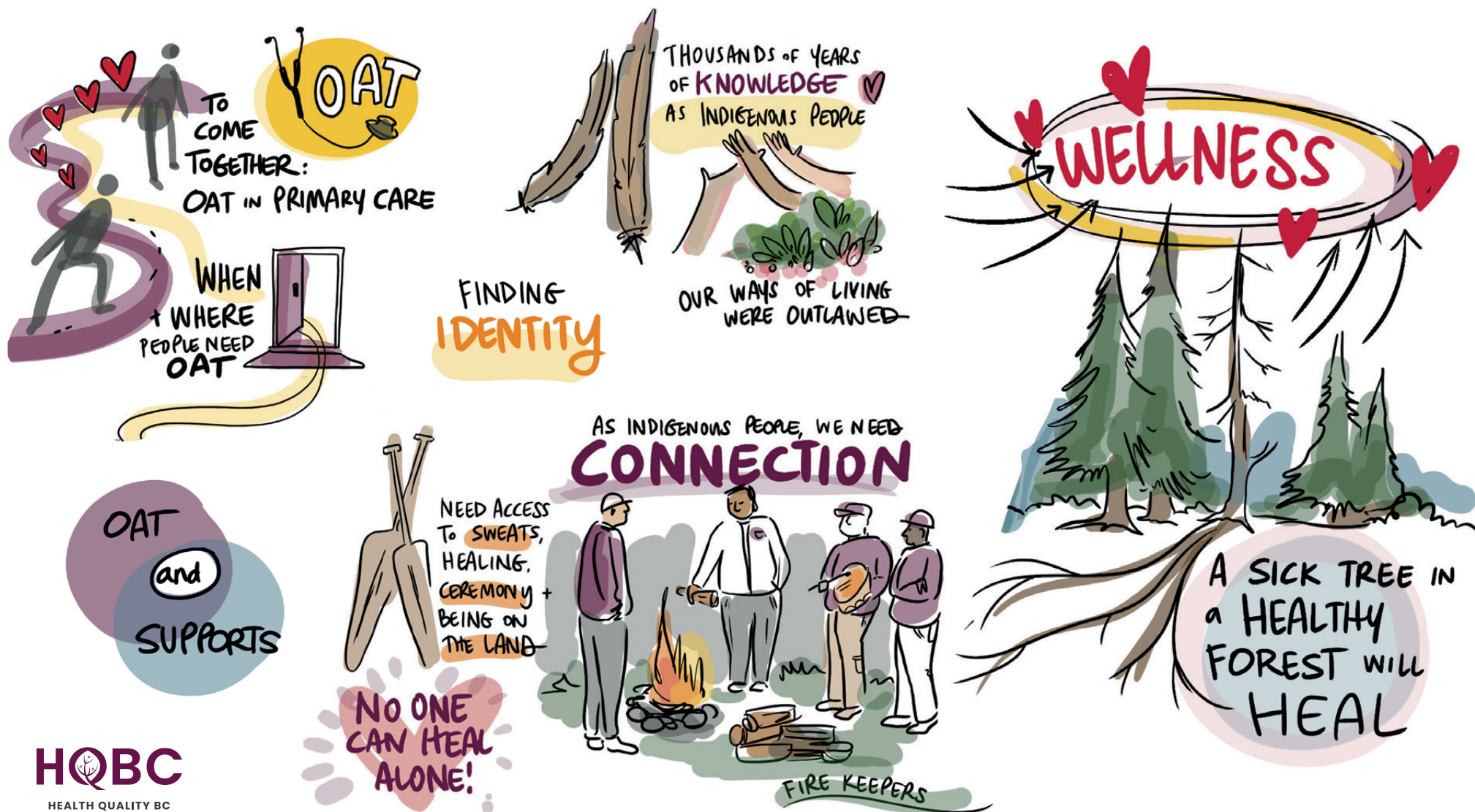
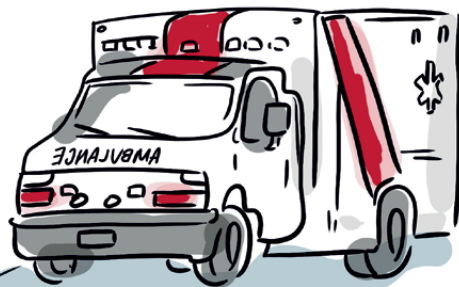


Journey Mapping: Exploring Opioid Agonist Therapy (OAT) with Indigenous People with Lived & Living Experience



HISTORY + CONTEXT



SO MANY LOSSES OF LOVED ONES

- ✗ ANTI-INDIGENOUS RACISM
- ✗ MEN IN TRADES ARE HIGHLY IMPACTED BY OPIOID CRISIS - UNHEALED TRAUMAS TOO
- ✗ IMPACTS OF COLONIZATION
- ♥ DRUG USER ADVOCACY SAVES LIVES
- ✗ TOXIC DRUG SUPPLY EXISTED ON RESERVES FOR DECADES - NO ONE PAID ATTENTION UNTIL URBAN AREAS...
- ✗ IF YOU GO TO JAIL YOU'LL COME OUT WITH AN OPIOID ADDICTION

PROVIDERS

- ✗ I'M NOT a NUMBER!
- ✗ DOCTORS ARE AGAINST OAT THE MORE NORTH YOU GO
- ✗ WE NEED MORE PROVIDERS
- ✗ WAIT LISTS!



DRUG SEEKING?

✗ STIGMA AGAINST DRUG USERS FROM HEALTH CARE

✗ ANTI-INDIGENOUS RACISM

STABILIZE, THEN:

COMMUNITY and SUPPORTS

AS A MAN, LEARNING TO ASK for HELP

HAD TO LEARN TO DEAL WITH MY FEELINGS...

OAT MOVES US FROM SURVIVAL INTO HEALTHY EMOTIONAL CONNECTIONS

HOW CAN I CONNECT TO CULTURE?

WHAT AM I NUMBING OUT?



5% WHAT I KNOW I KNOW... WHAT I DON'T KNOW, I DON'T KNOW

! just switching DRUGS isn't the only thing - it took me 7-10 YEARS to HEAR it

"it's Like GOING FROM HELL... TO JAIL." You're now RELIANT ON OAT + DOSING ISN'T RIGHT at FIRST-

WE NEED SUPPORTS

OAT and SUPPORTS

PEERS

- involved with many research + peer support groups: BC-Yukon
- running a men's group; equine therapy; involved in CATs

PURPOSE

OAT TREATMENTS

- OAT IS A 2-YR COMMITMENT BUT I'M DOPE SICK WHEN I AGREE. WHAT IF I WANT TO TAPER SOONER?
- MY TREATMENT HELPED ME STABILIZE - IT'S 1 STEP, BUT I NEED SUPPORTS TOO
- REALISTICALLY, PEOPLE TAKE OAT + MAY USE STREET DRUGS AT THE SAME TIME
- REALITY OF DANGEROUS STREET DRUG COMBOS - (GETTING MEDS FOR PSYCHOSIS ISN'T ONLY SOLUTION)
- STAND IN A LINEUP FOR 2 HRS FOR OAT - OUTSIDE, NO DIGNITY. EASIER FOR ME TO GET STREET DRUGS ACROSS THE STREET FASTER
- OLD FORMULA WAS MORE EFFECTIVE (METHADONE); EASY TO OVERDOSE NOW

FASTER
EASIER
COMPLETE CARE

RURAL and REMOTE STRATEGY

- WE HAVE MANY PEERS HERE - LOTS OF DISTRUST OF HEALTH PROVIDERS, SO PEERS ARE KEY
- WE NEED MORE INDIGENOUS WORKERS DELIVERING PROGRAMS
- NORTHERN HEALTH CRISIS: Lost youth psychologist A psychologist & OAT Doctor in 6 months.

WAIT LISTS

NO ONE CAN HEAL ALONE!

NEED ACCESS TO SWEATS, HEALING, CEREMONY + BEING ON THE LAND



JUST BE BETTER THAN YESTERDAY

SOBER as I want to be, TO DAY



WE NEED aftercare IN THE NORTH - it's only 200M & a PHONE

TO GET OAT DAILY, I NEED HOUSING and TRANSPORTATION

I DESERVE DIGNITY:

THERE'S NO PRIVACY

PICK UP

PHARMACISTS:
• GREAT TO TALK TO THEM
• CAN CHANGE DOSAGE

MORE CARRYING (HOME)

PEERS VETTED TO DELIVER is great



RESURGENCE OF CULTURE

SPIRITUALITY as part of WELLNESS

AS INDIGENOUS PEOPLE, WE NEED CONNECTION

I Don't know where I FIT as an Indigenous PERSON: HEALING + TREATMENT HELPED ME CONNECT

CEREMONY SHOW People - Let them set at their OWN PACE

THOUSANDS OF YEARS OF KNOWLEDGE AS INDIGENOUS PEOPLE

OUR WAYS OF LIVING WERE OUTLAWED



FIRE KEEPERS

FINDING IDENTITY

rewiring my BRAIN - microdosing, working with PLANT BASED HEALERS

CARE TRANSITIONS

- ONCE YOU'RE STABLE, YOU NEED A PLAN
- NEED SERVICES IN INDIGENOUS COMMUNITIES - I COULDN'T GO HOME

PEER NAVIGATORS

- SHOULD BE ABLE TO HELP PEOPLE: HOUSING, LICENSE, OR ONTO OAT

- SUB-NAVS = KEY ROLE

- MAKING CONNECTIONS TO INCARCERATED PEOPLE 6 MONTHS BEFORE RELEASE, PEER PROGRAMS BUILD TRUST & CONNECTION



HARM REDUCTION, NOT ABSTINENCE

NAVIGATION & REFERRALS

HARM REDUCTION

DON'T PUSH RECOVERY

RISK MITIGATION

SAFER SUPPLY

CREATE an ADULT FOUNDRY

DROP-IN

• NOT RESIDENTIAL SERVICES

CONNECTED SERVICES

FOUNDRY

THE SHED

INDIGENOUS DUDES CLUB

CONNECTION

WELLNESS

RELATIONSHIPS

IN A RIGID SYSTEM...

PEERS can stay FLEXIBLE

- HAVE PEERS EVERYWHERE - HOSPITALS, 1:1 SUPPORTS, DRIVERS, + PROGRAMS → EVERY SERVICE!

- INDIGENOUS PEER MODELS - LIKE DUDES CLUB

PEERS SAVE LIVES

A SICK TREE IN a HEALTHY FOREST will HEAL

PURPOSE as a PEER

- IT keeps my RECOVERY on TRACK
- HELPING OTHERS is MEANINGFUL

