to treatment or detox. When asked about my research, one individual asked: “What are you trying to do to change people’s addictions and how are you going to help people stop using?” I replied by saying that it was not my place to try and get people to stop using and that not everyone is looking for that. As one of my participants explained, [P denotes participant],

And when I used to live at the projects and they tried to control my drinking so they put me in detox and that's how I picked up my smoking habit. (P05)

He later explained in his follow-up that it continues to bother him that he ended up picking up another habit because he felt that drinking was not his issue. He explained that he did not have the choice to make the decision for himself. For some people, it is not just the substance that they are giving up; it is also the community connections that surround them while they are using. This

participant explained the importance of helping out their community in times of need.

You'd be surprised how many people I have to doctor. Oh yeah. Because I know how it is to feel without a fix. And when it's you don't have that fix, you get sick. And when you get sick, you get shaky. And when you get shaky, you can't do it right. I don't know how many people have so many calluses on their veins. When you doctor yourself, what happens is that part of the vein gets a callus. And when it calluses it doesn't break, but it's hard. And it's hard and sensitive. And I know when you shoot up and you keep missing it gets worse, and worse, and worse. And makes it hard. So, I know when you're shaky and you can't hit that vein ... women, not all women ... but most women have thin veins. They're not like fucking guys who have like this big ... So anyway. They can't hit themselves, and they can't hit themselves they get frustrated and agitated, so I've doctored them to helping themselves get better. So, the faster I can do it ... the easier is to use elastic, a rubber band because then your blood flow and then you stretch your arm by flexing or pulsing their hand, like doing a grab motion. Because then the blood is flowing. You're making the blood move. Any by making that, it makes it easier to find there their veins are. And be feeling the calluses, you try to find that spot where it's still pulsing, so you can hit it. (P01)

What is so important about what she is talking about is that people need community whether it is to help get a needle to hit the right vein or for the social connection of it. This participant amongst others explained that the substances that they use are to help them, it acts as their medicine, so why would we try to stop them from accessing what they feel they need in the moment? This study further examined their needs for community and other supports.

### **Recruitment Criteria**

For the purpose of this research, the number of participants was limited to ten to fifteen participants. The participants were located in ancestry from the following provinces and territory: Manitoba, Ontario, and Nunavut. Purposefully, Indigenous people were not contacted across Canada. However, it should be noted that participants were not restricted from participating if they were from a different territory and living in the downtown core of Winnipeg.

The following criteria was used to identify participants who are actively using:

- Age 18+ years
- Indigenous (Michif, First Nations, Inuit)
- Actively using
- At least one year of using and/or been involved in some kind of treatment intervention, for example, detox, prescribed treatment options, rehabilitation, and addiction meetings.

The following criteria was used to identify participants as Knowledge Keepers or Elders:

- Age 18+ years
- Indigenous (Michif, First Nations, Inuit)
- Working with people experiencing addictions
- Follow their traditional beliefs
- Identified by Indigenous community members as inclusive.

Confidentiality and anonymity was paramount to ensure that all participants' identities will remain protected throughout the study. Participants who had not signed a consent form to be identified have been coded in this study so as not to reveal personal identities. For this reason, particular reserves and Métis settlements have also not been identified so as not indirectly to reveal participants. To establish that the participants are able to participate in the study, a pre-interview was conducted to identify if the potential participants is able to participate without any violation of their personal rights. Participants had the right to reschedule an interview if they were unable to participate with full comprehension.

### **Collaborating Organizations: Process of Approval**

The researcher approached two organizations for the specific purpose of ensuring support space for potential participants. Sunshine House and Main Street Project were approached to make sure that no participant actively using would be at risk of losing housing or other services. Each organization was approached directly before interviews took place. There was a process of getting approval with each organization to interview (Appendices H, I, and J). Interview protocols were created to reflect the uniqueness of each location, the safe requirements, the recruitment method, and areas of protection and liability.

#### **Sunshine House**

**Interview recruitment.** Sunshine House had one drop-in room where people could come and go as they pleased during the hours of operation. The recruiters at this location were given the freedom to talk to anyone on the condition that I had to announce the details of my research to the group. People were receptive to talking to me but it was made known to me at the beginning that Sunshine House had had researchers visiting on a regular basis which created an uncomfortable environment for those who are just trying to come and eat and socialize with friends. It was also problematic that the main gatekeeper and my point of contact changed suddenly due to medical leave. This recruitment method was done on a number of occasions over the interview period, as different people accessed the two drop-in times available at Sunshine House throughout this time: the regular drop-in during the afternoon and the “Like That” drop-in during the evenings. The participants were to connect with the researcher in a separate room upstairs, on their terms. No pressure was placed on any of the individuals accessing the drop-in to participate in this study. It was unknown how many people would initially be interested in being interviewed at Sunshine House, so a cap of ten people was established to ensure that the



study would not oversaturated with data. During drop-in periods, the workers who were running the drop-in often helped connect the researcher to individuals who may want to have a conversation.

**Process.** The alert and oriented assessment was in place for the purpose of ensuring that no participant was in a state of intoxication during the interview, to ensure that people were in a state of mind where they were maintaining alertness and orientation and able to participate during the duration of the interview. It was also established that Sunshine House staff may request that the door maintain open for regular checks by staff to ensure that there was safety established for both the participant and for the interviewer.

### **Main Street Project**

**Interview recruitment.** The recruitment was negotiated to reflect a method that was compatible to Main Street Project's organization and multiple operational departments. The roles during the recruitment were initially identified but later changed: Liaison, Supervisors, and a Caseworker. The Liaison changed to Project Coordinator and the Caseworker was later changed to the Recruiter as this individual took the lead on recruitment and helped with the relationship building during the interviewing period. All departments were notified of the research, however, only two departments assisted in recruitment and interviews. The recruitment was conducted through individual department settings by the supervisors, the recruiter, and the researcher of each location. Three departments were the primary focus of recruitment: The Bell (residential and supportive housing), Mainstay (transitional housing), and the Shelter. The other department was a secondary focus for possible participants: Men's detox, Riverpoint Women's detox, and Intoxicated Person Detention Act (IPDA) upon the individual's release. It will be explained later on in this chapter on why the interviews were only limited to two departments. The interviews

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were capped at eight people for Main Street Project, with possible additions as determined a later date. At the beginning the recruitment process was agreed upon between the Project Coordinator, the Bell, and Mainstay to recruit through announcements and sign-up sheets. However, when the recruiter joined the study, an Indigenous method replaced the previous methods by adhering to cultural norms and protocols in Indigenous methods of networking.

**Process.** Interviews were conducted during the hours of operation as agreed upon with the Project Coordinator of Main Street Project, the Supervisors, and the Recruiter. The researcher was to conduct an alert and oriented process of assessment before the interview began, to ensure that people were in a state of mind where they were maintaining alertness and orientation and able to participate during the duration of the interview. The Recruiter acted as a third party to confirm whether or not both the researcher and participant could proceed with the interview. The Recruiter was known to the researcher and was individually asked to assist in the research on the basis of her experience with the organization, her knowledge within the downtown core community, and her cultural knowledge.

**Issues during recruitment.** The initial approach at Sunshine House was that as a researcher I would get at least some questions asked of me by potential participants who were curious about the research. In truth, my lack of connection with the community in the room contributed to the level of interest but a larger dynamic was affecting my ability to recruit participants: the main factor was the fact that the participants felt they were being overly researched, and had a lack of interest. These challenges in recruitment lead me to reflect upon the following questions: Why would people want to be interviewed for research if they are unable to see the benefit of the study? For the individuals who are using, why would they want to be interviewed, when they are living in the present? As the recruitment period continued, I was

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forced to reflect upon who was benefiting from the research, the community, the participants, or the services? The aim of the researcher was to put forward a different way of thinking that would allow people to be who they were without restrictions to their cultural identity. What I discovered throughout recruitment at Sunshine House was that the time I put into talking with people was worth building the trust, and perhaps if I had more time this process would have been richer and more successful. However, for the participation that I was able to garner, it was worth the wait. I realized that I had to be direct about my values, identify my cultural identity, and identify my stances on substances to ensure safety. I share the following thoughts from a memo written while I was collaborating with Sunshine House:

Memo: November 2018

My initial feelings after my first recruitment attempt. I walked into Sunshine House thinking that because of the topic that I am studying that perhaps I would have some people interested in asking me about my topic, at the very least. I was wrong, my first interview attempt, I got no one. I forgot for a second, that people are generally uninterested in being questioned on their lives, just the same as I would meet someone with that same distrust. A large part of me wanted to move on to other areas, because there is no way that I am going to sit and feel like I'm forcing people into participating in my research. I thought: how long to continue going? And what other approaches may I need to get some interest in my study, or at least some questions about my research or comments?

That same week, I had two other individuals in Winnipeg approach me and tell me that they have Indigenous people in community who said they could ask if they would be willing to be interviewed. I explored this option, as it might be interesting to get a combination of Indigenous

of people who are both connected to the social services in the downtown core and out in the community. Some were on the spiritual path of the “Pow Wow trail” and others were isolated from the cultural community.

My second attempt at Sunshine House consisted of people being more receptive to my presence. My own comfort level was also developing a bit but to be honest, I think that some of the potential participants just thought that I was a worker. Ultimately, I was able to recruit one participant. I continued to attend the drop-in hours and after the eighth time, I suspended my collaboration with Sunshine House as the interest by the potential participants was just not present, with the exception of one interview; this was the first interview conducted for this study.

### **An Indigenous Framework: Community Networking**

To apply an Indigenous framework involves the understanding of the importance of community networking. Indigenous people do not typically operate in the same formal processes of operations as those in the mainstream. Protocol is important, however, it is not to be confused with policy and procedures. It was for this reason that Knowledge Keepers were approached through community networking. The Knowledge Keepers' names came up throughout the research, as well as one independent interview that was a result my research being advertised on a person-to-person basis. In this process, it was typically brought to my attention from Indigenous people in community that a certain Knowledge Keeper would be a good fit to talk to for the purpose of this research. The individuals were then either given my contact information or the community member asked on my behalf if they were interested having me contact them. This method is not to be confused with a snowball effect, as no Indigenous community member who helped in connecting the participants to me were interviewed themselves and only helped because they were interested in supporting the study. From a personal perspective, the method of

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community networking is one of the strongest bases for how Indigenous people get the support that they are looking for as well as a way to build relationships. As a result of this community networking, I was able to interview three knowledge keepers with regard to substance use and ceremony.

Table 2  
*Participant Demographics*

Variable	Number
Age	
20-29	1
30-39	1
40-49	1
50-59	5
60-69	2
Indigenous Ancestry	
Metis	2
Ojibway	4
French/Ojibway	1
Inuit	2
Unknown	1
Gender	
Female	2
Male	7
Transgender Female	1
Location of Ancestry	
Manitoba	6
Ontario	2
Nunavut	1
Unknown	1

*Note.* These figures are based solely upon information given by the study participants.

Table 3  
*Participant Drug Use*

Variable	Number
Age when started using substances	
11 years	1
12 years	1
13 years	3
14 years	1
15 years	2
16 years	0
17 years	1
18 years	1

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Years of using (on and off)	
Participant 1	8
Participant 2	13
Participant 3	18
Participant 4	33
Participant 5	34
Participant 6	40
Participant 7	41
Participant 8	42
Participant 9	46
Participant 10	48
<hr/>	
Substances identified as	
used in the past and/or current using	
Alcohol	8
Heroin	2
Morphine	1
Non-Potable Alcohol	2
Cocaine	2
Methamphetamine	2
Crack	1
Solvents	2

*Note.* These figures are based solely upon information given by the study participants.

It should be noted that this is not an exact representation of past or present substance use. These may only have been the substances that participants were willing to discuss at the time of the interview. Many people use more than one substance and their addictions might be multiple-faceted. Six participants identified multiple substances throughout their lives and four identified a single substance as their preference. In discussing how they began one shared a quick story,

I tried... when I was four or five years old. My older brother moved it out the cabinet.

And he gave me a bowl of wine. Couldn't get up, trying to get up. (P08)

### **Background: Recruiter and Knowledge Keepers**

In addition to the participants who were using substances, four interviews were conducted, one with the recruiter from Main Street Project and three with Knowledge Keepers

working in communities in and around Winnipeg. One identified as Metis, two as Cree, and one as Anishinaabe; all are from Manitoba. Three are female and one is male.

**Interviewing the recruiter.** It became very evident that the study needed the insight of one of the recruiters as her perspective and work that she did was largely based in her cultural connection and inclusive perspective with substance using and grounding support. This is a little background on the recruiter to illustrate the knowledge that was brought into this study. The excerpt is in long form in order to allow the recruiter, in her own words, to talk about who she is and about her approaches to this work. [R for recruiter and I for interviewer].

R: I grew up all over Manitoba. I was shipped around a lot ... Growing up in Metis culture, it was really big for my family to, well you have to go to church, oh but you're also aboriginal, so these are the things you need to know too. So, we were very encompassing of some things, but then there are things you didn't talk about in public because, "Oh, no, no, no. You're not an Indian at school. You're not an Indian here." Like, going to ballet class, "Make sure that you're okay being white. "It was just ... It was confusing growing up. I think the biggest struggle was finding my own identity and how to connect to my own culture in my own way, and how to connect to religion in my own way and make it work for me in a way that made sense. Yes, my family had a big influence on that because it taught me that it was okay to encompass more than one thing, but it was really important to figure it out for myself. You know, there are certain things that are structurally important when it comes to culture, and ceremony, and religion, and cooking, and just everyday life. So, it was just ... it felt like a lot at one point.

I: Yeah. I get that. My family did that too, where it was ... you blend into the environment you're in. So, yeah.

R: Yeah, it's kind of like, "We're going to compartmentalize your home life and while you're out in the community you're going to be one way." So, for us being Metis was ... my grandfather and my uncles had a trap line. So, I remember my grandmother and my aunts and myself being in the kitchen, and we would process what comes in. So, we'd be processing beavers, and muskrats, and deer, and moose. Whatever was in season for the trapline. And fish. The amount of fish that we would process it was crazy. It wasn't just to feed our home. It was to feed a lot of the elders in our community and to take care of our community, right? So, there were people that we were connected to that didn't have a lot of family and my grandmother and my aunts would go to these people. It seems to be a role that I've adopted now that I'm in my mid-life area. Which, you know ... as a kid it seemed just like, "Oh, whatever. It's too much. This is just what my family does." But, for me now it's a very important part of being able to provide in a way where we're helping somebody else, right? Where they don't have a lot of family that can check in on them. That's kind of where culturally, if you're a member of a community, you know these are ladies that would babysit me, these are ladies that would make jams and stuff for my family, or their husbands would work for my family. They were part of the community, so now that they're older and not able, we would provide for them, right? So, there was that piece and then ... yeah, just remembering the smell of nicking a castor on a beaver and my uncle getting mad at me because, "Do you know how much a castor is worth on the trade market? That goes to the perfumers." Yeah, so in understanding how each piece fits and no part goes to waste, right? Because there are a lot of hunter trappers that throw out the rest.

I: They don't know that some of those things that you wouldn't expect are so important.



R: Yeah, well they keep the castors because everyone knows the castors are expensive. But, then they don't keep the meat, right? And the meat is like a pork. It tastes like pork. They would just throw it out, or they would use it for trapping coyotes and then get the fur from the coyotes. So, I was always a part of the cycle of life, right? Like, there's all these little pieces are a part of our life cycle. Being Metis and actually having a settlement space we had farming. So, now that we're in this age we're in, farming is very advanced. But, there's pictures of my grandfather with horse teams farming, right. There's all these pieces, then at the end of the day after a days work or even after school or whatever else everything was quiet. There was kitchen music, so fiddle and accordion and spoons. For us it's the patinets, right. We call them patinet. That means little shoes. You click them together. It's like little shoes walking. That's the sound they're supposed to make. There's so much life and everything has purpose. The music and the food and everything, it all ties into that community and that sense of everyone gets to belong. But, then ... growing up I got moved around a lot. So, places where I would start to feel connected again my mom would go into whatever she was going through and I'd get moved and lose my connection. Then that's when my addiction would kick in. So, now that I'm older I'm realizing the more connected I am to a community and my culture, the more connected I am to myself. There's less need to forget. There's less need to not use. So, it's all this huge piece, where for me that's it. The more I can connect to my community and connect to others, the easier it is for me to live a healthy, balanced life style. Even though there are days where it's like, it's a lot. It's hard because you know, I want to be able to be there for everybody but I also have to remember to be there for myself too. So, just trying to find that balance and juggling it all. For me it's hard because

there's so many different parts to it that are kind of like a cog in a clock, right. I have expectations of myself and what I want to achieve. I've got these goals in my head that I don't know if they're attainable but they're there. Regardless of where I was at in my recovery I always knew what was right. Then there's that part of me that is worried because everyone is watching, like "Is she going to fuck up this time? When's she going to use next? When is she going to fall short? When is she not going to make a promise that she made?" So, there's all these expectations that other people have of me. Then, bringing that into, "How do I value myself?" Because a huge part of the addiction was tied to myself worth and my values, and whether or not they were congruent with my beliefs ... It's such a big part of it and I don't think that that's addressed enough. Like, yes, it's important to feel connected to something but where does that connection stem from? The connection stems from our core values that we learn growing up, our beliefs and our feelings around those core values, and whether or not we're able to enact in them and whether it's congruent with our life style. And, how do we make that congruent? So, being able to pull those pieces together, make them fit and make them work while everyone's watching you is just so much pressure. Because even if you look at treatment, if you piss dirty once they kick you out right away. They don't even look at what went wrong, "How do we help that person?" There's no room for error in treatment. It's, "Oh you fucked up, why don't you try again in six weeks when we can get you back." There's no addressing that issue right when it's happening. Something obviously happened for that person in that moment when things didn't go well. So, there's less looking at what happens, there's not problem solving, there's no learning through that process. It's a punitive process. So, in Manitoba the addiction process ... there's so many system errors

in it because it's all governmental reporting and statistic based. Once people are better we're not reporting on them anymore. There's no follow up. There's no proper documentation on, "Well, how long are you?" We look at all the anonymous programs, there's no documentation because they're anonymous, right? There's just so much that... it all adds pressure and there's all these stigmas around it. Definitely. Especially with some of the cultural interventions I've taken part in. I've had an elder, I've been having a bad day and not necessarily relapsing but definitely having the behaviors that were leading towards it, and having an elder saying, "Hey, you know something's going on with you. Let's talk about this. Let's sit down and talk about this." My not being ready I was acting out in behaviors that were leading to, contributing to my addiction. So, I had a ... I would call it a spiritual and a mental relapse even though I hadn't physically relapsed on drugs or alcohol. But, it was coming. It was going to happen eventually. By the time it did I was still involved with ceremony, still involved with the community. After that relapse, the elder sat down and said, "It's time for us to talk because something went wrong this week. You're different. We say this happening, we watched you over the last couple weeks. Let's talk about this. Let's figure this out." I was ashamed even though I was still going. He goes, "I need to know so that other people can be safe. Did you relapse?" And I'm like, "Yeah. Yeah, I did." He's like, "Okay, when?" He had to gear it differently and provide for safety for other people but I was still able to participate. Because I hear, "Well, you can't have any drugs or alcohol four days before or after." I was so ashamed. I just wanted to be... I didn't want to be turned away. I was so afraid of it that I was willing to lie about it. I was willing to lie about it but I get there and I can't lie about it and I'm like, "What the fuck's wrong with me?" He goes, "Look, I don't care. I'm worried about

you. I'm worried about the people that you're around. I'm worried about your kids. I just want to know so that we can help you." When he came from that perspective that changed, that totally changed everything. It's like, "Whoa. Well, that makes sense then." So, it showed a value, and it showed caring, and it showed support, and it showed the interconnectedness that I needed. That was my last ... that was the last of my relapse. I think that's what made the difference, right? I wasn't being turned away. The door wasn't being shut on me. I wasn't told, "Hey, you have to go back to treatment and get six weeks back in and figure this out again." I was being told, "Hey, we'll figure this out together." Yeah, it was really quite interesting. There's a piece that's missing from treatment. I think it's that unconditional acceptance. Yes, I understand there's a big safety component in relapses and that kind of thing, but how they handled it sometimes ... Watching it first hand, being that person that they kick out. Or even nowadays being that person on the other line, having a worker call me and say, "Hey, you know that so and so messed up. Can we find a bed for them today and they can come back in 30 days?" It's difficult. They forget that they're working with people. It's because they look at it from a disease model they're not looking at it from a place with a psychosocial model. They say they're using psychosocial, but they're still looking at it from the disease perspective. Change the language all you want when you're labeling it as a problem and that the person is the problem, even though you say, "Oh, well so and so uses alcohol to the point where it has become a problem in their life." You're still making it sound like that person is using. Whereas, if we look at it from a perspective where we're saying, "Hey, this individual is having a really tough time and hasn't got the coping skills to deal with whatever they're going through and right now their coping skill is alcohol. How do we help them?" If we

look at it from that perspective it's so much different because that's what the issue is. That person is having a hard time with their feelings and how they think about their feelings, and the trauma around how they think about their feelings is re traumatizing them. How are they coping? It's a vicious cycle that's just feeding itself. We're forgetting to look at the person who is sitting in that cycle and is being buried alive and can't breathe and needs to use something to feel better. So, the problem is still how we as individuals try to help. I get stuck in the language of it too because I have to deal with other programs. When it comes down to it, when I talk to the guys about addiction awareness I talk about it as a coping skill. Addiction is a coping skill. Let's teach you some new coping skills. Let's get you connected to what you need to feel and work through that. (R01)

After learning of her approach to working with Indigenous people in this organization, it became imperative to include her in the study because she has insights that are valuable to developing practices and policy related to substance use and harm reduction in Winnipeg.

**Interviewing participants.** I had the intention of using the alert and oriented questions to develop a sense of security for the participant as well as the university, but the reality was that my work experience helps me to recognize if someone is unfit for interviewing at that time. The fact is that if I had to use the alert and oriented questions, the person would already not be in a position to be interviewed at that time. Most participants were interviewed in the morning. The recruiter identified the reason for this in the following exchange:

R: Because in the morning a lot of our clients here are less likely to be high or intoxicated. In the afternoon they're harder to find, they're not around, they're out gaming, or they're out wherever they're out. It's harder to track people down. In the mornings, I know exactly where to find them. Yeah.

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I: Do you feel like they were more okay to come chat in the mornings?

R: Yeah. The ones that are grumpy I usually pour them a cup of coffee or tea and sit with them for a little bit. Like, that's the reason I was at the bell an hour before you got there. Getting everybody kind of, "Hey, are you still interested in the interview? Aura's coming today." "Yeah, okay." I'd make an extra pot of coffee and [Supervisor] would grumble at me a little bit and I'm like, "I'm bringing my own coffee. Stop it." Yeah, it was kind of funny. (R01)

For the interviews that were able to take place in the morning it made a difference that I did not have to add what felt like an insult by questioning their ability to consent after they had already agreed to be interviewed. However, for one of the interviews that took place in the evening at Sunshine House, it was evident to me that the participant had recently used substances, so we just had a conversation that was not recorded. This conversation lasted for about 30 minutes and gave us an opportunity to get to know one another. I waited until I noticed that her breathing had finally slowed down and then I plainly asked if she felt that she was in a good place and if she had come down enough for us to start the interview. I told her that we could always start another day, if she preferred. She responded by telling me that she did not feel too high anymore, and she felt in control. It was important to me to be straightforward with her because she had a straightforward personality. This open communication was how she felt respect and comfort throughout the process of the interview. In my experience, I have found that if I were not authentic and communicating openly with the participants, they would not feel they could be open with me, either.

I did have one person that was not quite alert and oriented enough to be interviewed at the time. It was not that he was overly high; however, it was possible that lack of sleep for a

couple of days played contributed to his inability to focus or sit still for any length of time. The recruiter shared her insight about the importance of him coming to see us:

Because he wanted to be included. He wanted to be able to tell his story. He saw us meeting with other people and giving tobacco away and he would sit there and was kind of like watching a little kid drag their toe and sitting on the side of the park, right? He wanted to be included. In Indigenous culture, we talk about inclusivity. He's a part of the community. Even if he was high and not able to focus, he still had something to put in. He still is a human being with value. So, even though he may not have been able to give proper consent or be completely clear headed he still got to say something that maybe made a bit of an impact for you. Even if that's learning how to work with people that aren't able to make consent, right? Gave them an opportunity to say, "Hey, okay, well." Yeah. It was just kind of he wanted to be a part of. Saying no because, "You're still under the influence." That's not how we do things. (R01)

The method we used to assess him was built off of the recruiter's experience working in addictions support. She would use nonverbal cues to gauge how able he was to sit through an interview. After some time and consideration, we made the decision to discontinue the interview with him because he was not able to focus, although we thanked him for coming and still offered him some tobacco in the form of cigarettes for his time and offered to try another day. As the recruiter explained:

Well, we gave him a chance to speak and he was having a hard time sitting still. [So she asked him,] "Do you want to try this again at a later time?" He was okay with that. He was okay with that. (R01)

What was important about him coming in was that he felt included. It might not have been the right time for an interview for him. It was important to be respectful of him and everyone else, and that we took the time to sit with him for a little while. For instance, many of the people I spoke with in the lounge area did not result in interviews for a number of reasons: not interested in the research, not sure if they wanted to be interviewed, other things to do. However, each interaction with people, whether it led to an interview or not, helped the community get a sense of what I was doing and gave them the choice.

**Selection of participants.** She had specific people in mind for us to connect with initially. She had prepared multiple meet and greets to establish trust and the ability of thinking about the study and to make the decision in their own time about whether they wanted to partake or not. She shared her thoughts on how she approached recruitment:

I was deliberate about how I picked people because I wanted to pick people that I knew would want to interact with you, who would be good at talking about their story, who had diverse ideas about what culture and ceremony and religion and how it all interconnects for them. But, also people who are in different stages of their recovery. Some people who are using, some people who are trying to not use, some people who are trying to just maintain balance to the best of their ability, and some people who are working on abstinence. I wanted to pick people who still had goals in life so that you weren't talking to somebody who would just be talking around the boat instead of sinking the boat. I think it was important to pick people that would understand the questions that you needed. Even though sometimes it was hard for them to figure out where there was meaning for them in some of the questions. But, I think when it came down to it, it was a really great place for you to build some ideas about where you want your research to be



and how their story telling could help your research. I picked people whose stories I knew. Who kind of fit with the questions you were trying to answer. I also found some people whose answers might not have fit but you could learn from as well. Who could have a big impact on what you might need to maybe further your research down the road or give you a place of direction. It's important in research to get all perspectives, not just the one you're trying to prove. (R01)

Initially I was not interested in speaking with people who were trying not to use substances because the conversation might then become oriented against using substances and an intolerance for those who do. I wanted to focus on a positive approach to substance use to avoid shaming any of the participants. However, the recruiter specifically selected a couple of participants who had on-again, off-again relationships with their using. Those participants were able to help share insights about what was important to them now, for example, their families. Without a couple of those interviews where participants were working on their sobriety, I would not have understood the reasons they were trying to be present and the strength of their relationships. It allowed for further information to be revealed from different aspects of substance use. As it opened the perspective of the study to become more well-rounded, rather than taking too narrow an approach. As a researcher, I was going to have to accept that participants may disagree with the questions or disagree with using cultural inclusion to support them through their relationship to substances.

**Participants in control.** The recruiter made sure that the participants had plenty of time and space to consider if they wanted to be interviewed. I asked her to share why it was important to make that bridging contact:

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Some of our clients need time to process. As much as I'm really fond of them and they and I have really special relationships, I wanted to be able to give them a chance to think about it and be intentional. "Would it be okay if we come back tomorrow and talk about this?" "Yeah, okay." Then, if they chose to change their mind, they could. Rather than feeling that they had to answer right then and there. That's kind of how... that's how things are down with our elders. You know? We give them time. It's just that bigger part of a culture, right? (R01)

As a result of the recruiter doing the initial contact and providing information, I often had people who were much more comfortable talking to me. I noticed a difference on the second day when I approached potential participants. One of the people initially told me no on the second day, but when I walked away, all of a sudden said, "Hey, hey." Then, they decided they were okay to be interviewed because they had the ability to decide without repercussions.

There are other subtle things that were important in recruiting and interviewing people using substances. As a new researcher, it is a little intimidating approaching people and saying, "Hey, I'm going to do an interview in an hour, are you willing to talk to me?" But that secondary person who already has that relationship was, to me, such an incredible difference in terms of building rapport and having people be more comfortable about research. Furthermore, the recruiter used different tactics in each of the locations within the agency that were agreed upon for recruitment of participants. The Recruiter had mentioned that at The Bell (residential and supportive housing), she had put little reminder notes for people in their mailboxes because they had everything they needed in their rooms and would not have been found in the main floor as often. Mainstay (transitional housing), alternatively, is a bit more community based, and all the services are centred around the main floor. She explains that because everyone hangs out in the

lounge area the reminder notes and personal introduction helped spark further curiosity when I came around. As she explained:

The checking in is the important part, right? So, the minute there's a new face around here a lot of people wander and try to listen in and see what everybody's about. It's kind of fun here. (R01)

The relationship that the recruiter had with all of the participants at Main Street Project that made it a positive experience for both the participant and for the researcher to have the recruiter present during some of the interviews.

**Recruiter participation in interviews.** As requested by Main Street Project, I was asked to have a recruiter witness the assessment to see if the participants were alert and oriented and able to consent to be interviewed, which we did in order to protect their clients and the agency. However, the recruiter's relationship with the participants was strong and the process of cultural networking was important to both of us. I felt that whatever involvement the recruiter felt was required, was important support. After the assessment of alertness, she remained to help explain questions that I asked the participants and also gave me guidance on how to more effectively word my questions. I was building trust with the participants as well as the recruiter because there was accountability to both of us, just as there would be in any Indigenous community. As she had explained after we had completed three interviews at The Bell (Residential and Supportive Housing) and moved on to Mainstay (Transitional Housing), she continued to help with recruitment but shared her approach for the last five interviews:

Yeah. I did it last year because here our clients are always craving the conversation. Me being here for the two days and kind of disengaging a little bit and having [Name of Coworker] help you, it was less important for me to be here all the time here, which was

kind of nice. But at the same time, I popped in twice just to see how things were going and you were busy, so I'm like, "Oh, okay." (R01)

The Recruiter applied her cultural values and protocols throughout this process. Even when she was taking a more hands-off approach during the interviews, she was still checking in after the interviews or before to make sure that everything was going well.

**Indigenous research by Indigenous peoples.** Apart from the first points of contact with the agencies, the majority of people involved in the recruitment process were Indigenous with ancestry of Métis, Cree, Anishinaabe, and unidentified (for many reasons some ancestry has been hidden from them or changed through adoption). As a Métis with fair skin, I asked the recruiter if it was important for the participants to know that we are both Indigenous. I inquired on whether or not it made an impact on the trust or any kind of change to why the research or the interviews went the way it did. She shared:

I think it does make a difference. Our clients really do ... they value the shared culture piece. Being told, when I first got here, "Well, what do you know white girl?" And I'd be looking at him like, "Really, I look white?" I'm like looking around and I'm like, "Are you kidding me? This girl over here is whiter than I am." So, you know I'll joke around and make jokes that maybe only people on a reservation would know, right? Or, make jokes about trap lining Then, a lot of the sheltered clients, they call me *Anishaabe Ikwe* which just means mother of the Indian people. That's what they say, "Mother of the Indian People." Even though *Anishaabe Ikwe* just means mother of the people, right. Because I mother the heck out of all of them. But, you know it's funny the amount of respect that like, I don't just say what I am, I just show them what I am. Like, "Hey, I noticed your hair is kind of needing to be washed. If I take out your elastic would you let

me wash your hair?" Having their hair touched is a big deal. It's a huge cultural piece, right? "Hey, you're having a tough day, let's go outside and smudge." Right? So, the small things. I notice the difference when I sit down with someone and say, "Hey, just to let you know this is where my family comes from. This is my culture. I'm asking about cultural questions because it's important to me." I had a few people turn around and be like, "Oh, this is where my family's from." "Yeah, that's a huge part. "Oh, you grew up on a trap line? Where was your trap line?" You know, people just start talking." (R01)

Through practice, it is clear that Indigenous people conducting research with Indigenous people is important because the participants can identify with the diversity of backgrounds and genuinely connect to the individual and their experiences.

**Interviewing the Knowledge Keepers.** When interviewing Knowledge Keepers, the interviews were conducted in different ways depending on how the name of the Knowledge Keeper was shared with me during the study. Often the person who brought the name forward would either make first contact to ask if they would be interested in connecting with me or if they would give me their contact information. I always had to let them know who brought their name forward, and I often communicated with them on several occasions to discuss what I was hoping to do, as well to find a date and time that worked for them. I did have a couple of names brought forward that did not participate, but that was not because they were not interested or it was not a good fit. Knowledge Keepers are in extremely high demand and often are overworked. I am aware that if I had stronger knowledge of my relations in Manitoba, I would probably have stronger connections and contacts, but I am still developing my connections here while learning the extent of my extended family. Knowledge Keepers were passed tobacco first to ask if they were able to partake in the interview or if they had the answers I was looking for. All of the

Knowledge Keepers said that if they did not have the answers I was seeking, they would try and direct me to someone who might have those answers.

### **Data Collection**

Data collection took place throughout the interview period and during the preliminary findings phase. At the beginning of each interview, I offered tobacco to all participants involved. The interviews were digitally recorded and professionally transcribed. I centred the notion that: “the sacredness of Indigenous research is bound in ceremony, spirit, land, place, nature, relationships, language, dreams, humour, purpose, and stories in an inexplicable, holistic, non-fragmented way, and it is this sacredness that defies the conventional” (Kovach, 2010, p. 140). The narrative approach has a place, but it is secondary to respecting the sacredness of our ways throughout the research process. There were 10 interviews with participants, three Knowledge Keepers and a recruiter. The interviews were conducted in a one-on-one, private setting and lasted between 20 and 90 minutes. Each interview was guided by a list of questions to help the direction of the conversation (Appendix A). Interviews were then transcribed by REV.com, a confidential online transcription service and NVivo, a qualitative data analysis software tool. Any reflective journaling from the researcher and additional notes were also included into the collection of data.

### **Data Analysis**

After the interviews were concluded and the interviews were transcribed, I began my initial stage of coding. These documents were coded using NVivo software program. Kovach (2010) provides for the analysis of stories: “[i]nterpretive meaning-making involves a subjective accounting of social phenomena as a way of giving insight or to clarify an event. It involves an inductive way of knowing” (Kovach, 2010, p. 130). For this reason, I was focused on collecting

data in a more hands-on way so that I could be certain of what information is being highlighted in the process. The procedure that I applied during my data collection was inductive reasoning (Thorne, 2017). After each interview, I began my coding process so that I could assess if there needed to be changes, as there was always a possibility for new themes to transpire as the coding took place. My procedure included: highlighting themes, note taking on the side of the transcribed information, recording when permitted, and sticky notes to help me find my highlighted themes and compatible stories. The themes of the data were incorporated into the final findings of the study. Participants were at this stage contacted and encouraged to review sections that have been written about their stories to ensure that they were comfortable with the research study moving forward.

### **Follow-Up: Meetings to Review Transcripts**

The interviews were printed and distributed to the participants to give them the opportunity to retract or add information to their interviews as well receive an honorarium for participation. The following memo offers insights to these interactions.

Memo: July 4<sup>th</sup>, 2019:

I went to drop off the honouraria and transcripts yesterday at Main Street Project. I was a bit unsettled that the supervisors did not know I was coming. I think the time between interviews to now evidently taken an effect on the communication. But I had also realized that perhaps I should have given more time and sent letters to inform the participants that I was going to come by. I had two participants struggle to remember our interviews. This was due to a couple of factors: one people are living from a day to day basis, one moment 7 months ago might not seem important amongst everything that is going on in their lives. The second reason is that memory can be difficult to retain and some people have a

hard time remembering what we discussed. For those reasons, I printed copies of all the participants transcripts whether they requested a copy or not and asked them to review their own story to make sure that they were okay with what they said. After the first follow up at MSP it was made aware to me that because time had passed people were in different head spaces from when I last spoke with them and I had to be aware that they could fluctuate to how they were maintaining. Another point was after the first follow up I realized that some people felt quite emotional about what they had talked about; as one participant experienced a death. I then tried to prepare the participants about the content and gave them the option to read it over a day or two to help digest the content and let me know if they were still okay with providing parts of their stories to the study. What I took away from this experience was that time and multiple follow-ups were just as important as establishing the initial relationship.

The person with whom I had the longest relationship prior to contact before the interviewing period was the one who remembered and asked me about the research. I also had to discuss with some of the supervisors around the honoraria. Self-determination of the participants in regard to their honorarium was central to decision making on distribution of money. There was the question of whether or not they should be given the money directly or if the agency should determine when they could have access to it. In my view, it was still the right of the participant to access it as it is their money. However, I was aware that sometimes a plan of action needed to be discussed to see if the participant wanted a worker to hang on to their money for them. This was in the event that they did not feel it was a good idea to keep the money at the moment, or just to be aware that the participant had it.



I was a little worried at the beginning with time passing that I might be losing contact with participants. The one that I was most worried about was still in town and had made contact with the organization the week before. But one had moved to another housing facility and further tracking was required. Finally, I had been informed that one participant's sibling had died a couple days earlier. After discussion with the supervisors, I decided to leave the transcript available in the mailbox for the participant and attempted to touch base the following week. However, I was not going to request that she look over the content as it might be more upsetting in the time of grieving. The next day, I continued to locate and talk with participants so they could review and approve their transcripts. These conversations were sometimes brief and other times they told me more stories or offered more information about their lives. The following memo offers insight into that day.

Memo: July 5th, 2019

Today went way better. I found that I had a better approach to follow-ups today. I would go and check in to see if they remembered us talking. I would remind people of the study and that I had a printed version of our conversation. I reminded them that I would like them to look over the conversation and let me know the following day or within a couple of days if there was anything they wanted me to take out. I found that when I spoke with them in that way it helped to not put pressure on reviewing it right away. I had a lot of really positive feedback from participants saying that they were happy that I came by to check in. I felt that it was good for me to check in the following day because it gave the one participant an opportunity to review it and he gave it to a worker as well as a friend to review, so he felt good about what he was sharing in this study. He brought me a gift the following day. It was a printed picture of the seven teachings that he wanted to

explain in greater detail about his story as he had seen in his transcripts that he had talked about it back in December. He also processed to correct me on some of my spelling and told me that this was just one chapter of his story and that there was so much more to his life.

I spoke with another participant who was very reserved when I first spoke with her and seemed very disconnected from her culture due to being removed from her family as a child and growing up in foster care. Her foster home was strict in their religious views. This time around she began talking to me about the spirits she hears and how they communicate with her. She told me that she was happy they finally took her off the medication that was trying to suppress this as it was mistaken for schizophrenia. She asked me what I thought of it, and I told her that I believe in spirits too, as I believe that my grandfather and great grandparents are still with me when I need them. She seemed so disconnected at first glance, but her spiritual connection was very strong. I just was not asking the right questions at first. But I think my learning was that these follow-ups have been just as important as the interviews themselves. This process takes the same care and patience to meet people where they are at and honour them.

### **Ethical Considerations**

The ethical considerations that I had to navigate surrounded a number of components. I intended to research and interview only Indigenous people. I recognized that this challenged the Tri-Council Policy Statement (TCPS2) section on participation exclusion, and I understood that I will have to explain why this was important to my research. It is further complicated because I asked for our ceremonial practice and spirituality to be discussed although the research, which will be made public (2010, p. 48). I would like the process to be as respectful as possible, and to me, respect involves the right to spiritual privacy.

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- Cultural protocols: Addressing the variety of Indigenous people that would hopefully be participating. As a result, this may shift the research activities due to formal rules and oral customs tailored to each person and their needs (TCPS2, 2010, p. 110).
- Active substance use: I sought to ensure that all participants were in a position of maintaining their personal substance use. This means that individuals were able to look after themselves throughout the day without being at risk of using to the point of unmanageable intoxication. They had to pass the Alert and Oriented test. This test outlined the individual's awareness of their location, date & time, recall of the substance that they had used that day, identify the researcher, and the purpose of the interview.
- Family safety: all participants remained anonymous for the protection of themselves and their families. However, participants were informed of the limitations to privacy, if there was immediate danger to any family members or participants during the interview period.

I anticipated some ethical moral conflict about the methods of harm reduction within the Indigenous community and their connection to spirituality. I recognized that I have an obligation to ensure that there is "respect for a person" especially due to the vulnerable circumstances of using and harm reduction practice. Safety for everyone was a primary focus over the gathering of information (TCPS2, 2010, p. 52). The information acquired through this research must be for the interest of the people and not for the financial gain or cultural appropriation of mainstream services (Kovach, 2010, p.14).

## **Chapter 3**

### **Findings**

I have identified themes from the participants' experiences that contribute to the values and perspectives of these individuals on connection and substance use, while critically analyzing what supports look like from a cultural standpoint within the experiences shared. This chapter has been divided up into six sections 1) Indigenous Identity; 2) Substance Use; 3) Disconnect of Community and Culture; 4) Spiritual and Religion; 5) Relationships; and 6) Recommendations from Participants and Knowledge Keepers.

Each section looks at the experiences of Indigenous peoples in the downtown core of Winnipeg and of the use of cultural inclusion in regard to their wellness. Within each section, the participants have explained their perspectives and experiences that have helped to develop these themes. I have used an Indigenous paradigm that represents each narrative that was used to illustrate the values of connection. As described in the previous chapter, additional interviews were conducted to include the Recruiter and Knowledge Keepers. These perspectives helped to explain in greater detail the holistic, formal and informal support services/systems are needed in Indigenous communities. Recommendations for practice has been elaborated further in the final section of this chapter. Finally, my own analysis has been braided throughout the findings.

### **Preliminary Thoughts**

My intention was not to explain why people became addicted to substance or why people are using social services, especially for Indigenous peoples, as it has been common knowledge that Indigenous people are overrepresented in social services. My focus was to work on the Indigenous cultural ways of being that support the people through the experiences of disconnection that perpetuates through lack of accessibility to elders, knowledge keepers,

culture, traditional protocols, and community standards. Society and practitioners endorse sobriety, as mentioned previously. There is a general fear in society to talk with people who are using substances. The result of this anxiety remains significant, leading to a lack of respect for the knowledge that is carried by people who are using and there is a need to identify this knowledge, both in Indigenous and non-Indigenous settings.

Addiction is messy, especially for Indigenous people with the complexity of external factors such as colonization, violence, and intergenerational factors, and contemporary life experiences. The participants share their narratives about their experiences of substance use and cultural inclusion. It focuses on the points of connection and relationships in their lives. This chapter will look at the cultural difference in practice and protocol rather than a pan-Indigenous approach to healing Indigenous people and cultural protocols should always be respected as unique to the communities and nations.

### **Indigenous Identity**

Indigenous identity requires a consistent need of reaffirmation of who we are, and it does not develop overnight. Identity is complicated, and for Indigenous peoples, asking about who they are and where they grew up requires the time for an understanding that some Indigenous people do not have a clear-cut explanation of who they are and where they come from. There are factors of displacement (mental, emotional, physical and spiritual), disconnection, trauma, and assimilation. But for some the discussion around identity is layered because they grew up in more than one place or home. For many Indigenous people the practice of being raised by more than your biological parents is completely common and understood as just a way of raising a child up in a community mindset or more explicitly “the village”.

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Participants identified where they were raised and eight participants mentioned they lived in multiple locations where as only two participants identified being raised in a single location. The following information highlights where participants lived for any given time in their upbringing. These are only places that were identified during the interview and are subject to variation. Three lived on reserves, two in Metis settlements, one in a French community, four in Winnipeg, and three lived in other towns.

However, they did not identify only these communities as places of upbringing. For some of the participants, the places that they identified were institutions that were developed as a direct response of colonial practices that continue on to this day, such as residential schools, child and family services (foster homes and group homes), and prison. One of the participants explained he was in multiple institutions as a part of his upbringing.

Grew up on a homestead. My mom told me I was one, people that lived in (Métis settlement) were...I was pretty bad. I grew up in... I was in a residential when I was young. A long time ago, I was in a residential home I was in a residential school since I was young, living with nuns on Portage Avenue. I didn't really grow up to know anything about who I was. I just grew up in the way with people who looked like me. I was pretty well locked up when I was young. I was pretty well locked up. I was in jail and foster homes and group homes. I didn't really get to know my family because I was locked up all the time. Yeah. Well, all my kids are all grown up now. (P09)

Many children had did not know what types of institutions they were in because no one discuss it with them until later on. Importantly, even if the school was not identified as a residential school, this does not discount the poor treatment that often took place. Many schools (day schools, boarding schools) have a history of treatment that has left people traumatized and unsure of

whom they can trust. For others, the impact of the sixties scoops has played a role of displacement that had left a participant disconnected to her identity. She was unsure if she could practice her traditional ways because she was made to feel such practices were bad. It was not just the schools that had religious agendas. This is what she explained when I asked her where she grew up.

Yeah, not in Winnipeg. I grew up in [town], Manitoba. Then I was in a foster home there. I used to hate them and I hated them because they were so religious and I didn't like their religious, I don't know, I just didn't like them. (P04)

The interview was difficult because many Indigenous people felt disconnection to their roots and there is a sort of pain that is attached to it. So, when someone asked them about their background the mind goes straight to the disconnection and the loss thereof. For another participant, their connection came after when they were brought to their community.

I grew up in Ontario. Just off [Reserve]. But I was moved around. I moved all over. First memory I was in [town] and I moved here to the reserve. That was my first memory. That's where I grew up, on the reserve then I moved to Winnipeg when I was 13. Been here and there ever since. I was in Thunder Bay, I was in foster homes for a bit, and then I went to a reserve. (P07)

This participant explained to me clearly about who he is and where he comes from. He later explained that the reason that he came out here was because he had family in Winnipeg, but that he had been kicked out at age 15, which was when he moved in with his uncle. He had also explained that his mother had died when he was young and that he did not know his dad so he found his family in Winnipeg.

I don't know I decided to move when I was young, and there's a lot of things that brought

me here, I guess. I wandered around a lot. I've been wandering ever since I was young, so. But Winnipeg, I always come back to Winnipeg for some reason. I have family here, and most of my friends are here. Or drinking associates, I guess. I don't go out unless I'm drinking. I don't know, just like Winnipeg I guess. Plus, my sister's here and my uncles are here, so I got family here. It's close to the reserve. I can go back whenever I want to.  
(P07)

One of the Knowledge Keepers talks about why identity is tied to relationship building and building a sense of self:

That relationship-building I do with homeless people, I might find out where they're at, where they come from, what their nation is, what they identify with; if they identify as Cree, Ojibway, Metis, or Oji-Cree, or Inuit, or some of them might come from East or West. I find out where they come from and find out how connected are they to that identity or that nation, whatever they have, and how connected are they to their family and their community. So, people I find that are homeless, or have been homeless for a while, are estranged from their family and often they're estranged from their community, and so they have no ... Also, maybe they're estranged from their nationhood, their sense of who they are (KK01).

When those ties to family, community, and nationhood are broken or unhealthy, then the ways through which people cope can shift. People will use what they need to help regulate themselves and for many it is substances that become a primary source to help regulate the stressors in life. But using substances does not mean that people have lost who they are. The next section discusses people's experiences with using substances.



### **Substance Use and the Connection to Spirit**

This theme focuses on the shared experiences and the spirit of the participants who were actively using. The participants have various degrees of connection to their cultural ways and knowledge of who they are. However, it is their spirit that remains with them as both a protector and a guide. Their spirit may at times protect them from outside stressors and experiences in the world; sometimes this includes ceremony, and other times it might guide them to connect to the medicines or people that help keep them safe. In an effort to honour Indigenous ways of being, I wanted to reflect how stories are truly explained by Knowledge Keepers. It is for this reason that I have left the quotes by Knowledge Keepers intact, at longer length because traditionally stories were not summed up in a quick thought. It is thoughtful and takes time. One Knowledge Keeper shared the following:

I'll share a story with you. And again, these are young folks that I was working with, and they wanted to go in a sweat lodge, and I would take them. I always take them. So, this one particular time, I decided not to go in, because my mom ran the sweat, and I thought too many boys in there, but anyway, I wanted to be on the outside, because there was some young folks...that were, they were sitting around there. So, there was one young lady, and ... well two young ladies that were late, and I told them, they just went in, you can go in on the second round. And she said, "No, no, I'll just sit around here." It was really hot that night too, hey, and she had a sweater on... so we just sat there, chit chatted, and she was talking, and she was moving her hands. And as she was moving them, her sweater was slipping up, and all over I could see. And then I started to look all over her, and sure enough, there's these little dots kind of all over her. I said, "What happened to you? Are you okay?" And she said, "Oh, no, that's nothing." I said, "No,

that's something, tell me about it.” And she said, “I was stabbed. I was stabbed 19 times.” I said, “so that all over your body, that's your stab marks.” And she said, “yeah... but I brought it on myself.” I said, “Tell me about that.” So, she proceeded to tell me, she said, “One day I was high, really, really high...I was...this was actually two days prior to the sweat. And she said, but I just, I really needed to go smudge. I really wanted to smudge... I went home, I went home, and I smudged.” Or where she was living, hey. And I said, “Good.” She said, “No, that's why I was stabbed, because I shouldn't have smudged when I was high.” I said, “Oh, my girl, that's not why you were stabbed, you know, that smudge saved your life, because you were called, your spirit was called. Saved your life.” And she started to cry, 'cause she didn't think of it like that. She thought of herself as being bad. And I said, “Oh no, you're well loved. Creator loves you. Grandfathers and grandmothers love you. I love you. And I'm happy you're here.” She went into the sweat in the third round, and you know, I ... my heart just went to her, you know, because she really believed that. And I found out after, she was told that ... and I hear these teachings, that they're strict, you can't go in the sweat if you've been using. You can't smudge if you've been using. So, I spoke to the circle of these young folks after and I said, if your spirit is calling you, you take a lesson from this young lady, smudge. (KK02)

When it comes to substances, there is a sense that it does not belong in the cultural world.

Although I respect the protocols of communities that do not allow substances to be present in ceremony according to their beliefs or practices, we must reflect on the source of these protocols and whether or not they have colonial influence. There are cultural practices that can be seen in different parts of the world that involved holistic medicines that can also be seen as substances for the purpose of healing and journeys of clarity. It is for this reason that I would like to

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acknowledge the spirit of substances that can hold a positive and negative energy, some that act as both at the same time. One participant shared about the preparation that going into homemade wine that was made by his family.

The way I make it, it's lukewarm water, right? Buy the yeast, one package of yeast. Soak it in lukewarm water and let it rise. You know that right? You get the lukewarm water, pour that in there. And then put maybe five pounds sugar, put the sugar. You got four packets of yeast. Package, four usually in a ten gallon pail. You can tell. And set, to put a cover on. And five pounds of sugar. Serve it first. Then that sits in the thing, warms up themselves. The bubbles in there. Tastes beautiful. You could add some more stuff in it. Apples or orange. That's what I'm telling you. Mix it all together. Me, I let it sit for a month. (P08)

In this context, it is more of a social, familial, and cultural practice rather than a looking for spiritual clarity. However, it is worth noting the thought and care that took place when preparing the homemade wine for the family, which could have been used for gatherings. Many Métis communities had alcohol at their cultural gatherings, such as dancing halls.

Although substances can be used to keep people disconnected from others and protected from external and internal stressors or trauma, they can also be used to help people connect to spirit as done in some cultural practices on Turtle Island. Duran (2006) referenced the spirit of substances in their clinical practice but it can be applied to community work as well:

All of those drugs, alcohol, and all that, come from life itself, from the life and duality. All of those substances can be used for good and not. Your patients have activated the negative side of medicine. One they activate the negative side of medicine, then there's a price to pay... Since it is spirit it wants spirit in return. (p. 61)

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Although Duran's focused on the negative spirit, some of the spirits have acted as protectors from the trauma and loss that the participants have gone through. It is what has kept some safe and others not, so the spirit can sometimes play different roles. One of the Knowledge Keepers explained the roles of spirit in substances.

Well we had, we had a different way of inducing, like a different state of mind even way back then, do you know what I mean, like to connect with spirit. Not fasting, but with different herbs and liquids that weren't necessarily alcohol and not necessarily marijuana but it was different stuff. (KK03)

The Knowledge Keeper did not see alcohol as having a spirit necessarily, but he acknowledged that traditionally people have looked for herbs and liquids to achieve different states of mind. The substances that are being used in the downtown core are arguably being used to achieve the same thing. These are substances that were not used in a traditional way but have been introduced through colonization.

### **Participants' Experiences with Substance Use**

I asked participants about what substances did for them. In particular, why they used one over others and what it was that they liked about it. Some participants explained that it helped with their physical relief for pain, for others it was their emotional and mental clarification they looked for and for some it provided the social component that they were seeking. One participant offered some insight into how he started drinking and how that related to building a network of people in Winnipeg:

P: Pretty much when I moved to this area (Main Street Project). Not this area, because I never knew about this area until I moved to this city. 'Cause I had pretty much grew up in (town), Ontario. I just decided one day that I got tired of (town) because I was so

predictable. It was like, if I wasn't at work, and I wasn't at home, you could find me in the bar. I was so predictable, even my friends knew that. They said, "You are so predictable. If you're not at home and you're not at work, you're in the bar. And I didn't wanna be predictable, so. And [town] is like a retirement town. If you're not into hunting, fishing or games like football or ... it's a pretty dead town. There's nothing to do.

I: Was there things that changed when you got here?

P: Well I didn't drink as much. The first year, I didn't drink at all, put it that way. I stayed sober for a whole year the first year when I moved here. Then I started meeting people and started talking with them and that's when I fell back into that habit. (P05)

This participant had a hard time connecting to his cultural roots and was able to connect more once he was out in Winnipeg. However, when asked about his connect to the land, he talked about how his grandparents taught him how to connect to the land. Also like many of people, the social atmosphere is a large part of cultural ways. Although it the spaces of substance use is harder to gauge if the family that has been created or the community will stay.

If it's not drinking, then there's nobody around, but when I'm drinking there's a lot of people around, so. So, I'm behind these doors, nobody bugs me. But if I go inside, if I go downtown or anywhere around town, there's always somebody. So. (P07)

It was here that I asked him what substances does for him and what he looks forward when using.

I don't know. Changes my mood. Change the way I think. Changes me, the way I am. Makes me feel comfortable, but only when I have alcohol to a certain point. Then I change into a different person and I don't know who that is. People tell me about it. It's an environment you're in, the people you're talking to, you can relate to them because

you're in the same boat as them. It's just easier I guess, not sure why it's just easier to turn to alcohol and to do problems. That's the way I feel. I know it's not right.

Don't get me wrong, I've had a lot of good points in my life, things I've done, but also a lot of crappy points and things that I don't recall, people I hurt all fighting and stuff. And now. I've been to university and college. I built houses. I try to do lots, learn lots, try to keep myself busy. I get bored easy, that's why I go to alcohol. Because when I get bored, there's nothing to do. I get tired of what I'm doing, so I just go. If I wanna go out, I go out the doors, I know what I'm doing. I actually know I'm drinking, I'm gonna go look for a drink. It's easy to find, trust me. It's easy to find in the city, so. Kinda stupider.

Because I know when I go out through those doors I know what I'm drinking.

Well when I was a kid I wasn't bored at all. It got easy by myself. Being the only boy in the house I had to be out of the house all the time, and sisters were always in the house doing chores and stuff. So, I'd get sent out the door to help cut fish, hunt or watch, learn. Or be in the bush doing what I do. Go hunting and looking for anything to do. Gotta find stuff to do, and all my cousins would be out of the house too, so we'd all get together and do something, figure out something to do. The city is different, it's fast. And you can't go hunting, you can't make a fire, you can't... Well you can have a dog, but you can't let them run loose and stuff like that. So, you have to find other things to do. When I came to the city when I was 15 or 16, I was in the bars already, so. That's how I grew up in the city, and the music, the parties, the drinking. That's how I learned to be in the city, so. So, when I went back to the reserve, did the same thing and I got in trouble over there. So, I guess in trouble breaking delis and stores and stuff and end up in jail. Not jail I guess, juvenile centers and stuff. Yeah, but died down for a while then when I was young,

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I guess. (P07)

For some people, they might not want to experience their thoughts, feelings, or reality. The opportunity for using certain substances gives them a break from what's going on.

The euphoria. Basically, it's just the euphoria. It helps to defeat a lot of stresses, in its way I guess. I usually feel bad afterward sometimes. Just a quick little stress relief, and then as long as I get back to life again. You can't just get lost in it. It's mostly just the euphoria that I chase down. (P02)

Using substances helps the people forget their stresses, whatever that may be. They did not go into great detail on those aspects but the desire to not think and to experience relief for a bit outweighed the feeling bad about it. Another participant shared her activities related to the need to "Feel like nothing, not thinking about nothing." (P10)

He shared:

Because I was inhaling solvents to forget a lot of things in my mind. I did that to hang around my friends. I used to do that lots. Lots I'd do that, just to get away from wherever, whatever. I was hanging around with my other friends who were. They'd get drunk and they were taking solvents. Yeah. I only do lots of drugs when I'm on the street. I do a lot of sniffing glue and drinking and doing drugs like in my arm, doing needles. Everything that I [could when] I had money. (P09)

Another referred to his stresses as "pain" He elaborates on the motivations for his substance use:

That's my nerves now. I don't take no pain killers. Nothing. That's why I think about booze all the time, kill my pain and all that. Just Beer. I don't drink that now. Someday I say, "Give me some of that," and I'll drink it. (P06)

Similarly, the reality of his current living conditions and direction in life fuels the desire to use

methamphetamines. She shared:

I: What substance do you currently use?

P: I dabble, but I only feel comfortable talking about meth right now.

I: That's totally fine. What do you like about meth by the way?

P: I like that it gets me high, and I start losing my shit, like. It takes me away from reality, 'cause right now I'm homeless. I have nothing, and to escape the reality of having nothing I'd rather take that and lose my insanity well, then realize that I am going nowhere in life. I dabble whatever I can get my hands on for free, or meth is pretty much the cheapest thing. It takes you away from reality. The longer you stay up, the more you realize that ... it's harder to tell what's reality and what's fictional. I personally bang it; that means I use needles. By using needles, it goes straight into my blood stream, and you get the high faster than smoking it or snorting it. So, I prefer needles. (P06)

She talks about the need to escape from her reality right now because the way she describes it: "she has nothing." The expectation placed on people to stop using which will then fix all the problems negates to understand that for this participant, this is how she is surviving. One of the Knowledge Keepers only begins to help with the healing part of his work once his clients having housing as he explains it.

So, a lot of the work that the Housing First programs do is eviction prevention and relapse prevention. With my work, I'm cognizant of the fact that working on trauma might trigger a lot of traumatic memories, so my job is to make sure that people are ready to do that work of working on, looking at old memories, and looking at trauma and traumatic memories. So, I do a lot of relationship-building with people before we do any intensive work. I get to know a person. I get to know a person, get to know their life



story. I get to know their strengths to see what resources they use to get themselves help, healthier coping. Some people having unhealthy coping because that's how they learned to survive in life; and alcohol is using drugs or using alcohol is one of the ways they learned, to use to survive, so we call that an unhealthy way that they've used to survive, but they also have learned more healthier ways to survive; like maybe when they get upset they go for a walk, or they go out for a cup of coffee or a cup of tea. So, I try to learn for when I meet with them, they might still be using, so I look at people as resilient people. I look at them as resilient. I don't look at them as homeless deficient people. I look at them as resilient people; and from there, I try to see what is that resilience.

(KK01)

**Harm reduction.** At the beginning of the study, I thought that, as Indigenous people, advocating for substance-free ways of being was causing greater harm for those who were using in the shadows as a result. I had seen harm reduction practice reduce stigma and I felt that the harm reduction model could be adapted to find supportive ways of working with addictions in Indigenous communities who were looking to move towards “dry” or “substance-free” communities and gatherings. I felt this way because I have seen more fatalities due to using in private spaces where people cannot see them. I know that promoting a non-Indigenous word – harm reduction - is not the way and that there is a complexity when introducing harm reduction practices into certain spaces. Turning to our values, the practice of turning someone away devastates our communities because it separates us and we are stronger together. I was looking for the values and the understanding that turn people away. When people are reaching out, they are seeking to be connected and included. There are practices that could be adapted to include people in a respectful way to ceremony, treatment, and to the individual.

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In the interviews, I rarely directly asked about harm reduction by using the term with the participants because harm reduction is associated with the practice of only handing out supplies. For Indigenous people, there are protocols not only for ceremony and gatherings, but there are also teachings about how we can support and care for ourselves which may not always be associated with the term harm reduction. There is the potential for common ground between the values of harm reduction practices and Indigenous ways of being. Within this space is a foundation for accepting and supporting people to be as healthy as they want to be while using. There are complex and divided perspectives of traditional protocols and substance use in Indigenous teachings, both urban and rural. However, it became increasingly more apparent that although the meaning of harm reduction is not negative and has transferable values, it is the perpetuation of application of English words into Indigenous ways of being that is problematic.

It's something that I automatically go to is an institutional way of thinking, and with family, you know, like I said, when they're even in the throes of addiction, I watch when they go to visit, or they're connected with them on the phone, they get excited, there's something so wonderful, in just that connection. And sometimes it's not the best, but in those moments, when they're very ... that connection is there, so that's what needs to be tapped into, that feeling. So, bringing them to a place where ... because we are a part of the universe, I know I'm gonna kind of go all over the place, but we're all connected, we're all connected to the universe. We're connected to an amazing, an amazing world, and there's this energy. There's this healing, there's this love. So, it's connecting to that, and that's what our culture, that's what our tradition teaches, is the connection, with, and I'm sure you've heard, Mother Earth, the Grandmother Moon. We have ceremonies and ceremonies in ceremonies. It's brilliant how our people have lived, and how our culture

heals us. So, when, in teaching, and when working, with these young people, they're always in that mode of, they can be talking, and just like what, and then there's this fight. They're going up with their little fists, their fists are their voices, so there's this flight or fight type. I know there's another one, but that's where they go, because they want to survive. They don't want those feelings, right, so we take them, I take them, to a place where grounding them, even before they go on the phone. And it's a simple ... well, I shouldn't say simple, because it's an amazing thing that happens, but to sit them in such a way where they're connected to Mother Earth, and then that energy comes up, and they're grounded to her. So, when they're even on the phone, or sharing something that they've never, ever shared in their life, to ground, and to be able to face that person, and say what they need to say. And I think that's ... and I've watched it. It's amazing, to see them sit up tall, and take what they need back, to love themselves. That's a beginning, that's the connection. And it's always done in ceremony, and it's not a ceremony where ... it's a big event, although it is a huge event for this person, for this young person. And it's always per some gratitude, and to guide them thought it, ceremony, that's what ceremony is.

(KK02)

The piece of harm reduction that I find to most important is the connection to seeing people as themselves. The reality is that the practice of harm reduction is still very institutional. It is practiced as a way of reducing the risk associated with using, but without the connection piece, the attempt to support people falls short. One participant maintained his using by gauging his tolerances. It should also be noted that this participant used his cultural practices as a way of connecting to family and community. However, he is not interested in stopping using at this

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moment. He is content in the way that he manages his substance use and how he finds balance between his cultural ways and his substance use.

The tolerance is too high, then I just got to quit. Try it again in a month or two, if I don't feel like it, then I keep going staying quit. Yeah, I do a lot of it off and on. It doesn't bug me too much, like it's there, so I'll try it. (P02)

Regardless of the substance they used, there were participants who used and drank because they liked it and enjoyed how they felt on it. Another participant shared his patterns of drinking:

It's not the part of getting drunk, I don't do it to get drunk. I just do it because there's nothing else to do. It just ... I don't know, it just makes me a livelier person. It's almost like ... Most of the people I meet are ... There's a big difference between me and my younger brother. When my brother gets drunk, he just likes to argue or fight. Me, I just like to have a good time because ... That's why, most of the female company that lives in this building likes to come over and visit with me. ... I just enjoy interacting with people and having a nice time. (P05)

Familiarity with the harm reduction efforts in Winnipeg were identified by receiving tangible goods and not social, cultural or emotional support, as the following participant shared:

You can get them at Street Connections, it's a truck that goes around. You can get a stem: that is a crack pipe, but you don't get the coil. Like the little iron bit that holds it. You just get the stem. It's clear, it's free. Or you can get drinks off of them, and a elastic band, and water, and wipes. You can get that from them. Or you can go to Main Street Project. They do it. But if you go to a pharmacy and ask for it, it's like, under two bucks. A needle. And you can go to stores and get like bubbles and shit. But I don't smoke it. I bang it. (P01)

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To clarify some of the terminology used by this participant, when she says, “bubbles,” she is referring to a glass pipe that is often used for smoking methamphetamine and “shit” is just referring the rest of the supplies. But she goes on to explain that she does not smoke, she injects. Others had participated in a harm reduction treatment known as opioid replacement treatment that addressed the use of a particular substance and they shared their experiences of drinking:

Then I went to the methadone program and I quit. It worked. Well it kept me from sticking a needle in my arm. I’d nod off, cigarettes dropped all over the place, and it worked for me. Only drink, yeah. I don’t even smoke weed. Not really, no. Because I’m always drunk. I’m an alcoholic and that’s what I do, alcohol, every day, every day. Listerine, hairspray, whatever’s got alcohol in it, I’ll drink it. I don’t like hairspray though. It put me in the hospital, intensive care, alcohol poisoning. (P03)

This participant’s grief the loss of a loved one and the substance use is a coping mechanism for managing his feelings. Harm reduction programs helped him stop using opiates but he stated that he no longer participates in cultural activities because of the protocols around being sober for 4 days. This is the tension between cultural support and active using: his drinking prevents him from accessing cultural supports to help heal his grief.

**Treatment: Detox and treatment centres.** Treatment is widely talked about when supporting people through their addictions. For some people, these can be very helpful resources. However, many who currently live in the downtown core have been through these systems on a number of different occasions. That being said, some people utilize detox and treatment centres as a form of respite or just need the time to try each time, and they get something different from each experience. When I asked participants about treatment, some discussed their frustration of

feeling forced into the conditions to keep their housing and others discussed a treatment centre that they felt was the most suited to them at the time.

[W]hen I used to live at the projects (Main Street Project) and they tried to control my drinking so they put me in detox and that's how I picked up my smoking habit...It's almost like [Program Name]. I just went there just to help myself out because they wanted me to quit drinking or slow down and I said, "Okay, I'll do this program." (P05)

The issue was that he felt trapped between losing his housing and going to detox for something that he did not feel he wanted to do. As a result, he started to smoke. In the follow-up, he made it clear that this was something that continued to bother him because he felt he just ended up picking up another habit. For others that were all too familiar with treatment centres, this participant identified one treatment centre that meant more to him than any other.

I've had treatment many times. First treatment center I was 16, I was in Minneapolis. After that, I was in Thunder Bay Treatment Centers. I went to Toronto for treatment. I've been to most of the treatment centers around here. The best treatment center I've been to was, Peguis (Peguis Al-Care Treatment Centre). They have a traditional healing center and I found that very uplifting. I learned a lot over there about myself and I stayed sober quite a long time after that when I went to the treatment center over there. But the second time around I didn't do so good again, because I got into different kind of drugs, the heavier drugs. (P07)

Treatment centres can have a role in supporting Indigenous peoples, but it is important to consider that for many the cultural connection is what sticks out for them in the journey of healing. It is not just about getting people to stop using, it is about building up their connections

and cultural identities. With that being said, the next participant highlighted a critical flaw in the way programs operate:

I went to detox for ... I think I was in there for an hour. Went out for a smoke, and I actually smoked crack. So, I was out of there. That was when I was 17. I am 21 now, and I went to detox program. I think it was like, three or four months ago. I used a buddy's backpack and there was a five-point shot in that rig<sup>1</sup>. Not mixed, so it was just crystal meth, and I saw it, didn't realize it was in there until they searched my bag. When they searched my bag they put the meth on the lady's desk and told me I wasn't able to come in because I was carrying meth on me. So, I was told to leave, but I said I left the charger in the room, so I was like "Fuck this, if I am not going in for treatment, I am getting high." So, I took the shot back, and I went and got high. I shot up in the back alley. So Yeah. Because if you have meth on you or any drug they're not legally allowed to have ... you can be there high or whatever, you just can't have anything to do with it inside the building. If you do, you're asked to leave and you have to wait a week. So that happened. I've never been in the treatment long enough to experience anything. (P01)

The Recruiter explains how the policy and procedures in detox programs can act as a greater barrier, as the participant explained above. No one gave her the chance to still come in after they found drugs on her. No one took the time to have a conversation with her to hear her side of the story. Instead she was removed and told to wait a week. This is what the Recruiter had to say:

Because even if you look at treatment, if you piss dirty once they kick you out right away. They don't even look at what went wrong, "How do we help that person?" There's

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<sup>1</sup> A 'point' is referring to 0.1mg the amount of the substance that is being used to typically inject; a 'shot' which is referring to what someone is injecting and a 'rig' is a term for a needle. However, some terms are relative to this particular location.

no room for error in treatment. It's, "Oh you fucked up, why don't you try again in six weeks when we can get you back." There's no addressing that issue right when it's happening. Something obviously happened for that person in that moment when things didn't go well. So, there's less looking at what happens, there's not problem solving, there's no learning through that process. It's a punitive process. So, in Manitoba the addiction process ... there's so many system errors in it because it's all governmental reporting and statistic based. Once people are better we're not reporting on them anymore. There's no follow up. There's no proper documentation on, "Well, how long are you?" We look at all the anonymous programs, there's no documentation because they're anonymous, right? There's just so much that... it all adds pressure and there's all these stigmas around it. (R01)

In social services, there is an onus of self-reflection that is missing, rather than looking at the client as the issue for not abiding by the rules that have been put in place. Social services need to evaluate their practices to see how can support people to stay to receive treatment, rather than removing them at the first act of disorder to the program.

**Participants' thoughts on the four-day sober protocol.** When asked about ceremonies and if they were involved in their traditional ways, I was told routinely told about the four-day protocol by many of the participants as a reason for them not going in. Although participants did not seem angry or upset about not going to ceremony, it did seem to act as a barrier from their cultural rights to traditional ways. The four-day protocol has been practiced by many to ensure that people are closer to their spirit. It has been explained to me by people in the community as well as Elders and Knowledge Keepers that during the time when someone is using substances, their spirit leaves them. Others explain that it was both as unsafe for everyone who was



participating in the ceremony. Each of these participants had different perspectives towards the four-day protocol. It should be noted as well that all of the participants were referencing a particular ceremony, the sweat lodge, and using traditional medicines. This is what one participant said:

It's usually, I respect their wishes of whoever's running the ceremony. Yeah, I just respect their wishes. Other than that, I was always told that you had to be four days sober before, during, and then after. Then go out and smoke weed is basically what my medicine man told me when I was younger. [B]ut he was just kidding around, because I just ask him about the sobriety of it. The ones (Elders/Knowledge Keepers) that are doing healing, trying to help people get off of it, the substance abusing. I'll support those ones because they're allowing them into their sacred circle area. It's supposed to be ceremonial and other people will be like, "No, you're supposed to be sober for it." Well, how am I going to help them when they can't even get sober enough to attend. That's one of the reasons I'll support people for helping that way, in that respect because it is hard. (P02)

To elaborate, he explains that although he continues to respect the four-day protocol of being sober he prefers to surround himself with Elders and Knowledge Keepers who support people through their addictions rather than being turned away because he is not following a path of sobriety at the moment. It has been explained to me as well that Elders and Knowledge Keepers will not refuse people, but it is the level of involvement that will change depending on how ready someone is to do the work. The next participant explains the dichotomy of his experience of not going to ceremony but not feeling that the mainstream methods of support are effective either:

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Well it's just alcohol got ahold of me and in my mind, I knew I can't be going to a sweat lodge, I can't you know. You got to be clean for a few days anyways. And detox, ten days is not long enough. (P03)

Another participant adds insight into her experiences of using substances and how this affects cultural and ceremonial participation. The participants are holding both desires at the same time, trying to balance teachings and their use. She shared:

By using, it's been pretty much ... and all the memories I've had I had been using some type of drug. Culturally, I like learning about cultures. I am open to every culture. But I don't like it being pushed on to me. So, if I go to a sweat, an aboriginal ceremony where ... I can't be using for a week. It kills me, but I won't go to a sweat on, or I won't go to church or anywhere if I haven't been clean for a week. Because I am open to the idea of cultures and religion, but at the same time I know being using ... my body ... I am harming myself, and I am not in a state where I can be accepting of everybody's religion. I am walking in their house, of whatever creator, lord, and I know I am not in the pure state. So, I will wait a week and then I will go. Because I don't wanna disrespect anybody 'cause I know how it feels to not be accepted or appreciated. And I am not here to ruin somebody's religion by making a fool of myself. So that's the reason why I won't do that. If you ask what happens then, okay. But I am shooting up after. I am getting high, don't get me wrong. (P01)

Another participant offered how he manages respecting the practices and traditions while still using and recognizing the benefits of ceremony but not being able to participate. He shared:

Yeah you gotta be sober. You gotta respect their, I wouldn't say law, but their traditions. The way they do things, but they're not judgmental or anything either. But for yourself it

would be more respectful to respect their way of life. I can appreciate the way you would if you go to a church and be half out of your mind and drunk and stuff. So, in some ways are the same I guess. It would be better for yourself in understanding the way they do things and that way of life. Yeah, even for newcomers, they encourage newcomers to come all the time. I did a lot of sweat lodges. For me, when I first started the sweat lodge, I had a hard time. But as the years passed by, I learned more about the sweat lodge and stuff. They got the ceremonies and stuff. And all the ceremonies, for me personally, I felt more spiritually stronger after a sweat lodge. More knowledgeable, more cleansed, more open. And a calmness started coming over me, when before I used to be really agitated, easily agitated at times. Now as I'm getting older, I stop and look at situations and sometimes I still snap at people, whatever, but I try not to now. And I just step back and look at what's going on. Those are some of the teachings that I've been learning, and yeah those are the things that I've been learning. And all the songs and everything, the culture, something that I've needed to get back into for myself personally. And I don't know why I'm not even checking to it. Something else is stopping me... Yeah, just being scared of what you're gonna run into. Scared you're dealing with things, situations, and your own personal feelings about things. I don't know why I'm scared, know why we're scared. It's just easier going the other way than dealing with it. Isn't that with the alcohol? It's easier that way, to deal with things, because it's repetition. It's easier that way, I don't know why. (P07)

One Knowledge Keeper offered further insight into the importance of including people in ceremonies and not turning them away when ceremony is what they might need at that particular time:

Researcher: I guess what I'm just wondering is why it's, if you could speak about the importance of not being turned away.

KK: Well it's like what I was saying earlier about when people need it, if they need it at that time then that's the only time. They may have the courage to ask if they are under the influence and if they can get to into something immediately, like not the day of, but as soon as they possibly can. And some people can do that, like just take them right out and put them into a sweat if they need or into ceremony or sit down and have pipe ceremony with them. I don't understand why people feel that if they're under the influence that they cannot be, I don't know the reasoning behind that, I don't know the teaching behind that, why they need to abstain for that amount of time. I don't know. I just don't feel that, I don't think it's fair for people to have to wait that long because sometimes that can mean, for the individual, it could be like life, like a life and death situation where they're really needing something and if they can abstain for that four days and they're in a really bad place where they, if they can't do it and they're feeling like really shitty because they can't, it's just adding on to things that they failed at, things that they, failed and can't do is the same thing. That they're not worthy or whatever else that they did put upon themselves or how people perceive them. That it can make their situation even worse. But if they can be accepted for who they are at that time and if ceremony is important for them, and if it could save their lives, or if it could start leading them on a path to continue on making changes, then I think that's a good place to start for them and to allow them to do that. There's too many rules around ceremony and I understand that some are important, but some of them are also just a little too much. We're here to help people and individuals heal, not to make them feel worse about themselves. And that's what we're

doing to them when we don't accept them in the way that they are or the way that they've been. And just continue to try and work with them ... it's important. And a lot of them are healers themselves, eh, because they go out and they help out with their peers. A lot of the ones that I know that drink and do drugs and stuff like that, when I sit with them, they have a lot of teachings. Yeah, they carry a lot of teachings and they even teach me a lot of different things that I didn't know. And they carry those too. Yeah, I think that as long as they don't come in like trying to fight everybody, they're okay. Just don't fight anybody, you can sit with us. Nobody is listening and nobody's asking them because they just assume that they don't know anything because of the state they're in, right? Quite a while ago I was part of a pipe ceremony just right outside the Thunderbird House and the old Salvation Army is just right there. And we had a man come walk over, he was obviously intoxicated, but the pipe, the pipe keeper at the time, he let him sit with us. A lot of people were like, oh my God, he's drunk, he needs to leave. And he just told them, you know, if you're not comfortable with it, you can leave. He can sit here. He's more than welcome to sit here with us. And then he told the ones that were like kind of freaking out because they thought they would get sick, you know, those ideas that something bad might happen if you have that energy room. He just told them, yeah, if you're not comfortable then you can leave. Yeah. People make their own choices, eh? And I think the more individuals believe something to be true, the more it affects them individually and the more they make things happen for themselves. Like if they believe that they're going to get sick, if somebody is on their time or under the influence while in ceremony, they're literally going to make themselves sick and it won't have anything to do with how the ceremony was held at the time when those individuals were part of the ceremony.

Because we can make herself believe that we're anything. Yeah. It's their own ideas and their own beliefs and their own energies that they carry that they manifest that for themselves. If they believe that they're going to get sick around certain individuals, well of course they're going to get sick. (KK03)

The Knowledge Keeper here has spoken about how important it is to support someone in the moment they are first coming to see them because the fear of being turned away is so strong that they might not come back.

### **Disconnection from Community and Culture**

While the disconnection in relationships and community is present among Indigenous and non-Indigenous people alike, the participants were able to create a similar development of community among themselves, using settings when connections to their own communities were limited. Indigenous peoples are surrounded by the experiences of colonization and disconnection from communities or unhealthy living within communities that are surrounded by violence as well as unwarranted levels of loss.

Initially, I operated from the notion that many of the participants and those who were living in similar conditions knew who they were but were not given the space or support to be who they were, and that the knowledge exists in community. In some cases, I found this to be true; it was apparent for others who were interviewed that their cultural and personal connection to ceremony was severely fractured. I originally thought that people were not welcomed into ceremonial spaces and I acknowledge that these reasons have been about safety as explained by Knowledge Keeper:

[S]o a lot of street people, who are on the street, they learn that somewhere; they know that. I don't even have to tell them that. So, they say, "I can't go to the sweat because I

respect the sweat, because I had a drink yesterday. I got drunk yesterday so I can't go to a sweat, because I had a drink yesterday.” (KK01)

It is the initial disconnection from ceremonies and culture that already existed prior to contact with traditional ways. However, it is not to say that Knowledge Keepers will not work with them, but they just have to be willing to connect. I have left the whole quote by the latter Knowledge Keeper in the Chapter Four - Knowledge Keepers section because he talked about how he works to build up the connection again, while acknowledging the disconnect that exists for many people.

The theme of disconnection is not uncommon in this community of participants. Friends and families have chosen not to be with them connected for personal reasons. This is not unknown among Indigenous peoples, but what surprised me the most was the common theme of cultural disconnection when participants repeated the uses of the phrase “their ways,” and “Native culture,” rather than “my ways” and “my culture.” It was suggested that this indicated not just a disconnection among Métis and off-reserve but across the participants: they felt culturally detached. As one participant continued to disconnect herself from her ancestry by referring to the traditional ways of being as “an Aboriginal ceremony” (P01). Another participant stated: “Learned a lot through the Native culture. I guess I do identify with Native culture more, but I also do identify with the other culture because I grew up going to church and stuff like that too. So, I don't know what to believe” (P07). The church was a source of disconnection for some participants. Some felt content to stay connected to the church, others wanted nothing to do with it. But the ones that did maintain that connection with the church spoke of people coming to see them from the church as a large factor for their sense of connectivity. Only a few people spoke about an Indigenous Elder or Knowledge Keeper to whom they felt connected. This variable

could be because of the age of most of the people who were interviewed. Only two participants were under the age of 40 and were born during a time of greater cultural repression and forced assimilation. A participant had been subjected to such levels of assimilation and cultural repression that she was left not knowing who she is and where she came from. These were her responses:

I: Do you know what nation you come from if you don't mind me asking?

P: No.

I: If there's a place or environment, or around people that you do feel connected to?

P: No. (P04)

The interview continues in this fashion as much of her upbringing involved telling her that her traditional ways were bad. Even though this participant appeared to be very disconnected from her cultural roots, she was not using any substances as of the last six months but she was still experiencing health related issues. However, it was when we did our follow-up that I witnessed the cultural pieces rooted in who she was and how this connection acted as a guide for her. She spoke about her connection to spirits and sometimes was positive and other times not, but her connection was strong whether she knew it or not. It does not matter how disconnected we have become because our spiritual connection does not completely leave us.

### **Spirituality and Religion**

When I asked participants about spirituality I quickly realized that I would have to incorporate the topic of religion because when asked about culture many participants talked about the church. Some had positive thoughts towards the church and others did not. They had the same disconnection and felt unsure about their own culture and rights to connection. Largely,



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this comes from a high concentration of missionary activity in the prairies there has been present since contact. One man shared about his relationship to church when he was in jail:

It's just like a high almost. It's like oh, I've gone to church while I was in jail, and I've walked over to the inmate and I've said oh, now it's gone. So yeah, spirituality does, it's there, you know. Mind, body, and spirit. (P03)

Others, however, did not have a great experience: "I used to hate them and I hated them because they were so religious and I didn't like their religious, I don't know, I just didn't like them"

(P04). Although she had negatives experiences, she continues to follow the church to this day.

The piece of being institutionalized is that people will stick to what they know, whether they agree with it or not. When I asked participants who were still involved with the church what they liked about it, was hard to get a response from them, but I gathered they looked for the connectivity that comes with gathering.

When it comes to culture and spirituality, gatherings are a large part of what keeps people involved in their traditional ways. For this participant, it was a large part of why he continued to be involved in the ways he was most comfortable with as well as being in the environment.

[I]t was more or less being able to see family again...the one pow-wow that I went to.

There was a couple of others that I attended too, but just for the fireworks or just for a day. That was basically it. Helping me-wise or not would be more or less inside, like self-care is what I do a lot, meditate think back on most things and then just become aware of it, self-aware of it. (P02)

Some explained that their connection has grown since coming to Winnipeg because the places that they came from were culturally removed; others talked about having stronger connections while in prison.

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I made a drum for the elder, water drum, a little blue boy drum, made that for him in workshop. They just let me do whatever I wasn't because of the little time I was doing. They let me do whatever I want. Twenty years is a long time. So even lifers were beating me out, holy mackerel, because I was armed and dangerous, they made me do every day of it. (P03)

As far as came to connection to their spirituality, only a few grew up with their culture or learnt about it later on when they were involved in learning about the teachings. Many of the participants did not have these experiences, or, if they had, they did not know how to talk about them. In my experience, people will push ceremony away not because they are not interested but because they do not want to get close if they feel that they will be pushed away or put down for not knowing their ways. One of the participants they did grow up with his culture and talked about what he ceremonies he was involved in and his struggle to maintain his involvement.

I went to shaking tents, pow-wows, mantra groups, singing, sweats. I was a fire keeper for a while. There lotta teachings. Lotta cerem-circles, just ceremonies in general and they're awesome. Just sitting there teaching you stuff. Other teachings you can right? No. When I was in the ceremonies, I felt I belonged. I felt at peace and I felt like I could relate to everybody's story. Everybody got to talk and everybody listened. All the songs we sang, all the teachings like everything that they are I could feel. It brought me back to Earth and the simple way that we used to live, I guess, compared to now, it's fast. I don't know, just different. Nowadays you can get from point A to point B pretty fast" I can just say that I went to elders. I won't say names. I went to them. I see elders and I listen to them. Got my teachings from them. Somehow it always turned to alcohol. I was not stronger than I guess. And alcohol used to come back to me all the time. I don't know

why, but something. It's my problem, a thing I gotta deal with. (P07)

Often the topic of spirituality and religion was sometimes too difficult in our conversation. I asked about other ways where spirituality existed and the cultural importance to the land. I asked modified my questions to expand land based activities to understand where spirituality still was being practices but in a different way.

### **Land Based: Hunting and Farming**

Spirituality and ceremonies can take place in large settings as well as in private settings, and the connection to the land is a practice that can be in both. I asked participants if there was anything that they did on the land to get an idea of where spirituality may exist; as some Elders would say, we are always in ceremony. Participants had experiences with land-based practices such as trap lines, fishing, hunting, and farming. For the participants that spoke about these practices, there was a strong relationship to the land that could be understood from their words and the ways they lit up when they spoke about it [P is for participant 5, R is for Recruiter, I is for interviewer]:

P: Yeah, it's like, when I was growing up, I spent a lot of time in the bush and so I know how to trap and set snares and stuff like that, all the basic things how to survive in the bush. Well, I learned to respect ... When you're a native person, you learn to respect the Earth, the sky, the air that you breathe and the animals. They all have a different purpose and most people just shoot animals just for the fun of it and that's not right because they have a soul too and they're just fighting to live too. So, you've got to respect them like they respect you. You're not going to shoot a deer just to get his head to put on your wall, saying, "I caught that." And leave the rest of the body to rot. Then you're not really paying homage to his spirit.

I: Is there anyone that kind of taught you how to do those things?

P: Probably my grandparents. My mom's parents, because I used to get along with them just fine and they taught me a lot of things. To respect the land that you are on and the air and pretty much every ... and respect all the animals and pretty much ... 'Cause this is mother Earth that we're standing on to, you've got to respect her. Because if you don't have respect for Mother Earth, then she'll come back and bite you in the ass.

R: So, I know when I'm on the trap line and we honor the spirits of the animals that we catch, how do you guys honour the spirits?

CP: Well, we only catch what we need. We don't catch what we don't need because then you're disgracing ... if you go fishing, you only catch what you can eat because if you catch just to show, "Hey, look at this big bass I caught," and then it goes to waste.

R: We put tobacco in the mouth. We put an offering out and we put tobacco in the mouth. Is there any ceremony that you guys offer too?

P: Yeah, pretty much the same thing.

Another participant explained connection to the land through hunting:

I miss hunting and all that. I miss all that stuff. I haven't done that for a long time. It's been a while. I grew up in the city, so. I grew up with the city, I guess more than when I was younger, but I knew all how to survive and stuff like that when I was young. It's stuff I learned. I did everything. When I was a boy I got taught how to set traps, catch rabbits, muskrats, fish, filet fish, hut picking, deer, moose, yeah did all that stuff. Learned how to do other stuff with like wooden stuff, trees and stuff and how to survive, so. Yeah, I did a lot of that (P07).

### **Relationships: Family, Friends, Community**

The aspect of community and family was a recurring theme for those who are actively using. The connection and the level of wellness were large factors in the supports that were in place already. Those who talked about family often spoke about their children or their grandchildren for the reasons that they were trying to stay grounded in their way of being, whether they were maintaining their use or trying to stay away from their routines of using. The predominant perspective of the interviews was that there was a desire for connection and family relationships that remains close to the hearts of the participants. It was evident that the desire of family and connection was a central focus for many. The difficulty was that disconnection, in some instances, takes a stronger role in those relationships. The conversation of cultural inclusion is deeply tied to the connection to family and what family was able to pass on to their children.

When I asked a simple question, “where did they grow up?”, it became very complex and full of connections and disconnections within these experiences. There were rarely straightforward, clear answers, whether this was because of living in multiple places, not growing up with family, or having upbringing that involved hard environments. The topic of where people grew up varied with the strength of the connections to home communities. People often left their communities whether it was because they did not want to be in that setting anymore or because they did not feel that being there was healthy anymore, or to pursue different opportunities. The reality is that some of the participants moved away because they had traumatic experiences. My intention was to move away from the focus and reasons of trauma that is understood as rooted in cultural and family disconnect. The reason for this is because trauma has become widely recognized. This theme does identify some of the traumas that have taken

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place but I have chosen to highlight other aspects of their experiences, as too often Indigenous people are only looked at through a trauma lens only and therefore cultural identities are wrapped up as an identify of trauma and nothing more. Fortunately, despite their experiences of being away from family, this participant found connection to their own children. Others have been disconnected through incarceration, he said: “I was pretty well locked up. In my teens, I was locked up in jail. I guess that’s the way I grew up” (P09). He spent significant time away from his family while in jail, residential school, and in boarding school. He explained:

I was in a residential school since I was young, living with nuns on [street]. But, now I’m free around, so I’m happy and relaxed. My kids are here and there and they got their own kids (P09).

Another participant found family in the traditional way of adopting family. This participant has found family in another way. He said:

I adopted them. I’m their dad. They’ve been here (Main Street Project). Seen them a few times. I call my little girl, she calls me daddy too. She says you’re not their dad. Two out of three call me dad. Don’t tell them I said that. (P08)

The traditional practice of taking people in and adopting them into the family can be found in the downtown core. There is a purpose to the family connection of belonging. There was one participant who had no contact with many of her biological family due to abuse; I asked if there was anything that she remembered about their culture living in community growing up or if anyone had taught her. Her response was, “They didn’t they didn’t even know, they didn’t even teach me how to do this and do that or whatever. Nothing but abuse (P10).

She went on to explain that they had been in homeless shelters for a long time now. It was the people in the streets that saw her every day that saw her as their family. But, here I always

walking around every day. Hi Grannie, Hi Momma. They always call me... I don't mind (P10).

There is something that can be said for informal adoption. From a cultural perspective, if your biological family is not available, others step in to claim them. Another participant explains how substance use was seen in the family growing up but that is not the reason for using; to this day it came down to who accepted him. He explained:

I'd already seen it (using) amongst my family, so it's regular to me, and then already trying to fit into school or something when I was younger, and I never did because I was a brown kid going to school in a white kids' school. I was a RCMP (Royal Canadian Mounted Police) kid going to a brown kid school. Complicated. It was just a never win-win situation. Then that one crowd that was starting to smoke weed or smoking weed, that was the one crowd that accepted me, they didn't even care. I went along there pretty much. So, that's what I did. (P02)

To be an RCMP kid means that you have to move around the country depending where the parent who was the officer needed to be stationed. This perspective illuminates the importance of who takes someone in and will just take them as is without the conditions. This juxtaposition can be understood through the dependence of using to find acceptance.

### **Loss**

The conversation of death and loss was not a topic of focus for this research, however, the stories came up on more than one occasion, so it was identified as an important theme. It was apparent when talking to participants that the loss of family members was very much on their mind when asked about where they grew up. Out of ten participants, six identified a death in their immediate family. Three of those participants identified multiple deaths in the family. This is not including deaths in the community or in their circle of friends. If I were to have focused

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upon loss of loved ones and grief, I have no doubt that everyone would have talked about multiple losses in their lives, as death in Indigenous communities and in the downtown core have become inescapable. I believe that loss is an important factor of disconnection and that Indigenous people have been impacted by this at a greater rate of loss than non-Indigenous people. I believe that the loss can have a direct impact on the connections to help, the communities, Elders and Knowledge Keepers, as well as the relationship to addictions. It was an important topic for their relationships with their communities and families because it had a direct impact on the connections that participants identified to their home communities and/or other family members.

The loss of family members has a direct impact on wellness and it is evident that this has impacted their wellness. Participants identified the loss of a sibling, parent(s), grandparent(s), spouse. As one participant explained:

I started drinking heavily after my wife died. So, I had beautiful home. I had everything. I was a happy camper. Yeah. When she died, I fell apart. Over thirty years, we'd been married for thirty years before she passed on, massive heart attack. I'll hear a sound and wake up dreaming about her. She's right here, but I can talk about her without crying nowadays. I can talk about it now. I couldn't at one time. I'd just break down, that's the end of that. (P03)

The shortcoming of this research is that in this theme, I have only identified the immediate loss of family, so this does not include the other deaths of friends and other community members. Nor does it address the other types of loss that are in place such as the loss of contact with their family. This topic is significant because it shows the connections that are missing for many people: the connection of support and staying grounded.



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I learned one thing and one thing only, never take a child who is five years old to a funeral. Because they don't understand what they're looking at. They just think they're sleeping. It was because I didn't know the meaning of, I'm never going to see him again or play with him. He was my oldest brother and he was... my mom had two favourite kids in her whole litter. My oldest brother who died and then there was me. (P05)

The loss of family, friends, and those in the community have an impact on the relationships with others around them and the ability to connect with others. The disproportionate loss in Indigenous communities in comparison to the rest of Canada has had large impacts upon the overall wellness within communities as a whole.

## **Chapter 4**

### **Knowledge Keepers**

This chapter has been dedicated to the stories given by Knowledge Keepers who are working with Indigenous peoples who are using substances in the downtown core of Winnipeg, Manitoba. Many of the stories, teachings, and perspectives have been left intact so that the reader can holistically understand of Indigenous ways of healing as well as experience how the Knowledge Keepers share information. Often stories are shared and they can be long or short, patience in understanding the meaning is important.

Few of the participants had had connection with different Knowledge Keepers. The lack of connection with Knowledge Keepers can be explained in various ways. Prior to the practice of colonization through assimilation, traditionally, communities would have had people in their own families help to pass on knowledge and ways of being. The access to Knowledge Keepers has been showing up in institutions such as prisons, not-for-profit organizations, educational settings, and child and family services. For some people, these institutions are providing their only connections to Knowledge Keepers and ceremony. Knowledge Keepers in families are becoming rare and many families either do not know their traditional/cultural ways or are not interested in talking about it. The disruption of European influence and colonizing practices through many of the practices imposed on First Nations, Métis, and Inuit peoples has left communities trying to rebuild and trust in the self, confidence in cultural identities, and trust in traditional ways (Weaver, 2001). Knowledge Keepers in Winnipeg and throughout the provinces have limited representation. For this reason, I have chosen to interview three Knowledge Keepers to hear their stories about working with this demographic: why they have been working to support the people and not to turn them away. The Knowledge Keepers in this study have been

approached based on their work and their values of meeting people where they are and working with them along their journeys of healing.

The Knowledge Keepers come from different communities throughout Manitoba. They each follow their own traditional ways of being and protocols. They also have different ways of supporting and connecting people to their spiritual ways. When individuals approach Knowledge Keepers for help and guidance they may be asking the Knowledge Keepers for understanding and direction in their lives. Knowledge Keepers take responsibility for what they share and do so with integrity. Many Knowledge Keepers have spent long periods of their lives learning. It is for this reason that I have chosen not to critically analyze the Knowledge Keepers stories, teachings, and experiences as it would be considered culturally inappropriate and offensive to analyze the Knowledge that they have been given. Instead, I have sectioned their stories with titles and heading so that they have the space to share the work that they do.

### **The First Knowledge Keeper**

“With me, people come and talk to me anytime. If they're intoxicated, they'll come talk to me and I'll sit and talk to them”. (KK01)

**Professional Practice.** The first Knowledge Keeper I interviewed is Cree and is from Northern Manitoba. He is a practicing social worker with an Indigenous not-for-profit where he works with people in the shelter system and who are in the process of being housed. He collaborates with different agencies around the city ensure that the people he works with are housed before he does any therapy work with them. He has interrogated both his clinical practice with his holistic practices to support people in through their trauma and addictions through relationship building.

I get to know a person. I get to know a person, get to know their life story. I get to know their strengths to see what resources they use to get themselves help, healthier coping. Some people having unhealthy coping because that's how they learned to survive in life; and alcohol is using drugs or using alcohol is one of the ways they learned, to use to survive, so we call that an unhealthy way that they've used to survive, but they also have learned more healthier ways to survive; like maybe when they get upset they go for a walk, or they go out for a cup of coffee or a cup of tea. So, I try to learn for when I meet with them, they might still be using, so I look at people as resilient people. I look at them as resilient. I don't look at them as homeless deficient people. I look at them as resilient people; and from there, I try to see what is that resilience. What is that resilience? That relationship-building I do with homeless people, I might find out where they're at, where they come from, what their nation is, what they identify with; if they identify as Cree, Ojibwa, Metis, or Oji-Cree, or Inuit, or some of them might come from East or West. I find out where they come from and find out how connected are they to that identity or that nation, whatever they have, and how connected are they to their family and their community. So, people I find that are homeless, or have been homeless for a while, are estranged from their family and often they're estranged from their community, and so they have no ... Also, maybe they're estranged from their nationhood, their sense of who they are. I work with people who have been in residential school and also the Sixties Scoop, and so there's lots of historic trauma; but also, the second generation, third generation of individuals, their parents went to residential school or something like that, so there's a lot of historic trauma transmission, what they call intergenerational trauma. It's called historic trauma transmission; that's unhealed trauma passed onto the next

generation, so they don't have any ... they haven't learned any healthier coping mechanisms, and so survival on the street, where they end up. They end up surviving by stealing maybe, stealing, maybe lying and drinking, to get some booze, whatever drugs. Those are all behaviors; I just see them as surviving, coping mechanisms. So, my relationship-building is learning all about that, learning all about their lives. I want to learn how strong they are in terms of how ready they are to talk about trauma. I might talk to somebody for a few days or a few sessions, and I would get a sense after chatting with them for a while to know how strong they are to be able to talk about something very traumatic; I would have a sense of that by that time. Relationship building might be just focusing on helping them to learn how to breathe, helping them become aware of where they are in terms of time. A lot of times I do meditation in the session; I get them to just focus on their breath, just being aware of what they're hearing, seeing with their mind as they're listening to my voice, and get them to breathe in and breathe out, that kind of thing. So, I get them to become aware of their body, getting them to more of their mind, and also their spirit. Their spirit might be ... it's in here somewhere, your heart, your spirit; and when those three are not connected together, your emotions are up and down, up and down. Your emotions are not balanced out. Up and down eh. So, I get to know the person like that, get to know them. If I come to the conclusion that maybe they're not quite ready to go to do intensive trauma therapy the way I've been trained to do, I might say, "Maybe we'll just continue meeting with each other every week or every two weeks to catch up with you, where you're at in your life," whether they've got lots of work to do with getting housed. Maybe they're working on going to school, they have some goals with whatever program they're in, they have some goals set with education,

with training, with their family, and with themselves to learn how to handle difficult situations; for example, learning how to go to the ... A lot of people I work with, they're poor, too. They're poor so they go to the income security office and they go to the hospital. They go to places where they meet sometimes difficult social interactions, so learning how to handle these things. They have to learn how to do those things if they're living in life. You have to learn how to handle them, and they have to learn how to handle their emotions as they're going through all these things. (KK01)

**Holistic values.** He also shared information related to holistic values and how to connect to people when they are experiencing mental health issues, using substances, or have trauma. He offered:

I also do therapy with people that they might be still drinking, but they're relatively stable. They're not drinking every day. They're not drinking chaotically. They've gained some measure of stability in their drinking. They're not really chaotic anymore as they used to be. Sometimes if they have mental health, if they're taking medications: if they're taking medications, if they're still hearing voices and they're not taking medication regularly, they're not gonna be ready for therapy. Until their medications are stable, whatever they're taking for schizophrenia or whatever, then they can be able to handle trauma therapy, able to handle the pain of it. Trauma is hard to speak; it's hard to speak. This is a nation, this is the community, this is the family, and this is the individual. The individual has mental, physical, emotional, and spiritual parts to them. That's how to balance. So, part of my work is working with this person here, whether it's a man or a woman, getting them back into balance with themselves, getting to know themselves because maybe they've been traumatized in their childhood, some time ago in their past,

so they've never really had a ... Their whole life is like a puzzle. Sometimes, people who will have been traumatized don't remember parts of their story, their life is a puzzle, and so the only thing they know is alcohol is a good pain relief, self-medication, and same with drugs is a good self-medication. You don't have to think about the past. You think about the present and you're happy with the present; but as soon as it wears off, then you're thinking about everything again, so emotions are out of balance. (KK01)

**Medicine Wheel.** The medicine wheel was central to his work with Indigenous peoples.

He shared information about his teachings that guide his work:

Your physical in your medicine wheel. This is the spiritual part. This is the emotional part. This is the physical part. This is the mental part. You're mentally unbalanced, physically, emotionally and spiritually. Sometimes, your spiritual is a sliver. You're focused on the physical; your spirituality is a sliver. Some people will say, "I don't know my culture at all. I don't know my spirituality at all. I never grew up with it."

Intergenerational trauma, they never learned anything about spirituality when they were children because of the intergenerational trauma. So, they never learned that part, about who they are, that when we were born we were born from a spirit world. We came from the spirit world because we're spirit born into a human body, into our mother's womb.

Then, we came into this world, and then these different things have happened when colonization happens. This is colonization. Funnel. Colonization, it breaks the national down, it breaks the community down, family, and it breaks the individual down. (KK01)

**Anti-Colonial and Indigenism.** The practice of Indigenism and anti-colonial perspectives can be understood through the act of reclaiming. He explained here:

I might say, "Where do you come from? What's your name?" and they might tell me they're Cree from up North, or they're Ojibway from Ontario, and I work with lots of Ojibway elders myself. I work for those people. I work with medicine people. I work with name-givers. I work with people that know how to work with tobacco and clothes and all that stuff. I work with people who know how to give names. If they don't know their name and they're interested, they say, "I always wanted to know my name. I always wanted to know my spirit name. I don't know what it is." I tell them a little of what I know what it is, and I say, "I know a person who we can approach who can give you your name," and they say, "I'd like that." So, a lot of people I work with, part of my relationship-building is I take them to sweats. Part of my job, I take them to a sweat. I might go to a sweat. I go to sweats all over Manitoba. I also do things like this, part of my relationship-building. Relationship-building is what I do. (KK01)

**Indigenous Ways of Supporting.** The Knowledge Keeper talks about supporting people through cultural ways. This is what he had to explain:

If you're intoxicated, some people will say you can't go into a sweat intoxicated because it might be too hard for you; it might also be too hard for people inside the sweat. Most of the places where I go, they suggest you be sober four days, drugs four days before you go to a sweat, because the effect of the sweat itself is hot, it might percolate and stress you out more if you're withdrawing. They might come to get a withdrawal, so it's safer for you to not be there in the sweat. They usually say four days. Some people will say you can come to a sweat. I know some people who take them into the sweat even if they still had a drink yesterday, they'll take you to a sweat, but you've got to be at least sober that day, but not some places. Even if they continue to drink ... I'll say, for example, "My



friend in (First Nations Reserve, Manitoba) where I go, he says it's good for the person not to be drinking for four days before they come to the sweat," and so a lot of street people, who are on the street, they learn that somewhere; they know that. I don't even have to tell them that. So, they say, "I can't go to the sweat because I respect the sweat, because I had a drink yesterday. I got drunk yesterday so I can't go to a sweat, because I had a drink yesterday." Part of the work that I do is, "You want to come to the sweat with me? I'd like to get to maybe not drink for four days. It'll be a better experience for you," and then we go out to the sweat. Then, if you choose to drink after the sweats, after if you wanna resume your drinking or whatever drug, that's up to you; that's your choice. I'm not telling them they have to quit forever, "I'm just telling you to quit for four days."

(KK01)

When asked what they can do, if they are not able to go into the sweat lodge or other ceremonies, he replied:

Well, I might ... they can smudge. They can smudge at home or they can smudge in the office with me. We can smudge that way. Part of this four-day business is taking care of the body, like the idea of detox centers. When you go in a detox center you detox your body, alcohol in your body or drugs in your body, and it's a good thing. Going to a sweat is a physical experience, a physical-spiritual experience, and it's very, very hard on the body some of the sweats we go to; it's very hard on the body. So, if you exude, detoxify inside the sweat lodge, it may be too hard for you. I think a lot of times people who are looking for spiritual experiences, they want to look for a quick, fast answer. The sweat lodge is not a quick, fast answer. It's not a quick, fast. It's a long, long, long commitment. Once you do that, it's a long, long commitment. The quick, fast answer is: alcohol is a

quick, fast answer. Alcohol is quick, fast. So, when they wanna go to a sweat lodge I say ... I haven't met very many people that want to go to sweat lodge when they're just recovering from alcohol or drugs, just day one, shaking, "I wanna go to a sweat lodge." I wanna sleep for a few days, first rest." What we need is a place for people to sleep, eat, rest after being traumatized, drinking lots of a long time. That's what I like about detox centers: you can sleep, eat, get some rest, eat some more, throw up, detoxify, and after a few days you'll start to feel like a human being. You start to feel like a human being. I think there's degrees of people that use alcohol and drugs; there's degrees of it. There's some people that are very, very ... they use it every day, they drink every day, and if they went to a sweat they would go into a shock if they stopped, or drugs. They would go into a shock inside the sweat lodge or something, or someplace extreme. The quietness. Quietness. Sleep. That's my opinion. My opinion. (KK1)

**Not Turning People Away.** The Knowledge Keeper explains how he just wants people to connect regardless if they are using substances or not:

With me, people come and talk to me anytime. If they're intoxicated, they'll come talk to me and I'll sit and talk to them. We know we're not gonna talk about trauma; right now they might try to talk about trauma. But accept them no matter what, whether they're intoxicated or not, and we just have a talk, "What's happening to you right now? What's going on for you?" and they'll just ... So, the people know that I never reject them because they're intoxicated, myself. And they know that I go to sweat lodges. I'm also a counselor, a social worker, that's a part of my life, but just because you use alcohol doesn't make you ... I don't reject you. I accept you, and you know that when you want to talk about the sweat lodge stuff, the spiritual stuff, that's always available to you; that says something

about that. This part of my job is doing trauma stuff, and it includes spirit, the emotional part of a person, so I just accept whatever, and so on. A lot of people know me. (KK01)

He also shared about his use of tobacco, as tobacco is central to Indigenous people in this area. It is also expensive and he is generous with sharing tobacco ceremonially with others:

Sometimes I give these away, these ones people give me. I give it away because people smoke. So, I'll make packages out of this with cigarette papers and I'll give them away on the street. When people give me that, I'll do that sometimes. If I sit with somebody, I have a package of cigarettes in there. If I sit with somebody who's shaky, has been drinking a lot, I might give them a smoke so they can calm their nerves with a smoke, calm their nerves while they're talking with me. I'll give them a smoke after they leave the session. They go for a smoke. They'll have a smoke. That's how I use tobacco, too.

That's not a good way to use tobacco, but that's how I use tobacco. (KK01)

This Knowledge Keeper works to support people in whatever healing work they are ready to take on. His approach is thoughtful and considers what people need most to understand themselves in relation to the medicine wheel; to understand themselves in their community; and where they belong.

### **The Second Knowledge Keeper**

“For me, one of the messages I just keep wanting to share, is that they need to understand that they're sacred, that they have purpose” (KK02).

**Background.** She was raised in the city of Winnipeg however, she had strong ties to her Anishinaabe community, a First Nations reserve in the southern part of Manitoba. At the beginning of the conversation, she introduced herself in her traditional way, told me about her family, and about her family that are gone in the spirit world. She spoke about the spirits that

have helped guide her to this day in who she is as an Anishinaabe woman and how she continues to work with youth and young adults in community by the ways of the medicines and her knowledge.

**Traditional healing work.** She explains the traditional healing work involved in her work:

I ask that, because even the work that I choose, you know, to call my job, it's always connected. It's always connected, because I don't feel ... if I'm not doing something like reaching out like that, or being supportive, or being what I deem as being helpful, I don't feel complete, you know, that's ... and I've been like that since, apparently, since I was a little girl, so it's just something innate. It's there, and it's ... but the work that I'm doing right now, is working with what society calls high risk youth. When you sit with these little ones, they're not high risk at all. What they are, hurting little human beings, and just sometimes ... it takes ... I'm trying to find the proper words, and I don't want to just jump around with it. Sometimes it just takes sitting there with them. I remember one young lady, she's so funny. She refused to talk to me, probably for about the first 10 times I seen her. So finally, she turned to me, after about the 10th time, she said why the hell are you here? Okay. I said, well, you know, I like hanging out here, and I like hanging out, just sitting beside you, that's all I'm gonna do, right? She says, well she didn't say, she just nodded, kind of smiled, turned her head, and ignored me again, which was fine. Then the next time I went, she said, I'm thirsty. I said, okay, get some water, but nope, she wanted a Gatorade, I think its Gatorade, they're blue. So I got her that, and we sat. And she finally told me her name. Well, I knew all along what her name was, right, but you know what, it was an amazing thing to watch, because she was ... even though she was able bodied, my memory, because of how I seen her, in her hurt, in her pain, in her anger, you

know, my mind goes to her sitting in a wheelchair, even though she wasn't in a wheel chair. She was very, very able bodied, but that's me connecting to it, that she was ... it was crippling her, it was hurting her so, so much. And you know, unfortunately, like there was ... I think I spent about a year and a half with her. She had a tragedy that was in her life, that she just disappeared. She just disappeared. I don't know where she is today, but I'm hoping she'll reconnect with me at some point, you know. There's another young lady that actually lives in Vancouver, and she is, I believe, about 36 now, but I started to work with her when she was, what, 11 or 12. But you know, these young people, one of the ... what's missing, or where they're so hurting, is so raw, they believe they're nothing. They believe that they're a mistake. That hurts me, you know, when I hear that. It brings me to tears that they're struggling out there. (KK02)

**We are all sacred.** The Knowledge Keeper offers teachings about connection to the Creator and the challenges of painful experiences, and she reminds us that we are all sacred:

They're using drugs and alcohol, sex, they're being exploited, because they believe there's nothing for them, nothing. And that's ... I get emotional about that, and it's ... it touches deep in my soul, to see somebody in that much pain, because it's, like I said earlier, we're all sacred, we're all here for a reason, we are. And I was sharing that in a conference, I believe, that we're all sacred. Creator makes no mistakes, and that's the message I give these young people. I give people that are healing from addictions, healing from that pain, and I was challenged, and I was told that I have to be careful not to say that to these children, or to the people, because why would you want to hurt them more? You know, so I thought about that for a few minutes. I said no, Creator doesn't make mistakes. We all have choices. We all have choices. When a person chooses to hurt another person,

that's their choice. Creator didn't do that. That's the gift that we're given, is to make choices. These young people, people, I say young people, because just about everybody's younger than I am, right, but people need to understand, inside of themselves, that they didn't ask to be abused, they didn't ask to be hurt, because we all want love. We all want to be cared for. That's what they would like, but its adults, in their lives somewhere, somebody chose to hurt them. So yeah. (KK02)

**Connection to family and culture.** The connection to family and culture can be explained through the Knowledge Keeper:

What comes to mind, is a lot of the work that I do ... I'm gonna keep making references to the young folks, and when I say young, I jokingly said everybody was younger than me, but there's right from ... I can work with a nine year old, and I can work with ... I've worked with 65 year olds, so it's just like, well, even older than 65, but you know, like it's ...so I just say young people, so just kind of bear with me with that, people. When I do the work with them, and yes, you can see the disconnect, yes, you can see that pain, you know that they want that family, they're crying for that family, they need that family. And sometimes it's not healthy, you know, but sometimes even though family members can be in the throes of their own addictions, their own hurts, their own pain, there's something to be said about the love for family. I heard you talk about, or people say harm reduction. I'm gonna put that term aside, because it's- It's something that I automatically go to is an institutional way of thinking, and with family, you know, like I said, when they're even in the throes of addiction, I watch when they go to visit, or they're connected with them on the phone, they get excited, there's something so wonderful, in just that connection. And sometimes it's not the best, but in those moments, when they're very ... that connection is

there, so that's what needs to be tapped into, that feeling. So bringing them to a place where ... because we are a part of the universe, I know I'm gonna kind of go all over the place, but we're all connected, we're all connected to the universe. We're connected to an amazing, an amazing world, and there's this energy. There's this healing, there's this love. So, it's connecting to that, and that's what our culture, that's what our tradition teaches, is the connection, with, and I'm sure you've heard, mother Earth, the grandmother moon. We have ceremonies and ceremonies in ceremonies. It's brilliant how are people have lived, and how our culture heals us. So when, in teaching, and when working, with these young people, they're always in that mode of, they can be talking, and just like what, and then there's this fight. They're going up with their little fists, their fists are their voices, so there's this flight or fight type. I know there's another one, but that's where they go, because they want to survive. They don't want those feelings, right, so we take them, I take them, to a place where grounding them, even before they go on the phone. And it's a simple ... well, I shouldn't say simple, because it's an amazing thing that happens, but to sit them in such a way where they're connected to mother Earth, and then that energy comes up, and they're grounded to her. So, when they're even on the phone, or sharing something that they've never, ever shared in their life, to ground, and to be able to face that person, and say what they need to say. And I think that's ... and I've watched it. It's amazing, to see them sit up tall, and take what they need back, to love themselves. That's a beginning, that's the connection. And it's always done in ceremony, and it's not a ceremony where ... it's a big event, although it is a huge event for this person, for this young person. And it's always per some gratitude, and to guide them thought it, ceremony, that's what ceremony is. (KK2)

**Considering the Medicines.** The Knowledge Keeper discusses what is involved with medicines through harvesting the plants, prayer, smudging and teaching the meaning to others:

Yeah, it does absolutely, you know, it really does. I teach younger people, or people, that when ... even with a smudge, you know, the sage, with sweet grass, with cedar, all of it, every single solitary medicine that there is, but specifically I'm gonna talk about the smudge. When you prepare, or when somebody's smudging, let's say, right, and they're ... I'll give them this teaching that even the ashes, afterwards, they're still sacred, right, because before it even went to the smudge bowl, there was somebody picking the medicine. And when we're picking the medicine, what happens is that that person is making spirit with it. They're praying, you know, they're praying to Creator, they're praying for all the elements that work together, so that medicine can be given life. And that medicine has a purpose, and understands its purpose. So what happens, like I said, is that person will be praying, and acknowledging everything. So ceremony is happening the whole time that this plant, this medicine is growing up. So it's life they're living, hey. This person that's offering the tobacco, offering the gifts, you know, has a special prayer, and speaks about the people that will be using it, and I share that story with people. You're thought of even before that medicine is taken from mother Earth, so there's ceremony in that. And then when there's the drying time, you know, like medicine's harvested, and it's the drying time, and when people are preparing it, like cleaning it, and all of that, again, there's prayer going into it, again, there's that clean mind, that clear mind, the grounding, so all of this really beautiful energy, and this really good energy goes inside of there, so you have that person who's picking it and cleaning it, and prayer all the way, ceremony all the way, hey. So when it gets to the smudge bowl, that person



who is lighting the smudge, is also praying, because whether it be an individual, or whatever it be like a full gathering, prayer is in that. So when you're smudging, what happens, is you're praying. And you're giving thanks, all the time, hey. So then when it goes, and it's set down, and the ashes are sitting inside of there, look how many people have said the prayers, how powerful that is, you know, so when somebody is afraid, or feeling like something's around them, it's just to take those ashes and spread them around where they're at, it's a protection, because those are prayers, right? It's important for people to know that, to understand that. And when you spoke about your friend, or the person, the participant, you know, what's scared, because they just slip on pain. You know what, I'm of the firm belief that you know when you're using, actively using, your spirit is calling out every once in a while, well probably more than once in a while, you know, for that, for our smudges, for our culture, for our tradition, for understanding, from our own people, saying I'm hurting, I need help. I truly believe that when they're doing that, it needs to go in there, you know, like the smudging, sitting with them, and just being there sometimes. It helps. It really helps. And then, when they get to a place where they start to need that discipline, that guidance, for that particular part, like not being in the lodge for four days, I think they need to work towards that, because if we say to them right away, oh no, no, four days, well they're hurting, you know, they need that lodge. They need those prayers. They need the community. They need their family. And I'm a firm believer in that. (KK2)

**Healing with individuals.** Indigenous people may seek the help and support of Knowledge Keepers and ceremony to address their emotional and psychological issues and how this may or may not affect others in the ceremony:

And so, I'm very much aware of that, and I'm very much respectful of it. I will create a time when it's specific for them, just them, because then nobody can get hurt, nobody will get affected, by this person's pain. And on the other side of that, this person's pain, they've earned it. You reacted the same way I did, the very first time I heard, like what, but you know, they've been hurt. They've been hurt. And you know, we talked about that a little while ago, you know somebody, an adult in their life, hurt them, chose to hurt them. And what happened, it created a lot of pain, all kinds of stuff has been happening to them, right? So, when they go through their life, they're, like I said, they're in pain, they're hurting, and they're entitled to that, because something was inflicted on them. So letting it go, they need to experience it to let it go, and come to that understanding that they're not to blame. It takes a while to understand that teaching, you know, but it's one day I just said, oh okay, I understand that, but it's true. I'll give you another example. When we were in sharing circle one day, a healing circle, there was somebody that was just crying and crying, because they got triggered by what people were sharing, so their pain started to come up, and they were really, really healing. They were like wailing, how much pain they were in. They could hear it. So the elder, who was conducting the circle, of course people went up to her right away, wanted to make sure she was okay, comfort her, because they couldn't bear to hear the sound of the pain she was experiencing. They were stopped right in their tracks. That's when I started to understand, because she was brought to a point where she was beginning to just release. Had they been allowed to go in there, it would have stopped, and her pain would have retreated, and kept it there for a little while longer. That's the message with pain, they're entitled to their pain. (KK02)

**A journey of healing.** The Knowledge Keeper discusses the experiences of working with Indigenous people who are using substances as self-medication for emotional pain:

It does, it makes sense, and that's a question that I'm sure has been asked many times, especially when you're working with emotional pain. It's something that ... a Band-Aid just won't fix. Self-medication is not working. The addictions, because it's being buried. For me, one of the messages I just keep wanting to share, is that they need to understand that they're sacred, that they have purpose. And that's ... and we have, again, you go back to our teachings. We have ceremonies that guide people through all of that, but to get back to your question with what do you do, and I give that back to you, what do you do. When you see somebody in pain, I know what I do. I sit beside them. Like I said, sometimes I just don't talk. Sometimes I'll smile. Sometimes I won't, because I got kind of my head bit off with that one, hey, with a young person. What are you smiling at? But you know what, she made a lot of sense, right? She's in pain, and I'm smiling, so yeah. I got corrected pretty quick. But it's ... what it is, is it's their journey, it's their walk. And just walking with them, and just knowing, you know, having that understanding. They've been through something, and we don't know entirely what it is. And they have earned the right to walk their journey, and to feel when they're ready to feel, and just letting them know you're there, just by simply being there, including them. If they speak one day about wanting to go into a sweat, anytime you hear about one, hey, you know what, there's a sweat going on today, or whenever, you know, just keeping that open, that you're there, and you will be there when they're ready. Keeping them in your prayers, boy, that's so important, because then, even though they might not hear you saying that prayer, they feel it. They feel it. The spiritual hook is there. (KK2)

**Cultural disconnection.** The Knowledge Keeper interacts with Indigenous people in the cultural disconnection and what it means to survive:

I have ... I have a theory, I suppose, about it, right? So, I hear that too, you know, but it's ... because I do look in the [Ojibway language], that I'm more included with our culture, our belief. So many things have been taken from our people, so many things, and not freely given, but somebody coming in and just yanking it, saying no. Cutting their hair, taking their language, just there were so many things. I'm sure you've heard this, our people had to go underground, they had to go underground in order to save the culture. I'm talking historically, like their ... for what their ... their lives were, it wasn't at that time a culture, it wasn't at that time called a tradition. It was a way of life, it was living, you know? And in order to survive, it had to be hidden. And when I say underground, not literally, but sometimes it was. And over the years, what has happened is that for like residential school, and the government, all of that, even for the ... they would have to get a pass to leave the reserve. I can just go back in time and smack those people. I'm kidding, but I really feel like it sometimes. It's like, come on. But anyways, they're ... you know, our ancestors have ... put this wall up. They had to. They had to. My mom speaks of a time when she followed her [Ojibway language], and she was probably about four or fives years old, and followed him deep into the bush, and he went into the sweat, but he went underground, because it had to ... you couldn't ... you know how you see in the sweats today, right, well you could see it right away, if it was ... you know. But she said we walked far, and being a little girl, is ... and she cried. She cried. So, he brought her back, of course, and when you experience something like that, it comes to a place where to say to government, and to say to the church, and to say to people, my culture. I've done

it. I've sat in circles with the province, and I looked each one of them in the eye, as we were beginning, and I've sat in meetings with them. And I introduced myself by my spirit name, my clan, and where I'm from. And I refuse to say my [English name], I did. If they didn't know how to say my proper name, then so be it, but that's who I am. Those are the moments when I say, my culture, you know, because it is, and they're not taking it. So, when you hear our elders speaking that way, I believe that that's a part of it, is to hold on, and because of our ancestors, that literally dies keeping it for us. (KK2)

**Indigenism.** Through the concept of Indigenism, we can reclaim Indigenous cultural ontologies and centre Indigenous ways, and this reflects on just how far we have come:

We've come a long way. Wow, leaps and bounds I would say, you know, and ... we have a ways to go, because we're human beings. We have deficits of character. We have pain. We've been talking about that all morning, you know, and it's ... yeah, it's all a healing journey, right, and you think about, and this is where my mind is totally going at this moment, seven generations ahead, do I want, because I have my children, I have my grandchildren, then I will have my great-grandchildren, my great, great grandchildren, so then it keeps going, right, until like I think it's, what, fourth greats, five greats, but anyways, what do I want for my grandchildren. What do I want them to feel, or how they look at things, how can I shape that? What can I do? That's what I think about, hey, because I need them to know that their [Ojibway language], you know, way back when, spoke about our ancestors, and carried it in a good, honorable way. That's what I want them to know, and that's what I want them to do. Because we are, we're living a legend right now, and that's what I've been taught, walk with honor, walk with respect. I try. (KK2)

This Knowledge Keeper worked in her traditional ways of being, where no one is above anyone else. She shows respect for all living things and has worked in ensure that people understand just how sacred they are and that they are loved.

### **The Third Knowledge Keeper**

*“Just don't fight anybody, you can sit with us” (KK03).*

**Background.** This Knowledge Keeper is Cree from northern Manitoba. She spoke about growing up in different institutional systems and living with addictions. The work that she does is largely from her own experiences and how her child was the reason for her making the connection back to her traditional ways. She spoke about the complexity that Indigenous people experience today with people learning from different protocols and mixing up protocols sometimes but that it is important that when people are learning from her that they go on to try and learn from their own communities afterward. But most of all, she will not turn someone away when they are asking for help.

**Early experiences in ceremony.** This Knowledge Keeper speaks about how she got involved in ceremony and the reality that people struggle with when they start:

I kind of got scared away from that for a while because the teachers that I was interacting with at the time were not very ... I don't want to say good because they came with some really good teachings as well, but they didn't explain that there was other ways of being in ceremony and theirs was not the only way. Because when I first started I thought, well, everybody did ceremony the same. And I find that true for a lot of people when they're first starting to learn, like if you don't actually tell them like, this is what I've been taught and you don't have to follow this way. Like if you find you can take some of what I say, then take it, but I ask them not to take everything that I say and explain to them to be

respectful to other people's teachings as well because it's not the only way to do ceremony when you're talking to individuals. I started this work maybe 10 years ago. Because if I was here five years, and then I was a cultural interpreter in [organization]. And then before that I, because I was going to ceremonies and then I was starting to understand that not everybody did everything the same way. And it was very, and even to this day, there's very few people that I will go into ceremony with just because it's ... I think it's important that you're very careful who you sit with and trust your spirit with. And then I met, because I had to believe for a long time that you don't go into ceremony if you haven't been clean for four days or if, well from the drugs and alcohol, that you don't, like, you're not around sacred items or you don't go to the sweat or you don't go to other types of ceremonies. I started learning the Ojibwe teachings first and then I started learning the Dakota teachings. And then just currently, because I'm Cree, I currently started learning Cree Teachings. So, I'm backwards. Of course, all my teachings had to come backwards, eh? And then I started understanding more about being backwards as well and the teachings that they have as well and being a healer and having to do everything the hard way before I learned. (KK03)

**Indigenous ceremony and practices.** The Knowledge Keeper speaks about the work that she does:

And I think being here in this job at this time has taught me that ... I started receiving a lot of the sacred items that I have in my bundle now when I started working here. Okay. I'm gonna go back a little bit. I met [Names] who I met at [Organization] when I was a cultural worker there and then they started teaching me that it's okay if even women on their time, woman on their time can be in ceremony as long as they're protected. Because

a lot of people have this idea that if you're going to ceremony with a woman on her time, that they're the ones that can get sick, but we have to protect the woman that's on her time so she doesn't pick up things from other people. And then they also accepted people that were, even at the time of going into ceremony, because I've worked close different research projects as well with individuals that still struggle. We had one lady that was intoxicated coming to ceremony and he was totally fine with it and he always said like, you know, people need, that's when they need it the most, is when they're like that, and if people are going to be turning them away just because they're suffering that way, we need to allow them to heal when they need and not wait like, four days before going into ceremony. I think as long as other people are okay with it that are in the ceremony then it's fine. And most of the time people have no issues unless they have or unless they carry or have those teachings that it's not okay to be in that space while you're in ceremony. But most of the times people are okay, afterwards and they don't get sick. I've never gotten sick sitting with people that were under the influence or on their time. And I carry those teachings with me too when I go to different places and do different ceremonies. I did a pipe ceremony with [Organization], I think two weeks ago, two or three weeks ago, and I knew one of the ladies was on her time when I just let everybody know, like, you know, I'm allowing her to sit with us and you're not okay with that, you're more than welcome to leave. I said I won't take offense to it because that's the teachings you carry. I'm not going to take it personally. But everybody stayed. Yeah. Everybody stayed and sat. I did a pipe ceremony with them and I explained the process because I find a lot of the times when people go on and do a pipe ceremony that they just do it and then a lot of the people that are sitting in the pipe ceremony, cause when I started going I had no idea



what was going on, I just sat there and try to follow people. I explained the whole ceremony with them, there wasn't that many but still. And I always welcome other people's teachings as well. Like I'll ask them what can you share about what you've been taught in this way. And I don't tell them they're right, I don't tell them they're wrong. I just thanks them for what they shared because we learned from too, with their different teachings and we incorporate what we can fit into what we do or not. As far as trying to remind people when they come here, because they have the same ideas that everything is done the same way with everybody, I just remind them that we don't all have the same teachings and it's okay if people do things differently or if they're just learning. And then when we're sitting together we do things a certain way. And people are usually okay with that. People need to respect the way things run and different places and not to go in there thinking that they have to do it the way that they're doing it. I don't know how you're supposed to learn different ways if you're stuck on what you've been taught. You don't grow. (KK03)

**The four-day rule.** When asked about the four-day rule or protocol where a person seeking ceremony must not use substances for four days prior to the ceremony, she offered her perspective:

I don't know. I just don't feel that, I don't think it's fair for people to have to wait that long because sometimes that can mean, for the individual, it could be like life, like a life and death situation where they're really needing something and if they can abstain for that four days and they're in a really bad place where they, if they can't do it and they're feeling like really shitty because they can't, it's just adding on to things that they failed at, things that they, failed and can't do is the same thing. That they're not worthy or whatever

else that they did put upon themselves or how people perceive them. That it can make their situation even worse. But if they can be accepted for who they are at that time and if ceremony is important for them, and if it could save their lives, or if it could start leading them on a path to continue on making changes, then I think that's a good place to start for them and to allow them to do that. There's too many rules around ceremony and I understand that some are important, but some of them are also just a little too much. We're here to help people and individuals heal, not to make them feel worse about themselves. And that's what we're doing to them when we don't accept them in the way that they are or the way that they've been. And just continue to try and work with them ... it's important. And a lot of them are healers themselves, eh, because they go out and they help out with their peers. A lot of the ones that I know that drink and do drugs and stuff like that, when I sit with them, they have a lot of teachings. Yeah, they carry a lot of teachings and they even teach me a lot of different things that I didn't know. And they carry those too. Yeah, I think that as long as they don't come in like trying to fight everybody, they're okay. Just don't fight anybody, you can sit with us. (KK03)

**Not turning people away.** The Knowledge Keeper spoke about what it means to let people participate in ceremony when they are looking for it and perhaps when they need it the most:

Quite a while ago I was part of a pipe ceremony just right outside the [organization] and the old [organization] is just right there. And we had a man come walk over, he was obviously intoxicated, but the pipe, the pipe keeper at the time, he let him sit with us. A lot of people were like, oh my God, he's drunk, he needs to leave. And he just told them, you know, if you're not comfortable with it, you can leave. He can sit here. He's more

than welcome to sit here with us. And then he told the ones that were like kind of freaking out because they thought they would get sick, you know, those ideas that something bad might happen if you have that energy room. He just told them, yeah, if you're not comfortable then you can leave. Yeah. People make their own choices, eh? And I think the more individuals believe something to be true, the more it affects them individually and the more they make things happen for themselves. Like if they believe that they're going to get sick, if somebody is on their time or under the influence while in ceremony, they're literally going to make themselves sick and it won't have anything to do with how the ceremony was held at the time when those individuals were part of the ceremony. Because we can make herself believe that we're anything. Yeah. It's their own ideas and their own beliefs and their own energies that they carry that they manifest that for themselves. If they believe that they're going to get sick around certain individuals, well of course they're going to get sick. (KK03)

**Supporting people with addictions.** The Knowledge Keeper speaks about letting people into ceremony as a method of managing their suffering:

As far as people like, with the alcoholism and substance abuse there, they suffer, eh? And that's the only way that they've learned how to cope. And what they've been taught as well or what they haven't been taught and trying to do things differently, not better or, I don't like when people say, oh you can do better. What is doing better? You can be sober and still be an asshole. And then you know some of the people that I've met that were alcoholics were the gentlest people, like they didn't cause any harm to themselves or to anybody else. They drank to forget, right, people drink to forget, I drank to forget. And if they want to be in ceremony, let them be in ceremony, if that's where they feel like they

can connect with their spirit, let them connect with their spirit. That's the only way they have the courage to come and ask, let them, because when we don't let them or allow them in ceremony when they're like that, that's just another door slamming in their face or making them feel unworthy or who they are. Be more accepting of people for the way they are to be in ceremony. Ceremony is for everybody. And if our spirit in our ceremonies are strong enough, we should be able to overcome those things that they carry or the spirit of that alcohol. That's it. (KK03)

### **Conclusion**

Each of these Knowledge Keepers seek to support people with the cultural ways that they were taught, as well as an inclusive way they will be helpful to the people with whom they are working. They ensure that people feel respected and valued, as well as feel supported, wherever they are in their journey. The Indigenous ways of being that these Knowledge Keepers spoke about looks to welcome people back into the circle, not to turn them away from their traditional rights as First Nations, Métis and Inuit people.

## Chapter 5

### Implications for Policy, Practice and Research

#### Recommendations: Support for People Using Substances

Support for people living with addictions needs to come from people that see them as human beings in a community, rather than through an approach that focuses on individualistic interventions. Indigenous ways of being are collective in healing and supportive of one another. A traditional healing to community approach is key to the success of people's wellness, because people have the opportunity to learn about themselves and who they are as First Nations, Métis, and Inuit people. For some, the option to maintain their using behaviour should not be the reason that they are removed from programs and support services. This was found to be a large hindrance for participants as was the option to use other substances as a method of replacement. Indigenous people have experienced disconnection from their communities and are now in a place of trying to build.

Indigenous people need to be at the forefront of the healing and support for cultural community development. The path to learning about who we are takes time and it might mean that we take more than a couple attempts to connect with our traditional ways.

- Seeing people as full human beings – this means supporting people with their drug and alcohol use and offering the support they need for self-determination and not dehumanizing people for using or being in poverty and/or homelessness. Social work has values related to dignity and respect and caring for the person in their environment, and meeting them where they are without judgments or assumptions. Social workers can facilitate treating people with dignity and respect

and encourage other social services to honour substance user's humanity and self-determination.

- Social work needs to develop multiple forms of support as treatment and detox are only one method. Advocate for allowing people who use substances to access services even when they are under the influence because they are often rejected and left without support for meeting their healthcare or housing needs.
- Recognizing people who use substances as stakeholders in decision-making related to services, policies and cultural spaces addressing their needs
- Harm reduction is more than handing out supplies. It is respecting that people are going to use in the way that they want and there is no one way of reducing harm.
- Sobriety is not the only way to address substances in support programs.
- Help people move through their loss and grief because substance use is a coping mechanism for death and tragedy.
- There is a multiplicity of reasons why people use substances and identifying dynamic interventions is essential for meeting needs. Addictions support requires a longer-term commitment of care rather than short term response of treatment. As addictions takes multiple efforts to develop the tools that they need to manage their coping mechanisms.
- Knowledge Keepers should open the dialogue amongst themselves around supporting people who are using substances. In Manitoba, there are many gatherings and collectives where these dialogues could be held that will facilitate networking between those who are currently doing the work with those who are

also looking to support. Knowledge Keepers can refer to other Knowledge Keepers to address the needs of people using substances.

- Developing a fuller understanding of not turning people away from Indigenous culture and ceremonies. As the Knowledge Keepers shared, it is possible to meet people where they are and include them, whether that means sitting by the fire, smudging, etc., but not turning them away because they are unable to abstain for four days. A balance of support and honouring the protocols of ceremonies should be established with organizations. Conversations about how to accomplish this in our communities are important as well.

One of the important findings shared by of the participants came from the understanding that some people would like to be left alone unless they were asking for help. This is what the participant had to say:

Personally, I think ... like I know I am homeless, so the places that are around me are the Thunderbird House. I don't use in that building. I respect that building. But there's the Mount Royal and the Manwin. And in both places in the bathroom they have a sharps container. And if you go to the trailer there's a pole, like a light pole that has a sharps container. And I'm pretty sure Main Street Project has one. So, in the community around me, I think that there is support for people who do use. There is a place where they can put their dirties, and um, it's just ... um, harm reduction. I think being in a situation where I am homeless you find drugs everywhere. And reason being is that it is common. I am at my lowest state right now, and the fastest I can get out of reality, and the easiest I can get out of reality, I'll do it. Personally, if that person who is using isn't harming anybody or making a complete ass of themselves leave that person the fuck alone. You don't know

what's going on in their head. You don't know if they are dealing with the fact that they can't tell reality from fiction. You can't understand how that person is or what place that person's in. I know I use constantly. I mean, before I came here I did a three-point shot. I use every day. Is it draining on my wallet? Yes. Do I find myself going "Why the fuck am I here? Why am I not doing anything?" I am not motivated to do anything except for get high. The only reason I leave the (shelter) is 'cause I know I can't use there. It is a struggle to get outside some days. Because I am either depressed, or fucking dope sick, or something. But I have to use constantly. You don't know what's going on in that person's life. So why the fuck would you bother them? I use. I try to keep myself headed enough that people don't realize that I use. But you can't hide track marks. You can't hide the addiction. You'll see somebody ... you know everybody but if you go a place to pick up you'll see. If you know it's a trap house and people see you going in they know that you're using. If you're sketched the fuck out 'cause you haven't slept, there's just so many reasons. You can tell people that are using. If they're having their own day, I mean if you see someone using and they are not bothering anybody just leave them alone. If they are bothering somebody then talk to them. Be like "Is there something..." try to calm them down. There is probably a lot going on. Or if you don't feel comfortable with that then just leave it alone. Somebody will come around. Or you can find somebody they can talk to. Go up to them, be like "You know what, I see that you are not in the right mindset right now, but would you want to talk?" Or something. I know so many people who get freaked out because they're struggling. And I try to talk to them. I try to calm them down. If I can't I give them water or ask them if there's a place that they can go that they'll know they can be safe. I mean, yeah, they have an addiction. But who are you to judge?



Who are you to say that what they're doing. It's their own body, it's their own life. You can't do anything about it. You can't say anything to change them. It's in their own. All you can do is accept it. Either help them or move on. You don't judge them because you don't know if that person is planning to OD or keep using til they die. Or if that person is going to fucking kill themselves that day. You don't know whether they are sober or not. You don't understand what is going on in their life. So why push negativity on somebody who is already struggling. That is why ... I just don't know. (P01)

She speaks about not judging people and not assuming that helpers and those seeking to offer support need to become involved in their situations. She explained that she knows what she is doing right now and that telling her otherwise is not helping. My recommendation is that we listen to what people are looking for, meet them where they are, and let them guide the interventions. This also directs practitioners back to the roots of social work practice, offering dignity and respect to our clients. Social workers need to incorporate Indigenous knowledge, to find meaning with the wisdom shared, and to build connections like the Knowledge Keepers have in their work.

### **Recommendations: Practicing Social Work for a Cultural Perspective**

From a social service perspective, there need to be shifts in perspectives and practice, to better fit those people they intend to protect and service. However, stronger calls to action could be identified. The only call to action that I was able to find was the FNHA calls to action as follows:

- 1) Prevent people who overdose from dying;
- 2) Keep people safe when using substances;
- 3) Create an accessible range of treatment options; and

### 4) Support people on their healing journeys (p. 10).

These calls to action are key to moving away from a dehumanizing approach to addiction support that continues to be taken throughout Canada. Reciprocal accountability means that the service providers, researchers, and community members hold their actions accountable when services implement policies and procedures, as well as where services perceive danger and fear about those who are using substances.

The need to support cultural ways of working with addictions is by building connections and relationship building. And trusting that people will come when they are ready. As one participant explained:

I went to them. I see elders and I listen to them. Got my teachings from them. Somehow it always turned to alcohol. I was not stronger than I guess. And alcohol used to come back to me all the time. I don't know why, but something. It's my problem, a thing I gotta deal with. (P07)

### **Conclusion**

With the perspective of cultural inclusion in mind, my research explored what it looks like for Indigenous peoples who are using and currently living in the downtown core of Winnipeg, Manitoba. I insisted on having a safe space. I also ensured that participants' voices were not silenced or that their feelings, opinions, or values were dismissed. It was of the utmost importance to have a research support community represented in the involvement of this study, as well as the opportunity to engage Indigenous ways into the study through recruitment, interviews, and knowledge shared at the end of the study. Each of the participants, the recruiter, and the knowledge keepers have the shared experience of their understanding of disconnection and the importance of family and community.

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**Appendix: Harm Reduction and Indigenous Peoples**

**Appendix A: Interview Guide**

Study Title: Harm Reduction and Indigenous Peoples

Researcher:

Aura Lavallée (Principal Investigator)

Master of Social Work – Indigenous Knowledge

University of Manitoba

William Norrie Centre



**After the consent form or verbal consent has been completed and the tobacco has been offered. The interview questions will be asked.**

**Interview Questions**

1. Participants Background
  - a. Where are you from?
    - i. How do you identify (Culturally)?
    - ii. Who's your family/clan?
    - iii. Where is your family?
  - b. How long have you lived in the downtown core of Winnipeg?
2. Substance Use Knowledge
  - a. What substance(s) do you currently use?
    - i. Why do you use this/these substance over others?
    - ii. What do you like about this/these substances?
    - iii. How do you prepare it?
    - iv. Where do you like to use (location)?
    - v. How long have you been using?
3. Alcohol or Substance Abuse Treatment Experience
  - a. Have you ever been to treatment/meetings/ or other?
    - i. What were those experiences like?
4. Cultural Connection
  - b. Has spirituality or ceremony been a part of your life?
    - ii. Would you ever be interested in being in ceremony again?

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1. If yes, what would need to happen to get you involved?
  2. If no, what is the reason(s) that for not wanting to be a part of ceremony?
5. Harm Reduction
  - a. What does the term Harm Reduction mean to you?
  - b. If you have it your way, what would you like to see in terms of support?
6. Debrief
  - a. How are you feeling about what we talked about today? Do you need additional support?  
Can you identify someone who you can talk to if you need support?
  - b. What will you do to look after yourself tonight? Do you have a safe space to go to tonight?
7. At the end of the interview
  - a. I will offer you a report of the results, how would you like to receive it? By mail or in person? Please indicate on the consent form which address you prefer.
  - b. Are there any other comments or questions you have about this study and the research process?

Maarsii poor ton taan (Thanks for your time). I am grateful for your generosity in sharing your time and storie

## **Appendix B: Recruitment Script**

Study Title: Sharing Our Stories: Harm Reduction and Indigenous Peoples

First Contact Script for Interview (Telephone or In-Person)

Researcher: Aura Lavallée

Hello, my name is Aura Lavallée. I am a Master of Social Work based in Indigenous Knowledges student working on a research study for my thesis at the University of Manitoba. I am conducting a study on the interconnection of substance use, harm reduction, and cultural inclusion with respect to Indigenous peoples who are using. This study will contribute to knowledge about addictions and cultural connection in Indigenous communities.

I am hoping to meet with you to discuss the possibility of participating in this research study. I would like to provide you with information about the study, questions I will be asking and consent forms for participation in the study. If you have any questions, I can answer any questions you might have.

Participation in the study includes an interview that may take up to 2 hours which will be recorded and transcribed. You have the opportunity to help the community better understand Indigenous experiences with using substances and healing.

Can we arrange a date, time, and location to discuss the possibility of participating in this research study?

If Yes:

When is a convenient time to meet?

Offer the forms and research study information by hand or alternative option (eg. email or case worker).

If No:

Thank you for your time and consideration of this research study.



## Appendix C: Consent Form

Study Title: Harm Reduction and Indigenous Peoples

Researcher: Aura Lavallée MSW thesis research (Principal Investigator)

Masters of Social Work – Indigenous Knowledge

University of Manitoba

William Norrie Centre

This consent form is a record of your agreement to participate in this study. The purpose of this consent form is to be used as a reference; a copy will be provided to you. This information contains a general overview of the research and the involvement of your participation. **Participation is voluntary and you can withdraw at any time. Declining to participate will not have negative results.** Please feel free to take you time to read or have this information read to you carefully so that all the information is clear. If you would like more details about something mentioned here, or information not included here, please feel free to ask.

### Purpose

Indigenous peoples experience a variety of levels of discrimination with regards to substance use. There is limited information about the actual lived experiences of using substance and cultural connection for Indigenous people. This research explores the ways in which Indigenous people experience addictions, what their beliefs are about personal healing, and what social, spiritual and emotional support they have received in relation to managing their addictions. This study involves interviewing Indigenous people to explore their Indigenous background, preferred substances, methods of using, and interest in cultural connections. This research is focused in shedding light on your lived experiences and personal beliefs of what supports you would like to see for yourself and other Indigenous people.

The interview will last approximately two hours. The length depends on what you decide to share. If needed, we will come back to continue the conversation at a time and place of your choice. The entire interview will be digitally recorded. You can stop the recording at any time. The recording of the interviews is not required for participation in this research study.

### Benefits

There are no direct benefits to your participation in this study. Although others may ultimately benefit from the knowledge you share in this study.

### Risks

There are risks associated with your participation in this study. Given that the Indigenous community and the downtown core of Winnipeg is well connected, there is a chance that you may be identified through information you share in the interview as well as by the individual who recruited you. To minimize this, I

## INDIGENOUS PEOPLE, CULTURAL INCLUSION, & SUBSTANCE USE

will take measures to ensure anonymity and confidentiality. Also, it is a possibility that you feel triggered about some of the things you will discuss during the interview sessions. In the event that you are uncomfortable by the interview, we encourage you to use the available resources for support or counseling. I will provide a list of resources or cultural supports, if you desire. You can choose not to answer any question and you can stop the interview at any time if you feel upset or inconvenienced.

### Confidentiality

Your responses in this study will be confidential by the researcher, with the exception of your consent to be identified in this study. The interviews will be digitally recorded but no one will be identified by name on the recording files. Each recording will be assigned an alphanumeric label. The recorded files will be kept in a password protected computer that only the interviewer has access. The information recorded is confidential and only Aura Lavallée will have access to the recording files. A professional transcriptionist will be hired to transcribe the recordings. The files will be transferred to them in a secure manner and they will destroy the copy of the files upon completion of the transcription. The transcriptions will be labeled alphanumerically and will not contain any identifying information. The transcripts and consent forms will be stored securely in a locked cabinet, in my home office at my home. The recordings and the transcripts will be destroyed after the research material is published. The collection of data; written, computer, digital material, and signed consent forms will be held for up to five years at which point they will be destroyed.

All of the information you provide will be confidential. However, if we learn that you intend to harm yourself or others, we must report that to the authorities. Finally, any disclosure of child abuse or self/other harm will be reported.

### Sharing the Results

Results of this study will be disseminated through presentations at scholarly conferences, workshops and through publication in academic journals. You will have the opportunity to read the publications prior and provide feedback, if you wish. A brief summary of the results will be provided to each participant at the conclusion of the data analysis by mail or email, whichever you prefer.

### Providing Consent

Your signature on this form or verbal consent indicates that you have understood to your satisfaction the information regarding participation in the research study and agree to participate as a subject via tape recording. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. **You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence.** Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being conducted in a safe and proper way. This research has been approved by the Psychology/Sociology Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122 or by email at [humanethics@umanitoba.ca](mailto:humanethics@umanitoba.ca). A copy of this consent form has been given to you to keep for your records and reference.

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### **Rights to Refuse or Withdraw**

At any point in the interview, the participant may refuse to answer questions that they wish to share information. The participant may also withdraw from the study at any time, in the case of the withdrawal, the data that was obtained will be destroyed and not used in the study.

### **After the Interview**

Participants may review the transcript once it has been typed up and change and/or remove anything that has been said and wishes to correct the information.

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Researcher and/or Delegate's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If you would like a copy of your transcript and/or summary of the results from this study, please share your email, mailing address, or alternative option.

Email/Address/Alternative  
option \_\_\_\_\_

I would like to receive a copy of my transcript : ☐ Yes ☐ No

I would like to receive a summary of the results: ☐ Yes ☐ No

Researcher Supervisor:  
Mary Kate Dennis  
Faculty of Social Work  
University of Manitoba  
William Norrie Centre



**Appendix D: Consent to be Identified**

Study Title: Harm Reduction and Indigenous Peoples

Researcher:

Aura Lavallée (Principal Investigator)

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The interview has been completed and your signature below indicates that you wish to be identified by name in the sharing of the results of this study.

If you wish to be identified as a participant and have your responses attributed to you, please sign here. If this section is left blank then it will be understood that you wish your contributions to remain confidential.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Researcher and/or Delegate's Signature \_\_\_\_\_ Date \_\_\_\_\_

Appendix E: List of Available Support Resources

**Province-Wide Crisis Lines**

Klinik Crisis Line

204-786-8686 or 1-888-322-3019

TTY 204-784-4097

Manitoba Suicide Line "Reason to Live"

1-877-435-7170 (1-877-HELP170)

Manitoba Farm, Rural & Northern Support Services

supportline.ca - online counselling

1-866-367-3276 (hours Mon-Fri 10 am to 9 pm)

First Nations and Inuit Hope for Wellness Help Line

1-855-242-3310

Counselling available in English and French - upon request, in Cree, Ojibway, and Inuktitut

**Non-Crisis Mental Health Supports**

**For Winnipeg**

WHRA COMMUNITY MENTAL HEALTH SERVICES

Intake line - (204) 788-8330

**Other Counselling Supports**

**For Winnipeg**

Klinik Community Health 870 Portage Avenue Winnipeg

Community Drop-In Counselling hours

Monday, Friday, Saturday Noon-4PM

Tuesday and Thursday Noon-7PM

Aboriginal Health and Wellness/Clinic 215-181 Higgins Avenue

Telephone: 204-925-3700

Email: reception@ahwc.ca

## **Appendix F: Alert and Oriented Test**

An alert and oriented test will ask the following questions to ensure that the participant is aware of their surroundings and able to participate in the study. “Alert & Oriented x4, A&Ox4, means the patient is alert and oriented to **person, place, time, situation**” (Quora, 2017 Website).

For orientation, they will be asked the following questions:

1. Person- who they are?
2. Place- where they are?
3. Time- what the date is?
4. Situation- why they are there?

### References:

Quora. (July 23<sup>rd</sup>, 2017). Retrieved May 3<sup>rd</sup>, 2018 from <https://www.quora.com/Medicine-and-Healthcare-What-does-alert-and-oriented-x4-mean>

## **Appendix G: CONFIDENTIALITY LETTER FOR TRANSCRIBERS**

### **PLEDGE OF CONFIDENTIALITY**

This form is intended to further ensure confidentiality of data obtained during the Harm Reduction and Indigenous Peoples Study. All transcribers involved in the research project will be asked to read the following statement and sign their names indicating they agree to honor this pledge of confidentiality.

I hereby promise to keep confidential any information that I may become privy to while performing my duties as a transcriber. I agree to discuss material directly related to this study only with Aura Lavallée and Mary Kate Dennis. I agree to remove obvious identifiers of participants from all data that I collect and from any papers that I write about the data.

_____	_____	_____
Transcriber (Printed name)	Transcriber (Signature)	Date

_____	_____	_____
Researcher (Printed name)	Researcher (Signature)	Date

Note: As you know, confidentiality deals with the strategies to ensure that both the information provided to researchers by research participants and participants' identities remain protected. As the person transcribing the tapes, could you please acknowledge that you are aware of the importance of research participants' privacy, and that you will take appropriate measures to ensure the confidentiality of the contents of the audio-tapes and transcripts while they are in your possession (e.g., store tapes and transcripts in a secure place and return them to me once the transcription is complete, delete any duplicate electronic or paper copies of the transcripts once they have been returned to me). It is also important that you do not talk about the contents of the audio-tapes outside of your interactions with the researcher.

Please refer to the Tri-Council Policy Statement II: Ethical conduct for Research Involving human (Canada's research ethics guidelines).

## **Appendix H: Interviewing at Sunshine House**

Study Title: Harm Reduction and Indigenous Peoples

Researcher:

Aura Lavallée (Principal Investigator)

Master of Social Work – Indigenous Knowledge

University of Manitoba

William Norrie Centre



### **Interview Recruitment**

At Sunshine House's request, recruitment is to be conducted by providing the information to a group of people in the drop in on Monday morning the day of the interviews. This recruitment method may be done on a number of occasions over the interview period, as different people may be accessing the drop-in throughout this time. People will be able to connect with the researcher in a separate room upstairs, on their terms. No one will be individually selected as to not place pressure on any participants.

Interviews will cap out at ten people at Sunshine House for the time being.

### **Interview Process**

Interviews will run during the operations of the drop-in hours from 2:00pm-4:30pm.

The researcher will conduct an alert and oriented process of assessment before the interview begin, to ensure that people are in a state of mind where they are maintaining alertness and orientation and able to participate during the duration of the interview.

Upon request by Sunshine House staff, interviews may be held with the door open and regular checks by staff to ensure that there is safety established for both the participant and for the interviewer.

### **Data Collection**

Interviews will be recorded through an Olympus digital voice recorder that has been provided by the researcher's advisor.

Transcriptions will be typed up onto the researcher's laptop that is password protected. A copy of the transcription will be held on a USB drive that will be kept in a locked file cabinet.

The researcher will be keeping any papers containing participants names at Sunshine House in a locked cabinet until the interview process is finished.



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Upon agreement with Sunshine House, the researcher will write on site on a semi-regular basis, so that participants can come ask questions or clarify any addition interview thoughts during this period.

At the end of the interviews and before the thesis is defended, a dinner will be held at Sunshine house to go over the data collected at make it available for participants and others in the community to comment and to give the final approval process before the defense takes place.

The researcher will coordinate with sunshine house about how the food funds will be raised and brought to the house.

## **Appendix I: Interviewing at Main Street Project**

Study Title: Harm Reduction and Indigenous Peoples

Researcher:

Aura Lavallée (Principal Investigator)

Master of Social Work – Indigenous Knowledge

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### **Interview Recruitment**

The Researcher and Main Street Project have negotiated a recruitment process that is compatible to Main Street Project's organization and multiple operational departments. The roles for a Project Coordinator, Supervisors, and a Caseworker have been defined. The recruitment is to be conducted through individual department settings by the Supervisors of each location. There will be three departments as the primary focus of recruitment: The Bell, Mainstay, and Shelter. The other department will be a secondary focus for possible participants: Men's detox, Riverpoint Women's detox, and Intoxicated Person Detention Act (IPDA) upon the individual's release. Interview locations will vary depending on the department but will be predetermined by the supervisor and researcher.

Interviews will cap at eight people at Main Street Project, with possible additions as determined a later date.

As discussed with the Project Coordinator, the Bell and Mainstay will conduct recruitment through announcements and sign-up sheets. The Shelter will offer announcements to the group and bring people to the interview location once a participant has identified themselves as interested or has further questions about the study.

In the event that Detox and IPDA are used for the study, the recruitment will be conducted on a more individual basis.

### **Interview Process**

Interviews will be conducted during the operations agreed upon with the Project Coordinator of Main Street Project, the Supervisors, and the appointed Case Worker for assessments.

The researcher will conduct an alert and oriented process of assessment before the interview begins, to ensure that people are in a state of mind where they are maintaining alertness and orientation and able to participate during the duration of the interview.

Upon an additional MSP worker has been approached from the Case Worker Team as a third-party individual to ensure that the alert and orientation test is being conducted and assessed. This Case Worker will ensure whether or not both the researcher and participant can proceed with the interview. The MSP Case Worker is known to the researcher and has been preselected for their experience with the organization, their knowledge within the downtown core community, and their cultural knowledge.

## INDIGENOUS PEOPLE, CULTURAL INCLUSION, & SUBSTANCE USE

### **Data Collection**

Interviews will be recorded through an Olympus digital voice recorder.

Transcriptions will be typed up onto the researcher's laptop that is password protected. A copy of the transcription will be held on a USB drive that will be kept in a locked file cabinet.

The researcher will be keeping any papers containing participants' names at Main Street Project in a locked cabinet until the interview process is finished.

Upon agreement with Main Street Project, the researcher will write on site on scheduled dates, so that participants can come ask questions or clarify any addition interview thoughts during this period.

## **Appendix J: Role and Responsibilities for Main Street Project**

Study Title: Sharing Our Stories: Harm Reduction and Indigenous Peoples

Role and Responsibilities

Researcher: Aura Lavallée

### **Summary of Study**

Despite the efforts made by Indigenous health organizations and Winnipeg Regional Health Authority, the disconnect between substance use and cultural identity remains strong and persistent for Indigenous peoples who use substances. In addition, much of what is known about Indigenous substance use and healing is developed by those who are removed from substance use, the using community who are perhaps not culturally connected. Despite this perpetuating practice, Indigenous peoples who are using are the experts of what they need and what they want to see in their own connections to culture and personal wellness. Given the imbalance of this dynamic, this research seeks to identify the ways of providing a voice to those who are impacted by programs, treatments, services, and cultural involvement.

### **Procedures**

The in-person interviews with Indigenous adults will explore the experiences of substance use, cultural identity and the connections that they may have received and/or why they have not been able to connect with their Indigenous culture. The interviewer will ask questions from the interview tool and will ask additional questions to clarify responses given by the participant. The researcher will ensure that the selected spaces provide a quiet space that ensures confidentiality and space for both the participant and the researcher. The reason for the discretion being left to the participant is due to some people not being comfortable in closed off rooms. In which case, allowing the discretion to be outdoors in a quiet confidential space is more comfortable and safe for the participant.

The interviews will take approximately 60 - 90 minutes; however, the participant may want more time and the interview will continue. In such cases where there is not enough time to complete the conversation in one sitting, another time will be scheduled to meet with the participant. The participant may end the interview at any time, pull out from the study, or refuse questions that they do not wish to answer. In the event that a participant does not want to be in the study any longer, the data collected will be destroyed and not used in the rest of the study.

### **Roles**

There will be three roles within the Main Street Project (MSP) site for the study these include: Liaison, Department Supervisors, and the Case Worker.

Liaison: The Liaison will be the point person for MSP. This person will coordinate the communication between the Researcher, Supervisors, and Caseworker to oversee the research that relates to MSP staff and community members.

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Supervisors: The following departments will be contacted to initiate the study process: The Bell, Mainstay, and Shelter. A supervisor from each department will be notified and consulted further on the levels of involvement requested for the study.

The supervisors will assist with recruitment of participants. They are asked to announce the study details to the community members via verbal, through sign-up sheet, or on an individual basis. Due to the studies areas of focus, the participants need to identify as either: First Nations, Métis, or Inuit. They must be actively using substances (or recently been using), please do not select a participant if they only smoke cannabis.

### Case Worker:

The Case Worker will be there to observe and ensure that the Alert and Oriented test is conducted and also that the researcher is honouring the aspects of the consent form where the participant can refuse to answer any question, remove themselves from further participation, etc. throughout this study. The Case Worker will be present for all of the interviews that take place through MSP and can help with recruitment if they are aware of a possible participant who could be interested. All schedule interview times will be coordinated with the Case Worker.

**Ethical Approval**