Circles of Care

Facilitator Discussion Guide

Subject Matter
HEALTH RESEARCH LAB

Developed under contract with

Archipel
Research & Consulting
bridging worlds of knowledge.

Authors and Contributors

Ashley Smoke, Mindy Smith, Lisa Poulin, Julie Wilson, Sean LeBlanc, Jacqueline Myers, Kirsten Dixon, Kristan MacDonald, Meghan McGee, Abhimanyu Sud

Archipel Research and Consulting

Roxanne Korpan, Sophia Bain, Graham Paradis, Megan Julian

Art and illustrations adapted from Circles of Care, animated and directed by Lily Fang
Additional illustrations, graphic design, and layout by Alexander Young

About this Guide

Purpose

Support learning and facilitate conversation about the key messages presented in the *Circles of Care* video.

This guide will

- ✓ Provide information about stigma related to Indigenous Peoples and substance use
- ✓ Offer opportunities to reflect, set goals, and prepare for potential scenarios

This guide will not

- ✗ Cover the entire history and impacts of colonization and Indigenous Peoples in Canada

Indigenous cultures are unique, alive, and continuously evolving. First Nations, Métis, and Inuit communities have different ways of navigating current forms of oppression and can be impacted differently by health policies. This guide uses the term Indigenous to encompass the different Indigenous groups in Canada to be concise. Health care providers are encouraged to further explore distinctions-based understandings to incorporate in health care practices.

A note on cultural humility: cultural humility is an important practice when offering care to Indigenous peoples. Cultural humility involves intentional thinking and humility on part of the health care provider to understand personal and systemic biases. Health care providers are encouraged to see themselves as humble life-long learners of other experiences. Practicing cultural humility can foster dialogue about and understanding of Indigenous peoples' experiences.

How to Use This Guide

The topics presented here can support individual self-reflection or group discussions of any size within health care organizations — for example, during team meetings and "lunch and learn" training sessions or integrated into new staff/management orientation.

The Discussion Guide is made up of six sections:

Discussions will be most successful if the steps below are followed:

- Watch the ***Circles of Care*** video from start to finish together
- Debrief fully on what you just watched
- Guide participants through the discussion questions/activities in this guide, rewatching specific sections of the video as necessary. It is encouraged that all sections are covered, but each section can be done independently
- Share resources available at the end of this guide to continue the conversation about stigma

You may wish to recreate these activities in ***Kahoot!*** or another interactive online learning platform to allow people to input their answers online or to facilitate remote sessions. An answer key for the discussion activities, as well copies suitable for participant distribution, can be found in the ***Appendices*** (pg, 13).

1 Stereotypes about Substance Use and Addiction

The history of substance use among First Peoples of Canada is rooted in colonization. As a longstanding trade good, alcohol was provided to Indigenous communities beginning in the early seventeenth century by fur traders who sometimes encouraged overconsumption. Later, the possession and use of alcohol by Indigenous Peoples were banned until 1963 through various amendments to the Indian Act. This led some Indigenous people to consume more dangerous intoxicants as substitutes for alcohol and reinforced patterns of binge drinking. False and harmful stereotypes about alcohol and substance use among Indigenous Peoples emerged from this history and continue to lead to stigma against Indigenous Peoples.

True or False

- ○ Indigenous people cannot metabolize alcohol the same way as other groups of people.
- ○ Substance use disorders are inherent to Indigenous Peoples and communities.

Discussion Questions

1. How does the *Circles of Care* video demonstrate the impacts of long-term stigma towards Indigenous people?

   FACILITATOR NOTES:

2. Why is it important to understand this context and history when caring for Indigenous people who use opioids?

   FACILITATOR NOTES:

3. How can health care providers work to combat stigma against Indigenous people living with opioid use disorder?

   FACILITATOR NOTES:

2 Opioid Use among Indigenous Peoples

Canada's opioid crisis disproportionately affects Indigenous Peoples. The reasons are complex and interconnected. Indigenous Peoples experience interpersonal, systemic, and structural racism that act as barriers to accessing appropriate and adequate health care. Indigenous Peoples report reduced access to mental health and addiction treatment, while simultaneously experiencing medical dismissal and refusal of pain-relieving substances. Intergenerational trauma resulting from colonial policies and practices including residential schools, child apprehension, forced relocation is associated with increased risk of substance use. The "war on substances" continues to disproportionately target Indigenous Peoples, as well as racialized people, resulting in significant health and social harms, incarceration, and increases in overdoses.

Reflection Activity (Taken from Mothering and Opioids)

The following activity it to be completed individually. Once completed either as a group or individually discuss or contemplate the questions in ***Appendix A*** (pg, 13).

1 I am confident I can provide the same care to people who do and don't use opioids.

1 2 3 4 5 6 7 8 9 10

STRONGLY DISAGREE STRONGLY AGREE

2 I feel comfortable working with a woman who is using opioids.

1 2 3 4 5 6 7 8 9 10

STRONGLY DISAGREE STRONGLY AGREE

3 I know what harm reduction in pregnancy looks like.

1 2 3 4 5 6 7 8 9 10

STRONGLY DISAGREE STRONGLY AGREE

4 I am comfortable supporting harm reduction practices during pregnancy and parenting.

1 2 3 4 5 6 7 8 9 10

STRONGLY DISAGREE STRONGLY AGREE

5 I feel comfortable asking a woman about her history of use of problematic substances.

1 2 3 4 5 6 7 8 9 10

STRONGLY DISAGREE STRONGLY AGREE

3 Health care and Colonization

Indigenous people face barriers to accessing the same quality of health care as non-Indigenous populations due to stigma, racism, and systemic inequities in health care. While many of these systemic barriers emerged during colonization, they have long standing legacies today, including leading to feelings of mistrust between Indigenous Peoples and health care providers. These historic barriers and ongoing inequities in the health care system continue to prevent Indigenous people from accessing safe and supportive health care.

Some examples of this systemic discrimination include:

- The Canadian government did not stop transmission of infectious diseases within residential schools. The government funded residential schools and the church operated them.
- Canadian physicians and medical scientists conducted experiments on children in residential schools, studying the effects of malnutrition. Lasting effects from these experiments include higher rates of chronic diseases (e.g., obesity, type 2 diabetes) and intergenerational trauma.
- Segregated hospitals separated Indigenous patients from non-Indigenous ones. "Indian hospitals" were created in the 1920s and 1930s. These hospitals were chronically under-resourced and were sites for medical experiments.
- Medical evacuations forcibly relocated Inuit and Innu from northern communities to southern hospitals. This was primarily for tuberculosis treatment, but also extended to other areas. Some individuals were disconnected from their communities, families, and ways of life. Others disappeared, their families never learning what happened to them. Some of these practices continue today for various medical services.
- Coerced use of birth control and forced sterilization have affected Indigenous women tremendously within the Canadian medical system and continue to do so today. This legacy severely impacts apprehension in accessing medical care for those who are pregnant or are considering becoming pregnant.

Discussion Questions

1. In the *Circles of Care* video, what barriers to accessing quality health care does Marie experience?

   FACILITATOR NOTES:

2. How might intergenerational trauma affect Marie's trust and access to quality health care?

   FACILITATOR NOTES:

3. What could have been done differently to improve Marie's experience?

   FACILITATOR NOTES:

4 Child Apprehension and Family Separation

Where We Have Been

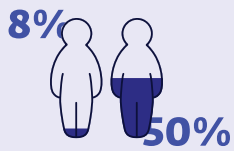
Apprehension of Indigenous children in Canada has long been a tool of colonization. Indigenous children were separated from their families and communities through:

- **The residential school system:** a state-funded and church-run system intended to assimilate Indigenous children into mainstream Euro-Canadian and Christian ways of living that operated from the 1880s until 1996 and separated (often forcibly) over 150,000 Indigenous children from their families and home communities.
- **The "Sixties Scoop":** the mass removal of Indigenous children from their families into the child welfare system, which accelerated in the 1960s.
- **The Adopt Indian or Métis Project (1967-1969):** a program intended to increase adoptions of Indigenous children into non-Indigenous families through advertising on television, radio, and newspapers across southeastern Saskatchewan.
- **Birth Alerts:** a practice where child welfare agencies flag expectant mothers as unfit to care for their babies. This practice has separated hundreds of newborns from their families, a disproportionate number of them Indigenous and Black.

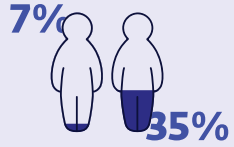
Where We Are Now

Indigenous children and youth continue to be removed from their families through the Canadian child welfare system and criminal justice system:

- Indigenous children represent less than **8%** of the population but make up **just over half** of the children in foster care



- Indigenous youth between the ages of 12-17 make up **7%** of the adolescent population, but **35%** of youth admitted to correctional services



Birth alerts were banned in most provinces after the National Inquiry into Missing and Murdered Indigenous Women and Girls called the practice "racist and discriminatory." But Indigenous advocates claim birth alerts are still happening.

Some Indigenous communities are reclaiming control over child welfare systems:

- **Chief Red Bear Children's Lodge** on Cowessess First Nation is the first self-governing child and family prevention and intervention service in Canada, with a mandate to provide care to mothers before and after birth in order to keep babies safe and with their mothers.

Discussion Questions

1. How does the threat and fear of child apprehension affect Marie?

   FACILITATOR NOTES:

2. How does this affect how Marie sees her substance use/herself?

   FACILITATOR NOTES:

3. How does this affect her ability to seek care?

   FACILITATOR NOTES:

5 Geographic Barriers to Health Care Access

Where We Have Been

Colonialism displaced many First Nations communities, often to lands with limited resources like fertile soil, water, fishing and hunting grounds. More desirable lands were secured for settlers.

Inuit and Innu communities were removed from their ancestral homelands. They were moved to distant centralized settlements through government-sanctioned forced relocation projects. This led to social issues including violence, suicide, and addictive behaviours.

Métis communities forcibly lived on road allowance areas. Although doctors and nurses travelled to reserves, they rarely visited remote Métis communities.

Where We Are Now

Today, many Indigenous Peoples live in rural, remote, and northern communities. They often face greater challenges than urban communities in accessing health care. Other services and preventative care are especially difficult. Some communities may have access to a doctor weekly, or medical staff may fly in periodically. Opioid treatments that require supervision or access to regular prescriptions become increasingly difficult.

True or False

- ○ All Indigenous Peoples live on or have a reserve.
- ○ Reserve land was given to First Nations as compensation for settlers taking land.

Discussion Questions

1. How does Marie's geographic location affect her access to medical care?

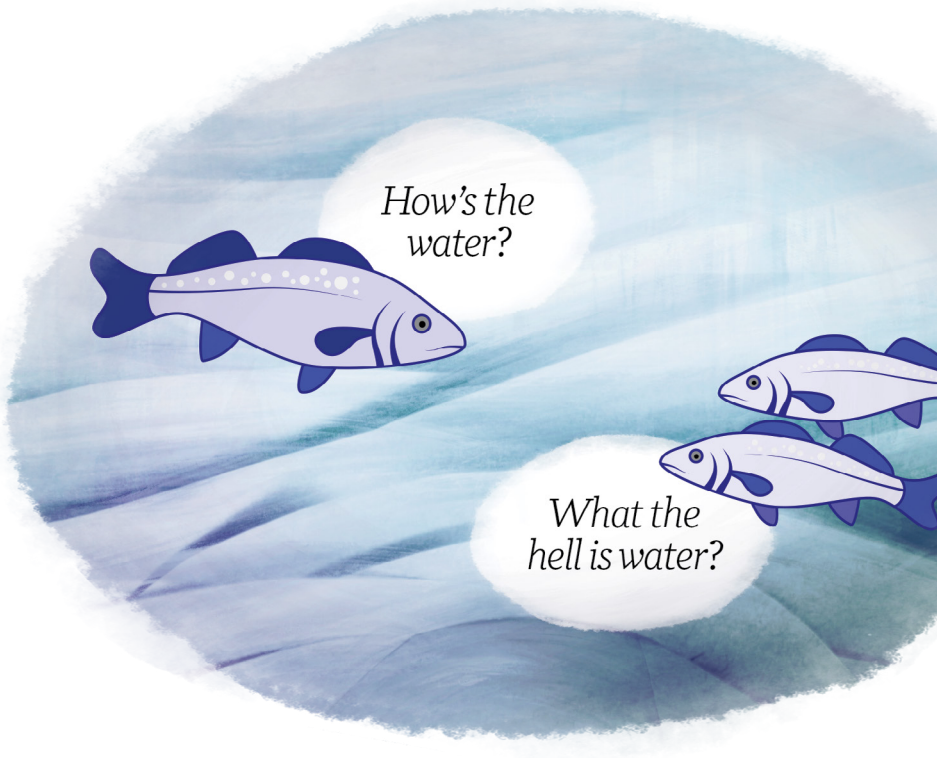
FACILITATOR NOTES:

6 Culturally-responsive Care

Parable about Culture

There are these two young fish swimming along, and they happen to meet an older fish swimming the other way, who nods at them and says, "Morning, boys. How's the water?" And the two young fish swim on for a bit, and then eventually one of them looks over at the other and goes, "What the hell is water?"

("This is water", The New Yorker)



> "Culture is key to **health** and **healing**."
>
> Federations of Saskatchewan Indian Nations

Just like fish are immersed in water, we are immersed in culture. Culturally-responsive care adapts medical care based on the person's cultural context, values and needs. This practice can help Indigenous Peoples heal from the effects of colonialism and includes:

- Incorporating Indigenous cultures in mainstream health care systems, and;
- Recognizing and restoring Indigenous health systems

Midwives can help maintain and restore traditional birth practices, providing education for families and communities, and offering clinical skills and knowledge to support people during the birth process. In providing care, Indigenous methods of health and social care must be respected and seen as valid. For more information about the *National Aboriginal Council of Midwives click here*.

Reflection Activity

JoLee Sasakamoose et al.'s Indigenous Cultural Responsiveness Theory integrates four factors in culturally-responsive healing models for Indigenous Peoples. Reflect on how your program or service is incorporating culturally-responsive care and where there is room for improvement.

Four Factors in Culturally Responsive Healing Models for Indigenous Peoples

FACTORS	WE ARE ALREADY...	COMMITMENTS GOING FORWARD...
Spiritually-grounded: Seeking guidance from Indigenous ways of knowing and being. For example, engaging with Elders, enacting community-specific ceremonies (such as smudging, prayer, pipe, sweat lodge).	FACILITATOR NOTES:	FACILITATOR NOTES:
Community-based: Programming and services reflect the community's unique lived experiences and highlight culturally appropriate wellness practices.	FACILITATOR NOTES:	FACILITATOR NOTES:
Trauma-informed: Programming considers the intergenerational impact of colonization and its effects on health and acknowledges how the mind and body respond to traumatic events through adaptive coping mechanisms.	FACILITATOR NOTES:	FACILITATOR NOTES:
Strengths-based: This approach focuses on the skills and abilities that individuals have to address problems, working from the assumption that people have immense capacities that can be mobilized to support their wellbeing.	FACILITATOR NOTES:	FACILITATOR NOTES:

Discussion Questions

1. In the *Circles of Care* video, what could the doctor have done differently to provide culturally-responsive and trauma-informed care to Marie?

   FACILITATOR NOTES:

Sources

"Adopt Indian and Métis" Program, University of British Columbia: Indian Residential School History and Dialogue Centre Collections , n.d., https://collections.irshdc.ubc.ca/index.php/Detail/occurrences/137

Albert, Jim and Margot Herbert, "Child Welfare in Canada," The Canadian Encyclopedia, Historica Canada, article published February 07, 2006, last edited October 14, 2020.

Armstrong, Susan, "Culturally Responsive Family Dispute Resolution in Family Relationship Centres," Family Relationships Quarterly, Issue 13 (2009), 1.

Badry, Dorothy, Kelly Harding, Sheena Taha, Denise Bradshaw, Heather Cameron, Janet Christie, Kirsten Ellingson, et al. 2019. 'Mothering and Opioids: Addressing Stigma - Acting Collaboratively'. Centre of Excellence for Women's Health.

'Canadian Aboriginal Reserves | System of Reserves, Canada | Britannica'. n.d. Accessed 28 July 2022. https://www.britannica.com/place/Canadian-aboriginal-reserves.

CBC News. 2014. 'Aboriginal People and Alcohol: Debunking the Myth | CBC News'. CBC, 31 May 2014. https://www.cbc.ca/news/indigenous/aboriginal-people-and-alcohol-not-a-genetic-predisposition-1.2660167.

Federation of Saskatchewan Indian Nations (FSIN), "Cultural Responsiveness Framework," 2013, 11.

First Nations Health Authority, "Overdose Data and First Nations in BC: Preliminary Findings" (2017), https://www.fnha.ca/AboutSite/NewsAndEventsSite/NewsSite/Documents/FNHA_OverdoseDataAndFirstNationsInBC_PreliminaryFindings_FinalWeb_July2017.pdf.

Hanson, Erin, "Sixties Scoop," Indigenous Foundations, First Nations & Indigenous Studies, The University of British Columbia, accessed July 27, 2022, https://indigenousfoundations.web.arts.ubc.ca/sixties_scoop/.

"Indian Hospitals in Canada," Indian Residential School History and Dialogue Centre, accessed June 18, 2022, https://irshdc.ubc.ca/learn/indian-hospitals-in-canada/#:~:text=The%20formal%20Indian%20hospital%20system,hospitals%20closed%20or%20were%20converted (and other sources cited within).

Joseph, Bob. 2018. 21 Things You May Not Know About the Indian Act: Helping Canadians Make Reconciliation with Indigenous Peoples a Reality. Port Coquitlam, BC: Indigenous Relations Press.

Krajeski, Jenna. 2008. 'This Is Water'. The New Yorker, 19 September 2008. https://www.newyorker.com/books/page-turner/this-is-water.

Lavalley, Jennifer et al., "Reconciliation and Canada's Overdose Crisis: Responding to the Needs of Indigenous Peoples," CMAJ : Canadian Medical Association journal = journal de l'Association Medicale Canadienne (Joule Inc., December 17, 2018), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6291395/.

McGee, Meghan "'They've grown up disconnected': Saskatchewan programs aim to reunite Indigenous families, support vulnerable mothers-to-be," healthydebate, May 2, 2022, https://healthydebate.ca/2022/05/topic/birth-alerts/.

National Aboriginal Council of Midwives. 2020. 'Indigenous Midwifery in Canada'. NACM (blog). 2020. https://indigenousmidwifery.ca/indigenous-midwifery-in-canada/.

"Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls," Volume 1a (2019): 355, https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf.

"Reserves," Indigenous Foundations, accessed June 17, 2022, https://indigenousfoundations.arts.ubc.ca/reserves/.

Sasakamoose,JoLee, Terrina Bellegarde, Wilson Sutherland, Shauneen Pete, and Kim McKay-McNabb, "Miýo-pimātisiwin Developing Indigenous Cultural Responsiveness Theory (ICRT): Improving Indigenous Health and Well-Being," The International Indigenous Policy Journal, 8(4), DOI: 10.18584/iipj.2017.8.4.1.

Snowshoe, Angela and Noel Starblanket, "Eyininiw Mistatimwak: The role of the Lac La Croix Indigenous pony for First Nations youth mental wellness," Journal of Indigenous Wellbeing Te Mauri-Pimatisiwin, 1(2): 60-76.

"Spotlight on Gladue: Challenges, Experiences, and Possibilities in Canada's Criminal Justice System," Department of Justice, date modified April 12, 2019, https://www.justice.gc.ca/eng/rp-pr/jr/gladue/p2.html.

Stevenson, Allyson "Selling the Sixties Scoop: Saskatchewan's Adopt Indian and Métis Project," ActiveHistory.ca, October 19, 2017, https://activehistory.ca/2017/10/selling-the-sixties-scoop-saskatchewans-adopt-indian-and-metis-project/.

Thompson, Jon "Birth alerts still happening at Thunder Bay hospital despite Ontario halt to them, First Nations leaders say," CBC News, April 7, 2022, https://www.cbc.ca/news/canada/thunder-bay/birth-alerts-thunder-bay-1.6411535.

Urbanoski, Karen A. 2017. 'Need for Equity in Treatment of Substance Use among Indigenous People in Canada'. CMAJ : Canadian Medical Association Journal 189 (44): E1350–51. https://doi.org/10.1503/cmaj.171002.

Waldram, James B., Ann Herring, and T. Kue Young, Aboriginal Health in Canada: Historical, Cultural, and Epidemiological Perspectives, Second Edition (Brantford, Ont.: W. Ross MacDonald School Resource Services Library, 2011).

Appendix A: Discussion Considerations

1 Stereotypes about Substance Use and Addiction

True or False

F *Indigenous people cannot metabolize alcohol the same way as other groups of people.*

FALSE. There is no scientific evidence that Indigenous people metabolize alcohol differently than other groups, or that Indigenous people have a genetic predisposition for alcohol intolerance. Rather social conditions such as poverty can have a greater impact on predisposition to alcohol use disorder (CBC News. 2014.)

F *Substance use disorders are inherent to Indigenous Peoples and communities.*

FALSE. Substance use disorders are not inherent to Indigenous Peoples and communities. Rather, the prevalence of substance use in Indigenous communities must be understood in the context of the structural and systemic disadvantages that have resulted from colonialism. Disadvantages that can be further exacerbated by stigma within the health care system that can create barriers to health care for Indigenous people who use substances (Urbanoski, Karen A. 2017.)

Discussion Questions

1 *How does the Circles of Care video demonstrate the impacts of long-term stigma towards Indigenous people?*

Marie's negative self-talk, embarrassment, fear of advocating for her needs, the health care providers assumptions and questioning.

2 *Why is it important to understand this context and history when caring for Indigenous people who use opioids?*

Broad question, but generally it is important to understand where your patients are coming from to provide adequate, appropriate, and quality care. Again, cultural humility is an excellent practice to foster understand to support quality care.

3 *How can health care providers work to combat stigma against Indigenous people living with opioid use disorder?*

There could be many steps that could be taken to support Indigenous people with opioid use disorder. First it is important for health care providers to develop practices, skills, and traits that are important when offering care to pregnant women or people seeking treatment. The RE-CLAIM practices offer and excellent frame to build from (See *Appendix C*, pg, 18).

2 Opioid Use Among Indigenous Peoples

? Reflection Activity (Taken from Mothering and Opioids)

Facilitator Debrief

- How did it feel to think about the statements?
- Were there any statements that you got stuck on, or had a harder time with?
- How might your attitude, awareness, assumptions, or approach impact the way you work with women who use opioids?

Note: Indigenous people are also disproportionately criminalized because of substance use.

3 Health care and Colonization

Discussion Questions

1. *In the Circles of Care video, what barriers to accessing quality health care does Marie experience?*

   Barriers can include a range of variables, including and not limited to:

   - Location and access to complex medical care requiring frequent visits or supervision
   - Additional obstacles or stigma of a person based on their gender or ability

2. *How might intergenerational trauma affect Marie's trust and access to quality health care?*

   Intergenerational trauma is complex and can affect an individual or community's perspective on medical care. It can influence whether someone seeks care at all, or their feeling of safety within care institutions or systems if they do.

3. *What could have been done differently to improve Marie's experience?*

   Accessing complex care in a remote community is often an additional challenge. If a person who uses substance s is being treated with methadone, meeting their need for regular supervision and care can be difficult in remote locations with infrequent access to physicians.

4 Child Apprehension and Family Separation

Discussion Questions

1 *How does the threat and fear of child apprehension affect Marie?*

Marie is haunted by the possibility of having her child taken away. She assumes that health care providers see her as substance seeking, and a potential danger to her child.

2 *How does this affect how Marie sees her substance use/herself?*

Marie internalizes what she perceives as the opinions of health care providers. She holds the shame and fear because of her interactions with health care providers.

3 *How does this affect her ability to seek care?*

Marie wants to defend herself but is embarrassed and does not advocate for herself as a result. She believes that all health care providers will see her the same way.

5 Geographic Barriers to Health care Access

True or False

F *All Indigenous Peoples live on or have a reserve.*

FALSE. The reserve system is governed by the Indian Act that pertains to First Nations. Inuit and Métis peoples do not normally live on reserves. Many Inuit and Métis live in communities that have self-governing agreements or land-claims ('Canadian Aboriginal Reserves | System of Reserves, Canada | Britannica'.)

F *Reserve land was given to First Nations as compensation for settlers taking land.*

FALSE. Reserves were meant to be places for First Nations to be confined until they became "civilized". It was expected that Indigenous people would learn "proper habits" of industry and thrift then they could be released or enfranchised into the rest of Canadian society (Joseph, Bob. 2018.)

Discussion Questions

The *Mothering and Opioids* guide gives a concise overview of how we can address stigma in practice, improve programming and services, collaborate across care systems, and change policy where needed. The *Opioid Agonist Therapy: A Synthesis of Canadian Guidelines for Treating Opioid Use Disorder* is also very comprehensive. They can help answer the following questions:

1. *Understanding the impact of stigma on patients and how to address their needs, even when complex, is very impactful. Examining our own biases where they exist can liberate the patient from feeling stigmatized and contribute to a constructive care relationship.*

2. *What strategies do you think are important in supporting Indigenous people who have opioid use disorder?*

3. *What strategies do you think are important in supporting Indigenous people who have opioid use disorder?*

6 Culturally-responsive Care

Discussion Questions

1. *In the Circles of Care video, what could the doctor have done differently to provide culturally-responsive and trauma-informed care to Marie?*

   The health care provider could have asked questions in a kind and compassionate way that fosters dialogue. Allowed Marie to share her experiences and status with opioid use disorder. The health care provider shouldn't have threatened to call child apprehension services. The health care organization could offer to have an Indigenous support worker. Operate from a strengths-based approach.

Appendix B: Facilitation Tips

This guide can be adapted depending on the audience's knowledge, size, and time constraints. The guidelines below outline suggestions for prioritization based on available time:

	PRIORITIZED SECTIONS
10 mins	1 Stereotypes About Substance Use and Addiction
20 mins	1 2 Stereotypes About Substance Use and Addiction & Opioid Use Among Indigenous Peoples
30 mins	1 2 3 Stereotypes About Substance Use and Addiction, Opioid Use Among Indigenous Peoples, & Health care and Colonization
45 mins	1 2 3 4 Stereotypes About Substance Use and Addiction, Opioid Use Among Indigenous Peoples, Health care and Colonization, & Child Apprehension
60 mins	1 2 3 4 5 Stereotypes About Substance Use and Addiction, Opioid Use Among Indigenous Peoples, Health care and Colonization, Child Apprehension, & Geographic Barriers to Health care Access
60+ mins	1 2 3 4 5 6 All topics

Start with the purpose. Remind participants the discussion is intended to support learning and conversations around topics presented in the Circles of Care video.

Tell a story. To increase engagement, consider telling a personal story or offering your personal perspective on the topic. Encourage participants to expand on the ideas.

Be empathetic and offer support. Some conversations may be sensitive in nature. Honour and respect participants. Acknowledge and thank them for their trust and humility.

Listen actively. Paraphrase what participants share using their own words. Encourage open streams of communication.

Consider the 1/N (one over N) rule. This means dividing time equally among participants. If there are 10 participants, each should be speaking one-tenth of the time.

Additional text resources:

- Mothering and Opioids: Addressing Stigma - Acting Collaboratively
- A Framework for Action: Responding to the Toxic Drug Crisis for First Nations
- Opioid Agonist Therapy: A Synthesis of Canadian Guidelines for Treating Opioid Use Disorder
- A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders
- Mothers for Recovery Support Group
- Support Services listed on Government Website
- Raising Hope
- Beyond Stigma Video
- Anti-Racism, Cultural Safety & Humility Framework
- Circumpolar Inuit Health Priorities: Best Health Practices and Research
- Métis Nation of Ontario: Healing and Wellness
- Systemic Discrimination in the Provision of Health care in Inuit Nunangat

Appendix C: RE-CLAIM Framework

The RE-CLAIM practices were identified by substance use treatment providers and women or female identified folk with lived experience. It outlines important skills for treatment providers to master when working with Indigenous Peoples (Adapted from ***Mothering and Opioids***).

Recognition

Recognize the impact of trauma in women's, girl's, and female identified folk's healing (ranging from the intergenerational effects of colonialism through to the disproportionate rates of inter-personal violence).

Empathy

Relay empathy for the struggles that women, girls, and female identified folk face due to their problematic substance use (e.g., loss of custody of their children).

Communication

Open lines of communication for two-way, non-hierarchical dialogue with the women, girls and female identified folk.

Care

Show care for the those that you care for and passion for your own role as a treatment provider.

Link to spirituality

Support the link to spirituality in women's, girls', female identified folk's and healing through Indigenous culture as well as any other traditions and teachings with which the women identify.

Acceptance / non-judgemental attitude

Be accepting and non-judgemental about women's, girls', and female identified folk's past behaviours (e.g., their involvement in sex work for survival).

Inspiration

Provide inspiration by acting as a role model (e.g., when appropriate share parts of your own healing journey to show it is possible to gain further education as an adult and secure meaningful employment).

Momentum

Promote momentum in the women's, girls', and female identified folk's healing journeys; that is, assist the women in moving toward the future after acknowledging the past (promoting accountability). For example, assist them in developing healthier relationships and parenting skills. Fostering their ties to their communities will help break generational cycles.

Appendix D: Participant Discussion Sheets

1 Stereotypes about Substance Use and Addiction

pg, 1 in participant booklet

True or False

- ◯ Indigenous people cannot metabolize alcohol the same way as other groups of people.
- ◯ Substance use disorders are inherent to Indigenous Peoples and communities.

Discussion Questions

1. How does the *Circles of Care* video demonstrate the impacts of long-term stigma towards Indigenous people?

2. Why is it important to understand this context and history when caring for Indigenous people who use opioids?

3. How can health care providers work to combat stigma against Indigenous people living with opioid use disorder?

2 Opioid Use Among Indigenous Peoples

pg, 2 in participant booklet

? Reflection Activity (Taken from Mothering and Opioids)

The following activity it to be completed individually. Once completed either as a group or individually discuss or contemplate the questions.

1. I am confident I can provide the same care to people who do and don't use opioids.

1	2	3	4	5	6	7	8	9	10
STRONGLY DISAGREE									STRONGLY AGREE

2. I feel comfortable working with a woman who is using opioids.

1	2	3	4	5	6	7	8	9	10
STRONGLY DISAGREE									STRONGLY AGREE

3. I know what harm reduction in pregnancy looks like.

1	2	3	4	5	6	7	8	9	10
STRONGLY DISAGREE									STRONGLY AGREE

4. I am comfortable supporting harm reduction practices during pregnancy and parenting.

1	2	3	4	5	6	7	8	9	10
STRONGLY DISAGREE									STRONGLY AGREE

5. I feel comfortable asking a woman about her history of use of problematic substances.

1	2	3	4	5	6	7	8	9	10
STRONGLY DISAGREE									STRONGLY AGREE

3 Health care and Colonization

pg, 3 in participant booklet

Discussion Questions

1. In the *Circles of Care* video, what barriers to accessing quality health care does Marie experience?

2. How might intergenerational trauma affect Marie's trust and access to quality health care?

3. What could have been done differently to improve Marie's experience?

4 Child Apprehension and Family Separation

pg, 4 in participant booklet

Discussion Questions

1. How does the threat and fear of child apprehension affect Marie?

2. How does this affect how Marie sees her substance use/herself?

3. How does this affect her ability to seek care?

5 Geographic Barriers to Health care Access

pg, 5 in participant booklet

True or False

- ◯ All Indigenous Peoples live on or have a reserve.
- ◯ Reserve land was given to First Nations as compensation for settlers taking land.

Discussion Questions

1. How does Marie's geographic location affect her access to medical care?

6 Culturally-responsive Care

pg, 6 in participant booklet

Reflection Activity

JoLee Sasakamoose et al.'s Indigenous Cultural Responsiveness Theory integrates four factors in culturally-responsive healing models for Indigenous Peoples. Reflect on how your program or service is incorporating culturally-responsive care and where there is room for improvement.

Four Factors in Culturally Responsive Healing Models for Indigenous Peoples

FACTORS	WE ARE ALREADY...	COMMITMENTS GOING FORWARD...
Spiritually-grounded: Seeking guidance from Indigenous ways of knowing and being. For example, engaging with Elders, enacting community-specific ceremonies (such as smudging, prayer, pipe, sweat lodge).		
Community-based: Programming and services reflect the community's unique lived experiences and highlight culturally appropriate wellness practices.		
Trauma-informed: Programming considers the intergenerational impact of colonization and its effects on health and acknowledges how the mind and body respond to traumatic events through adaptive coping mechanisms.		
Strengths-based: This approach focuses on the skills and abilities that individuals have to address problems, working from the assumption that people have immense capacities that can be mobilized to support their wellbeing.		

Discussion Questions

1. In the *Circles of Care* video, what could the doctor have done differently to provide culturally-responsive and trauma-informed care to Marie?