



GUIDE

Healing Indigenous Hearts

Facilitators' guidebook for establishing peer-support groups that incorporate traditional medicines, spirituality, culture, and land-based healing methods to support Indigenous peoples and families navigating grief and loss related to substance-use harms.

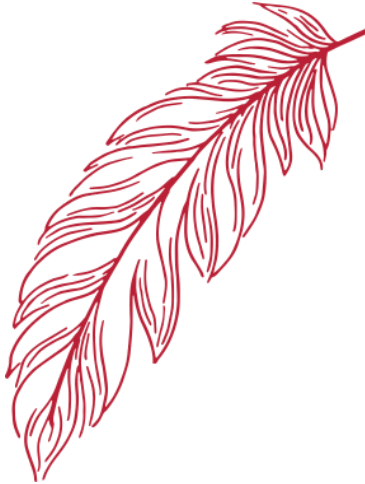
COVER ART BY KELSEY FITZGERALD



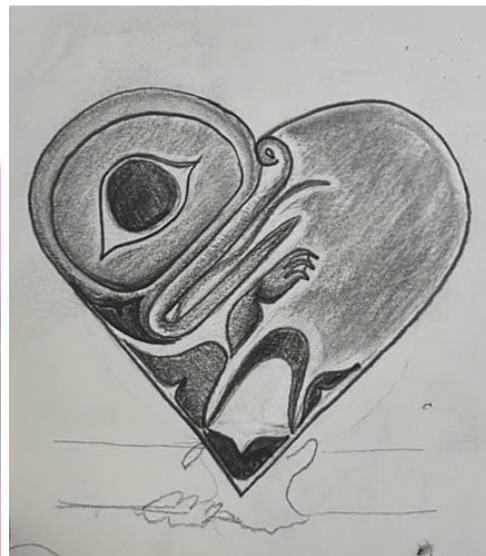
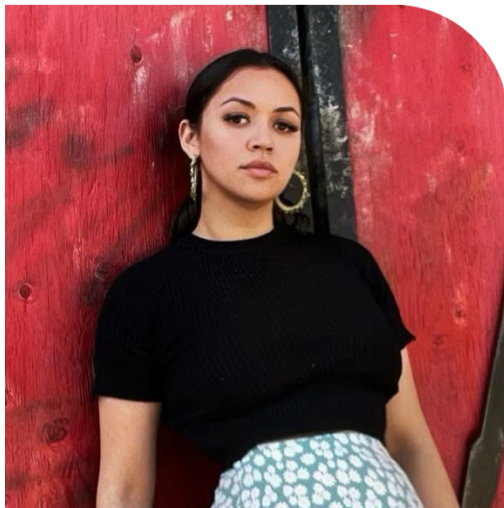
First Nations Health Authority
Health through wellness



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SUBSTANCE USE
Networking researchers, educators & care providers



The Logo Artist:



Kelsey Fitzgerald is the artist who designed the Indigenous Logo for Moms Stop The Harm. Kelsey is Haida, Nisga'a, Irish and Norwegian. Kelsey has been an artist from a young age, and in her spare time, she loves to travel and do art when she can.

The vision of the logo was to create something unique yet meaningful. The frog, in many Indigenous cultures, can mean many things. In this case, this is to honour those who have passed and those who are still here. The frog is powerful as it protects, guides and warns of any danger. The rose reminds me of my grandmother and her loving support.

The Indigenous People of These Lands

With gratitude, the First Nations Health Authority (FNHA) and the BC Centre on Substance Use (BCCSU) acknowledge the beautiful, traditional, unceded territories of the xʷməθkʷəyəm (Musqueam), Skwxwú7mesh Úxwumixw (Squamish), and səlílwətaʔ (Tsleil-Waututh) Nations on which both the FNHA and BCCSU head offices are located. The Healing Indigenous Hearts Facilitators Guidebook was created in partnership with the FNHA Office of the Chief Medical Officer and Moms Stop the Harm. The xʷməθkʷəyəm, Skwxwú7mesh Úxwumixw, and səlílwətaʔ Peoples have stewarded these lands since time immemorial through a reciprocal relationship where they protect the lands and waters, who in turn contribute to their Peoples' physical, mental, emotional, and spiritual wellness.

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

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

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

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

About this guidebook

The *Healing Indigenous Hearts Facilitators' Guidebook* was developed for Indigenous - First Nations, Inuit and Metis people who have lost loved ones as a result of substance-use-related causes – and wish to facilitate a support group with other Indigenous people who have suffered this kind of loss.

This resource provides education, guidance, and a culturally safe and Indigenous-informed framework for facilitating support groups that will help bereaved people move from grief toward hope and healing. It acknowledges and upholds the voices of First Nations, Inuit and Metis people in British Columbia (BC) and shares various Indigenous cultural and traditional practices, as well as evidenced-based methods of healing.

We respect the diversity of First Nations, Inuit and Metis communities and encourage Indigenous peer facilitators to include their own unique combination of knowledge, skills, experiences, wisdom, traditions, cultures, connections to spirit/language/land and personal “toolkits.”

Note that this guidebook is not intended as a substitute for the medical recommendations of physicians or mental health professionals; rather, it is intended to speak to the hearts, minds, and spirits of bereaved Indigenous people and to help them gather in a good way and hold each other up on their individual healing journeys.

“When the people come together to help each other, they *are* the medicine.” ~ Elder Doreen Peter, Cowichan First Nation

Dedication

This guidebook is gratefully dedicated to all those who, through their own pain and loss, go on to provide support to others who are bereaved.

Our special thanks to everyone who contributed to the development of the

Healing Indigenous Hearts Facilitators' Guidebook:

Elder Syexwalia Ann Whonnock

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Elder Fred Wilson

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We acknowledge the hard work and dedication of the Tsow-Tun Le Lum Society and all of our working group/team members. It was an honour to listen and learn about the many different traditions for healing. We thank you for your unwavering support during these unprecedented times of tragedy due to COVID-19, toxic-drug poisoning, the findings of our little ones’ bodies at former residential school sites, and the various climate change emergencies. The knowledge, teachings, and wisdom you generously shared have helped us create this important resource.

The working group/team overseeing the development of this resource and contributing their knowledge comprised First Nations Elders and Knowledge Keepers; a First Nations Spiritual Advisor; and contributors/reviewers from the First Nations Health Authority (FNHA) and the BC Centre for Substance Use (BCCSU). We thank each member of the working group/team for their deep commitment to embedding Indigenous knowledge and traditions into this guidebook to better assist Indigenous families impacted by grief and loss due to toxic-drug poisoning.

We also thank and raise our hands to Moms Stop the Harm (MSTH), the developers of the original *Healing Hearts Facilitators’ Guidebook*, for their partnership and generous hearts in supporting the creation of this Indigenous-specific guidebook for facilitating Healing Hearts bereavement support groups. We are grateful for their openness, compassion, and spirit of inclusiveness

Background

In 2016, a public health emergency was declared in BC due to toxic-drug deaths. Historically, First Nations people have been overrepresented in toxic-drug deaths and this trend has not changed in recent years. The overwhelming loss of life has been felt deeply in every community across the province. Indigenous families, friends, and communities have been mourning for years.

Anxious to take additional action, the FNHA, the BCCSU, MSTH, First Nations Elders and Knowledge Keepers, and People With Lived and Living Experience decided to collectively bring their education, knowledge, lived experiences, and cultural teachings into this work to render the existing *Moms Stop the Harm Healing Hearts Facilitators’ Guidebook* more accessible and applicable to First Nations, Inuit and Metis peoples across BC – while maintaining adherence to the primary objectives of MSTH: to advocate for the change of failed drug policies, provide peer support to grieving families, and assist those with loved ones who use or have used substances.

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Moms Stop The Harm

Moms Stop the Harm (MSTH) is a network of families in Canada who have been impacted by substance-use-related harms and deaths. MSTH advocates to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances. MSTH is dedicated to the support of all people who are bereaved as a result of this particular kind of tragedy, and believes that by walking alongside others who have endured such tragedy, we share a tremendous gift in assisting them to grow and rebuild their lives.

The First Nations Healthy Authority

The First Nations Health Authority (FNHA) provides health governance and health care to the 200+ diverse First Nations in BC. Since its inception, the FNHA has worked to address service gaps and partnerships through collaborative practices to embed cultural safety and humility into health service delivery. The FNHA is a leader in culturally safe practices through redesign and reform programs and services to improve health outcomes for First Nations people in BC.

The British Columbia Centre on Substance Use

The British Columbia Centre on Substance Use (BCCSU) is a provincial organization with a mandate to develop, implement, and evaluate evidence-based practices for substance use and substance-use disorder. The BCCSU is a collaborative stakeholder to multiple health organizations provincially and nationally.

Both the FNHA and BCCSU head offices are located on the unceded land of the Coast Salish peoples, including the traditional territories of x^wməθkwəḡəm (Musqueam), Sk̓w̓x̓wú7mesh (Squamish), and sə́lilwətaʔ (Tsleil-Waututh) Nations.

At First

Nothing makes sense ...
You think you won't survive.
Somewhere deep down you know the reality ...
But on the surface, it is unbelievable, unbelievable.

You may sense a small relief as now the worst imaginable has finally happened.
There will be no more unrelenting, debilitating worry,
but then there's guilt at the sense of relief.

You sleep away the days – or you can't sleep,
you question your god, your intelligence, your memory.
You may lose your appetite or the will to even drink water,
you may feel exhausted all the time, out of control, ungrounded,

or you may wish for total control over your environment.

All these things, and sometimes all at once.

Then ...

You want everything back to the way it was – house clean and orderly, work, bills, laundry. But you find you have a new job now: obituary, funeral plans, condolence cards, visitors, the loved one's possessions, official business with the hospital, the coroner, the police.

Grief may hide behind the door for a moment or an hour, but it never leaves.

~ Leslie McBain, Co-Founder of Moms Stop the Harm

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Glossary

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

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

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

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

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

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

Gender: The social construct of norms, behaviours, and roles that varies between societies and over time. Gender is often categorized as male, female, or nonbinary. Gender is different from sex, which refers to a person's biological status and is typically assigned at birth, usually on the basis of external anatomy. Sex is typically categorized as male, female, or intersex.

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

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

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

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

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

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

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

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

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

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

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

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

Substance-Use Disorder: Formerly called substance abuse or substance dependence, and informally referred to as addiction, substance-use disorders happen when the chronic use of alcohol and/or other drugs causes significant impairment in function and health. This might include health problems, disability, or inability to meet responsibilities at school, work, or home. Substance-use disorders can be mild, moderate, or severe. Symptoms of substance-use disorders can include cravings, inability to control use, e.g., being unable to cut back on drinking, continuing to use despite negative consequences, and withdrawal symptoms. Opioid-use disorder, tobacco-use disorder, and alcohol-use disorder are examples of substance-use disorders.

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

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

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

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

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

Welcome to Healing Indigenous Hearts

A Peer-Support Group after a Loss from Substance-Use-Related Causes

Dear Healing Indigenous Hearts Group Facilitator,

Thank you for your interest in facilitating a Healing Indigenous Hearts peer-support group.

Your interest in supporting Indigenous individuals who have lost a loved one to substance use is invaluable. Many First Nations, Inuit and Metis families and friends struggle with the burden of grief as they mourn the death of their loved ones.

Creating a culturally appropriate, sacred space for people to come together and share their experiences of grief helps to ease the isolation of the journey. Sharing time with others who have experienced a similar tragedy can be empowering and validating. People discover that they are not alone and that others have experienced similar feelings, and reactions. Sharing culture, protocols, and traditions with family, loved ones, and community helps us carry on and honour our loved ones.

Thank you for your compassion, strength of spirit, and willingness to assist. It is through your facilitation of these groups that we can honour and commemorate the lives of those lost to substance use, and the healing of those left behind to grieve.

Questions?

If you have any questions, please don't hesitate to contact your Regional Coordinator: CanadaHealingHearts@gmail.com. Your Coordinator is there to assist you.

Yours sincerely,
Moms Stop the Harm

Our Story

The Beginnings: Moms Stop the Harm

About Moms Stop the Harm

Moms Stop the Harm (MSTH) is a network of Canadian families impacted by substance-use-related harms and deaths. MSTH members advocate to change failed drug policies and provide peer support to grieving families, as well as to those with loved ones who use or have used substances.

MSTH began with the need to speak out about the ongoing drug-poisoning crisis. Co-founders Lorna Thomas and Petra Schulz, both from Edmonton, Alberta, and Leslie McBain, from Pender Island, BC, first met in 2015. After reading an *Edmonton Journal* article reporting that Petra's son, Danny, had died from an accidental fentanyl overdose, Lorna reached out to Petra because Lorna's son, Alex, had died by suicide after struggling with mental health and substance use.

Leslie, whose son Jordan had also died from an overdose after becoming dependent on prescription opioid drugs, read the article and contacted Petra. In August 2015, Petra, Lorna, and Leslie began working together, and in April 2016 they formed Moms Stop the Harm after Lorna and Leslie attended the United Nations General Assembly Special Sessions on drug policy in New York, USA.

An inaugural meeting was held in Summerland, BC in October 2015 and attended by 15 mothers and fathers. The meeting resulted in the formulation of the core beliefs that inform the work of the organization. These core beliefs are reflected in the organization's mission, vision, and goals.

What started out as an advocacy initiative by three concerned mothers has since grown into a network of several hundred families, mothers, fathers, children, partners, and friends.

Growing Indigenous Involvement

Indigenous involvement in the group is growing because, for many reasons, First Nations, Inuit and Metis people are over-represented in the areas of substance use and substance-use-related loss.

Each month, the First Nations Health Authority (FNHA) reports on the number of toxic-drug-poisoning events and deaths that have taken place among First Nations populations in BC. In these reports, the FNHA also summarizes the actions the FNHA is taking in response to the toxic-drug emergency.

In May 2021, 303 paramedic-attended drug-poisoning events were reported among First Nations people in BC, and 29 passed from toxic-drug poisoning. In May 2022, paramedics attended 252 drug-poisoning events, and 27 passed from toxic-drug poisoning. The illegal drug supply has become increasingly toxic. The BC Coroners Service found that fentanyl toxicity has increased from 5% in 2012 to 87% in 2021, and methamphetamine has also increased from 14% in 2012 to 41% in 2021.¹ Since 2016, the year in which a public health emergency was declared, we have lost 1,353 First Nations people to toxic-drug poisoning.

The FNHA's CEO, Richard Jock, stresses that the devastating impacts of the toxic-drug crisis on First Nations people in BC, families, and communities can only be resolved by the continued support and commitment of health service partners, First Nations leaders, and First Nations community members. "This issue is among our highest priorities, and we must continue to work together to reduce the impact of drug toxicity on First Nations people in BC."

The FNHA's Response to the Toxic-Drug Emergency is summarized in the FNHA Programs and Outcomes section of this report. It includes the range of programs and initiatives the FNHA has developed to combat the toxic-drug crisis. These are designed in culturally safe ways that confront the anti-Indigenous racism and systemic inequity built into Canada's health system.

Key programs include First Nations Treatment and Healing Centres, Intensive Case Management Teams, Indigenous land-based healing services, "Not Just Naloxone" training, the development of a network of peer coordinators, hiring of community-facing harm-reduction educators, and programs for dispensing opioid agonist therapy (OAT) and distributing naloxone.

The FNHA, BCCSU, and MSTH collaborated to develop this guidebook with a group of committed Elders and spiritual advisors because we understand the gravity of loss and grief at a visceral level. Our hearts are heavy with the knowledge that we are losing more of our people to drug harms and toxic-drug poisoning/overdoses than at any other time in human history. What's more, minimal resources and additional public health crises (including COVID-19, systemic racism, the lack of adequate housing) and the stigma associated with drug use are further complicating the situation.

We are committed to educating people on the impacts of stigma, which causes shame and guilt and prevents people from accessing life-saving health therapies for their drug use. Using this resource is a meaningful, practical way to promote the importance of harm-reduction approaches for preventing deaths while supporting bereaved Indigenous people as they navigate their ways through devastating loss.

¹ British Columbia Coroner Service. (2022). *Illicit Drug Toxicity Deaths in BC (January 1, 2012–October 31, 2022)*. Government of British Columbia.

Mission of Healing Indigenous Hearts

We strive to improve the lives of Indigenous individuals, families, and communities by providing support and healing strategies for learning how to live with the loss of a loved one as a result of drug poisoning. Honouring the memory of a loved one can be shared in a safe, supportive environment where kindness, compassion, and friendship give hope to the bereaved.

Vision of Healing Indigenous Hearts

To provide a confidential setting to facilitate the emotional, physical, and spiritual healing environment where grief can be expressed and experienced safely. Sharing with peer-led groups that encourage healthy coping and managing skills that equip people with the necessary tools to navigate the journey of grief and mourning.

“Culture means teachings from the ancestors and Elders who have passed the traditions from generation to generation, since time immemorial. These teachings are words passed down from my ancestors, and I am not claiming them as my own. These ways help hold us up throughout life, from birth until it is our time to leave the earth. Culture and traditions are ways that help you move through the grief of losing a loved one to drug harms.”

~ FNHA Elder Syexwaliya Ann Whonnock, Squamish Nation

“Connection is the opposite of addiction” is a well-known belief. For Indigenous people – who have endured disconnection from families, land, culture, language, and more as a result of genocide – reconnection is the only way to heal and repair the intergenerational trauma. Traditional ways, customs, protocols, values, spirituality, ceremonies, language, ways of knowing and being, and connections to the land and the life-sustaining resources of the land, are all powerfully healing. They are in fact essential to the overall well-being of Indigenous communities and individuals, but the traditional ways of sharing culture and teachings were deliberately severed when colonial-settlers banned and criminalized our traditions and language.

Our objective is to facilitate and foster connections while encouraging members to share the medicines that comfort their hearts and spirits. (Keep in mind that some Indigenous people have not been taught their cultural ways as a result of disconnection, e.g., Sixties’ Scoop Survivors, and may need additional support from Elders and Knowledge Keepers as they seek traditional ways for their healing journeys.)

This can be done by:

- Reaching out to your band office and your community Elders and Healers.
- Reaching out to a nearby friendship centre if you are away from your community.
- Reaching out to biological family and/or loved ones to build a community of support.
- Bringing in medicines and sharing stories.

- Taking time to connect to others, the land, water, and drumming and singing.
Connecting with/praying to The Creator.

Our Values

1. We commit to fostering a caring community for all. We seek to ensure that all people are treated justly, and with compassion. We demonstrate dignity, caring, and equality for all.
2. We share our passion and commitment to energize, engage, and inspire members, and advocate to share their stories and have their voices heard.
3. We value integrity because it keeps us safe with one another and within the world. Integrity includes the qualities of honesty, courage, and mutual respect.
4. We value our connections with one another. We aim to give a sense of belonging to all those we support.
5. We believe in inclusion for all, and advocate for the creation of a diverse and accepting community free of racism and discrimination, one that receives others with empathy and understanding.
6. We are dedicated to leading the way to a narrative for change, guided by lived experience and evidence-based knowledge.
7. With courage and respect, we uphold the human rights of those who are marginalized and discriminated against because of substance use.
8. We value our partnerships and teamwork with other individuals and organizations, recognizing the united family voice for change as an integral part of a greater movement.

Our Goals

We strive to:

- Achieve equity in health care for people who use substances, including those with problematic substance use or substance-use disorders.
- Ensure that all levels of government work together to change drug policy to an evidence-based approach that respects and supports the human rights of people who use substances, specifically to ensure:
 1. Access to a safe supply of pharmaceutical-grade substances.
 2. Decriminalization of people who possess illicit substances for personal use.
- Ensure access to a complete spectrum of fully funded harm-reduction services and supplies in all communities, including naloxone and overdose-prevention services.
- Ensure access to all evidence-based treatment options and multiple pathways to recovery, as defined by the needs of the person or family seeking our assistance.

- Support families and friends of loved ones affected by substance use to help them understand and navigate the system, including treatment options and individual pathways to recovery.
- Reduce stigma faced by people who use drugs by sharing our stories and advocating on their behalf.
- Provide emotional support to those who mourn the death of a loved one, and provide awareness, hope, and education to those struggling with substance use and to those with lived experience.
- Educate the public regarding current research and evidence-based approaches to substance use.
- Promote age-appropriate education for youth and promote mental-health-based and harm-reduction-based approaches in order to prevent drug harms.