



# Community Matters

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# Conflict of Interest

- None to declare



# Objectives

- Definition of youth for the purpose of this talk
- Positionality
- Narrative
- Gaps in service
- Directions for the future



# Youth

- Up to the age of 24
- Some sources use up to the age of 30
- WHO: 10-24
- Employment statistics: 14-21
- United Nations: 15-24
- Canadian Legal system: 12-18/19
- Pediatricians usually stop seeing patients around the age of 21
- AFM based services: 18/19



# Positionality

- Metis paternal side
- Mi'kmaq maternal side
- Wife with 2 children
- Carrier of 36 traditional medicines
- Trained in western medicine: nurse, chiro, family physician
- Worked 2.5 years in an urban Indigenous clinic in Hamilton and the last 3.5 years in Point Douglas and ON-reserves outside of Winnipeg.



# Narrative

- Based on my experience with Inner City and ON-Reserve practice it has been reported that the majority of substance use starts around the age of 8-10 years old
- The vast majority of these patients have been affected by colonization/ intergenerational trauma secondary to residential schools & the 60s scoop, under the care of CFS/multiple foster homes, witnessed or experienced numerous traumas, felt the impacts of racism, & are socially disadvantaged /face poverty & homelessness
- Many report using substances as a way to cope with everyday life and that substance use is their form of control.
- It is also reported that Indigenous cultural identity is not usually on the youths radar prior to coming in contact with the justice system





## Narrative Cont'd

- ▶ “the substance whatever it may be, is usually the escape, it allows fantasy and dissociation. So you seek it as much and as often as you can... because it means freedom from pain”
- ▶ “if I am not under the influence of something it means I have to experience so much pain and relive all the forms of trauma that I have experienced. I have no way to deal with all of that, so I use”
- ▶ “I get clean and then I reach this point where there are no services to help me get beyond that because you know it only last so long that kind of support. So, then I get down on myself, I don't amount to nothing, I don't have a good job and get paid good money living this way, clean you know. I end up going back to dealing and using because that's what I am good at. That's where I exist.”



# Substance Use

- ▶ Most common reported: Meth
- ▶ Others reported: Marijuana, Benzodiazepines, Alcohol, Opioids, Gabapentin, Ritalin, Crack/Cocaine





# Gaps in Service

- ▶ Service allocation is not based on the current gender based percentages: females > males ie: more male facilities and services exists than for females
- ▶ There is a lack of family-based/community-based services that are grounded in culture and land based teachings.
- ▶ There is a lack of services available based on patient readiness factors
- ▶ Medical detox facilities: intake is seriously flawed and inconsistent based on on-call provider
- ▶ Most facilities are abstinent based when in fact youth are telling us they need harm reduction based models of care



## The Future Needs ...

- ▶ Youth need to find a “community” in which they can be themselves and take pride in expressing who they are and be able to feel self-worth.
- ▶ Cultural healing techniques need to be comprehensive and include Elders/Healers at all facilities, this needs to be paired with healing centered approaches (strengths based, people are more than THEIR TRAUMA)
- ▶ Learning ceremony needs to include an awareness and understanding of the roles of all genders.
- ▶ Community and family inclusive healing centres need to be readily available as it is a crisis for all and community and family have responsibilities to help youth define their purpose and will lead to more holistic healing involving mind, body & spirit.
- ▶ Safe injection sites across the city/province.
- ▶ There has to be harm reduction options for pregnant women as well.



## Quote

- ▶ “ To be a warrior is to overcome your own fear for the benefit of others”