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the public health units
in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

July 18, 2022

Hon. Sylvia Jones,
Deputy Premier and Minister of Health
College Park 5th Flr, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Jones,

Re. alPHa Resolution A22-5 - Indigenous Harm Reduction: A Wellness Journey

On behalf of member Medical Officers of Health, Boards of Health, and Affiliate organizations of the Association of Local Public Health Agencies (alPHa), I am writing to notify you of this resolution, which was passed at alPHa's 2022 Annual General Meeting.

The burden of harm associated with substance use among Indigenous peoples is measurably higher than in the non-Indigenous population, as measured by the data on hospital visits outlined in the attached. This burden is deeply rooted in colonization, disenfranchisement, the Indian residential school system, and other forms of oppression. Violence against Indigenous peoples within the health system itself has also resulted in deep mistrust, which constitutes a major additional obstacle to addressing the issue.

Any successful strategy will therefore require an approach based on decolonization and working alongside communities to develop culturally based and trauma-informed Indigenous harm reduction policies, programs, and practices that are grounded in unique local Indigenous knowledge, traditions, teachings, ceremonies, land, and languages. Evidence suggests that culturally based harm reduction interventions for Indigenous peoples, including access to local Treatment and Healing Centres, are beneficial to help improve functioning in all areas of wellness.

We are therefore advocating for the critical importance of working with Indigenous communities to better understand Indigenous harm reduction and adopt policies, practices and programs for harm reduction that are culturally safe and rooted in community-knowledge and needs. We are also advocating for additional funding to support Indigenous harm reduction including additional Indigenous Treatment and Healing Centres.

We would welcome any opportunity to discuss this issue further with you and your staff. To arrange a meeting with the leadership of our Association, please contact alPHa Executive Director Loretta Ryan by e-mail at loretta@alphaweb.org or by telephone at 647-325-9594

Sincerely,



Trudy Sachowski,
President

COPY Hon. Greg Rickford, Minister of Northern Development and Minister of Indigenous Affairs
Dr. Kieran Moore, Chief Medical Officer of Health
Dr. Michael Sherar, President and CEO, Public Health Ontario

Encl.

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHA advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

TITLE: **Indigenous Harm Reduction: A Wellness Journey**

SPONSOR: **Haliburton Kawartha Pine Ridge District Health Unit**

WHEREAS The burden of harm associated with substance use among Indigenous peoples is far reaching. From 2009 to 2019 there has been a 480% increase in hospital visits related to opioid poisoning for First Nation peoples compared to 164% for non- First Nation peoples. The rate of hospital visits for opioid-related poisoning among First Nation peoples totaled 45.1 per 10,000. First Nation peoples living outside of First Nations communities experienced the highest rate of hospital visits for opioid-related poisoning at 57.5 per 10,000 people. The rate of hospital visits for opioid-related poisoning among First Nation peoples living within First Nations communities was 19.6 per 10,000 people, and the rate among non-First Nation peoples was 6.0 hospital visits per 10,000 people. There is a gap in readily available Ontario surveillance data specific to alcohol, prescription drug, and other substance misuse in addition to data specific to registered and non-registered status First Nation peoples, Inuit and Metis.

WHEREAS The increased burden of harm associated with substance use among Indigenous peoples can be directly attributed to historical and ongoing colonial violence perpetrated against Indigenous peoples. It is deeply rooted in colonization, disenfranchisement, the Indian residential school system, the 60's scoop, intergenerational trauma, forced removal from land, and oppression. The health system has been a key tool utilized in the violence against Indigenous peoples, resulting in mistrust in the health system by Indigenous populations. As a result, public health units must adapt and decolonize their approaches when working with Indigenous populations and work alongside communities to develop culturally-based and trauma-informed Indigenous harm reduction strategies.

WHEREAS In 2017 alPHA passed a resolution on the Truth and Reconciliation: Calls to Action. The resolution requested alPHA to modify and reorient public health intervention to be culturally safe for Indigenous peoples, and to advocate to ensure that Ontario's Indigenous peoples have more equitable access to the social determinants of health as well as access to culturally safe health care and Aboriginal healing practices. Harm Reduction is a public health priority written in the Ontario Public Health Standards and Guidelines.

WHEREAS Inequities of culturally based Indigenous harm reduction, prevention, and treatment exist for Indigenous peoples in Ontario. There is a lack of integrated land-based harm reduction service provision, lack of Indigenous specific safe consumption services, and lack of public awareness and education on Indigenous harm reduction. There are barriers and limited access to local Treatment and Healing Centres across Ontario.

WHEREAS Indigenous Harm reduction policies, programs, and practices must be grounded in local Indigenous knowledges, traditions, teachings, ceremonies, land, and languages which are unique to each community. Evidence suggests that culturally based harm reduction interventions for Indigenous peoples, including access to local Treatment and Healing Centres, are beneficial to help improve functioning in all areas of wellness.

THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies recognize the critical importance of working with Indigenous communities to better understand Indigenous harm reduction and adopt policies, practices and programs for harm reduction that are culturally safe and rooted in community-knowledge and needs.

AND FURTHER that the Association of Local Public Health Agencies advocate with Indigenous partners to the Minister of Health and other appropriate government bodies for additional funding to support Indigenous harm reduction including additional Indigenous Treatment and Healing Centres.

CARRIED AS AMENDED

alPHa Resolution A22-5 - Backgrounder

Submitted by: Haliburton, Kawartha, Pine Ridge District Health Unit

Backgrounder – Indigenous Harm Reduction: A Wellness Journey

Substance use within Indigenous populations is rooted in colonization, disenfranchisement, the Indian residential school system, the 60's scoop, intergenerational trauma, forced removal from land, and oppression. In 2016, the government of Ontario adopted the Truth and Reconciliation: Calls to action¹. Call to Action # 19 and #20 speak to the recognition of the right to optimum health regardless of residence, and #21 calls to provide funding for sustainable Healing Centres. In 2017, the Association of Local Public Health Agencies (alPHa) adopted the Truth and Reconciliation recommendations and committed to assisting member boards of health to modify and reorient public health interventions to be culturally safe for Indigenous peoples, and to advocate to ensure that Ontario's Indigenous peoples have more equitable access to the social determinants of health as well as access to culturally safe health care and Aboriginal healing practices².

The burden of harm associated with substance use among Indigenous peoples is far reaching. From 2009 to 2019 there has been a 480% increase in hospital visits related to opioid poisoning for First Nation peoples compared to 164% for non- First Nation peoples³. In 2019, the rate of hospital visits for opioid-related poisoning among First Nation peoples totaled 45.1 per 10,000. First Nation peoples living outside of First Nations communities experienced the highest rate of hospital visits for opioid-related poisoning at 57.5 per 10,000 people. The rate of hospital visits for opioid-related poisoning among First Nation peoples living within First Nations communities was 19.6 per 10,000 people, and the rate among non-First Nation peoples was 6.0 hospital visits per 10,000 people³. While opioid poisoning data is readily available, there is a need to establish epidemiological surveillance to address other substances such as cannabis, prescription drugs, and alcohol use also impacting the health of Indigenous peoples. Additional data is needed to understand substance use trends among registered and non-registered status First Nation peoples, Inuit, and Metis.

Harm Reduction is a public health priority within the Ontario Public Health Standards and Guidelines⁴. A public health response to the current epidemic of opioid poisonings has been highlighted as a priority as communities work to recover from the COVID-19 pandemic. alPHa Resolution A21-2⁵ called on public health to lead and coordinate the response to address the opioid crisis, capitalizing on the momentum of managing the COVID-19 emergency.

In Public Health, harm reduction refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing substance consumption. Harm reduction interventions respect the rights of individuals to use such substances, increase awareness regarding lower risk use, and address risk and protective factors related to harms⁶.

Emerging substance use trends articulate the need to adopt policy solutions based on evidence-informed harm reduction and treatment practices, eliminating structural stigma, investing in prevention, and declaring the opioid poisoning crisis an emergency⁷. The policy approach is grounded in public health principles.

Indigenous harm reduction policies, programs, and practices must be grounded in local Indigenous knowledges, traditions, teachings, ceremonies, land, and languages which are unique to each community⁸. To this end, it is important that public health units not re-inscribe colonial systems but work with Indigenous communities to understand what harm reduction means for them and establish approaches that are specific to community needs. Indigenous harm reduction is reducing the harms of colonization and colonialism⁸. Evidence supports utilizing land-based service delivery models⁹, Wellness Circles¹⁰, and Feather Carriers Wise Practices¹¹ that involve a wellness journey connected to ceremony, land, water, spirit, community, and family. Healing spaces that offer a wholistic approach with a Traditional Indigenous Healer/Elder/Knowledge Keeper who conducts lands-based teachings, sweat lodge ceremony, traditional healing ceremony, and other culturally appropriate ceremonies and teachings are

key to some Indigenous harm reduction programs^{12,13}. In addition, for some communities the use of safe consumption sites supports prevention of overdose and death.

In 2022, Ontario announced the Addictions Recovery fund focused on building quality client centred mental health and addiction system services¹⁴. Funding was allocated to Northern Rural communities and Indigenous Treatment and Healing Centres were established¹⁵. Despite increased investment, there are still gaps in access to Treatment and Healing Centres (e.g. Southeastern Ontario) as well as to the broader array of culturally safe harm reduction policies, practices and programs. Barriers such as long waitlists, unclear approval criteria, costs of transportation, and application barriers remain to access current Treatment and Healing Centres.

In addition, there is a lack of awareness and understanding of Indigenous approaches to harm reduction throughout public health in Ontario. By further establishing robust surveillance of substance use harms, adopting Indigenous harm reduction strategies for health promotion, utilizing culturally based education and awareness resources, and working to advocate for equitable access to 'safe consumption sites' and Treatment and Healing Centres, alPHa will support boards of health in working towards the Truth and Reconciliation Calls to Action.