Guidelines to Address Opioids & Methamphetamines Among First Nations

THUNDERBIRD PARTNERSHIP FOUNDATION

thunderbirdpf.org

1-866-763-4714

info@thunderbirdpf.org

Thunderbird Partnership Foundation is a leading culturally centred voice across Canada on First Nations mental wellness, substance use and addictions. The organization supports an integrated and wholistic approach to healing and wellness serving First Nations and various levels of government, through research, training and education, policy and partnerships, and communications. Thunderbird strives to support culture-based outcomes of Hope, Belonging, Meaning and Purpose for First Nations individuals, families and communities. Thunderbird's mandate is to implement the *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada (HOS)* and the First Nations Mental Wellness Continuum (FNMWC) framework.

Thunderbird Partnership Foundation is a division of the National Native Addictions Partnership Foundation Inc.

Introduction

First Nations resiliency and strength are evident in solid community networks, commitment to culture, relationship with the land and environment, and the communities' ability to persevere in the face of the ongoing impacts of colonization (First Nations Information Governance Centre [FNIGC], 2020).

One effect of colonization is the disproportionate amount of First Nations affected by opioid and methamphetamine use, with higher rates of harm, overdose/drug poisoning, and suicide in comparison to other populations in Canada (Chiefs of Ontario & Ontario Drug Policy Research Network, 2025; Thunderbird Partnership Foundation, 2022; First Nations Health Authority [FNHA], 2020). Research in British Columbia and Alberta has shown that First Nations are at a significantly[1] higher risk of experiencing an overdose or drug poisoning and three times higher risk of dying due to an overdose than non-First Nations (Assembly of First Nations, 2019; FNHA, 2023; Government of Alberta, 2024).

National data sources have revealed that many First Nations abstain from using controlled substances (FNIGC, 2018), however the controlled and the unregulated drug supply, such as opioids and methamphetamine, are a continuously growing public health concern among First Nations (Chiefs of Ontario & Ontario Drug Policy Research Network, 2025; FNHA, 2024; Thunderbird, 2022; Assembly of First Nations, 2019; FNIGC, 2018). In recent years, there has been a shift in opioid use among First Nations: a toxic supply of opioids has had a swift effect on First Nations people who use drugs, contributing to most opioid-related overdoses and deaths among First Nations (Chiefs of Ontario & Ontario Drug Policy Research Network, 2025; FNHA, 2024; Assembly of First Nations, 2019). Over the last decade, opioids have been contaminated with substances such as fentanyl, benzodiazepines, and xylazine, creating a toxic drug supply that is poisoning people in active use (Health Canada, 2024).

Addressing the ongoing drug crisis requires accessible and effective opioid and methamphetamine prevention, harm reduction, community-based intervention, and culture-based activities for First Nations people and communities (Health Canada et al., 2011; Health Canada et al., 2015; Chiefs of Ontario & Ontario Drug Policy Research Network, 2021). First Nations communities have made it clear that culture must be at the centre of these activities for people's and communities' journey back to wellness. Efforts to prevent and reduce harms and treat opioid and methamphetamine dependency and addiction must attend to people's physical, emotional, and mental wellness through spirit-centred care.[2]

Culture is an important social determinant of health. Culture as foundation means starting from the point of Indigenous Knowledge and culture and then integrating current policies, strategies, and frameworks (Thunderbird, 2015). These guidelines take a culture-as-foundation approach to the prevention and treatment of opioid and methamphetamine dependency and addiction and their related harms. This approach supports spirit-centred care, which achieves wellness by attending to the physical, emotional, and mental wellness of people, families, and communities. Spirit-centred care works from the foundation that spirit is central to one's life and wellbeing and is inseparable from a person's emotions, body, and mind. A person's own spirit is continuously motivating that person towards life, and it is essential that the environment around that person can offer accessible supports that also facilitate wellness.

First Nations Health Authority: A Framework for Action

[1] The risk is 5 to 8.4 times higher, depending on the region.

[2] Spirit-centred care was identified by Elders and is a key principle in *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada.*

Purpose

These guidelines provide guidance for addressing opioids and methamphetamines for First Nations and are intended to support their response to the harms associated with the use of these drugs.

In this document, First Nations can find guidance for wholistic services and supports across the continuum of substance use care, from prevention to specialized and coordinated services, with a focus on intervention-level services in community. An in-community service model is promoted throughout the guidelines based on the understanding that receiving services close to home leads to better outcomes (Health Canada Expert Task Force on Substance Use, 2021; Task Group on Mental Wellness, 2021). In this context, *"wholistic services"* refer to services and supports that meet the spiritual, emotional, mental, and physical needs of the people seeking various types of help with a focus on the following:

- Providing information about opioids and methamphetamine and how they affect people, using a compassionate approach to supporting the person's physical needs, for example: medication for withdrawal symptoms *(known as "dope sickness")*, food, shelter, clean clothing, support for hygiene, and other health needs
- Describing First Nations' experience of stigma and outlining the impacts of stigma on people who use opioids and methamphetamine
- Describing the significance of trauma and the need to respond to trauma appropriately, rather than a forced or expected response
- Introducing the concepts of a systems approach to substance use and a continuum of care[3]
- Identifying culture-based and evidence-informed opportunities to strengthen the system-level response to supporting First Nations who use opioids and methamphetamine
- Introducing elements for partnerships that can support a community-based approach to wholistic care

> *"Cleanliness, human dignity, kindness, safe space, and food sovereignty through culturally-relevant drop-in centres and outreach services will save lives, among Indigenous people who use substances, who need a place to belong"* (Speed, 2019).

It should be noted that this document does not provide clinical guidance. Clinical (i.e.,medical) guidelines with respect to opioids are available through the Canadian Research Initiative in Substance Matters document "National Opioid Use Disorder Guideline" published in November 2024. (https://crism.ca/opioid-guideline/).

[3] *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada* identifies six elements of the continuum of care: 1) Community Development, Prevention, and Health Promotion; 2) Early Identification, Brief Intervention, and Continuing Care; 3) Secondary Risk Reduction (harm reduction); 4) Active Treatment; 5) Specialized Treatment; 6) Care Facilitation.

Indigenous Knowledge and Culture-Informed Guidelines

These guidelines are informed by Indigenous Knowledge, First Nations culture, and other relevant evidence-based practices.

Indigenous Knowledge that informed the guidelines:

- A working group comprised of Elders, Knowledge Keepers, First Nations subject matter experts, and clinical practitioners who shared their knowledge and experience of delivering services, First Nations culture and how it is used for healing, wellness promotion, and the prevention of mental health and substance use challenges
- An environmental scan of First Nation communities and National Native Alcohol and Drug Abuse treatment centres
- A review of published and grey literature conducted by First Nations academics and students focusing on literature generated by or about First Nations
- Information compiled through the *First Nations Opioid and Methamphetamine Survey* administered by Thunderbird Partnership Foundation to First Nations organizations and communities across the country
- The Opioid and Methamphetamine Speaker Series hosted by Thunderbird Partnership Foundation, to raise awareness of wise and promising practices in First Nations healing
- The *First Nations Mental Wellness Continuum* (FNMWC) framework and *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada* (HOS), two of Thunderbird Partnership Foundation's foundational documents

An In-Community Model of Care for Substance Use

These guidelines promote an in-community model of care for the prevention, treatment, and reduction of harms associated with opioid and methamphetamine addiction.

The service model aspires to create services and supports that are:

- available in the community, either in person or virtually
- designed with and by the community
- premised on culture as foundation
- spirit-centred and attentive to the whole person
- inclusive of families and communities
- outreach focused
- actively working to reduce stigma
- wholistic, trauma-informed, and culturally safe
- integrated to address the determinants of health
- adequately and equitably supported with sustainable and ongoing funding

The underlying guiding principle of this in-community service model is spirit-centred care. *Image 1* below depicts spirit-centred care using the teaching of the medicine wheel. This is the key principle of the systems approach outlined in *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada* (2011). The principles in the framework were identified by Cultural Practitioners, Knowledge Keepers, and Elders during the development of the framework and based on a series of regional confirmation workshops.

The spirit-centred care principle is described in ***Honouring Our Strengths*** **as follows:**

"Culture is understood as the outward expression of spirit, and revitalization of spirit is central to promoting health and wellbeing among First Nations people. Culture includes system-wide recognition that ceremony, language, and traditions are important in helping to focus on strengths and reconnecting people with themselves, the past, family, community, and land."

Image 1: A four directions teaching, shared by Elder Peter O'Chiese of the O'Chiese First Nation in Alberta, to illustrate the *Honouring Our Strengths* framework principle of *"spirit-centred"*.

All cultural interventions are spirit-centred and affect the whole person. A connection to spirit is essential and primary to wellbeing. Cultural interventions are therefore essential to wellness (Thunderbird, 2020). Services grounded in spirit-centred care are key to preventing and treating opioid and methamphetamine addiction.

"Wellness from an Indigenous perspective is a whole and healthy person expressed through a sense of balance of spirit, emotion, mind, and body. Central to wellness is belief in one's connection to language, land, beings of creation, and ancestry, supported by a caring family and environment."

Elder Jim Dumont, Definition of Wellness (2014)

Developing an In-Community Model of Care for Substance Use

An in-community service model that has adequate, equitable, sustainable, and ongoing funding is represented in *Image 2* below. The in-community service model is based on the hub and spoke design, which recognizes that not all essential services exist within all First Nations communities. In this case, partnerships are key to ensure essential substance use services are available closest to home, which also ensures collaboration with the culture and the language of the First Nation community. The smaller circles in the image below represent the essential services required for community-based substance use services; the spokes of the service model represent the services that can be brought into First Nations communities through partnerships and collaboration with culture and language. The image is one adaptation of the model that works to address harmful opioid and methamphetamine use. These services can be tailored to the unique strengths and needs of the community and their partners across networks and service providers. Please see *Substance Use Treatment and Land-Based Healing* (Task Group on Mental Wellness, 2021) for further understanding of this model.

Image 2: In-community hub and spoke model addressing substance use with a focus on opioids and methamphetamine
(Northern Public Health Working Group on Indigenous Mental Wellness, 2021)

First Nations have federal funding for in-community prevention services and intervention level substance use services, such as residential treatment, but it is typically located outside the First Nations communities. Due to the rising impact of the drug crisis experienced through a myriad of conditions, not the least of which is death due to drug poisoning, increased gun and gang violence, human trafficking, and other risks to individual, family, and community safety. If community based early-intervention and intervention services were available in First Nations communities, there would be no need to go to urban environments to find help. Often the help sought is difficult to access or not culturally safe, leaving First Nations to find relief for their drug dependency where it's easiest to obtain, sometimes through street drugs and gangs. There is a clear need to establish community-based intervention services. Service providers and partners along the continuum of care need to serve people in the community and on the land. First Nations need services at home to survive the drug crisis. An active approach is required to develop the in-community service model for substance use. The key to this approach is developing partnerships and trusting relationships with service providers and decision-makers. See the substance use model of care for more resources on how to go about establishing a culturally safe and community-based model of substance use services.

Provincial and territorial governments have frequently claimed jurisdictional confusion when it comes to providing funds or services, such as physician and pharmacy services, to address the toxic drug crisis experienced among First Nations. This confusion is not acceptable when viewed through the *Canada Health Act*, which promotes universal health for all and specifically identifies physician and pharmacy services as a responsibility of provincial and territorial governments. While provinces and territories have worked to respond to the drug crisis outside First Nations communities, the claim of jurisdictional confusion amounts to acts of racism when provinces and territories do not make the same publicly funded services available to and in First Nations communities.

These jurisdictional barriers to services create large gaps in service for First Nations. For example, a doctor or nurse practitioner can be compensated at the provincial rate for assessing patients and for prescribing medications to treat addiction. However, if the community requires workshops on methamphetamines or meetings with Elders, the doctor / nurse practitioner cannot be compensated. The community would have to find funding to support the physician's or nurse practitioner's role in community development. There is no billing code for investing in community development and building relationships; however, these are significant and vital functions to a community that is trying to respond to the toxic drug supply and its related harms experienced by First Nations individuals, families, and communities.

First Nations communities have inherent rights to health and wellness services. By leveraging treaty rights, national and international law, and federal commitments, First Nations can advocate for locally accessible, equitable, and culturally safe health services. The model is aspirational in that not all communities will be able to provide all the services represented. It is important to start where each community is at, and work towards a more complete model over time.

Developing a full in-community continuum of services to respond to opioid and methamphetamine use requires strong partnerships due to the wide range of needs resulting from the many layers of colonial traumas, including the lack of available and accessible services in communities. First Nations individual, family, and community needs include addressing inequities across the social determinants of health such as food security, unemployment, poverty, poor access to quality housing, displacement of language and culture, etc. (Health Canada et al., 2011; Thunderbird, 2022). These challenges can place strain across the four quadrants of Indigenous wellness (mental, physical, spiritual, emotional) leading to complex service needs, including for those who use substances (Health Canada et al., 2011).

Addressing complex service needs for individuals who use substances requires a coordinated response across the continuum of care. As no single treatment centre, organization, or agency can address all needs across the continuum in isolation, inter-agency collaboration is required to support individuals at all points along the healing journey (Coates, 2017). Inter-agency collaboration builds capacity and bridges knowledge and skills between service providers, allowing for more timely and appropriate responses to individual and family needs (Coates, 2017). To facilitate effective inter-agency collaboration, collaborative partnerships can be established between First Nations communities, physician and nurse practitioner prescribers of addictions medicines, harm reduction organizations, food security resources, housing resources, treatment centres, and other service providers.

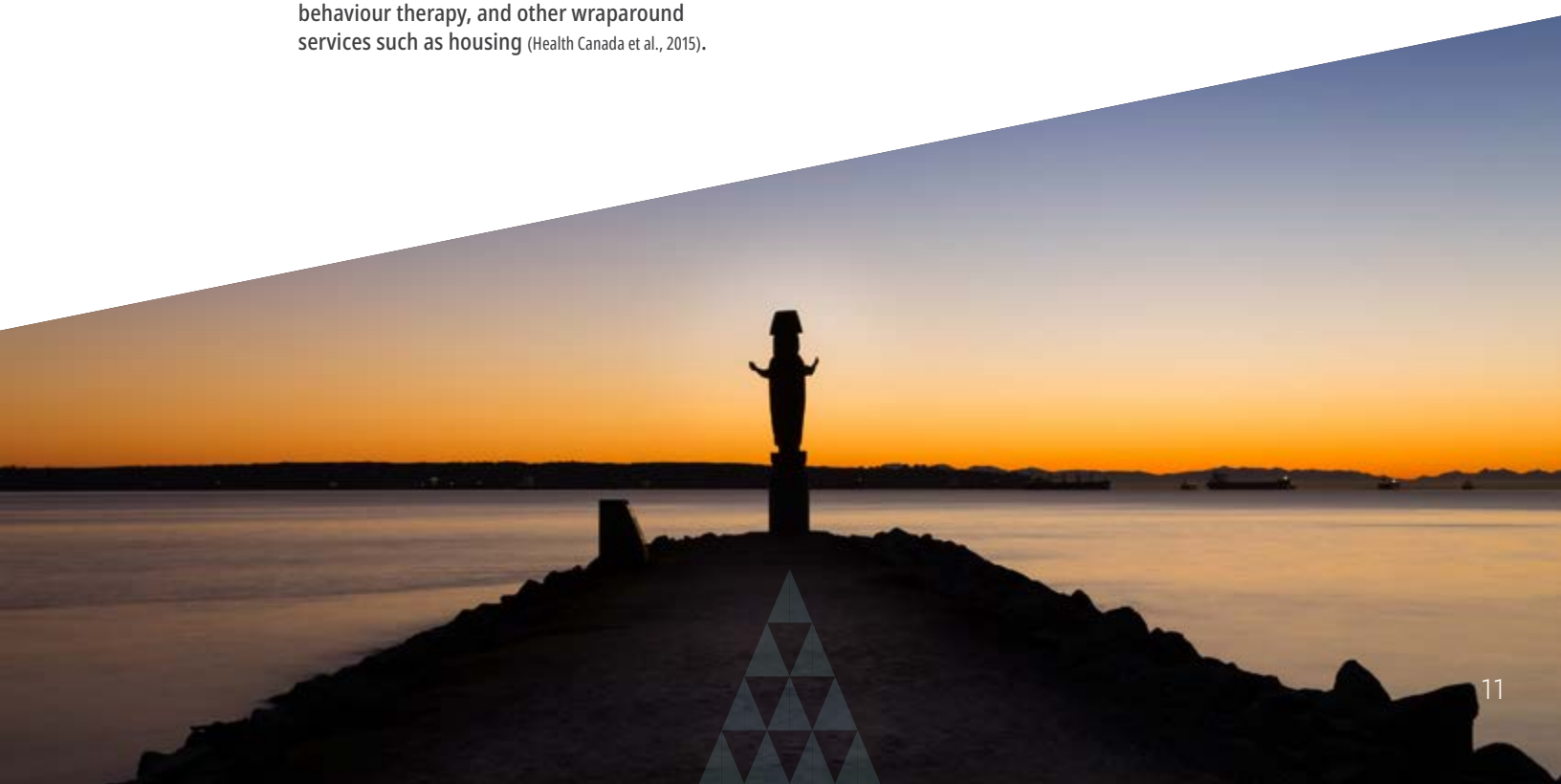
The *First Nations Mental Wellness Continuum* framework outlines three guiding principles for the development of effective, mutually respectful partnerships:

1. First Nations must be recognized as a leading and key partner;
2. partnerships must be complementary when partners have a shared responsibility; and
3. all partners must know the culture and the reality across the social determinants of health in which First Nations live, working to align and reinforce First Nations culture-based practices and languages alongside offering addictions medicine, cognitive behaviour therapy, and other wraparound services such as housing (Health Canada et al., 2015).

Henderson et al. (2019) found that collaboration supports the success of addiction recovery programs that provide care coordination to facilitate access to health and social support services for people with severe and persistent mental illness. Collaboration was facilitated by dedicated funding and a shared understanding within the *Partners in Recovery* program of joint planning, effective network management, mutual respect, and effective communication. Collaboration was also enhanced by the local culture-based knowledge and a commitment to population health planning. The study found that jurisdictional boundaries and funding discontinuity were the primary barriers to effective and coordinated collaboration.

Thunderbird developed a *Model of Care for Substance Use* as a companion document to the second edition of *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada.* The companion document provides a more comprehensive and detailed description of the model of care for substance use identified here. It provides information and tools needed to develop a model that is achievable and that meets the community's unique strengths and needs.

The *Model of Care for Substance Use* is available on the Thunderbird Partnership Foundation website.



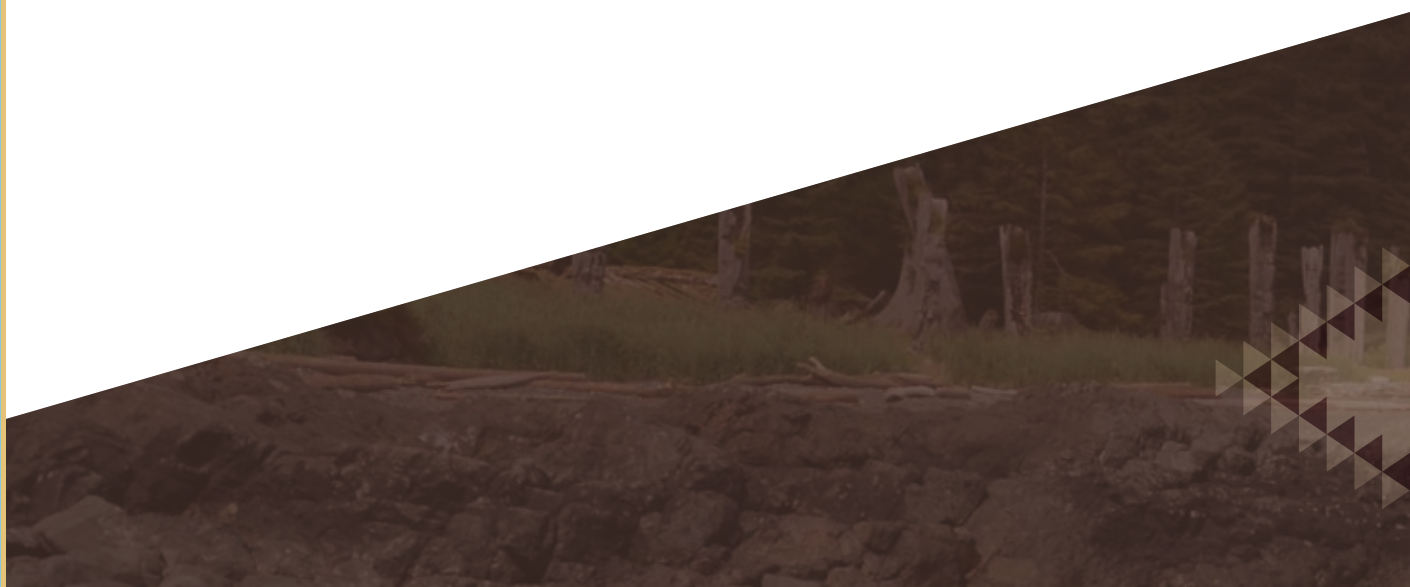
Opioids and Methamphetamine

This section provides information about opioids and methamphetamine and how they affect people who use them, their families, and communities.

Culturally informed, evidence-based information is provided to help individuals, families, and communities recover and heal from the harms associated with opioid and methamphetamine dependency and addiction. Unlike most familiar approaches to substance use that focus on *"emotional"* wellness—addressing unresolved trauma and experiences of grief and loss, neglect, or abandonment—the approach to address opioids and methamphetamine begins with the physical wellbeing of the individual, family, and community. This approach is often referred to as a wholistic or a public health approach as it recognizes that the harms associated with opioids and methamphetamine affects the whole community, family, and individuals. Individuals and families are interdependent on each other and are interconnected with the community.

First Nations promote a wholistic approach, meaning it attends to the whole person. The medicine wheel serves as a model to understand what is meant by a *"whole person,"* with its depiction of the physical body, the mind, the heart, and the spirit. When planning for substance use services, it is important to be clear about what the population needs. First Nations are familiar with substance use services designed to address the *"heart"* level: the emotional level of the whole person. Services such as individual counselling or motivational interviewing, group-based cognitive behavioural therapy, life skills, recovery management, and Alcoholics Anonymous are familiar aspects of treatment that emphasize emotions and trauma-focused recovery.

However, services designed to address the most critical needs of people who use drugs, such as opioids, benzodiazepines, and methamphetamines, must be designed to address the physical needs of individuals first. The reality among First Nations is that without immediate access to services that meet their needs, they are at greater risk of developing a chronic dependency on these drugs. Approaches that consider physical needs often include the services represented in *Image 2* above. Counselling is not the first line of intervention, meaning it is not the first step in addressing the harms of opioid and methamphetamine use.



Opioids

Opioids are drugs (psychoactive substances) that are used primarily to treat and relieve physical pain; they also can cause feelings of euphoria and wellbeing. For people who experience intense and or chronic pain in forms beyond physical, including mental, emotional, or spiritual pain, these effects can act as a motivation to continue using opioids. Continued use can quickly lead to changes in the central nervous system, causing dependency and addiction. It is important to maintain hope that First Nations can recover and their central nervous system can heal. With culture-based practice, language, and connection to land, the foundation for recovery grows stronger and represents the knowledge held in First Nations languages that conveys the belief that *"pain and suffering is temporary."*

Opioids are a controlled substance and therefore are typically accessed by prescription.The following are examples of prescription drugs that are opioids:

- codeine
- fentanyl
- morphine
- oxycodone
- hydromorphone

Opioids are available in various forms:

- syrups
- tablets
- capsules
- nasal sprays
- skin patches
- suppositories
- liquids for injection

Opioids can also be produced or obtained through the unregulated drug supply (Assembly of First Nations, 2019; Thunderbird, 2022). Non-medical use of opioids can include swallowing capsules or tablets, inhaling powder (including crushed tablets) through the nose, or injecting opioids into a vein with a needle. Using a needle to take opioids non-medically raises the risk of infection, including hepatitis and human immunodeficiency virus (Centers for Disease Control, 2024).

The short-term side effects of using opioids may include:

- drowsiness
- constipation
- impotence
- nausea and vomiting
- euphoria *(feeling high)*
- difficulty breathing, which can lead to or worsen sleep apnea
- headaches, dizziness, and confusion, which can lead to falls and fractures

The longer-term side effects of using opioids may include:

- increased tolerance
- dependence or addiction
- liver damage
- infertility
- worsening pain *(known as opioid-induced hyperalgesia)*
- life-threatening withdrawal symptoms in babies born to people taking opioids

(META:PHI, n.d.)

ONE COMMUNITY'S STORY

A First Nation community was aware of problematic prescription drug use in the community. Their focus was on overprescribing and holding prescribers accountable. The local town had an issue with discarded needles. Without understanding what was causing the discarded needles, the First Nation community believed that would never happen to them. Later they became regretful that they did not find out more about injection drug use. Using opioids by injection increased the number of people contracting hepatitis C and other blood-borne infections. Discarded used needles posed a health risk to children, youth, and families in the community.

The way opioids affect a person depends on many factors, including:

- how much they use
- how often and how long they use opioids
- how they take them *(e.g., by injection, orally)*
- their mood, expectations, and environment
- their age
- whether they have certain pre-existing medical or psychiatric conditions
- whether they've taken any alcohol or other drugs *(unregulated drug supply, prescription, over-the-counter, or herbal)* (Thunderbird, 2022)

The onset and intensity of the effects of opioids varies depending on various factors, including how the drugs are consumed. When taken orally, the effects come on gradually and are usually felt in about 10 to 20 minutes. When injected into a vein, the effects are most intense and are felt within one minute. When opioids are taken to relieve pain, the duration of the effect varies depending on the type and amount taken. For many opioids, a single dose can provide pain relief for four to five hours (Thunderbird, 2022; Centre for Addiction and Mental Health, n.d.).

A person who is physically dependent will experience withdrawal symptoms about six to twelve hours after taking a short-acting opioid, such as hydromorphone, and about one to three days after taking a long-acting opioid, such as methadone. With short-acting opioids, withdrawal comes on quickly and is intense; with longer-acting opioids, withdrawal comes on more gradually and is less intense.

Symptoms of withdrawal include:

- flu-like symptoms
- diarrhea
- abdominal cramps
- goosebumps
- runny nose
- yawning
- tears
- craving for the drug
- uneasiness
- anxiety
- insomnia

Withdrawal symptoms usually subside after a week, although some, such as anxiety, insomnia, irritability, and drug craving, may continue for a long time. Opioid withdrawal on its own is rarely life-threatening (Thunderbird, 2022; META:PHI, n.d.). However, when considering the inequity across the determinants of health and wellness for First Nations and the lack of community-based treatment services, compounded with complex trauma experiences, withdrawal from opioids can seem like a never-ending battle that can lead to suicide ideation and attempt. The time it takes for the body to heal from using opioids and other drugs is significant. Without the necessary life-giving support, people may turn to other substances. Rarely do First Nations use solely opioids. Typically, opioids are used in combination with other substances such as methamphetamine or crack cocaine, sedatives, and/or alcohol.

According to the Public Health Agency of Canada (2025), there were 20,438 opioid- or stimulant-related toxicity deaths between 2018 and 2023, and this number is lacking data from BC, Alberta, and Manitoba. Multi-drug deaths with three or more substances have doubled in the last five years:

- **In 2018, one in five deaths involved three or more substances.**
- **In 2023, two in five deaths involved three or more substances.**

In addition, the contamination of drugs is a growing concern that continues to take lives. Deaths involving a single substance or group have declined, while those involving multiple drugs, especially fentanyl combinations, have increased (Public Health Agency of Canada, 2025):

- Non-fentanyl opioids including other psychoactive substances have decreased since 2018.
- Fentanyl alone has decreased since 2020.
- Non-fentanyl opioids alone have decreased since 2018.
- Fentanyl with cocaine and methamphetamine has increased since 2019.
- Fentanyl with methamphetamine, fentanyl analogues, and other psychoactive substances has increased since 2018.

Methamphetamine

Methamphetamine is a powerful central nervous system stimulant that elevates mood, alertness, energy levels, and concentration in the short term. However, chronic use and/or higher doses of methamphetamine often results in psychosis, depression, delusions, and violent behaviour (Prakash, 2017). Crystal meth can be produced from common and accessible chemicals, such as pseudoephedrine, which is the active ingredient in over-the-counter cold medications.

Methamphetamine is sometimes used as a second-line treatment for attention deficit hyperactivity disorder and obesity; however, it is better known as a recreational drug (Prakash, 2017). The effects of this drug can last for up to 12 hours, depending on how it is used. Methamphetamine comes as a powder that can be swallowed, snorted, smoked, or injected. It also comes as a crystal form, which is usually smoked.

Like opioids, methamphetamine is a highly addictive drug that affects a persons' central nervous system, although differently than opioids.

Methamphetamine can create feelings of:

- euphoria
- wakefulness
- confidence
- strength
- wellbeing
- increased sex drive (Anglin et al., 2011; Thunderbird, 2022)

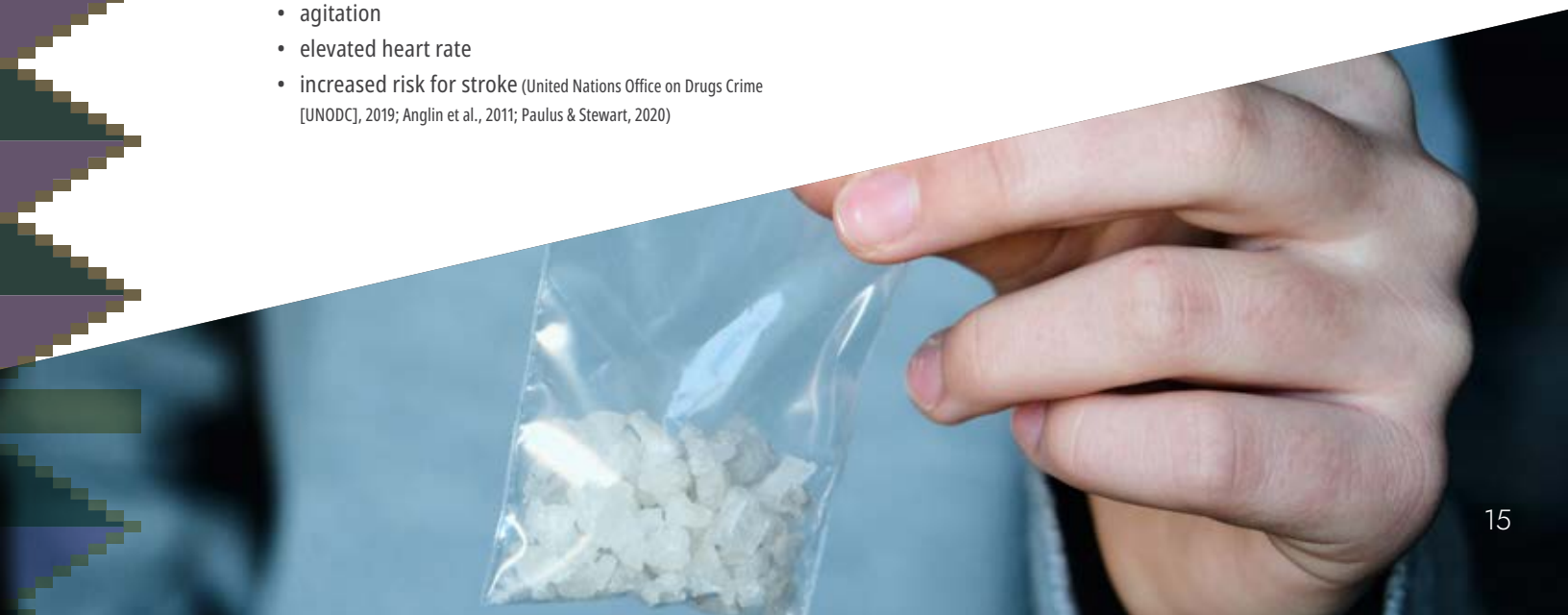
With repeated use, methamphetamine can cause:

- headaches
- depression
- anxiety
- agitation
- elevated heart rate
- increased risk for stroke (United Nations Office on Drugs Crime [UNODC], 2019; Anglin et al., 2011; Paulus & Stewart, 2020)

Mentally, it can cause thinking challenges, impaired decision-making, and symptoms of psychosis such as hallucinations and delusions (UNODC, 2019; Anglin et al., 2011; Paulus & Stewart, 2020). Regular use increases the risk of experiencing cognitive impairments such as memory loss as well as symptoms of psychosis that include episodes of seeing, hearing, or believing things that are not perceived by other people.

Research has identified that people who use methamphetamine intravenously are also at an increased risk of attempting suicide, and those with an Indigenous background are at an even greater risk of dying from suicide (Marshall et al., 2011). Individuals who are dependent on methamphetamine can often experience symptoms of psychosis followed by depressive symptoms, especially during withdrawal or periods of abstinence with lingering cravings (Zorick et al., 2010). These effects may increase the risk of depression, suicide, violence, and other harms.

Research has shown a link between methamphetamine use and history of childhood sexual abuse. People who use methamphetamine are more likely to have experienced childhood sexual abuse (Meade et al., 2012). Research also found that childhood sexual abuse is associated with later sexual offending (Drury et al., 2019). Among both men and women, methamphetamine use is associated with greater odds of engaging in risky sexual behaviours (Drury et al., 2019).



Responding to Opioids and Methamphetamine

A key principle to responding to First Nations people with addiction to opioids and methamphetamine is that the individual cannot be separated from family and community. The family and community are typically the individual's primary source of support, and service providers need to follow the direction of the family and communities.

Families and communities are deeply affected when partners, children, or other relatives use methamphetamine, due to unpredictable and often violent behaviours. Given the elevated levels of stress and safety concerns, it can be difficult for families and communities to continually support people with substance use disorders. And they may not have the means to support people with abusive behaviours associated with methamphetamine, particularly when there are incidents of *"violence, theft, removal of children and betrayal of trust"* (MacLean et al., 2015: MacLean et al., 2017).

Opioids and methamphetamine are sometimes used together to balance the effects of each other or as a harm reduction strategy to reduce opioid use (Baker et al., 2021). One study found that many people using opioids reported using methamphetamine simultaneously, and many reported a conscious effort to shift to methamphetamine from opioids as a harm reduction strategy (Baker et al., 2021).

Results from the national *First Nations Opioid and Methamphetamine Survey* showed that among First Nations adults who reported using methamphetamine in the past 12 months, one in four (25%) reported using opioids at the same time as methamphetamine. Almost half (48%) had used between five and ten other substances along with methamphetamine. Overall, the most reported substances were tobacco (44%), alcohol (36%), cannabis (33%), cocaine/crack (26%), and opioids (25%).

While some people intentionally use these two drugs together, others may unknowingly consume opioids and methamphetamine due to contamination or drug poisoning. Taking these drugs together may increase the risk of overdose, and researchers have called for changes to public health measures to address concurrent methamphetamine and opioid use (Baker et al., 2021).

When it comes to addiction recovery, a common myth is that people who use drugs should be able to just quit. Recovery is rarely supported by sudden abstinence or abstinence alone (Darke et al., 2017). Addiction is a chronic illness that requires healthcare services and social supports similar to other chronic health issues such as diabetes, asthma, hypertension, or cancer.

Since opioids and methamphetamine are different drugs, they affect the brain's chemistry and functioning differently. For opioid addiction, there are several kinds of treatments and medication-assisted therapies that are successful when used appropriately and in combination with other forms of therapy (Srivastava et al., 2020).

There is no approved pharmacological therapy for the treatment of an addiction to methamphetamine and there is no support for psychostimulants as maintenance-like therapies for managing methamphetamine withdrawal (Bhatt et al., 2016). This means there is no medication comparable to opioid agonist treatment for treating methamphetamine dependence or withdrawal (Acheson et al., 2023).

However, there are pharmacological interventions that respond to increased states of anxiety, depression, and psychosis that can result from methamphetamine use. And there are other medicines to support people recovering from methamphetamine use, such as foods and cultural activities. Mental wellness is sustained by culture, language, Elders, families, and Creation, and is necessary for healthy individual, community, and family life (Thunderbird, 2015).

Thunderbird's *First Nations Opioid and Methamphetamine Survey* data (2022) showed that:

- 52% of adults reported using at least one other substance at the same time as methamphetamine; of these adults, 48% had used between five and 10 other substances along with methamphetamine
- 46% of adults reported using at least one other substance at the same time as opioids; of these adults, almost a quarter reported using between five and 10 other substances along with opioids
- 22% of adults who stated using opioids reported using methamphetamine at the same time
- 25% of adults who stated methamphetamine use reported using opioids at the same time
- 29% of adults reported use of opioids and alcohol at the same time

Adult survey respondents also indicated experiencing high levels of trauma (Thunderbird, 2022)**:**

- 77% of respondents had a family member attend a residential school.
- 80% were impacted by a crisis or natural disaster.
- 29% of adults who used methamphetamine had attempted suicide.
- 18% of adults who used opioids had attempted suicide.
- 74% had family members or close friends attempt suicide.
- 65% lost close friends or family members to suicide.
- 67% had upsetting memories.

The survey data above makes clear that over the last decade there has been a shift in the types of substances people are using and the experiences they have been having. This requires a paradigm shift in the way treatment centres work with individuals, including delaying trauma therapy. Treatment needs to be considered in the broadest sense of the term and not limited to residential services. Services are best received in the community.

Treatment centres funded through Indigenous Services Canada's National Native Alcohol and Drug Abuse Program originated in the mid-1970s and were designed primarily to address alcohol addiction. For example, the programs focused on healing traumatic events from people's past, including childhood, with the aim of emotional healing to eliminate or reduce the need to self-medicate emotional pain with alcohol.

Residential treatment is not the first line of intervention for opioid and methamphetamine addiction. For example, pharmacological interventions are shown to have the highest success for reducing harms and recovering from opioid addiction. Opioid agonist therapy is widely recognized as the gold standard treatment for opioid addiction, including within First Nations communities (FNHA, 2020).

Traditional foods are an important medicine for health promotion and community development for many reasons:

- They are nurturing from our Mother Earth and relatives in Creation.
- When shared in community feasts, they facilitate relationships for individual, family, and community wellness.
- Ceremonial feasts facilitate relationships with Creation and with ancestors, which are necessary for community wellness.
- Community and ceremonial feasts promote the cultural values of sharing and caring.
- Community and ceremonial feasts promote an understanding of an Indigenous world view.

Stigma: Prejudice And Discrimination

Stigma is described as prejudice, discrimination, and racism. It can negatively impact individuals', families', and communities' identities and create avoidance in seeking help with opioid and methamphetamine use.

Stigma can come from a person's previous experience and beliefs, lack of knowledge or education, perceptions tied to movies/TV, and other sources. These kinds of stigma influence a person's behaviour and can cause them to treat others poorly based on judgment rather than respect and humility (Thunderbird, n.d.).

Stigma can have an internal affect, known as self-stigma. This can cause negative feelings, fear of judgment, and reticence in asking for help. Internalized stigma can increase people's feelings of anxiety, doubts, fear, depression, and hopelessness. Stigma often makes people isolate more to avoid discrimination (Thunderbird, n.d.).

Research has demonstrated that First Nations who use drugs may be viewed more negatively because of their First Nations identity (Winters & Harris, 2019). This can mean greater harm for First Nations individuals and communities such as more overdoses and drug-related fatalities as well as increased risk of infectious diseases and environmental contamination. Stigma towards people who use drugs can also be a barrier to seeking treatment (Winters & Harris, 2019).

Stigma experienced by people who are in active substance use and addiction can cause further decline in their wellbeing and prevent the pursuit of care. Stigma often leads to further trauma and feelings of shame and low self-esteem. For First Nations people, stigma combined with the ongoing effects of colonization, including racism, results in a range of negative impacts, harm, and even death (Turpel-Lafond, 2020).

Institutionalized stigma is evident in the current federal and provincial policies that address opioids and methamphetamines. These governments take a criminal justice response to people who use these drugs, resulting in the criminalization of people and a disproportionate number of incarcerated Indigenous people.

However, drugs are not the cause of the crisis, so the focus of the response cannot be on the drugs alone. The drug crisis is a public health issue, and the response must be evidence-based, wholistic, focused on the determinants of substance use, and health- and spirit-centred. However, First Nations do not receive any funding for public health. This is stigma in action. This is racism in action.

When supporting First Nations members who use drugs, particularly those who use highly stigmatized drugs, such as opioids and methamphetamine, it is important not to define a person by the substance or amount they use. Using person-first language that does not reduce a person to their addiction, e.g., person with an addiction instead of "addict," minimizes negative impacts on identity and reduces societal stigma. It is important to lead with a person's strengths, such as:

- You're still First Nations.
- You're still a member of somebody's family.
- You're still a member of the community.
- You still have that Indigenous identity with inherent gifts.
- No one person gets to say who lives or dies; only Creator can do that.
- We all have a responsibility to preserve the sacred breath of life.
- Healing is possible (Hopkins, 2024).

FORMS OF STIGMA

Cultural stigma makes people feel alienated and discriminated against both in their own cultural group and in wider society.

Understanding and Responding to Trauma

When people experience trauma early in life, it can affect how their brain develops. It can impact the ability to form healthy attachments and can lead to harmful coping mechanisms to deal with the pain, like using substances.

These impacts of trauma can cast a long shadow on a person's life and relationships. Trauma can affect partners, families, and communities, and it can be passed on to children, and even children's children. This is known as intergenerational trauma (Spillane et al., 2022).

For Indigenous people in Canada, colonialism has resulted in intergenerational trauma. The residential school system is one example that led to intergenerational trauma for Indigenous people (Thunderbird, 2015). The *Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (Truth and Reconciliation Commission, 2015) highlights that substance use in Indigenous communities can be a result of trying to cope with traumatic experiences.

It is important to understand that intergenerational trauma does not define a person or their future. Epigenetics challenges the idea that all human traits are predetermined by genetics and demonstrates how environmental factors can influence gene expression. Epigenetics, an area of emerging Indigenous-led research, reveals that people's genes respond to trauma that happens to them. While the environment and life experience can suppress or alter the expression of the inherent gifts of the Creator carried in DNA, it is also possible to reverse or shift these changes to a state of wellness through Indigenous culture (Thunderbird, 2019).

The *Summary of the Final Report of the Truth and Reconciliation Commission of Canada* states, *"many students who spoke to the Commission said they developed addictions as a means of coping" (p. 136)* with the traumatic events they experienced. Sexual abuse was a common experience for children attending residential schools. The impact of the abuse was immediate and long-lasting. It destroyed the students' ability to function in the school and led many to turn to self-destructive behaviours (Truth and Reconciliation Commission, 2015).

Research has shown that most individuals who experience problems with opioid use have current or past experiences with trauma and violence (Nathoo, 2018). The opioid public health emergency has disproportionally affected First Nations people and communities in Canada. Racism, intergenerational trauma, and reduced access to mental health and substance use services are some of the possible reasons why First Nations communities are more affected by the crisis (Nathoo, 2018). Despite this, Indigenous people remain resilient, and healing through cultural revitalization is well underway in many First Nations across Canada (Thunderbird, 2023).

- Public stigma is seen in negative and discriminatory attitudes that others have about people dealing with mental illness or substance use.
- Self-stigma is internalized shame and negative attitudes that people with mental illness or substance use have about their own condition. This has built up over 500 years and is intergenerational.
- Institutional stigma upholds all other forms of stigma, limiting opportunities and perpetuating limiting policies (Thunderbird, 2023).

A Systems Approach

The opioid and methamphetamine public health crisis has specific and multipronged effects in First Nations communities, as such, it requires a First Nations-created approach.

Consequently, *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada* was published by Health Canada and the Assembly of First Nations in 2011, with Thunderbird Partnership Foundation co-chairing a national advisory group to support its development. This framework provides an overview of the systems approach to serving people with substance use challenges. The system includes First Nations services and supports, such as community mental wellness programs and the National Native Alcohol and Drug Addiction Program, community cultural supports, and social support networks.

The system includes many partner sectors across jurisdictions with responsibility in serving First Nations people experiencing substance use problems. Partner sectors include housing, education, employment, corrections, justice, child welfare, and income assistance. Acknowledging the importance of the social determinants of health in preventing and addressing substance use harms, an integrated approach is needed to strengthen the connections between the health system and other systems, including housing supports, income assistance, family resources, community care, and others (Government of British Columbia, 2022).

In a systems approach to substance use, jurisdictional issues arise for First Nations due to the complex web of federal, provincial, and territorial authorities sharing responsibility for healthcare and Indigenous services. This includes First Nations, Inuit, and Métis who have distinct health needs and often experience unique challenges related to substance use (Assembly of First Nations, 2019).

These guidelines will discuss opioids and methamphetamine with respect to the systems approach to preventing and treating problematic use and addiction. For more information on the systems approach, please see *Honouring our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada* (2011).

A Systems-Level Uptake of First Nations Culture for Healing

Indigenous Knowledge and culture must be the foundation for healing. A *"nothing about us, without us"* approach to policy and program development centers Indigenous Knowledge, culture, and the experiences of First Nations people in systems-level improvements.

"First Nations oral systems must be valued and utilized to the same or greater extent than western written systems" (Dr. Reg Crowshoe, March 18, HOS update WG) to truly support healing and wellness. Implementation of Thunderbird's *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada* and the *First Nations Mental Wellness Continuum* framework can create the conditions for this shift in world view. Uptake of these frameworks will reduce epistemic racism and help Western-based thinkers expand their world view and understanding of Indigenous Knowledge and culture as foundation.

First Nations' languages are important when culture is at the centre of policy and practice. Indigenous language use changes how people think about themselves and their circumstances. Culture is best understood through the language that belongs to it.

The 94 Calls to Action from the Truth and Reconciliation Commission's final report are intended to be implemented together to reduce policy-related harms and improve access to required services and supports for First Nations people. Calls to Action 13 to 24 most directly impact the elements of care described in the continuum of care below.

More specifically, Calls to Action 13 to 16 request that the federal government honour Indigenous languages and make efforts to preserve and renew this important aspect of culture and identity. Calls to action 18 to 24 require all levels of government, and others who can influence the healthcare system, to recognize the health disparities between Indigenous and non-Indigenous people due to colonization and to incorporate culture and traditional practices to reduce health disparities.

The Continuum of Care

Honouring our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada describes six elements of care that reflect a full continuum of care.

A continuum of care identifies a range of services, supports, and partners who have a role in addressing substance use among First Nations. Together, these six elements of care are intended to respond to the range of individual, family, and community needs related to substance use, of opioids and methamphetamine in particular, with a focus on:

- connecting people to the types and intensity of services they need over time
- coordination amongst partners and sectors to provide effective, client-centred, and culturally safe services

The six elements within the continuum of care are also designed to meet the unique needs of specific groups of people, including youth, pregnant individuals, women, men, transgender and gender-diverse people, and people with co-occurring mental health conditions.

The six elements in the continuum of substance use care are:

- ***Element 1:** Community Development, Universal Prevention, and Health Promotion*
- ***Element 2:** Early Identification, Brief Intervention, and Continuing Care*
- ***Element 3:** Secondary Risk Reduction / Harm Reduction*
- ***Element 4:** Active Treatment*
- ***Element 5:** Specialized Services*
- ***Element 6:** Care Facilitation*

Currently, not all the services in all six elements of the care continuum are available in every community. This must change. Through collaboration and comprehensive planning, all communities should be able to have access to the key services they need (Thunderbird, 2015). Service providers should travel to communities to fill gaps or provide services virtually, rather than individuals and families having to leave their communities. Advocacy to support wise practices for people receiving services in the community may be required.

Element 1: *Community Development, Universal Prevention, and Health Promotion*

The services and supports in *Element 1* are broad efforts focused on promoting and strengthening the wellbeing of individuals, families, and communities. A healthy community, rooted in culture, with strong social supports helps to establish a foundation for all aspects of the continuum of care. In periods of stress, when most instances of substance use issues occur, social support networks can provide essential care and encouragement for personal, family, and collective healing.

Universal prevention and health promotion need to attend to the whole person in the context of the family and community. *Image 3* below depicts the four aspects of the person and how attending to the whole person promotes Hope, Belonging, Meaning, and Purpose.

People who provide *Element 1* services and supports include community members such as parents, family, friends, Elders, Knowledge Keepers, staff from all community programs, and community leaders. Relationships with these community members can be formal or informal (Health Canada et al., 2011).

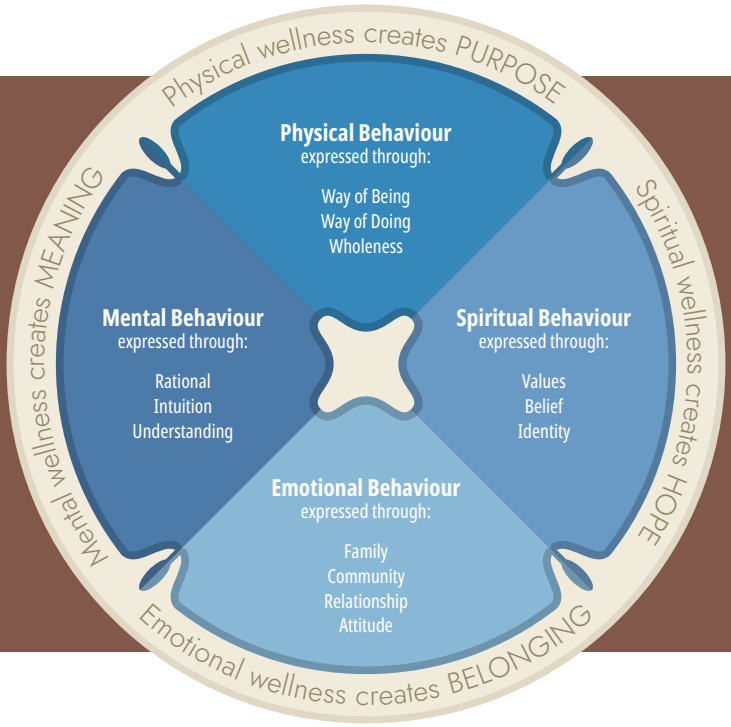


Image 3: **Indigenous Mental Wellness Framework**
(Thunderbird, 2015)

Elder Jim Dumont, in his opening to the National Gathering in June 2013, described how the four directions—the physical, the mental, the emotional, and the spiritual—are all necessary to mental wellness at the individual, family, and community level. He described how the key task for supporting mental wellness is to facilitate connections at each of these levels and across the four directions. This balance and interconnectedness is enriched as individuals have **Hope**, **Belonging**, **Meaning**, and **Purpose**.

Thunderbird's 2022 national *First Nations Opioid and Methamphetamine Survey* provides strength-based indicators for why people avoid a harmful use of opioids and methamphetamine. Among adults, the top three reasons for abstaining from opioids or methamphetamine included positive role models (59%), employment or school (58%), and having a supportive family/friend (58%). Results were similar for youth. Other reasons included cultural supports, community and family activities, health/drug awareness, mental health services, suicide prevention program (life promotion), and land-based programs.

Guidelines for community development, universal prevention, and health promotion with respect to opioids and methamphetamine use are found below.

Community Development Guidelines:

1. Cross-sector collaboration (e.g., health, social services, education, training centres, justice, economic development) supports communities working together to create wholistic, community-driven plans to increase the overall health, wellness, and safety of those using methamphetamine and opioids
2. Community development planning includes an in-community model of substance use care where services and supports are available to people in their community. Thunderbird's Model of Care for Substance Use is a key resource for this community development.
3. Community specific, strength-based strategies are implemented to reduce the stigma associated with addiction, with a focus on opioid and methamphetamine use.
4. Inherent rights, treaty rights, national and international laws, and federal, provincial, and territorial commitments are leveraged to advocate for in-community services that are designed and delivered by community (Hill et al., 2022). With respect to opioid and methamphetamine use, a primary gap created by jurisdictional restrictions exists in addiction medicine and culturally relevant practice.

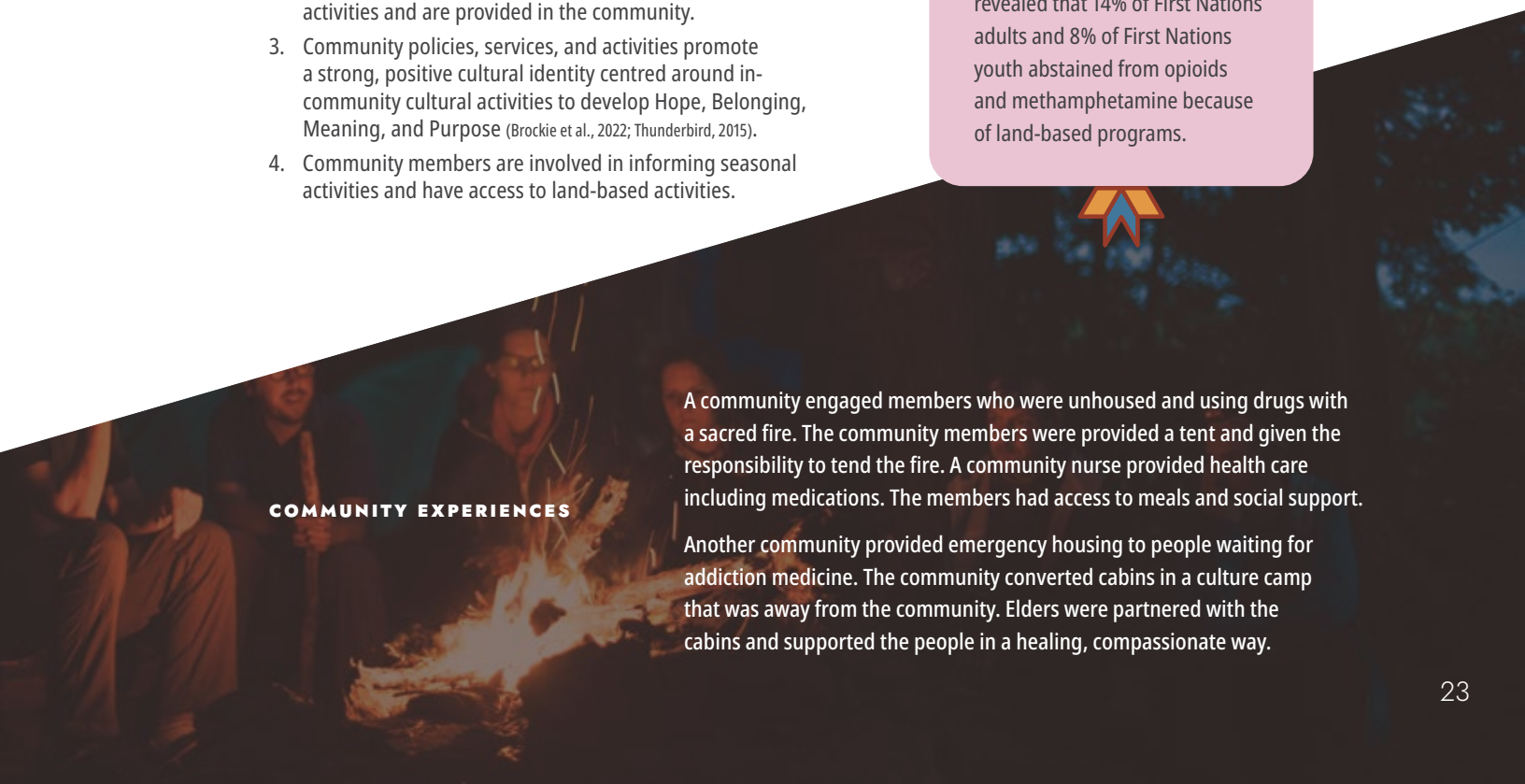
Universal Prevention Guidelines:

1. Universal prevention initiatives are positive, proactive, spirit-centred activities and supports offered to everyone in the community, with a focus on the prevention of hazardous opioid and methamphetamine use.
2. Culture and language renewal form the basis for health promotion and substance use prevention activities and are provided in the community.
3. Community policies, services, and activities promote a strong, positive cultural identity centred around in-community cultural activities to develop Hope, Belonging, Meaning, and Purpose (Brockie et al., 2022; Thunderbird, 2015).
4. Community members are involved in informing seasonal activities and have access to land-based activities.

Health Promotion Guidelines:

1. Advocacy and community development activities are undertaken to reduce poverty, increase food security, and provide in-community housing with wraparound services (Papamihali et al., 2021; Thunderbird, 2023b).
2. Community members are provided with positive role models in their community (Thunderbird, 2023b).
3. Community members have access to jobs and educational opportunities (Thunderbird, 2023b).
4. Community members have access to a wide range of culturally relevant information on opioid and methamphetamine use in their community (Walker et al., 2011; Yasbek et al., 2022; Walton & Martin, 2021; Perera et al., 2022; Cartwright et al., 2018).
5. Trauma-informed, culturally safe, culture-based perinatal services and supports, such as Indigenous midwifery, are provided in the community to people who use or are at risk of using opioids and methamphetamine during pregnancy and up to a year after birth (Nathoo, 2018).

Thunderbird's 2022 national ***First Nations Opioid and Methamphetamine Survey*** revealed that 14% of First Nations adults and 8% of First Nations youth abstained from opioids and methamphetamine because of land-based programs.



COMMUNITY EXPERIENCES

A community engaged members who were unhoused and using drugs with a sacred fire. The community members were provided a tent and given the responsibility to tend the fire. A community nurse provided health care including medications. The members had access to meals and social support.

Another community provided emergency housing to people waiting for addiction medicine. The community converted cabins in a culture camp that was away from the community. Elders were partnered with the cabins and supported the people in a healing, compassionate way.

Element 2: *Early Identification, Brief Intervention, and Continuing Care*

The services and supports in ***Element 2*** help identify, and intervene with, people who are either at risk of developing a substance use issue or who are currently engaged in hazardous or risky substance use. ***Element 2*** also provides ongoing services and supports to individuals and families who have accessed more intensive services in the past, such as specialized treatment.

These approaches must be strongly tied to the services, supports, and activities described in ***Element 1***, as they will assist in both identifying and supporting individuals who require help.

People who may be well placed to provide ***Element 2*** services and supports include primary care and emergency health staff (e.g., family doctors, nurses, paramedics, nutritionists, health centre staff), NNADAP community-based addiction workers, cultural practitioners, social service workers, maternal child health home visitors, fetal alcohol spectrum disorder support workers, law enforcement, community corrections workers, correctional facility staff, Friendship Centre staff, teachers and school-based clinical support staff, and a range of other community-based health and social service workers.

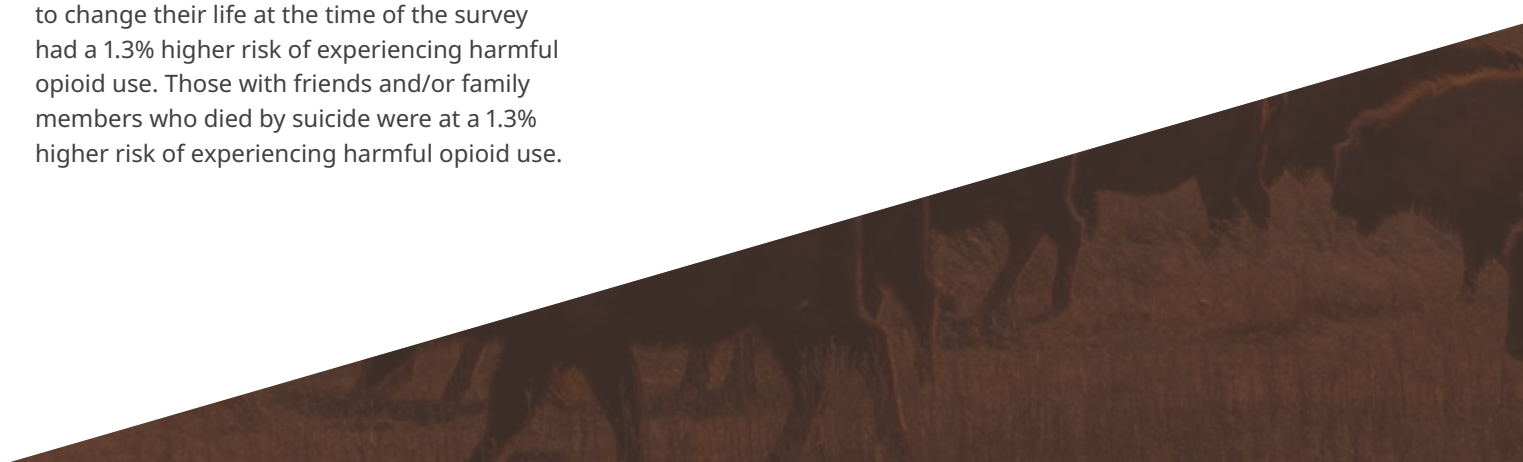
Results from Thunderbird's *First Nations Opioid and Methamphetamine Survey* suggest that the following three social and demographic covariables were significantly associated with the harmful use of opioids, methamphetamine, and other substances: age category, identified gender, and food insecurity.

Younger individuals, identifying as males or LGBTQ2S+, and facing food insecurity had a higher risk for problematic use of substances including opioids and methamphetamine. Those who reported regularly experiencing nightmares at the time of the survey had a nearly two-fold increased risk of using methamphetamine in their lifetime than those who did not have nightmares. Those who reported feeling helpless to change their life at the time of the survey had a 1.3% higher risk of experiencing harmful opioid use. Those with friends and/or family members who died by suicide were at a 1.3% higher risk of experiencing harmful opioid use.

A recent literature review revealed the following risk factors for harmful use of opioids and methamphetamine specific to First Nations:

- Males and those who are transgender, two-spirited, or other non-binary gender have double the risk of using methamphetamine than individuals who identified as female (Thunderbird, 2023b).
- Communities that are geographically close to, or have been infiltrated by, so-called gangs are at greater risk of community members using and becoming addicted to opioids and methamphetamine (Glover-Kerkvliet, 2009).
- Intergenerational and collective-community trauma further affects risk (Eitle & Eitle, 2013).
- Personal experiences with trauma and grief increase risky substance use (MacLean et al., 2015: MacLean et al., 2017).
- Alcohol or other drug use by a parent and other sources of family-related trauma may increase the likelihood of methamphetamine use for females, particularly those living in rural and remote communities (Barlow et al., 2010; Eitle & Eitle, 2013).
- A lack of Hope, Belonging, Meaning, and Purpose can cause a lack of mental wellness (Health Canada et al., 2015).
- Lack of economic opportunities can aggravate the issue (MacLean et al., 2015: MacLean et al., 2017).

Early identification and intervention is widely accepted as a vital part of the continuum of care for substance use and addiction. Intervening early is particularly important when people are using opioids and methamphetamine, because dependency and addiction can occur sooner with these substances compared to other drugs such as alcohol. This is due to the impact the drugs have on a person's central nervous system, the onset and intensity of the high (relief from pain, hunger, cold, fatigue, and negative emotions, and the promotion of positive emotions and feelings of euphoria), as well as the extreme lows and discomfort of withdrawal from these substances (Paulus & Stewart, 2020).



Early Identification Guidelines:

1. Community health and social service providers are routinely using relationship-based, trauma-informed screening tools to identify individuals at risk of or in the early stages of opioid and methamphetamine use.
2. Community members have the information needed to recognize the signs of opioid and methamphetamine use.

Brief intervention refers to a time-limited supportive conversation between a person who is experiencing problematic opioid or methamphetamine use and someone they trust and respect. Research shows that the relationship between the helper and the person who is using drugs has the strongest effect on recovery and wellness. Focusing on trust, respect, and the relationship is spirit-centred care (Health Canada et al., 2011).

These conversations can be structured or unstructured in nature, and long or short (from a five-minute discussion with a friend to a series of hour-long, structured conversations with a healthcare professional or Elders). The aim is to help the person set goals for greater substance use health. Key mechanisms for achieving this can include personalized feedback on substance use patterns and the effects on the person's health or life (Health Canada et al., 2011).

Brief intervention is one aspect of a continuum of care. It promotes a continuum of care by integrating prevention, intervention, and treatment services (Mattoo, Prasad & Gosh, 2018). Addressing substance use and mental health challenges through early identification and brief intervention may stop the challenges before they become severe and complex.

BUFFALO RIDERS EARLY INTERVENTION TRAINING PROGRAM

The Buffalo Riders Early Intervention Training Program enhances and strengthens the community's capacity to provide youth with early and brief support services for reducing substance use behaviour. The five-day training program for facilitators includes the latest research and culturally specific teachings about youth resiliency, risk and protective factors, and developmental assets/factors that research has identified as critical for young people's successful growth and development.

Facilitators trained through Buffalo Riders deliver culturally informed curriculum to First Nations youth between the ages of 11 and 13 who are indicated as at-risk through substance use. One hundred percent of the time, one hundred percent of the youth who participated in the Buffalo Riders program said it was the cultural part of the program that made a difference for them.

Brief Intervention Guidelines:

1. In community, health and social service providers have the knowledge and skills to provide brief interventions with people who have been identified early for a hazardous use of opioids and methamphetamine.
2. Community-based outreach staff are critically important for engaging First Nation people who use opioids and methamphetamine, to provide awareness of available supports, including medication to address withdrawal symptoms, access to treat other healthcare needs, access to food and shelter, and for reducing stigma.
3. Family members have access to information on how to have conversations with a family member or friend experiencing risky opioid or methamphetamine use, with the goal to stop the use before it becomes more severe (Gendera et al., 2022).

People who experience addiction, particularly those who receive intensive treatment services, may require life-long, wholistic support from a range of health, community, and social supports. This post-intervention support is often referred to as continuing care. The purpose of continuing care is to help people and their families at each stage along their healing journey and maintain a positive connected community life.

COMMUNITY ENGAGEMENT AND RAISING AWARENESS

Some First Nations have had community fires to raise awareness about people who use drugs, such as opioids and methamphetamine, in the community. The fire drew the attention of community members who were curious about the purpose of the fire and had stopped to ask questions. Community members responded with support for the Fire Keepers by bringing food, wood, and shelter and to show support for an activity they believed would make a difference in the community response to the use of drugs. Sacred medicines for prayer and personal support were offered at the fire. Since First Nations cultures are not all the same, the use of the medicines was optional for people attending the fire.

This initiative grew in several ways. Communities supported the fires for as many as 30 days and offered many donations. Drum groups went to homes where people were selling drugs to sing and drum outside of the house. When people came out of the house to see what was going on, the singers said they just wanted the people in the home to know that the community cared about them.

Continuing Care Guidelines:

1. Planning for care after withdrawal management and or active treatment starts when the person begins withdrawal management. Care plans extend for 12 to 24 months for people experiencing methamphetamine addiction (House of Commons, 2019).
2. Ongoing, wholistic continuing care services and supports that focus on relapse prevention, case coordination, and cultivating Hope, Belonging, Meaning, and Purpose are offered to the individual and their families (Health Canada et al., 2011; Thunderbird, 2015).
3. People who have withdrawn from opioids and methamphetamine are informed of the increased risk of overdose and death if they return to using the drug(s), particularly at the same or higher dose as when they stopped using, due to diminished tolerance.
4. Services and supports are tailored to meet individual needs, with emphasis on providing safe, effective, culture-based treatments in community (Li & Loshak, 2019; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019).
5. Partnerships across services such as treatment centres and health, justice, and social services can support a strong in-community continuing care model (Health Canada et al., 2011). A systems approach is used to identify and build partnerships that address systemic gaps and support people with housing, employment, education, food security, and poverty reduction (Health Canada et al., 2011).
6. Continuing care can include ongoing involvement with community-based workers, counsellors, peer groups, and cultural practitioners in the community (Health Canada et al., 2015). The most effective form of ongoing involvement for people recovering from opioid and methamphetamine addiction is through an active, relational outreach approach. Developing a relationship and connection with people recovering from methamphetamine and opioid addiction is critical. This is spirit-centred care.
7. Continuing care supports related to housing, education, employment, family services, childcare, and parenting can also be important. While stages or phases of continuing care may decrease in intensity as healing and recovery progresses or may increase in intensity as challenges occur (Health Canada et al., 2015), people recovering from opioid and methamphetamine addiction will require longer and more intense continuing care (House of Commons, 2019).

WISE PRACTICE

The Aboriginal Family Wellbeing program (FWB) (Perera et al., 2022) is a trauma-informed intervention to promote healing delivered by Aboriginal health workers in Australia who are supporting families and individuals using methamphetamine. A customized version of the FWB program was delivered as a pilot three-day workshop (Whiteside et al., 2018). Those who took part believed that the knowledge and skills gained, as well as the family-centred resources the program offered, helped them learn how to help families better manage the stresses and emotional strains of caregiving linked to the unpredictable and violent behaviours associated with the drug (Whiteside et al., 2022).

Element 3: *Secondary Risk Reduction/Harm Reduction*

The services and supports in *Element 3* are intended to help people reduce the harms caused by problematic substance use and addiction. Substance use often causes harms to the person using the substance and can also cause physical, emotional, mental, and spiritual harm to those around them.

Substance use can result in a range of negative consequences including higher risk of:

- physical illness and disease including those transmitted by sharing needles or pipes
- injuries
- poor mental health including death from suicide
- causing or being the victim of violence
- sexual victimization
- human trafficking
- lack of education
- lack of employment
- gang involvement
- involvement with the criminal justice system
- involvement with the child welfare system
- family breakup

Services and supports in *Element 3* seek to actively engage people in a wide range of service settings and help connect them with care. Some individuals who have a substance use issue may not be ready, able, or a good match for all the elements of care, such as active treatment. Abstinence-based services can be a barrier to service access for people who are not able to support abstinence. Substance addiction, by definition, is the inability to stop using a substance even when a person is experiencing negative consequences and wants to be free from addiction to the substance.

Addiction, like other chronic health conditions, requires a harm reduction approach. Harm reduction for substance use is an approach to keep people who use substances safer, whether or not they continue to use substances. A harm reduction approach includes non-judgemental, compassionate attitudes and actions by family members, community members, and health workers.

Providing *Element 3* services and supports helps build trusting relationships with people experiencing substance dependence or addiction. It helps to reduce the harms to that person, their families, friends, workplaces, and communities. It increases the chances for recovery.

People who may be well placed to provide *Element 3* services and supports include community-based mental health and addiction workers, cultural practitioners, social service workers, maternal child health home visitors, fetal alcohol syndrome disorder workers, law enforcement and corrections workers, staff at Friendship Centres, and a wide range of community and social supports (e.g., family members, Elders, teachers, and friends).

Harm Reduction and Culture

Harm reduction approaches to opioid and methamphetamine addiction can be complementary to First Nations values and knowledge systems (Thunderbird, 2019). Harm reduction includes culture-based practices that can support people who use drugs to achieve a state of wellness without expecting abstinence.

Connecting people who use drugs to their Indigenous identity, land, and relationships is critical to their wellness (Marsh et al., 2015). This is supported by Elders, Knowledge Keepers, and cultural practitioners who have the right(s) to conduct ceremony and have knowledge of traditional medicines. Harm reduction approaches facilitate connections between individuals and healthcare and social service providers, bringing hope, belonging, and opportunities for healing.

Harm reduction also connects people to a sense of belonging. When people who use drugs have access to someone who cares in the community, such as an Elder or outreach worker, who can support them in replacing an identity based on shame with one based on their spirit, they can begin to believe they belong and that their life has meaning.

Image 4 below displays the interconnected circles of harm reduction and First Nations culture and traditions as well as the fundamental elements of providing compassionate, non-judgmental, and inclusive care that builds on relationships, positivity, patience, and communication (Medley & Pierre, 2019).

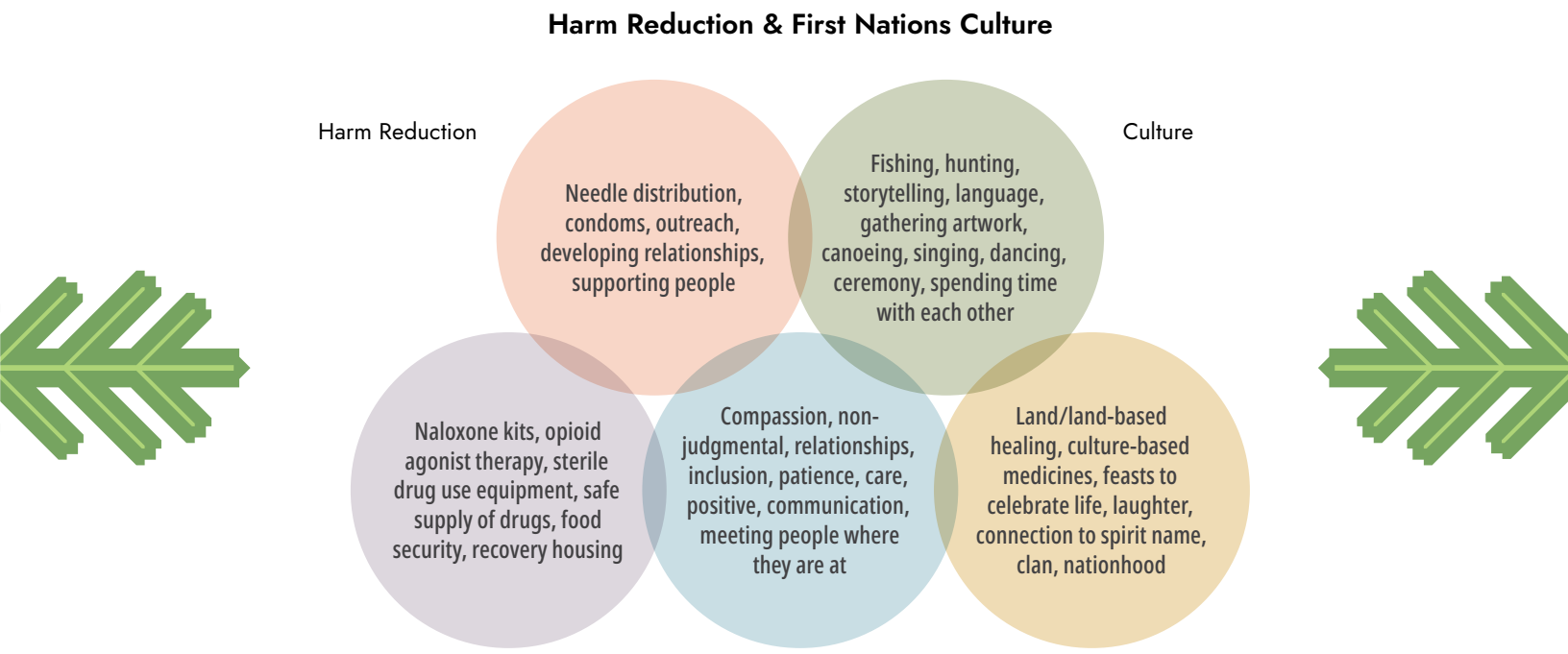


Image 4: **Culture is part of harm reduction.**
Adapted from First Nations Health Authority (n.d.)

Harm reduction is an evidence-based approach to care that minimizes the health impacts of a behaviour. For example, sunscreen reduces the harms from sun exposure, and seatbelts reduce the harms of car crashes.

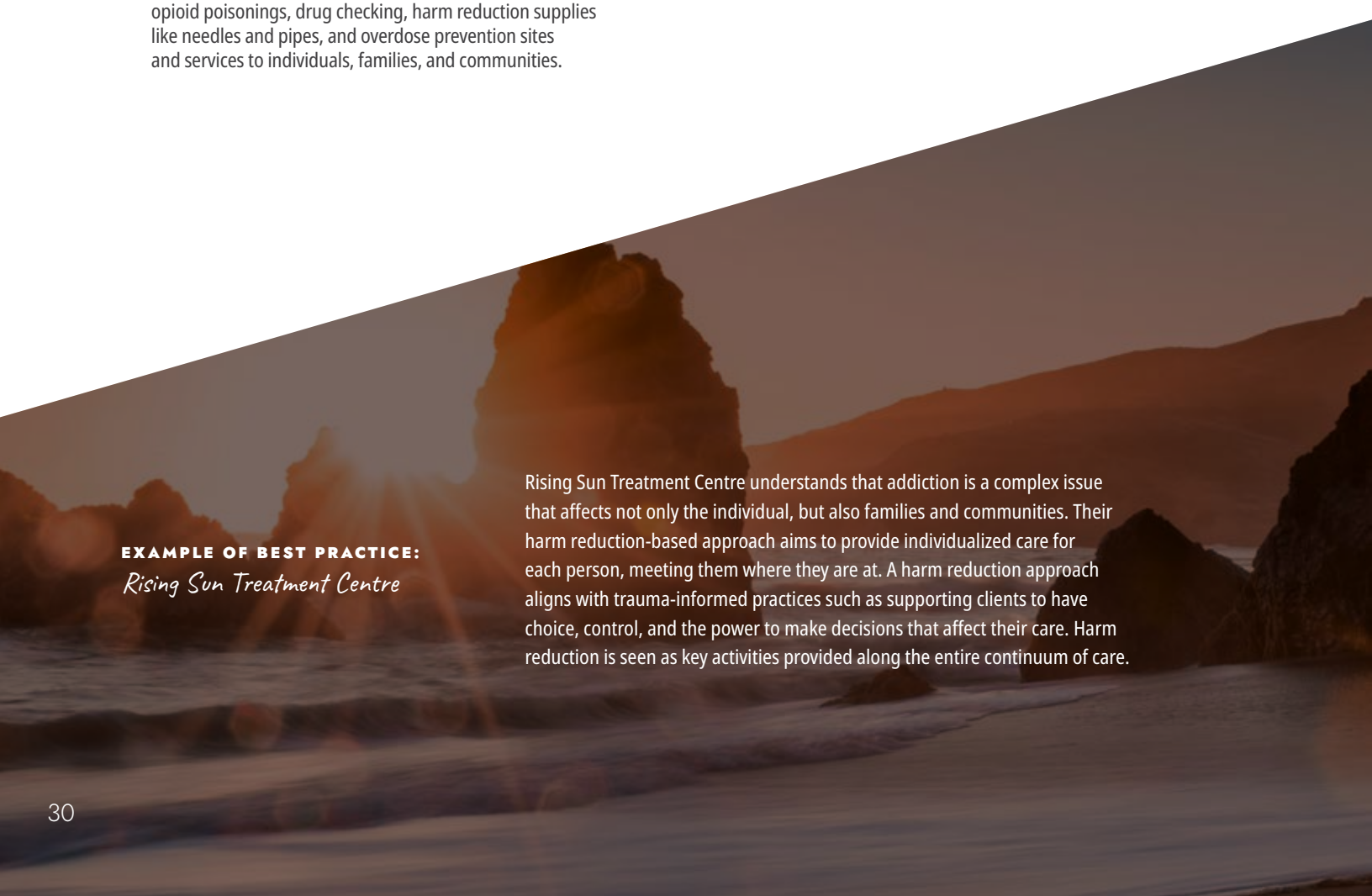
Research shows that harm reduction programs have been very effective in reducing rates of HIV and hepatitis C and in preventing toxic drug deaths. Evidence also shows that harm reduction services do not encourage people to use drugs; they do help link people into treatment and recovery.

Harm Reduction Guidelines:

1. Harm reduction services and supports, particularly in rural and remote communities offer options for access that respect people's need for privacy. The stigma associated with opioid and methamphetamine use can be a barrier to accessing services for many people.
2. Opioid and methamphetamine use is not a barrier to accessing culture (FNHA, 2022). People are not shamed for opioid and methamphetamine use when they want to access culture and participate in cultural activities, as such criticism can lead to increased substance use for the individual and additional grief and trauma for families and communities (FNHA, 2022).
3. Harm reduction is provided in community and takes an assertive outreach approach. Services focus on keeping individuals, families, and communities safe from harms related to opioid and methamphetamine use. It draws on Indigenous ways of knowing, culture-based practices of acting, with kindness, compassion, and acceptance to take care of each other (FNHA, n.d.). It is spirit-centred care.
4. There can be an increase in blood-borne infections when opioids and methamphetamine are used intravenously (i.e., injected into a vein with a syringe). Harm reduction includes activities to ensure used syringes are not left where community members could be exposed to them.
5. Harm reduction strategies specific to opioid and methamphetamine use should provide naloxone to reverse opioid poisonings, drug checking, harm reduction supplies like needles and pipes, and overdose prevention sites and services to individuals, families, and communities.

The primary goal of assertive outreach is to develop a trusting relationship with the person seeking recovery from opioid and methamphetamine addiction. Assertive outreach involves:

- in-person visits three times a week
- phone calls / text messages three times a week between in-person visits
- following the lead of the family
- making links to other service providers by in-person introductions or accompaniment to appointments with new service providers



EXAMPLE OF BEST PRACTICE:
Rising Sun Treatment Centre

Rising Sun Treatment Centre understands that addiction is a complex issue that affects not only the individual, but also families and communities. Their harm reduction-based approach aims to provide individualized care for each person, meeting them where they are at. A harm reduction approach aligns with trauma-informed practices such as supporting clients to have choice, control, and the power to make decisions that affect their care. Harm reduction is seen as key activities provided along the entire continuum of care.

Element 4: *Active Treatment*

The services and supports in *Element 4* are intended to respond to the needs of people who are experiencing moderate to severe substance use issues. *Element 4* includes a range of approaches, including counselling, education, and group therapy. Cultural approaches and activities offered in *Element 4* are usually more intensive than those in the other elements.

The goal of active treatment is to reduce or eliminate the dependence and/or addiction on drugs and related negative health and social consequences. Active treatment supports people with substance dependence and addiction and those close to them. It requires a range of client-driven, spirit-centred, cultural-based approaches that are available to people over time, as their strengths, needs, and preferences change. This recognizes that healing is a journey.

Active treatment works towards individuals' goals based on their unique strengths, needs, and preferences. The aim is for people to enhance their relationship with themselves, coping skills, relationships with others, and participation in communities.

Services and supports should be integrated and available in the community. Active treatment takes place on the land and in office settings, community-based programs, supported housing, and specialized settings such as hospitals. Services and supports can be provided by health and social service professionals as well as Elders and Cultural Practitioners, addiction counsellors, National Native Alcohol and Drug Abuse Program community-based workers, psychologists, social workers, case managers, cultural practitioners, staff in Friendship Centres, withdrawal management providers, and primary care practitioners.

Cultural Interventions

First Nations culture has the capacity to heal people experiencing problematic substance use in ways where other treatment modalities may fall short (Gone & Calf Looking, 2011). Cultural interventions are essential in attending to the whole person and their wellness needs (spiritual, emotional, mental, and physical). Research has shown a preference for culturally informed health and wellness interventions (Mpofu et al., 2021).

Culturally attuned approaches can provide:

- Hope for the future, grounded in a sense of identity and a belief in spirit
- Belonging and connectedness within families, community, and culture
- Meaning in life and the understanding that First Nations communities are part of Creation and have rich history
- Purpose, whether through education, employment, or cultural ways of being and doing

Individuals who remain well connected to their community through group events (gatherings, feasts, ceremonies) and to their family and the land may be less likely to engage in risky substance use, and therefore experience less harms associated with substance use (Health Canada et al., 2011).

First Nations have identified common cultural practices as shown in *Image 5* below.

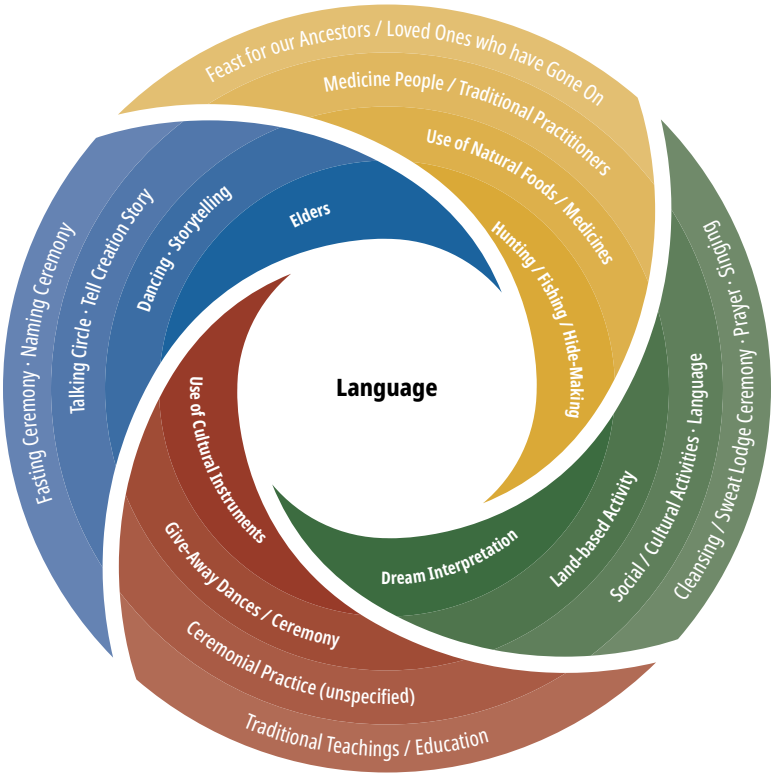


Image 5: **Common First Nations cultural practices.**

Aggregate data gathered through the *Native Wellness Assessment* (NWA)™ (2019/2020) demonstrates that cultural interventions result in a consistent increase in Hope and Belonging over time. Self-reporting in the *Native Wellness Assessment* showed consistent increases from 13% to 19% in Hope and Belonging, which align with physical and emotional wellness. Consistently, all indicators of wellness—Hope, Belonging, Meaning, and Purpose—increased over time.

Guidelines for Active Treatment:

1. Active treatment is available in the community and is grounded in culture, based in relationships, focused on opioids and methamphetamine, and initiated immediately following withdrawal management (Li & Loshak, 2019; Gone & Calf Looking, 2011).
2. Cultural interventions (e.g., sweats, drumming, ceremonies) are used to promote wellness and increase feelings of Hope, Belonging, Meaning, and Purpose (Thunderbird, 2023a).
3. An array of services and supports are offered in the community that vary in intensity and that meet the individual, family, and community where they are on their healing journey (Health Canada et al., 2011). These services and supports are described in detail in The Model of Care for Substance Use noted in the section above on the in-community service model for substance use.
4. Active treatment services are designed by the community and available to people in the community. Services include:
    - land-based programing and activities
    - counselling/mental health supports,
    - clinical care (i.e., screening, assessment, and referral; withdrawal management and stabilization; treatment planning; discharge planning)
    - continuing care
    - cultural counselling and practices
    - family-based supports
    - Rapid Access to Addiction Medicine model
5. Opioid agonist therapy is recognized as an effective treatment for opioid addiction in combination with cultural interventions and other forms of therapy (e.g., DBT, CBT, motivational interviewing). People are supported to access opioid agonist therapy (META:PHI, n.d.).
6. First Nations Elders, Knowledge Keepers, and those with culture-based knowledge are engaged in program design and individual treatment planning (Health Canada et al., 2011).
7. Peer support and outreach are part of active treatment. Peer support specific to opioid and methamphetamine addiction is required to build trusting relationships based on shared experiences (Kelly et al., 2017). Research shows that positive outcomes increase when people are matched to peers of the same gender and culture (Marsyla, 2024).

EXAMPLE OF BEST PRACTICE:

Rapid Access to Addiction Medicine (Raam)

When a person experiencing addiction to opioids or methamphetamine reaches out for help, it is critical that help be readily available at that time. It needs to be easily accessible when the person seeks it. For First Nations people living in community, the provincial and federal jurisdictional responsibility for health care causes has increased access challenges.

Rapid Access to Addictions Medicine (RAAM) clinics are drop-in clinics, virtual and in person, for people looking to get help with substance use and addictions. This includes people who want to try medical assistance, such as medications, to reduce or stop their substance use. These medications can help limit frequent intoxication or overdose symptoms, as well as unpleasant withdrawal symptoms during the process of reducing or stopping substance use. Rapid Access to Addictions Medicine (RAAM) clinics are also for people who may have substance-related health issues, such as hepatitis, pancreatitis, or infections, among others. The people working at these clinics know how difficult it is to ask for help. An appointment is not necessary: clients can simply arrive during clinic hours with a health insurance card.

Element 5: *Specialized Treatment*

The services and supports in *Element 5* are intended to provide specialized treatments for people whose substance use issues are complex and severe. People with highly complex service needs, including individuals with severe addiction and/or mental health challenges and other chronic health issues, require effective screening, assessment and referral, culturally competent services, ongoing support, and monitoring. Those who access specialized care benefit from the inclusion of and strong connection with their support networks, such as family and community.

The services and supports provided in *Element 5* are the same as those outlined in *Element 4* but usually are significantly more intensive and include more professional specialization (e.g., psychiatric assessment and treatment, medical withdrawal management).

Services and supports for specialized treatment are generally provided in acute care units of specialized care settings. The typical service providers of specialized treatment are doctors (primary care), psychiatrists, social workers, and Cultural Practitioners. There is often a need for strong case management and care facilitation services and supports.

Guidelines for Specialized Care:

1. Active attention to complex trauma and the multiple forms of trauma experienced by many First Nations individuals, families, and communities underpins specialized treatment (Health Canada et al., 2011).
2. Cultural, historical, and structural differences as well as the power relationships within care are considered to attend to the racism, stigma, and trauma people experience in acute, specialized settings (Health Canada et al., 2011).
3. Anti-Indigenous racism and cultural safety and humility training is provided to non-Indigenous specialized treatment program planners and service providers (Turpel-Lafond, 2020).
4. Clinical and cultural mental wellness services and supports are integrated into specialized addiction services, recognizing that mental, physical, emotional, and spiritual wellness form overall health and wellbeing (Health Canada et al., 2011).
5. Peer support and outreach are part of specialized treatment (Fisk et al., 2006; Eddie, et al., 2019).
6. Integrated, specialized services are offered as part of the in-community model of substance use services, in person or virtually. Information and tools to support implementing this guideline are available in The Model of Care for Substance Use noted in the section above on the in-community service model for substance use.
7. Elders and Knowledge Keepers are engaged to support program design and people receiving services. Cultural activities and ceremonies are part of specialized treatment (Eddie, et al., 2019).

Anti-Indigenous racism is experienced at a policy and program design level as well as when accessing services at the individual, family, and community level. In recent years, anti-Indigenous racism has been documented in healthcare settings, and in particular in specialized health care.

Epistemic racism and the belief that culture-based medicine is not evidence-based are foundational to the development of the Western healthcare system. The Creation Story is the evidence that there is more than one way to develop evidence and knowledge. Relying on the Creation Story as evidence is a spirit-centred way of knowing and being.

Element 6: *Care Facilitation*

People and families at higher risk of developing substance use issues may benefit from a range of services and supports during their lives. The types of services and supports will change over time as the individual's and family's health and wellbeing related to substance use changes. Care facilitation can refer to formal case management or it can involve other forms of community-based, professional, or social support.

An effective system of care requires coordination between the various services and supports individuals and families require throughout the healing journey. This system of care allows for a stepped care approach and collaborative planning, communication, and monitoring with various service providers specific to the person's wholistic needs. The client should be at the centre of this collaborative effort.

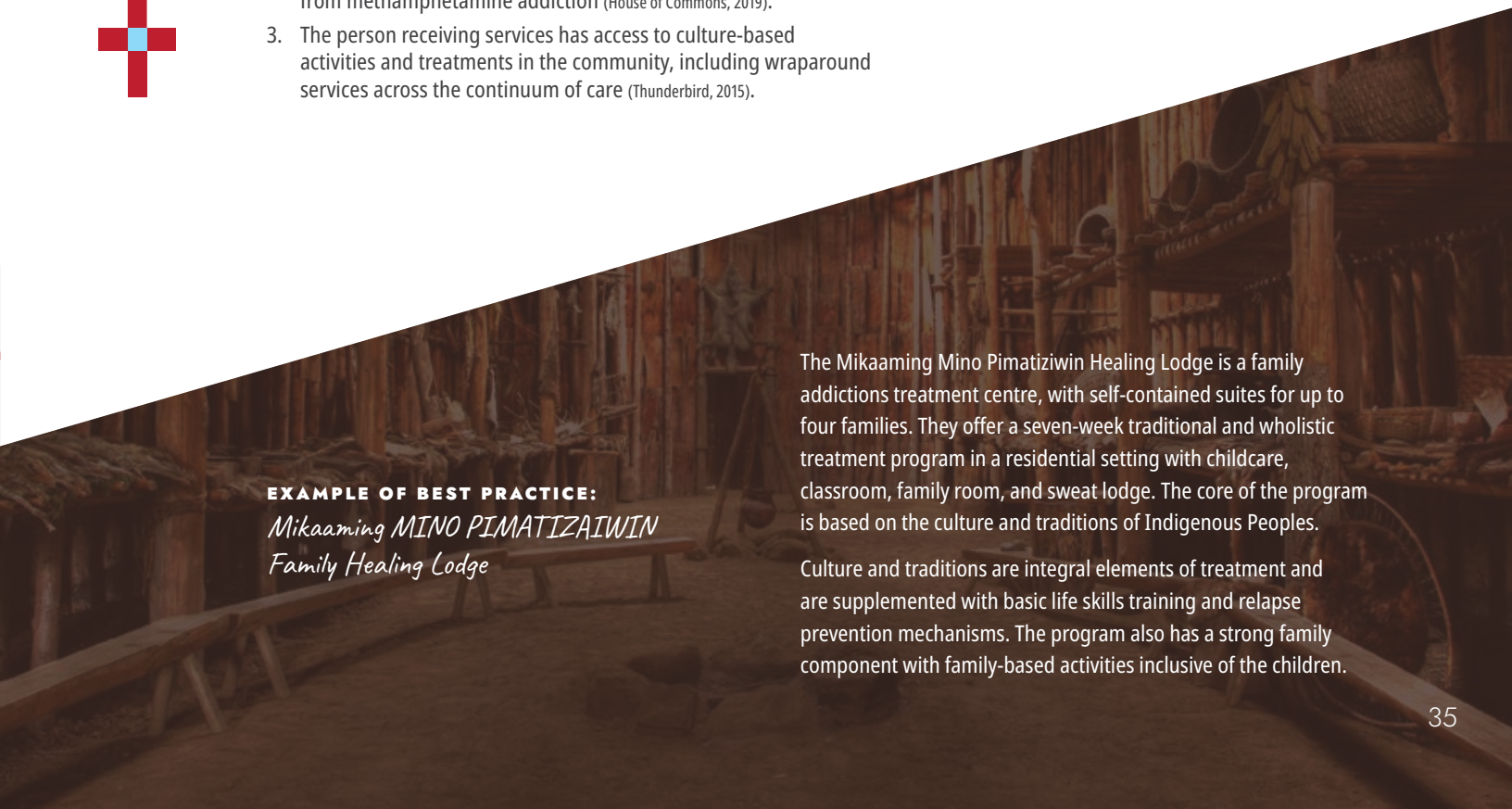
The person should drive the process with choice and voice. People and families are offered choice in services and are in the driver's seat. This supports a trauma-informed approach, which has been shown to engage and retain clients in services.

Care facilitation can be provided by any service provider involved in the client's care. Clients can choose who they prefer to be the care facilitator. Care facilitation may be provided by, for example, National Native Alcohol and Drug Abuse Program community-based addiction workers, case managers and staff at Friendship Centres, community members, Elders, cultural practitioners, advocates, and family members.

Addressing complex service needs for individuals who use opioids and/or methamphetamine requires a coordinated response across the continuum of care. Treatment centres, organizations, or agencies cannot address all the needs across the continuum in isolation. Consequently, inter-agency collaboration is required to support individuals at all points along their healing journey (Coates, 2017).

Care Facilitation Guidelines:

1. Formal and informal mechanisms are used to ensure a coordinated, integrated team to serve people. Formal mechanisms can include a memorandum of understanding or protocol agreements (Opioids and Methamphetamine Speaker Series, 2021).
2. Care facilitation may be required for up to two years after recovery from methamphetamine addiction (House of Commons, 2019).
3. The person receiving services has access to culture-based activities and treatments in the community, including wraparound services across the continuum of care (Thunderbird, 2015).



EXAMPLE OF BEST PRACTICE:

Mikaaming MINO PIMATIZAIWIN Family Healing Lodge

The Mikaaming Mino Pimatiziwin Healing Lodge is a family addictions treatment centre, with self-contained suites for up to four families. They offer a seven-week traditional and wholistic treatment program in a residential setting with childcare, classroom, family room, and sweat lodge. The core of the program is based on the culture and traditions of Indigenous Peoples.

Culture and traditions are integral elements of treatment and are supplemented with basic life skills training and relapse prevention mechanisms. The program also has a strong family component with family-based activities inclusive of the children.

Conclusion

First Nations-led solutions to healing from the impacts of colonization and racism involve working from Indigenous Knowledge that prioritizes culture as the foundation for the prevention and treatment of substance use challenges.

The spirit-centred care that comes from cultural activities is particularly relevant for individuals, families, and communities healing from opioid and methamphetamine use. The spirit must be attended to for healing to occur. The four directions—the physical, the mental, the emotional, and the spiritual—are all necessary to mental wellness at the individual, family, and community level.

Spirit-centred care is vital to First Nations' recovery from opioid and methamphetamine addiction. Spirit is at the centre of wellness and influences emotional, physical, and mental wellbeing. Culture feeds spirit. *Image 5* below depicts spirit-centred using a teaching of the medicine wheel.

Image 5: **A teaching of the medicine wheel to illustrate the Honouring Our Strengths framework principle of "spirit-centred"**

Thunderbird Partnership Foundation offers many resources on their website that can assist in developing programs that have culture as the foundation to mental wellness. Thunderbird also provides in-person and virtual training.

> *It is said that* ***what the Great Spirit gave*** *to his/her children to live in this physical world in a good way,* ***was given forever.*** *This means that the answer to addressing substance use issues exists within Indigenous culture.*
>
> (Dumont, J. & National Native Addictions Partnership Foundation, 2014)

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