INDIGENOUS EQUITY DATA

SUBSTANCE USE, MENTAL HEALTH, AND WELLNESS

THERE IS NO ONE TO CARE, IF YOU DO NOT CARE

BUD OSBORN
1947-2014

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ACKNOWLEDGEMENTS

THE WRITER

This report was written by Rachel Wuttunee, an Indigenous Community Planning graduate student in the Master's in Community and Regional Planning program at UBC, and a Healthy City Scholar with the UBC Sustainability Initiative. Rachel is Anishinaabe kwe (a good woman) from Kitchenuhmaykoosib Inninuwug located in Northwestern Ontario. Rachel is also of Cree, Shawnee, Scottish, and English descent. She is grateful to live on the unceded, ancestral and traditional territories of the Qayqayt, and Kwikwetlem Indigenous Nations, also referred to as New Westminster, BC.

As a second and third generation residential school survivor, reading and writing about the inequities in health care is not an easy task. During the research project, Rachel experienced the effects and trauma of the overdose crisis in her personal life while conducting the research required for this report. In order to maintain balance in her mental health and wellness she accessed an Indigenous counsellor, elders, and attended ceremonies for grief and loss and mental wellness.

EXECUTIVE SUMMARY

Vancouver is at the beginning of creating a new City-wide plan which is a chance to develop a unified vision, strongly aligned with regional planning initiatives, to guide the choices that are within the City of Vancouver's (herein referred to as "the City") control with good information, optimism, foresight and intention. With the City-wide plan there is an opportunity to evaluate how data related to mental wellness and substance use is collected in City initiatives such as the Healthy City Strategy. The City of Vancouver is renewing their Healthy City Strategy Action Plan, a 4-year action plan containing 13 long term goals for the well-being of the people and the City. The research done to support efforts toward decolonization and reconciliation is: Applying Indigenous Health and Wellness Concepts and Principles to Mental Wellness and Substance Use Data. This project will help reveal inequities related to accessibility of quality health services to Indigenous Peoples, including women.

There is a rising crisis nationwide related to overdose deaths that is caused by a poisoned drug supply. Despite efforts such as Vancouver's Overdose Prevention Sites (OPS) to prevent and reduce overdose deaths across the city, the City continues to experience high numbers of drug overdoses as the overdose emergency continues. Part of the City's response to the overdose crisis is to collect data specific to overdose such as the Coroners Service reports on fentanyl related deaths. Data collected by the Coroners Service, Vancouver Police Department, Vancouver Fire and Rescue Services; and Vancouver Coastal Health informs the City of Vancouver on information related to overdose events.

Vancouver data does not highlight the inequities Indigenous Peoples face in accessing quality health services. Systemic barriers are not centered within mainstream data, strategies and reports on Indigenous health. As a result, there is increasing acknowledgement of the need to re-evaluate the way data is collected and reported on mental health and substance use. For example, Research was conducted for this project as part of the UBC Sustainability Initiative in partnership with the City of Vancouver's Social Policy Department. The two goals that this research addresses are: City of Reconciliation and Healthy Human Services. Vancouver was designated a City of Reconciliation with a vision of forming sustained relationships of mutual respect and understanding with local Indigenous and Urban Indigenous communities, as well as incorporating a local and urban Indigenous perspective into their work and decisions. The Healthy Human Services goal of the Healthy City Strategy recognizes the need to ensure all Vancouverites have equitable access to high quality social, community and health services.

The methodology used for this project entailed: a data and a literature review; application of a critical Indigenous lens to the way overdose data is collected in Vancouver; limitations and gaps in the data were identified; and lastly, recommendations on more equitable data collection methods were identified.

Data and Literature Review: Using a critical Indigenous lens, the author reviewed the overdose data and literature regarding Indigenous data and inequities in health and overdose response.

Documents and Data reviewed/analyzed include: Coroners Service Reports; Vancouver Coastal Health overdose response initiatives and data; City of Vancouver strategies and reports on overdose reduction and prevention; First Nation Health Authority overdose data; as well as government reports and policies on Indigenous data and health.

What was analyzed: What the data tells us about overdose, what it does not tell us, what is missing, why limitations and gaps in the data are harmful for Indigenous Peoples, and recommendations are given to highlight the best practices of data collection with the purpose of revealing inequities in the overdose crisis for Indigenous Peoples.

Recommendations for more equitable methods of data collection are:

1. More Indigenous researchers and Indigenous Peoples need to be involved and hired in data collection and analysis processes;

2. Include Indigenous data in reports on mental health and substance use for the general population;

3. Create and implement data standards re: Indigenous Peoples and inequities across all jurisdictions - mental health and substance use data;

4. Indigenize the way we collect information on Indigenous Peoples (stories vs. statistics);

5. Invest in meaningful images to represent Indigenous health and wellness;

6. Include and feature stories and data of success and resiliency;

7. Collect data to track disparities and develop effective programs to reduce and eliminate them.

8. Contextualize the data that shows disparities and explain systemic issues and the source of the issues;

9. Collect and include data that is based on Indigenous communities' diverse identities and integrate into reports;

10. Equip Indigenous communities with the technological and human resource capacity to govern and own their communities' data.

These are recommendations for more than just those collecting data about mental health and substance use in the current context. They provide a holistic path forward to working effectively with Indigenous Peoples to support their culture, self-determination and well-being; and to continuing the process of decolonizing existing systems and institutions.

1.0 INTRODUCTION

1.1 INEQUITIES IN DATA

Traditionally, Western research methodologies tend to focus on aspects of health and wellness that can be quantified, such as overdose rates. Often, quantitative research focuses through a lens that measures and reports on the disparities of Indigenous Peoples[1], rather than highlighting positive successes in healing, health and wellness. There is continual discussion by scholars regarding the inequity of data collection of Indigenous Peoples by non-Indigenous scholars and agencies. Ball and Janyst (2008) note research on Indigenous Peoples occurs within a historical context of misrepresentation and exploitation by colonial governments, journalists, artists, and non-Indigenous scholars. Historical misrepresentation by colonialists enacting ethical principles and practices in research covering Indigenous information is among the greatest issues in current research environments in Canada (Ball and Janyst, 2008). It is vital that all current researchers and those in charge of collecting data on Indigenous Peoples take the history of Indigenous Peoples, and Indigenous ways of knowing into consideration, while incorporating culturally appropriate and informed approaches and practices when designing their research projects. Current research practices are not there yet in this regard.

Most of the research done in the current Canadian health context is still in a Western, colonial, medical mindset. Although data is collected on rates of overdose deaths, it is not highlighting the inequitable impacts of the crisis on Indigenous Peoples; particularly Indigenous women. Indigenous ways of knowing is left out of the research methods; therefore, creating reports that are not inclusive of Indigenous Peoples' perspectives. For example, we can tell from the statistics of the Coroners Service that a question which motivated the collection of information is: How many overdoses were female and how many were male? Many Indigenous cultures recognize more than two genders, yet we see that the data is not taking that way of being into account (The Canadian Centre for Gender and Sexual Diversity [CCGSD], 2016). Therefore, the research methods and resulting data are following and perpetuating the same colonial narrative as previous researchers did. A two-spirited Indigenous person may identify as female, but have a male appearance (or vice versa) making them the subject of discrimination and harassment when accessing overdose prevention sites and health care services. This information is not visible in the data and therefore, policy makers, health providers, program investors, funding applicants, front line workers, and the general public are not aware of these actual discrepancies. If they are aware, they don't have the tools they need to share this information. How data is

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[1] "Indigenous Peoples" with an (s) refers to a group of populations. It also signifies that Indigenous Peoples are diverse with many Nations, tribes, cultures, groupings, traditional territories, and languages. Whenever possible it is preferable to describe Indigenous Peoples through their specific identities (Library of Parliament, 2015).

collected by the City is actually a pretty important exercise of power that leaves people behind. If inequities are not measured by current research than they cannot be fixed.

1.2 THE NEED

Vancouver is facing unprecedented rates of overdose and overdose deaths resulting from a poisoned drug supply. The City of Vancouver is aware that there may be inequities in the health and social services for Indigenous Peoples who are not represented in the data. In response, the City of Vancouver has developed policies that require considerations for addressing health and social inequities affecting Indigenous Peoples. These policies include: the Reconciliation Frameworks, Equity and Intersectionality Frameworks underway, and the Healthy City Strategy. Challenges and opportunities exist, for the City to establish purposeful, effective and longitudinal measures; responding to the sensibilities and recommendations expressed in this report.

The purpose of this report is to identify gaps in the current overdose data and recommend steps for closing those gaps. Current approaches to collect and report on mental wellness and substance use problematize the individual, instead of placing focus on systems that create and maintain these conditions. Data used to inform overdose response planning tends to show statistics of the disparities that people face. The behavior learned from trauma is pathologized and the individual becomes prime for western treatment options (McBride, nd). Instead of focusing on treating the root cause of the trauma people are often treated by their symptoms. For example, if an individual has anxiety stemming from residential school than medication can be prescribed. If the medication and treatment is not properly monitored or calibrated the individual may start self-medicating which can lead to addictions.

Firstly, a deficit-based lens is often used to inform current research methods on health. Deficits often highlighted in overdose data and reports are: how many people who overdose are also living in poverty; how many are homeless, and how many have a lack of education or employment. The deficit lens undermines Indigenous Peoples' self-confidence and stigmatizes them with labels. Also centering information that focuses on social issues as deficiencies predisposes mainstream society to see Indigenous Peoples as limited by their culture, and way of life. Creating a focus on strength-based assets will create an important shift in mindset and practice for researchers and those in charge of collecting data on Indigenous Peoples.

Secondly, a medical lens tends to be utilized when people with addictions are treated in the health system, which means that there is a focus primarily on the substance use behaviors rather than the focus on trauma, which may be at the root of such behaviors. A medical lens treats substance use as an illness that can be treated with medication and treatment. An alternate way of viewing substance abuse is seeing it as a way to fill a spiritual and cultural void. This starts by acknowledging that the act of self-medication is used to deal with Indigenous Peoples anxiety, depression, and pain stemming from physical, biological and

cultural genocide[2] (National Inquiry, 2019). Due to an ongoing legacy of colonization, Indigenous Peoples have been disproportionately affected by the opioid public health emergency. This context is important to understanding the statistics and data that tend to be used to inform overdose response planning.

1.3 WHY IT IS IMPORTANT TO TALK ABOUT THE COLONIAL CONTEXT WHEN EXAMINING INEQUITIES FOUND IN DATA

Prior to European arrival on the shores of Turtle Island, otherwise known as North America, Indigenous health and wellness principles and concepts were embedded within individual nations' cultures and lifestyles. With the arrival of the newcomers, negotiations were made on how the new nations (Europeans), and the original nations (Indigenous), would share the land in a good way. Since time immemorial, Indigenous Peoples had relationships with all of creation. These connected relationships outlined the rights and responsibilities of humans. For example, humans have a right to water, but also have a responsibility to the water as part of this ongoing relationship. This is why Indigenous Peoples refer to themselves as stewards of the land. Through negotiation with the Crown, it was understood by both parties that the land would be shared, and that Indigenous Peoples would maintain their traditional way of life which is directly related to their health and wellness[3].

There has been a decline in Indigenous health and wellness since the arrival of the newcomers to the lands and territories of Indigenous Peoples. The rise in health and wellness in European settlers directly impacted the decline in Indigenous health and wellness. Settlers were putting up houses and farms where Indigenous Peoples once had collected medicines and hunted for sustenance and health (Barman, 2007). Scholars Allan

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[2] Physical genocide consists of the physical destruction of a group; Biological genocide is the destruction of the group's reproductive capacity; Cultural genocide is defined as yielding the destruction of structures and practices that allow the group to keep living as a group (National Inquiry, 2019).

[3] The relationship between the British Crown and the many Indigenous nations is discussed by the Indigenous Foundation's website at the University of British Columbia (UBC). The King of England made a Royal Proclamation in 1763 that set out guidelines for European settlement of Indigenous territories. This proclamation set the foundation for the treaty process between the government and an Indigenous community. The foundation provided for a form of consent between the two parties, and that the Indigenous Peoples to be compensated for any lands or resources used. The responsibilities to Indigenous Peoples by the Crown were outlined in the Royal Proclamation 1763. These responsibilities were later applied to the Canadian Constitution at the time of Confederation. This means that the Royal Proclamation is enshrined in Section 25 of the Constitution Act; "this section of the Charter of Rights and Freedoms guarantees that nothing can terminate or diminish the Indigenous rights outlined in the Proclamation" (Indigenous Foundations, 2019). Although Section 25 stems from the original agreements to share the land, the Royal Proclamation was created by British colonists and written without Indigenous input. This established a monopoly over Indigenous Peoples' health and wellness which is directly related to their relationship to the lands, by the British Crown.

and Smylie (2015) explain that due to colonial strategies enacted by the Canadian nation state, Indigenous cultures and lifestyles were disrupted and erased. Racist beliefs and ideas about Indigenous customs, practices, values, and ways of knowing fueled the colonization of Indigenous Peoples and lands. Acts of racial discrimination, including violence, appropriation of land, cultural genocide, and legislated segregation were justified by these race-based beliefs. Furthermore, policies such as the Gradual Enfranchisement Act 1857, and the Indian Act 1876, led to social and economic oppression which continues into the present day. Policies and practices that emerged from these imperialist ideologies continue to be destructive to the health and well-being of Indigenous Peoples; moving across the broad spectrum of social determinants of health, impacting access to housing, education, food security, health care, employment, while also permeating societal systems and institutions that have a huge impact on the lives of Indigenous Peoples, including the justice system and child welfare (Allan & Smylie, 2015).

The Truth and Reconciliation Commission [TRC] calls attention to the importance of understanding Canada's history with Indigenous Peoples, in order to reconcile and rebuild their relationships. By understanding that we all have responsibilities in this shared history, governments and Indigenous Peoples can work together. Together, they can move towards an understanding of what is missing from the data, and how to be more inclusive to Indigenous ways of knowing. In order for reconciliation to occur, a recognition of the lived experiences and truths of Indigenous Peoples, past and present, needs to happen first. "It is an ongoing healing process that fosters sustained relationships of mutual respect and understanding with First Nations, urban Indigenous Peoples, and other distinct populations that have suffered systemic discrimination" (TRC, 2015).

The National Inquiry into Missing Murdered Indigenous Women and Girls (2019), "has determined that colonial structures and policies are persistent in Canada and constitute a root cause of the violence experienced by Indigenous women, girls, and 2SLGBTQQIA people" (p. 1). Moreover, the definition of genocide is explored in relation to Canada's dealing with Indigenous Peoples. This information is important to discuss as this inequity is not highlighted by the present data collections. If this context is not provided alongside data, it will cause negative impacts on Indigenous Peoples. For example, researchers and those in charge of reporting data on mental wellness and substance use, will not be able to highlight the need to design safe spaces in health care services for 2SLGBTQQIA.

When we are applying Indigenous health and wellness principles and concepts to mental wellness and substance use data, this forms an important part of the reconciliation process. The forced removal of Indigenous ways of knowing from Indigenous Peoples is the sole reason for the many disparities in Indigenous health today. In order to properly address the effectiveness of health care and other public health services for Indigenous Peoples, systemic barriers causing inequities for Indigenous Peoples need to be acknowledged, by the data and reports, on mental wellness and substance use. All governments, planners, and policy makers have a responsibility to reframe the way they talk about inequities affecting Indigenous Peoples; to include all these elements that ensure equitable and safe health care for Indigenous Peoples.

2.0 RESEARCH APPROACH

2.1 METHODOLOGY

The purpose of this report is to apply Indigenous Health and Wellness Concepts and Principles to Mental Wellness and Substance Use Data. The methodological approach used for this project included, first; a data and literature review, second; gaps were identified in the current city, provincial, and federal overdose data, third; an analysis of the data was conducted using a theoretical lens of Indigenous principles of health and wellness. Last; recommendations are provided from the literature, organizations, and from people of lived experience. As well, recommendations come from the author; as an Indigenous woman whose family is directly impacted by the overdose crisis and as an Indigenous scholar, researcher, and planner.

In order to fully understand the inequities that Indigenous Peoples, including women, are facing accessing health services, the author incorporated an Indigenous approach, as well as reviewing data and literature.

Figure 1 Research Methodology

The academic literature review was conducted through keyword searches initiated in online scholarly databases, as well as books. Here, the researcher located examples of models, frameworks, and best practices, along with previous studies which evaluated the limitations of current data collection methods. However, a larger emphasis was placed on grey literature currently available. Many community-based organizations and independent research institutes disseminate much of the Indigenous grounded methodology: guided

knowledge that produces high quality policy and position papers concerned with issues of Indigenous data collection. Methodology grounded with Indigenous knowledge is also not disseminated, and a lay person would not know who to ask or even know where to find this information, if they do not know who is doing what in the community. Articles were chosen that explored systemic barriers that caused these social conditions for Indigenous Peoples as well as inequities Indigenous Peoples face accessing quality health services. Indigenous methodologies acknowledge disparities with the use of storytelling so that Indigenous Peoples individual experiences are honored and shared to provide context. Scholars O'Neil, Reading and Leader (1998) agree that an Indigenous research approach counters mainstream portrayals on Indigenous health that have pathologized Indigenous Peoples as disorganized, sick, and dysfunctional.

This research included identifying data and/or evidence related to mental health and substance use, including opioid surveillance data collected at the City of Vancouver, as well as other publicly available data (including reports and literature). Literature related to equity principles as applied to data collection, including Indigenous data collection, was also reviewed. The literature and data inventory can be found in Appendix A. News articles related to the overdose crisis and Indigenous wellness were also reviewed: they highlight perceptions on overdose response services, alongside the inequities Indigenous Peoples experience accessing health care.

It is important to highlight that conversations with front line staff responding to the overdose crisis, along with people who have lived experience, informed the theoretical and Indigenous lens. As well as working closely in the area of social development for ten years, the author participated in meetings and activities with staff from Health Authorities, Indigenous groups and other community organizations, with her mentor from Social Policy and Projects in the Social Policy Department.

2.2 INDIGENOUS KNOWLEDGE & RESPONSIBILITY

It is important to acknowledge the Indigenous knowledge the author refers to within the conceptual section is not (always) documented or written in books and journals. The Indigenous knowledge referred to is knowledge that the researcher has learned in a lifetime of ceremony and listening to wisdom holders across Turtle Island. Many teachings are passed down orally, from wisdom holders to learners, and this relationship is reciprocal. The learner becomes the wisdom holder; at times, within the same conversations.

Indigenous knowledge paradigms differ from Western conventional processes, and this can be seen as a challenge for Indigenous scholars with cultural knowledge and integrity. This research draws on Battiste & Youngblood Henderson (2000) who refers to Dr. Dae's report on the protection of the heritage of Indigenous Peoples. Dr. Dae argues, "that diverse elements of any Indigenous knowledge system can only be fully learned or understood by means of the pedagogy traditionally employed by these people themselves, including apprenticeship, ceremonies and practice" (p. 43). Scholar Turner (2006) asserts the importance, and challenges, of reconciling the forms of knowledge rooted in Indigenous communities, with the legal and political discourses of the state. Indigenous scholars

engage the political and intellectual practices of the mainstream as well as listen to their Indigenous knowledge holders. However, to maintain cultural integrity Indigenous knowledge is protected and considered highly specialized, not every indigenous intellectual has the right to know and articulate them (Turner, 2006).

The author confided with Indigenous knowledge holders on what type of information could be shared within the body of this report. Reviewing the current overdose data collections with a critical Indigenous lens helps to see things from a new perspective. This way the limitations and gaps in the current city, provincial and federal data collections, that do not highlight inequities in mental health and substance use, become more apparent in the review.

3.0 THEORETICAL LENS & INDIGENOUS PRINCIPLES INFORMING MY PERSPECTIVE & ANALYSIS

3.1 FRAMEWORK

The research on data equity is informed by a theoretical framework grounded in several perspectives; related to issues of equity and power relations within political and social structures. This section begins with an explanation of what a theoretical lens is, a definition and description of each theory, and how theories are used in this paper to review the current mental wellness and substance use data. Lastly, Indigenous principles and concepts of health and wellness are used to locate potential gaps and limitations in the current data collections that do not highlight inequities for Indigenous Peoples.

3.2 WHAT IS A THEORETICAL LENS?

Theories are the conceptual basis for understanding, analyzing, and designing ways to investigate relationships within social systems. Applying a theoretical and conceptual lens is like a pair of glasses. It helps you see things from a new perspective. It helps to be more effective by getting a clearer focus and a more complete view (Ottawa, 2018). Multiple perspectives (that are aligned with issues of inequities in data collection and methodology) widen the scope of this lens. Scholar O'Neil (1993) acknowledges that academic research, and scientific models across the disciplines, is predominantly grounded in Eurocentric philosophical traditions.

In order to really understand gaps in the current mental wellness and substance use data, we must first look at theories accessed by planners that shape research today. Scholars

Henry & Tator (2016) examined theoretical evolution and discourse which eventually became open minded to minority needs where:

> social science theory and methodology has, for the most part, developed theories and explanations about the dynamics of society that uncritically accept the status quo. Until the rise of critical theory in the late 1970's and 1980's - theories that directly challenged, questioned, and problematized the status quo - the positions of ethnic, but especially racial, minorities were uncritically accepted into status spaces (p. 21).

When looking at the underlying Western assumptions about Indigenous health and wellness it is important to unpack such theories, as these assumptions shape the research findings and influence final reports and policy. This status quo is pervasive as it is reproduced in formal education, training and professional qualifications as well. This section describes the critical Indigenous lens that was used to examine current mental wellness and substance use data, reports and strategies, and is complemented with an Indigenous perspective through which to identify gaps and limits.

3.3 THEORIES AND CONCEPTS

The theories applied to analyzing the way overdose data is collected by Vancouver are; Functionalism, and Critical Race Theory. Concepts used to identify gaps in the data, reports and strategies relating to inequities in health care are; Equity, Decolonization, and Intersectionality. Indigenous principles and concepts of health and wellness are also used to locate limitations in the data, and to provide insight on recommendations for a more equitable standard of collecting information for Indigenous Peoples. Each of these crucial theoretical perspectives, principles, and concepts are described below.

3.3.1 Functionalism

The functionalist theory has influenced societal order. The foundation of this theory is the recognition that all societies have certain basic needs or 'functional' requirements that need to be met if a society is to survive. It looks at whole societies and examines the ways in which its parts contribute to the efficient or inefficient functioning of the entire social order (Henry & Tator, 2016). The application of this theory is to examine the methods of previous and current researchers, and identify the philosophy behind the current data collection.

3.3.2 Critical Race Theory

Critical Race Theory (CRT) uses critical theory to examine society and culture as they relate to categorizations of power, race, and law (Gilborn, 2015). Scholar Delgado (2012) describes the CRT movement as a collection of scholars and activists who focus on studying and transforming the relationship among race, racism, and power. Delgado (2012) also points out that critical race theorist emphasize the role of narrative/storytelling to

analyze the nature, dynamics, and impact of racism which is responsible for creating such systemic barriers. Adopting CRT, when reviewing the current research methods of mental wellness and substance use data, will provide insight to the contextualized information needed. A CRT lens focuses the analysis on issues pertaining to race, racism and racial inequity within the way mental health and substance use data is collected.

3.3.3 Equity

Equity is treating everyone fairly by acknowledging their unique situation and addressing systemic barriers. The aim of equity is to ensure that everyone has access to equal benefits and results (City of Ottawa, 2018). Equity is an important and vital concept to address when discussing how mental health and substance use data can be collected in ways that are more inclusive to Indigenous populations. Best principles of equity address the systemic constraints that are needed to dismantle the barriers. An equity lens asks the question: who is and who is not included in the data? Applying an equity lens to the current mental wellness and substance use data collections will help answer the questions: What systemic barriers do Indigenous Peoples face when accessing the same health and social services as the rest of the population?

3.3.4 Decolonization

The systematic process of colonization that Indigenous Peoples have lived through, enacted by the nation state, affected many aspects of Indigenous Peoples' health and wellbeing. All Canadians residents must now be in the process of supporting decolonization. Decolonization refers to a process where colonized people reclaim their culture and traditions, redefine themselves as people and assert their distinct identities (Mussel, 20018). The decolonial lens is used to review the current municipal, provincial, and federal mental wellness and substance use data collections. In the past, the practices used to collect data provided very little context on the policies and systems that created and maintained these conditions for Indigenous Peoples.

3.3.5 Intersectionality

Perceived group membership can make people vulnerable to various forms of bias. Although people are simultaneously members of more than one group, their complex identities shape the specific way they each experience that bias (Gilborn, 2015). Intersectionality is the study of intersections between diverse disenfranchised groups specifically, the study of the interactions of multiple systems of oppression or discrimination (Nash, 2008, np). From an intersectional perspective, Indigenous identities must be thought of as diverse, and intersecting with a multiplicity of other identities related to race, gender, sex, class etc. Indigenous Peoples often experience multiple intersecting inequalities, which make addressing inequities complex and multi-faceted. Intersectionality can be useful for analyzing Indigenous health policy issues, as intersectionality recognizes relational constructs of social equity, it is an effective tool for examining how power and power relations are maintained and produced. As well as how

information is collected on overdose data. Intersectionality helps to identify what inequities look like for diverse Indigenous Peoples.

3.4 INDIGENOUS PRINCIPLES AND CONCEPTS

The Indigenous principles and concepts of health and wellness that inform the researcher's perspective on how mental health and substance use data is collected are: Creation Stories and Oral Histories (observing that in order to maintain health, humans have to observe laws and teachings that show them how to live with each other, and the world around them); Cultural Protocols (referring to the customs, ways of knowing, and codes of behaviour of a particular cultural group and a way of conducting business); Medicine Wheel Teachings (highlighting the four interconnected dimensions of knowledge - emotional, spiritual, cognitive and physical); Circle of Courage and Circle of Fear (which discuss the four main needs of children and youth and the potential outcomes when these four needs are not met). These principles provide a deeper understanding about Indigenous relationships to all of creation, as well as how knowledge and needs are interconnected, and how people identify themselves, which is directly related to their health and wellness.

Relationships and connections are integral when creating research methodologies alongside Indigenous Peoples. The author can only draw upon the Indigenous knowledge that she has learned. One very strong recommendation going forward is that each Indigenous nation/community applies their own principles and concepts when creating research methodologies in regards to their individual communities.

3.4.1 Creation Stories & Oral Histories

Each Indigenous community has their own Creation Stories that are transmitted through the use of storytelling. Creation stories are teachings rich with Indigenous science. These teachings can be aligned with Western science to build an understanding of how to best support Indigenous Peoples, and other people, through health programs and services. Indigenous origin stories, such as the Anishinabe Creation Story, retain the memory of creation. The knowledge inherent within them is crucial to understanding Indigenous relationships to all of creation. Within this particular story, 'stringing together the seeds of life,' is referenced: this concept speaks to the understanding of genetic code (Assembly of First Nations [AFN], 2019). While reviewing current mental wellness and substance use data, reports and strategies this report identifies the need for more positive qualitative data points necessary. This can be done by facilitating the space for Creation Stories to be shared when collecting and reporting information related to Indigenous health.

3.4.2 Cultural Protocols

Protocols are present in all cultures. Indigenous Peoples follow cultural protocols, ceremonies and ancestral laws to guide relationships and interactions in a good way. For example, an Anishinaabe cultural protocol is to give tobacco offerings when asking for

help. This is part of a reciprocal relationship between Anishinaabe people and all of creation. Each time medicine is accessed from the land a tobacco offering is put on the earth. All medicine comes from the earth, so each time a medicine is provided from a traditional healer or a doctor, then this cultural protocol could be followed. Observing the cultural protocols of an Indigenous community demonstrates respect for cultural traditions, history, and diversity of that specific community. It also shows a willingness to acknowledge the procedures and processes of another cultural community, as equally valid and worthy. A lack of understanding of the diversity between Indigenous and non-Indigenous cultures is often the place for a breakdown in communication, leading to a misconstrued portrayal of Indigenous Peoples.

Using this principle, the report reveals inequities in the reviewed municipal, provincial, and federal mental wellness and substance use data, reports and strategies. The report also recommends that current research methodology incorporate culturally appropriate ways in which to collect data on Indigenous Peoples by learning the cultural protocols of the nations researched. There are many Indigenous Peoples, from across Canada, living in the City of Vancouver with many cultures and protocols. An Indigenous approach to following protocols in this urban context is to ask the host nations for guidance on protocols, as this is still their unceded, ancestral, and traditional territory. Indigenous Peoples live their daily routines with their own cultural protocols but ultimately respect, acknowledge and follow the protocols of the nations on whose land they are on.

3.4.3 Medicine Wheel

The circle in the medicine wheel represents infinite life. The four quadrants of the circle represent a collection of teachings; such as, the interconnectedness between the spiritual, mental, emotional and physical, as well as the interrelationships of all living things (First Nation Health Authority [FNHA], 2019). The four directions and all of creation are also represented in the four quarters. The principle here is that all are equal, all are related, and all are interconnected and supported by culture, relationships and responsibility to family, community, and the land (FNHA, 2019). Scholar Lavalle (2007) points out that primarily the physical and mental parts are addressed in health care services leaving the emotional and spiritual components not addressed.

All four areas need to be addressed when creating health and wellness services for Indigenous Peoples. Indigenous language and spirituality address all four quadrants of the medicine wheel. The legal removal of language and spiritual practices is not highlighted by the data. Taking this systemic inequity into consideration, the medicine wheel concept of health forms an important theoretical basis for the review of current mental wellness and substance use data. This principle will help to identify which of the four quadrants are not highlighted.

Figure 2 First Nations Perspective on Wellness (FNHA, 2019)

3.4.4 Circle of Courage and Circle of Fear

According to scholars Brendtro, Brokenleg, and Van Brokern (2005), the four basic needs of children and youth are: to have a sense of **belonging** (family and community): have the ability to nurture their inherent skills and **mastery** (learning to tie their shoes or paint a picture); have the space to be **independent** (do and learn things on their own); and lastly, the opportunity to be **generous** and express **pro-social** behaviour (witness and participate in a giveaway at a potlatch, feast or other ceremony).

The flip side to Circle of Courage is Circle of Fear. The licensed clinical Social Worker, Nancy Dickerson, developed this concept based on the Circle of Courage. She states that in this cycle, children and youth experience **rejection** (by their family, peers, or community); they experience **failure** (due to lack of life skills and grief loss ceremonies); and go into **isolation** and find themselves **dependent** on others (wearing a hoodie, not looking in the eye, staying indoors, saying "I can't" without trying). Finally, instead of prosocial behaviour and generosity, children and youth experience continuous, unresolved trauma. This often leads to **antisocial** behavior and more **rejection**, which in turn, continues this cycle.

The Circle of Courage and the Circle of Fear play an important role in the review of current overdose data collections and research methodology. Often the general public does not understand how intergenerational trauma and the legacy of residential school, can impact Indigenous Peoples health, or the challenges they face accessing quality health services. If disparities and medical model conditions are the focus in data sets and reports, it will contribute to Indigenous Peoples not feeling included in health initiatives. The image below

shows the Circle of Fear on the outside of the Circle of Courage. The dotted lines and the grey space represent the space in the middle of these two cycles. This space represents the question: What needs to be highlighted in data and reports on Indigenous health in order to reconcile Indigenous health data? An important question that needs to be asked is: What happens to Indigenous Peoples sense of belonging, when they read reports and statistics on mental health and substance use, that focuses on deficits or doesn't include them at all? Indigenous Peoples are aware their communities have higher incarceration rates, suicide rates, poverty and addiction than the rest of Canada. However, they may not know or understand why these conditions exist for them, especially the younger population, which in turn affects their self-worth. These conversations are essential to reconciling the relationship between Indigenous Peoples and the rest of Canada.
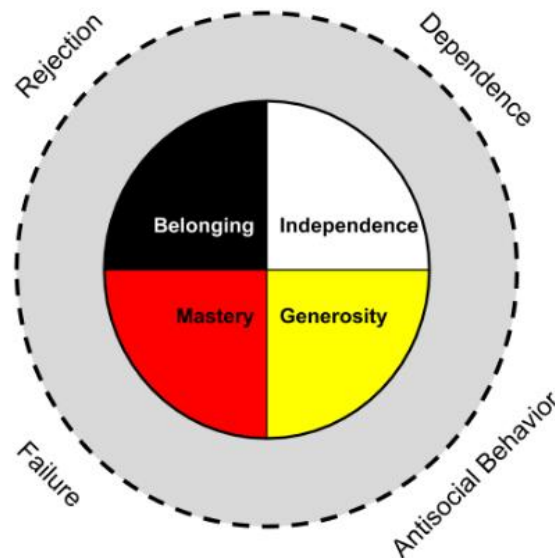
Figure 3 Circle of Courage & Circle of Fear

Incorporating the Circle of Courage concept to the reporting on mental wellness and substance use data requires highlighting stories of resilience and strength. These stories will, in turn, motivate and inspire Indigenous communities. While it is important to research about the disparities Indigenous Peoples face, contextualizing the overdose data is important to do, so that people reading will have a better understanding of addiction and mental health issues. The Circle of Courage and Circle of Fear concepts and principles help to guide this process.

This report embodies a critical review on mental wellness and substance use data to find out how institutions have considered inequities in the way mental health and substance use data is collected and interpreted.

4.0 ANALYSIS – APPLYING INDIGENOUS PRINCIPLES TO THE DATA

4.1 ANALYSIS

This section provides an analysis of data and information related to mental wellness and substance use, by applying a critical Indigenous lens to the information presented, and looking for limitations and gaps within the collections and reports. This section includes a set of key themes related to Indigenous Peoples and inequities arising from the analysis.

4.1.1 Indigenous Peoples are Invisible

The government of Canada has a record of not measuring whether the services it provides to Indigenous communities is comparable to provincial services, even though this objective is stated in government policies (Metallic et al, 2019). Due to this exclusion, Indigenous Peoples are largely invisible in the collection of data and decision-making processes created to collect this information. This method of exclusion erases and conceals the erasure of Indigenous Peoples within mainstream society, and moves Indigenous populations to the sidelines of mainstream discourse. One major problem with Indigenous data exclusion is that it allows for underfunding of essential services for Indigenous populations such as health services and housing, even though the lack of services is felt by Indigenous communities (Metallic et al, 2019).

When Indigenous Peoples are visible in mainstream discourse and research, they are constructed as an asterisk in large data sets: many of which are conducted to inform public policy on issues that impact everyone (Tuck & Yang, 2012). An asterisk (*) is a character used in writing to indicate that there is a limiting factor consideration, which makes it less important or impressive than it would otherwise be (Merriam Webster, 2019). According to Tuck and Yang (2012) the asterisk is a body count that does not account for Indigenous ways of knowing, politics or health concerns. Framing Indigenous Peoples as an asterisk or an aside in mainstream reports creates multiple barriers for Indigenous Peoples to access quality health services as the sample size of Indigenous health statistics appear negligible when compared to the sample size of other/race based categories (Tuck & Yang, 2012).

The two images below are sections from Vancouver's Healthy City Strategy - Four Year Action Plan 2015-2018 Phase 2, which illustrates a common way that Indigenous data is an asterisk in mainstream reports on health and wellness. The asterisk in these images is on the list of indicators saying that they will also track homelessness, poverty etc. for Indigenous Peoples.

Summary table of goals, targets and indicators

	2025 TARGETS	INDICATORS
A Good Start	**Vancouver's children have the best chance of enjoying a healthy childhood.**	
	☐ At least 85% of Vancouver's children are developmentally ready for school when they enter kindergarten	1. School readiness (%) 2. Child poverty (%) 3. Access to licensed quality, affordable, and accessible childcare (%)
A Home for Everyone	**A range of affordable housing choices is available for all Vancouverites.**	
	☐ By 2015: End Street Homelessness ☐ By 2021 enable: 2,900 new supportive housing units; 5,000 additional new social housing units (including 1,000 units of Single Room Occupancy (SRO) Hotel replacement); and 5,000 new units of secured purpose built rental housing [Housing and Homelessness Strategy]	1. Households spending 30% or more of income on housing (%) 2. Sheltered and unsheltered homeless (#)* 3. New supportive, social, secured rental and secondary rental housing units (#)
Making Ends Meet and Working Well	**Our residents have adequate income to cover the costs of basic necessities, and have access to a broad range of healthy employment opportunities.**	
	☐ Reduce the city's poverty rate by 75% ☐ Increase median income by at least 3% every year	1. Low-income individuals (%)* 2. Median income ($) 3. Income distribution (%) 4. Working poor (%) 5. Living Wage ($) 6. Job quality (%)*
Being and Feeling Safe and Included	**Vancouver is a safe city in which residents feel secure.**	
	☐ Increase Vancouver residents' sense of belonging by 10% ☐ Increase Vancouver residents' sense of safety by 10% ☐ Make Vancouver the safest major city in Canada by reducing violent and property crime every year, including sexual assault and domestic violence	1. Sense of belonging (%) 2. Sense of safety (%) 3. Reported crime rates (#)

*To enhance and support Vancouver's efforts as a City of Reconciliation, these indicators will also be tracked for Aboriginal people.

HEALTHY CITY STRATEGY – FOUR YEAR ACTION PLAN | 2015 - 2018 / 10

Figure 4 Summary table of goals, targets, and indicators (City of Vancouver, 2015)

The Circle of Fear perspective helps this research understand how the segregation of data can have an impact on Indigenous Peoples self-worth, and subsequent health and wellness. Indigenous Peoples feelings of inclusion and relevance compelled by the data has an impact on Indigenous Peoples' engagement with the data. For example, if Indigenous data is only included as an asterisk then Indigenous Peoples may feel they are not as important as everyone else. From a Circle of Fear perspective this perpetuates Indigenous Peoples feelings of rejection which impacts mental health and substance use. Indigenous data needs to be included as more than an asterisk in mainstream reports on mental health and substance use.

4.1.2 Data is Deficit Based

Indigenous mental wellness and substance use data visible in mainstream public health reports tends to be deficit-based, as it focuses mainly on indicators such as: homelessness, low-income/poverty, education rates, class, and criminal activities. This deficit lens also frames Indigenous Peoples as "at risk" within the data collections. This lens promotes Indigenous Peoples as economically and culturally bereft, engaged or soon to be engaged in self-destructive and anti-social behaviours, which inevitably lead to the interruption of their school careers and full absorption into mainstream society and economy (Tuck & Yang, 2012). This is a major issue for the Indigenous image, where viewed as the deficit-based lens leads to negative stereotyping and undermining of Indigenous Peoples.

Data focused on Indigenous strength and resiliency is largely not highlighted in the mainstream mental wellness and substance use data, reports and strategies. For example, CBC news journalist Emily Blake (2019, August 15) investigated the need for strength-based data on Indigenous Peoples and revealed an example of this by covering a storytelling project called, "Legacy: Indigenous Women's Health Stories." This project aims to educate health-care practitioners about Indigenous women's experiences and advocate for fair equitable access to health care. Without strength-based stories, the deficit-based data on Indigenous mental wellness and substance keeps Indigenous Peoples in a box; seeing people as being in constant suffering, not from the perspective of prospering and thriving. This means that often Indigenous communities are viewed as not capable of making their own decisions and that they need to be managed.

From a Circle of Fear viewpoint, the data's focus on Indigenous disparities also keeps Indigenous Peoples stuck in the Circle of Fear (rejection, failure, isolation, anti-social behavior). An example of data that focuses on deficits is shown below, taken from a section within Vancouver's Healthy City Strategy 2014-2025, "Good Start Goal - Vancouver's Children have the best chance of enjoying a healthy childhood." This example illustrates the focus on deficits of Indigenous Peoples, "In 2010, low income rates for Vancouver Aboriginal children under six were almost twice that of the overall child population"... the strategy states in the next paragraph "children who do not experience a good start are at greater risk of doing poorly at school, enjoying fewer economic opportunities as adults, and are more likely to be involved in criminal activities and problematic substance use throughout their lives" (City of Vancouver, 2015). The assumption is that Indigenous children are more likely to be involved in criminal activities and problematic substance use. What is the impact that this example has for Indigenous Peoples sense of belonging when the disparities shown also lead to assumptions in the same context?

Target

By 2025, at least 85 per cent of Vancouver's children are developmentally ready for school when they enter kindergarten.

Key findings

- 35 per cent of kindergarten children are developmentally not school ready.
- The City has leveraged 1,190 new childcare spaces over the last six years but accessing quality and affordable childcare continues to be challenging for many families.
- Metro Vancouver has the second highest rate of children in low-income families among 15 most populous metro areas in Canada.
- In 2010, low-income rates for Vancouver Aboriginal children under six were almost twice that of the overall child population.

Children who have a good start in life do better at school, secure better paid jobs, and enjoy better physical and mental health as adolescents and adults. Children who do not experience a good start are at greater risk of doing poorly at school, enjoying fewer economic opportunities as adults, and are more likely to be involved in criminal activities and problematic substance use throughout their lives. All children benefit from quality care, family support, and opportunities for play, learning and connection.

Figure 5 Goal 1 A Good Start (City of Vancouver, 2015)

Focusing on strength-based behaviours of Indigenous Peoples brings them back into the Circle of Courage cycle allowing them to experience belonging instead of rejection. Examples of a strength based data on Indigenous wellbeing are illustrated in the image below taken from the Aboriginal Health, Healing, and Wellness in the DTES Study (City of Vancouver, 2017). This example is helpful when thinking about augmenting indicators to change the way data is framed

DTES TRADITIONAL, CULTURAL, AND SPIRITUAL SUPPORTS
What kinds of traditional, spiritual, and cultural activities are offered in the DTES?
(Aboriginal Health, Healing and Wellness in the DTES, 2016, Organizations Q17 + Elders Q8)

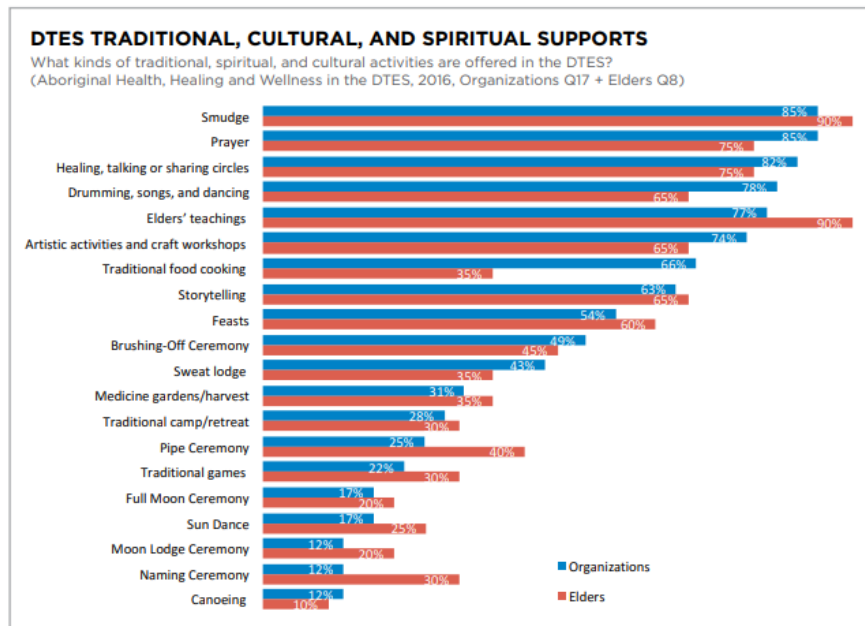| Activity	Organizations	Elders
Smudge	85%	90%
Prayer	85%	75%
Healing, talking or sharing circles	82%	75%
Drumming, songs, and dancing	78%	65%
Elders' teachings	77%	90%
Artistic activities and craft workshops	74%	65%
Traditional food cooking	66%	35%
Storytelling	63%	65%
Feasts	54%	60%
Brushing-Off Ceremony	49%	45%
Sweat lodge	43%	35%
Medicine gardens/harvest	31%	35%
Traditional camp/retreat	28%	30%
Pipe Ceremony	25%	40%
Traditional games	22%	30%
Full Moon Ceremony	17%	20%
Sun Dance	17%	25%
Moon Lodge Ceremony	12%	20%
Naming Ceremony	12%	30%
Canoeing	12%	10%

Figure 6 DTES Traditional, Cultural, and Spiritual Supports (City of Vancouver, 2017)

4.1.3 Visual Representation

Municipal, provincial and federal mental wellness and substance use documents were reviewed for this project. Often health strategies, reports and data collections lack a positive visual representation of Indigenous Peoples and cultures, unless they are specifically about Indigenous initiatives. For example, when reports were reviewed there were no recognizable pictures of Indigenous people. Although the intent is not to stereotype Indigenous Peoples through images, at the same time some visual representation is helpful as this City is on Indigenous unceded, traditional and ancestral territories. Not visually representing Indigenous Peoples will also lead Indigenous Peoples to feel that they are not part of the documents at all. Many Indigenous Peoples have maintained connection to culture and are leading the way for Indigenous prosperity. There are Indigenous doctors, nurses, front line workers, as well as, people working for the government and their own Indigenous nations. Incorporating positive images of Indigenous Peoples into health reports related to mental health and substance use is essential to breaking down stereotypical images that Indigenous Peoples are sick, poor and uneducated.

At present, the danger for Indigenous Peoples is that because their image is created through colonial systems and institutions, this same image can also be controlled and manipulated to suit Western interests, argues scholar Ermine (2007). This control of Indigenous images and the lack of positive visual representation in current reports on health data contribute to stereotypes rather than challenge discriminatory beliefs. It also keeps Indigenous people and data on the sidelines of mainstream discourse which again contributes to the Circle of Fear cycle of rejection (Ermine, 2007).

An example of positive illustration of Indigenous Peoples is found in this image from the Aboriginal Health, Healing, and Wellness in the DTES Study (City of Vancouver, 2017). This positive visual representation will help mental wellness and substance use reports frame Indigenous Peoples as healthy and strong. From a Circle of Courage perspective, incorporating positive visuals of Indigenous Peoples engaged in culture, success, and resiliency contributes to Indigenous Peoples sense of belonging. The image, shown, of youth paddling in a traditional dugout canoe across ancestral waters provides a way to incorporate important cultural protocol principles. Including such positive images within health and wellness reports, strategies, and data on Indigenous mental wellbeing, acknowledges the many cultural protocols related to creation stories. The youth paddling on ancestral waters also acknowledges the physical, emotional, social and spiritual power of pulling together in one canoe. These protocols are taught to youth through the use of oral histories. The acknowledgement of Indigenous cultural protocols, as a deep part of healing, helps to break down the stereotypes that cause inequities in health. The visuals showing strength and resiliency can be highlighted by the reports and strategies by the data if it's shown how many Indigenous youth are learning cultural protocol as a way of avoiding substance use.

Figure 7 Image of youth in canoe (City of Vancouver, 2017)

4.1.4 Contexualization of Data

Information about Indigenous health in mainstream research is usually presented without sufficient context. When context about Indigenous health data is not provided, there is insufficient information needed to make sense of the facts highlighted (Allan & Smylie, 2016). Indigenous Peoples face many unique barriers in accessing health services, which can subsequently impact their access to treatment for mental health and substance use issues. Further, when the unique barriers Indigenous Peoples face are not considered in the context of mental health and substance use data, an incomplete picture of Indigenous health is created.

Select health indicators of First Nations people living off reserve, Métis and Inuit

Statistics Canada Catalogue no. 82-624-X
by Linda Gionet and Shirin Roshanafshar

Highlights

- In 2007–2010, First Nations people living off reserve, Métis, and Inuit reported poorer health compared with non-Aboriginal people. First Nations people1 and Métis were more likely to report higher rates of chronic conditions compared with the non-Aboriginal population.
- Smoking rates were over two times higher among the three Aboriginal groups than the non-Aboriginal population. Aboriginal people were also twice as likely to be exposed to second-hand smoke in the home.
- Aboriginal adults had higher obesity rates: First Nations people—26%; Inuit—26%; and Métis—22%; compared to 16% for non-Aboriginal adults.
- All three Aboriginal groups were more likely to experience household food insecurity than the non-Aboriginal population. The rates were 27% of Inuit, 22% of First Nations people and 15% of Métis compared with 7% of non-Aboriginal people.
- Métis and First Nations people were more active during leisure time than their non-Aboriginal counterparts. Inuit reported a stronger sense of belonging to their community and a high satisfaction with life.

The health of First Nations people, Métis and Inuit has been greatly affected by rapid societal changes in the last half century.2 They face the same health issues as the general population as well as their own challenges. Monitoring the health of Aboriginal groups, however, is limited by a lack of data.

Figure 8 Select health indicators of First Nations people living off reserve, Métis and Inuit

An example of sufficient context not provided in the data is illustrated in the image above taken from Statistics Canada "Health at a Glance." While it is acknowledged in this data set on Indigenous health indicators that the health of Indigenous Peoples "has been greatly affected by rapid societal changes in the last half century" it does not provide any context that places the focus on the systems that created these conditions for Indigenous Peoples. Instead it places the focus on Indigenous Peoples as being their own barrier to health as the data set states "They face the same health issues as the general population as well as their own challenges" (Statistics Canada, 2019).

Figure 9 Image of context added to overdose and substance use data (FNHA, 2019)

The image shown above is from a report on Indigenous health that did contextualize disparity is the recent graphic within First Nation Health Authority (FNHA, 2019) report on the "Impact of the Opioid Crisis on Aboriginal people in BC." While describing high

rates of overdoses among Indigenous Peoples, the report provides some context on racism and stigma, as well as acknowledges that the gaps between Indigenous and non-Indigenous Peoples stem from systemic racism. The research brings to light many colonial policies that place barrier after barrier for Indigenous Peoples to access quality health services. Although this was a short sentence further contextualization might be needed for people to understand the overdose crisis and how it relates to colonization and systemic barriers. This is a good way to start this conversation in reports where Indigenous Peoples are represented.

From a CRT point of view the need for oral histories and narratives to contextualize the data will help fill in the gaps as to why Indigenous Peoples experience health issues more than the general public. Oral histories are also an important way in which Indigenous Peoples pass on information and share advice. The data needs to be contextualized with stories that will help fill in the information not provided.

4.1.5 Linkage to other Social Determinants of Health

The status quo of current data collections, and reports, on overdose deaths and health initiatives, are created with a Western medical lens that focuses on disparities and medical issues. The way overdose data is collected by Vancouver is missing Indigenous perspectives. Information linking current Indigenous disparities to other social determinants of health is missing from the current data. In order to get a full picture, information needs to be collected on how social determinants of Indigenous Peoples are connected to their health. For example, many Indigenous Peoples who experience an overdose are also first, second, and third generation survivors of residential school and tuberculosis (TB) hospitals, where extensive amount of abuse occurred leading to trauma and intergenerational trauma (TRC, 2010). This information is not linked with the current municipal, provincial and federal data collections on mental wellness and substance use data. Scholars Allan and Smylie (2016) discuss the implications of not linking current mental wellness and substance use data to other social determinants of health:

> While stories about Indigenous health are frequently marked by an absence of context, they can also be characterized by the presence of racist stereotypes and inaccuracies; being consistently pervasive in mainstream Canadian narratives. These include the idea that genetic predeterminations — as opposed to factors like access to the social determinants of health — are responsible for the health inequities experienced by Indigenous Peoples and other racialized groups. The importance of taking care to contextualize Indigenous Peoples' health cannot be overstated since, as noted by Greenwood and de Leeuw (2012), a failure to do so may result in a presumption that the extremely poor health status and socioeconomic challenges faced by many Indigenous Peoples is a matter only of physiological or biomedical failure (p.6).

Systemic Barriers within the Indian Act have caused much social divide for Indigenous Peoples in all areas of life. The general public is not aware how laws that Canada passed intentionally created these barriers for Indigenous Peoples. Linking current data collections on overdose and mental wellness to other social determinants of health is important to dismantle down systemic barriers that cause inequities as many of these barriers stem from racism and assumptions from the public and health service providers.

It is important to note that technical barriers exist for researchers and those who collect information on mental wellness and substance use in accessing other social determinants of health to link with the Indigenous datasets. Creating space and partnerships with Indigenous planners and researchers in the collection of this data will be helpful as first they will implore a critical Indigenous lens, and secondly, they will access oral histories, cultural protocols, and medicine wheel type teachings that will aid in comprehending all the linkages. Lastly Indigenous researchers will highlight in their reports, papers, and documents the critical need to sync mental wellness and substance use, to other social determinants of health, and to collect this information that may help with gaining grants to undertake this huge but not impossible project.

4.1.6 Meaningfulness & Accessibility of Data

Since the current data collections on mental wellness and substance use were not created by Indigenous Peoples, they lack an Indigenous perspective. Graphs, charts, and maps are displayed within the data, reports and strategies on mental wellness and substance use. Medical language and public health data tend to exclude Indigenous knowledges and worldviews, and how the language and statistics used are often seen as irrelevant or sometimes disrespectful to Indigenous Peoples. For example, describing deaths using numbers or statistics dehumanizes and ignores the reality and/or depth of the overdose crisis and people's stories. Educational, academic and government institutions that employ these methods are often colonial, racist spaces that are unsafe for Indigenous Peoples, and as a result, Indigenous communities/nations are often not part of decisions on how to represent data in a meaningful way.

Only people who are familiar with reading graphs, charts, and maps fully comprehend what they mean, and are able to reference them, such as academics. Often, there is no explanation regarding how to read the graphs and charts and this will dissuade some readers from looking at the report. These barriers may cause an even greater divide from the researcher and the subjects of research. People with lived experience have the greatest expertise to locate limitations and gaps within the data on mental wellness and substance use. An equitable approach to displaying complex visuals is helpful to maintaining this connection of data to the actual people.
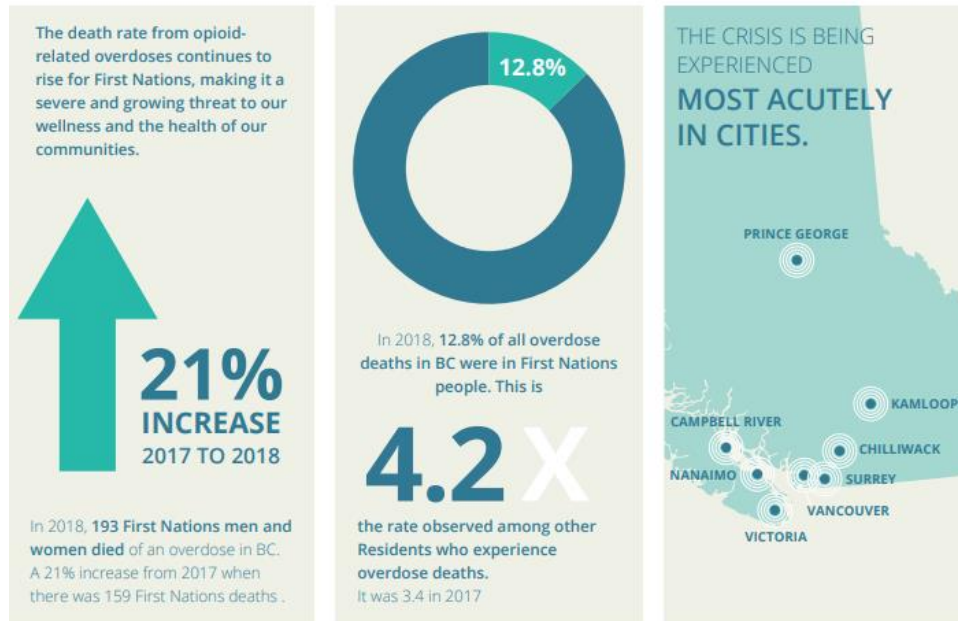
Figure 10 The Situation (FNHA, 2019)

Another way in which the representation of data is not meaningful or accessible to Indigenous communities is found within FNHA (2019) report on the opioid crisis on First Nations in BC. The image above illustrates with a map of how the crisis is being experienced most acutely in Cities. What is missing from this image that would be helpful for Indigenous Nations is data on deaths that occurred on reserve, linking them to other social determinants of health to inform program design. Also, data for Indigenous Peoples who live off reserve and experience overdose events and then link it back to the nation on where they originated from.

4.1.7 Visibility of Diverse Identities in Data

Measurement and outcomes are important for demonstrating the effectiveness of health care. The various intersections that Indigenous Peoples experience are seldom considered, and are often invisible, within mainstream research. According to scholar Nickerson (2017) Canada is not currently responsible for reporting on wellbeing of Indigenous citizens, or measuring and reporting on investments and outcomes associated with community development. This is the responsibility of each Indigenous nation. This lack of responsibility by the Canadian government, to collect this information, affects the government's ability to understand the effectiveness of health care for Indigenous Peoples.

The BC Coroners report indicates that men are experiencing overdose events more than women. The figure below is an example where the data shows the age and sex of Peoples who died of an overdose in Vancouver Coastal Health region in 2017. This image demonstrates how the data does not indicate that women are underserved. This may be true, however, Indigenous women are even more at risk and this information is not represented

in the data. From an equity and decolonial lens reviewing this graph shows how women are consistently portrayed as less than men.
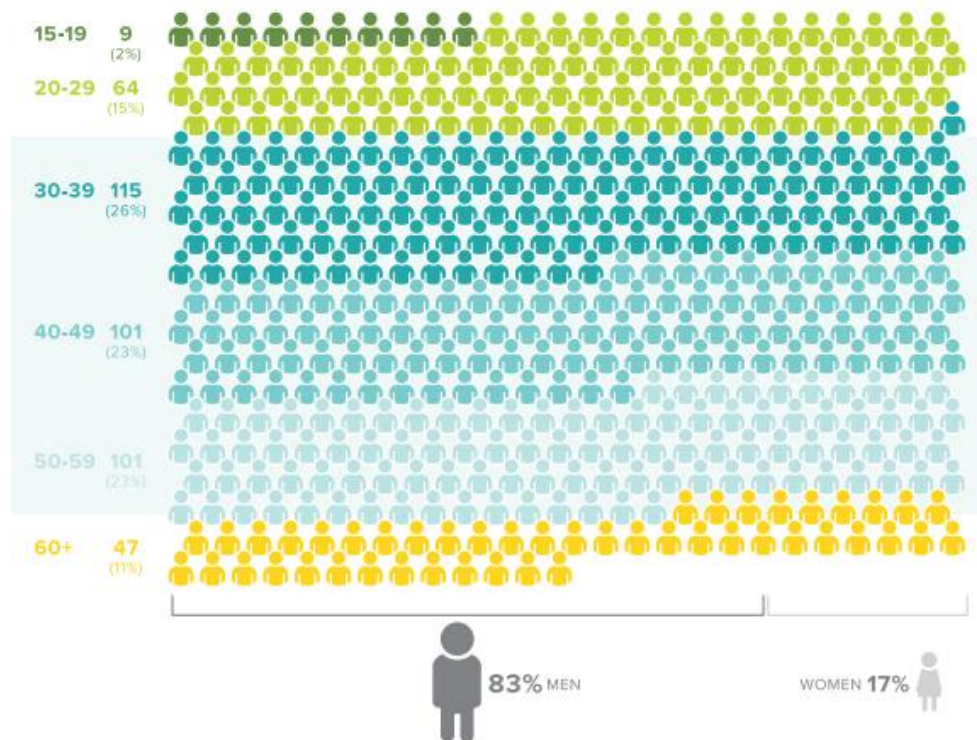
Figure 11 Demographic characteristics of people dying of overdoses in VCH (CMHO, 2018)

The graph shown above from CMHO is also an example of how not only Indigenous women are not represented within the mainstream data, but information on gender, sex orientation and two-spirited Indigenous Peoples is also not included. If a two-spirited person experiences discrimination at an overdose prevention site and goes home to use and overdoses, this is not highlighted by the data, strategies, or reports. Therefore, a clear need exists to improve and document the quality of care provided to Indigenous Peoples.

CMHO (2018) graph demonstrates as well, how gender and ancestry are not looked at together. Intersectionality scholars recognize the need to work with a variety of stakeholders (e.g., policy makers, grassroots activists and community groups, including multiply oppressed communities) to undertake research and policy, and to make social change (Nash, 2008). From an intersectionality perspective gender and race must be looked at together because they impact each other. Sexism and racism are linked together through Indian act laws that had impacts specifically on Indigenous women and two spirited people. If gender and race are not examined together this means that we can never look at Indigenous women and the impact of sexism and racism on Indigenous Peoples.

4.1.8 Consistency of Data across Jurisdictions

There are large gaps in the coverage of Indigenous health data in Canada. While reviewing municipal, provincial, and federal data collections on mental wellness and substance use a

trend of inconsistencies in data collection is apparent. The problems with the lack of consistency in current data collections is usually the pieces do not add together in that different authorities are responsible for different surveys and methodologies differ (Wyatt et al, 2016). The issue with inconsistency across jurisdictions is that they can't compare data across geographic regions to show inequalities across the Country. Even if a concept is measured in more than one survey, questions may not be worded in the same way, making the results not comparable. This is a problem for Indigenous Peoples as there are many gaps in the coverage of Indigenous health data in Canada.

Scholars Smylie and Lana (2012) explore the inconsistencies in jurisdictional data collection. They stress the key challenge with respect to coverage is the absence or inconsistency of "First Nations, Inuit, and Métis" ethnic identifiers in vital registration systems, primary care, and hospital administrative datasets. "First Nations, Inuit, and Métis" people are largely invisible in the majority of provincial and territorial health datasets (Smylie & Lana, 2012). As a result, cross linkages of these provincial/territorial health datasets to Indigenous Peoples, and more recently Métis registry lists, provide a partial solution, however, such linkages are limited by the quality of the registration lists and exclude Indigenous and Métis persons who are not registered. In some regions, postal code can also be used as a proxy for Indigenous ethnicity; however this method is limited to Indigenous reserves with a specific postal code or regions where the large majority of the population is Indigenous (Smylie & Lana, 2010).

Questions of data governance occur in all contexts and jurisdictions across British Columbia. Indigenous Peoples experiences of vulnerability to decision makers, deep rooted colonial relationships, claims of jurisdictions, and issues about collective privacy becomes crucial in the consideration on how and by who Indigenous data should be managed. Ownership Control Access and Possession (OCAP) was created to protect Indigenous data and to acknowledge ownership of data by Indigenous nations. Many times governments are waiting to access Indigenous data to inform their work but the data might not be made accessible. There is an ongoing need on the part of the governments to access and use such data to plan, monitor, and account for programs and initiatives involving Indigenous Peoples and communities. Also Indigenous nations are often not able to use the data governments collections as many times the data collected is not relevant to what Indigenous Peoples need to build capacity and within their communities and nations. This is an example of cross jurisdictional data issues in British Columbia with Indigenous data and Indigenous nations/organizations that are collecting data. A way to make this work for both parties is to have an agreement that the City pay for Indigenous communities and organizations to collect indigenous data. This will ensure that both governments and those who collect Indigenous data will have access to the information on a timeline that both can work with.

4.1.9 The Role of Indigenous Peoples in Research

A number of United Nations forums discuss the concerns Indigenous representatives have raised with concern about the relevance of existing statistical frameworks for reflecting their worldviews. Lack of Indigenous Peoples participation in data collection processes and governance are also highlighted by these forums. As a result, collection of Indigenous data

is viewed primarily as servicing government requirements rather than support Indigenous communities development agendas (Nickerson, 2017. Historically, the methods used to obtain and analyze data on Indigenous Peoples have been handled by colonial governments and non-Indigenous researchers.

An example of this unequal power relationship lies within the creation of Indian Affairs, also known as Indigenous Services Canada (ISC). ISC has created a market economy managing Indigenous identities, economics, environments, livelihoods, and children. This regulation of Indigenous Peoples by ISC reinforces unequal power relationship. The ongoing management of Indigenous Peoples, by non-Indigenous institutions, undermines Indigenous Peoples' ability to build capacity within their nations.

Generally "outside" planners (not from the nations' territory on whose lands they are planning on/for) employed by governments, are considered more valuable, and have more resources to be paid higher salaries than "inside" planners (local Indigenous knowledge holders specific to the territory they are planning on/for). Many times 'inside and outside" planners are given different titles, but are still doing the same type of work, such as creating a community plan and implementing it. One way to ensure that "inside" planners and "outside" planners are treated equitably is for governments to hire "inside" planners more frequently in all areas of planning, as the City of Vancouver is on the unceded, ancestral and traditional territory of the Musqueam, Squamish and Tsleil-Waututh Indigenous nations. Inside planners have an expertise that cannot be learned in a book, but by the lived experience of existing in a society with governments who have created barriers for them in all areas of life, historically and still today (Leyland et al, 2016). A way for the City to move this work forward is to engage Indigenous advisory expertise and formalize their role to inform the policies, programs and overall implementation of health and social services. When designing a research project take the, "not about us without us," approach.

4.2 SUMMARY

There are many gaps and limitations with the current municipal, provincial, and federal data collections on mental wellness and substance use, that do not highlight inequities for Indigenous Peoples. Applying an Indigenous and theoretical lens to the review and analysis of current mental wellness and substance use data helps to reveal these gaps, and also points to ways to address the gaps. Recommendations that take Indigenous perspectives and ways into consideration will be most beneficial to the purpose of data collection. As well, creating space for Indigenous ways of knowing should be centred in research about Indigenous Peoples by Indigenous Peoples.

5.0 RECOMMENDATIONS

The recommendations for this report draw upon scholars Erfan & Hemphill (2013). They discuss the role of planners and researchers working in and with Indigenous communities. The 'inside planner' is from the community and is responsible for Indigenizing the planning/research process. The inside planner knows the stories, protocols, traditions, language, governance, and culture of their people. The 'outside planner,' who is not from the nation, is responsible for decolonizing the planning process and research. The outside planner works together with the 'inside planner 'to make the plan. They hold space for dialogue to happen with all stakeholders involved i.e. Indigenous Peoples, governments, corporations, public, etc. Working together the 'inside planner' and the 'outside planner' are able to effectively incorporate teachings from both epistemologies into the process. The City can appropriately work with an "inside planner" by creating opportunities and partnerships to hold space with Indigenous knowledge holders and Indigenous led organizations that have lived experience specific to the topic being discussed.

These broad recommendations are intended specifically for the implementation of the City-wide plan as well as for data collection by municipal, provincial and federal governments, non-profit organizations, academics, Indigenous and non-Indigenous researchers:

1. **More Indigenous researchers and Indigenous Peoples need to be involved and hired in data collection and analysis processes;**

Indigenous Peoples tend to be excluded in the way mental health and substance use data is collected and interpreted. This leads to the creation of data that is not likely to be meaningful and relevant to Indigenous Peoples, and further perpetuates the inequitable power dynamic of Indigenous Peoples being research subjects, rather than being in control of data that impacts Indigenous Peoples. Making sure to include and hire more Indigenous Peoples in mental health and substance use data collection processes can be one way of keeping Indigenous Peoples at the centre of mental health and substance use planning--and making sure Indigenous Peoples are not an asterisk.

2. **Include Indigenous data in reports on mental health and substance use for the general population;**

Often Indigenous Peoples are not visible in mainstream society we can see this same pattern applied to mental wellness and substance use data for the general population. This may be related to the hesitation of researchers to collect this data for fear of not following proper protocols related to Indigenous health data such as the OCAP principles. The problem with not including Indigenous data is that Indigenous Peoples are left out of mainstream planning on mental wellness and substance use. It is important that all levels of government, health agencies of government, and health researchers acknowledge the Indigenous populations affected in the areas and issues that they are studying, and that they ensure that Indigenous communities are visible and supported.

3. Create and Implement data standards re: Indigenous Peoples and inequities across all jurisdictions - mental health and substance use data;

Current methods of collecting identifying indicators for Indigenous Peoples includes the application of colonial labels written in English such as Status and non-status Indian, Aboriginal, First Nations, and Indigenous. In order to be equitable in data standards for Indigenous Peoples their individual ways of identifying should be made the norm across all jurisdictions. This will ensure the distinctiveness of each nation's situation is visible and identified. Fully realizing this recommendation will require these jurisdictions to ensure safety for Indigenous Peoples to self-identify. This need will come with a requirement for cultural competency/safety training and protocols to be developed.

4. Indigenize the way we collect information on Indigenous Peoples (stories vs. statistics);

Researchers need to be comfortable with mixed-method research that includes both narrative and quantitative data. Also decision makers need to value and respond to different ways of knowing that may not reduce to statistics. This is important as it challenges the paradigm that privileges Western Eurocentric knowledge systems, and also complements these knowledge systems. Additionally Indigenous knowledges may be an asset to mainstream systems in their departure from colonial ways of doing things.

5. Invest in meaningful images to represent Indigenous health and wellness;

Hire Indigenous photographers and communication specialists to collect images in a culturally appropriate way by inquiring about and following cultural protocols at Indigenous events, ceremonies, and celebrations. Recognizing the complex nature of representation and the impact of representation on Indigenous Peoples, Indigenous experts in this area need to be engaged to navigate these issues appropriately. Individual Indigenous Nations and Indigenous run organizations could develop protocols and ensure that there are systems in place to make sure they are followed. Often City departments lack images of Indigenous Peoples to support their projects.

6. Include and feature stories and data of success and resiliency;

Indigenous Peoples deficits are often highlighted in mental wellness and substance use data. This is a problem as it keeps Indigenous Peoples' stories of success as hidden or not happening at all. Instead of focusing on how many Indigenous Peoples are homeless, for example, the data could highlight how many Indigenous Peoples have homes despite the genocidal state and structural barriers they face.

7. Collect data to track inequities and use it to inform mental health and substance use policy, planning and program development;

Inequities related to race and gender is often not highlighted by mental health and substance use data. The problem with this omission is planners, researchers, and decision makers may

not be aware of inequities stemming from sexism, racism, and colonialism. When people are not aware of these inequities then they can't address the specific issues related to Indigenous women and Two Spirit Peoples. Redesigning systems and methods to include inequity measure such as race and gender is needed.

8. **Contextualize the data that shows disparities and explain systemic issues and the source of the issues;**

Researchers need to identify the systems that are responsible for creating disparities, not identifying disparities among people. An example of how to contextualize the data on disparities is to create space for Indigenous Peoples to share their experiences and stories. Although it's important to show disparities in the data it's equally important to provide context as to how these conditions were created. Without contextualizing the data, decision makers may be likely to locate the problem on Indigenous Peoples and not on where the problem was originally created.

9. **Collect and include data that is based on Indigenous communities' diverse identities and integrate into reports;**

Indigenous Peoples are diverse. Often when data is collected it essentializes all Indigenous Peoples into colonial groupings such as First Nations, Inuit, and Metis. The problem with this approach is that it doesn't recognize the diversity of Indigenous Peoples and as a result findings that result from that data may not be effective or aligned with every community. It's the responsibility of the researcher to work with all Indigenous groups they are studying to create their methodology.

10. **Equip Indigenous communities with the technological and human resource capacity to govern and own their communities' data.**

Indigenous communities live with the reality of having resources controlled by the colonial governments. The collection of information by outside researchers can perpetuate this. However Indigenous communities themselves are in the best position to make decisions about the health and wellness of their people. A way forward is to support Indigenous nations to meet their own data needs with funding and other resources directed to them.

6.0 CONCLUSION

Applying Indigenous health and wellness principles and concepts to substance use and mental wellness data is essential when highlighting the implications of the way data is currently collected in current data collections and Western research methodology. Methods to locate gaps and limitations in the current data collections included first a review of literature and data related to mental wellness, and substance use. Second, Indigenous

principles, theories and concepts that consider inequities and systemic barriers were applied to the analysis to help think about where information can be collected that will help to address inequities. Third, gaps and limitations are identified in the data and Western research methods. Lastly, recommendations were presented relating to academics, researchers, planners, governments and organizations best practices, to ensure current research methods are inclusive to Indigenous Peoples. If inequities are not measured by current research than they cannot be fixed. This report will help reveal inequities related to accessibility of quality health services to Indigenous Peoples, including women.

GLOSSARY

Genocide

The National Inquiry (2019) discusses three types of genocide: physical, biological and cultural. Physical genocide consists of the physical destruction of a group; biological genocide is the destruction of the group's reproductive capacity; and cultural genocide yields the destruction of structures and practices that allow a group to keep living as a group.

Systemic Barriers

Systemic barriers are obstacles that exclude groups or communities of people from full participation and benefits in economic, social, and political life. These barriers may be hidden or unintentional but are built into the way society works. Assumptions and stereotypes, along with policies, practices and procedures, reinforce systemic barriers (Ottawa, 2018).

Traditional Healing

"Health practices that are based on Indigenous understandings of health and wellness that typically include plant-based medicines, ceremonies, counseling, and hands on techniques to promote an individual's mental, physical, emotional and spiritual aspects of health" (Government of the Northwest Territories [NWT], 2016).

APPENDIX A: DATA AND LITERATURE REVIEW INVENTORY

Literature and Data referenced in report is highlighted in grey. The other documents were reviewed to widen the research scope.

Type	Title	Reference
Blog	A Brief Look at Indian Hospitals in Canada	Indigenous Corporate Training Inc. (2017, June 3). A Brief Look at Indian Hospitals in Canada [Blog post]. Retrieved from https://www.ictinc.ca/blog/a-brief-look-at-indian-hospitals-in-canada-0
Grey Literature	A Comprehensive Approach to Governing, Measuring and Reporting on Investments in First Nations Well-being.	The British Columbia First Nation Data Governance Initiative (2019). A Comprehensive Approach to Governing, Measuring and Reporting on Investments in First Nations Well-being. Retrieved from https://www.bcfndgi.com/initiative-history
Data and Grey Literature	A Healthy City for All: Vancouver's healthy city strategy 2014-2025 Phase 1	City of Vancouver. (2014). *A Healthy City for All: Vancouver's Healthy City Strategy 2014-2025, Phase 1*. Retrieved from www.vancouver.ca/healthycity4all
Data and Grey Literature	A Healthy City for All: Vancouver's healthy city strategy Phase 2	City of Vancouver. (2015). *A Healthy City for All: Healthy City Strategy – Four Year Action Plan 2015-2018, Phase 2*. Retrieved from www.vancouver.ca/healthycity4all
Grey Literature	A Legal Analysis of Genocide: Supplementary Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls.	National Inquiry into Missing Murdered Indigenous Women and girls (2019). *A Legal Analysis of Genocide: Supplementary Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*. Retrieved from https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Supplementary-Report_Genocide.pdf

Type	Title	Reference
Grey Literature	A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia	British Columbia. (2019). *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia.* Retrieved from https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/mental-health-and-addictions-strategy/bcmentalhealthroadmap_2019web-5.pdf
Data Collection Standard & Grey Literature	Aboriginal Administrative Data Standard 2007 Province of BC	Ministry of Aboriginal Relations and Reconciliation. (2007). *Aboriginal Administrative Data Standard 2007 Province of BC.* Retrieved from https://www2.gov.bc.ca/assets/gov/government/services-for-government-and-broader-public-sector/information-technology-services/standards-files/aboriginal_administrative_data_standards.pdf
Grey Literature	Aboriginal Cultural Practices: A Guide for Physicians and Allied Health Care Professionals Working at Vancouver Coastal Health	Vancouver Coastal Health (2017). *Aboriginal Cultural Practices: A Guide for Physicians and Allied Health Care Professionals Working at Vancouver Coastal Health.* Retrieved from http://www.vch.ca/Documents/AH-cultural-practices.pdf
Grey Literature	Aboriginal Health, Healing, and Wellness in the DTES Study final report	City of Vancouver. (2017). *Aboriginal Health, Healing and Wellness in the DTES Study.* Retrieved from https://vancouver.ca/files/cov/aboriginal-health-healing-wellness-final-report.pdf
Grey Literature	Aboriginal People in Canada: First Nations People, Metis and Inuit.	Statistics Canada (2018). *Aboriginal Peoples in Canada: First Nations People, Metis and Inuit.* Retrieved from https://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/99-011-x2011001-eng.cfm
Grey Literature	Achieving Health Equity: A Guide for Health Care Professionals	Wyatt, R., Laderman, M., Botwinick, L., Mate, K., & Whittington J. (2016). *Achieving Health Equity: A Guide for Health Care Organizations.* IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement. http://www.ihi.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx
Academic Literature	Achieving Strength through Numbers: First Nations, Inuit, and Métis Health Information	Smylie, J., and Lana, D. (2010). *Achieving Strength through Numbers: First Nations, Inuit, and Métis Health Information. University of Northern British Columbia.* Retrieved from https://www.researchgate.net/profile/Janet_Smylie/publication/242743022_Achieving_Str_ength_through_numberS_FirSt_nAtionS_inuit_And_metiS_heAlth/links/0deec52dea979494ec000000.pdf

Type	Title	Reference
Literature	"All my relations": Experiences and perceptions of Indigenous patients connecting with Indigenous Elders in an inner city primary care partnership for mental health and well-being	Hadjipavlou, G., Varcoe, C., Tu, D., Dehoney, J., Price, R., & Browne, A. J. (2018). "All my relations": Experiences and perceptions of Indigenous patients connecting with Indigenous Elders in an inner city primary care partnership for mental health and well-being. *Canadian Medical Association Journal, 190*(20), E608-E615. doi:10.1503/cmaj.171390 http://www.cmaj.ca/content/190/20/E608
Grey Literature	An Act respecting First Nations, Inuit, and Métis Children, Youth and Families Does Bill C-92 Make the Grade?	Metallic, N.W., Friedland, H., Craft, A., Morales, S., and Hewitt, J. (2019). *An Act respecting First Nations, Inuit, and Métis Children, Youth and Families Does Bill C-92 Make the Grade?*. Yellowhead Institute. Retrieved from https://yellowheadinstitute.org/bill-c-92-analysis/
Literature	Changing the relations of surveillance: The development of a discourse of resistance in Aboriginal epidemiology	O'Neil, J. D., Reading, J. R., & Leader, A. (1998). Changing the relations of surveillance: the development of a discourse of resistance in Aboriginal epidemiology. *Human organization*, 230-237.
Literature	Critical Race Theorists	The Bridge. (nd). Critical Race Theorists. Berkman Klein Centre for Internet and Society at Harvard University. Retrieved from https://cyber.harvard.edu/
Literature	Critical Race Theory: An Introduction	Delgado, R., & Stephanie, J. (2017). *Critical Race Theory: An Introduction.* New York, USA: NYU Press.
Academic Literature	Critical Race Theory and its Implication for Indigenous Cultural Safety	Dennis, V. S. (2017). Critical Race Theory and its Implication for Indigenous Cultural Safety. *Indigenous Cultural Safety Collaborative Learning Series*. Retrieved from http://www.icscollaborative.com/webinars/critical-race-theory-and-its-implication-for-indigenous-cultural-safety?fbclid=IwAR2guDCva1zA943TU0zISuJTSyDfaHUX1YIN69KDD3cwOyBOLZYo82pYzaE

Type	Title	Reference
Academic Literature	Cultural Pathways for Decolonization	Mussel, B. (2008). Cultural Pathways for Decolonization. *Aboriginal People issue of Visions Journal, 2008, 5 (1)*, pp. 4-5. Retrieved from https://www.heretohelp.bc.ca/visions/aboriginal-people-vol5/cultural-pathways-for-decolonization
Academic Literature	Data Resources and Challenges for First Nations Communities	Mcbride, K. (nd). *Data Resources and Challenges for First Nations Communities.* Alberta First Nations Information Governance Centre. Retrieved from http://docs.fntn.ca/VC11512/Handouts/Data-Resources-Report.pdf
Data	Deaths, by cause, Chapter V: Mental and behavioural disorders (F00 to F99)	Statistics Canada. (2019). Deaths, by cause, Chapter V: Mental and behavioural disorders (F00 to F99) [Dataset]. Retrieved from https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310014301
Grey Literature	Decolonizing Data: Indigenous Data Sovereignty Primer	Open North in collaboration with the British Columbia First Nations Data Governance Initiative. (2017). Decolonizing Data: Indigenous Data Sovereignty Primer.
Grey Literature	Decolonization is not a metaphor	Tuck, E., Yang, K. W. (2012). Decolonization is not a Metaphor. Decolonization: Indigeneity, Education & Society, 1, 1-40.
Grey Literature	Decolonizing Methodologies	Smith, L. S. (2012). Decolonizing Methodologies: Research and Indigenous Peoples. New York, NY: Zed Books.
Academic Literature	Enacting Research Ethics in Partnerships with Indigenous Communities in Canada: "Do it in a Good Way"	Ball, J. & Janyst, P. (2008). Enacting Research Ethics in Partnerships with Indigenous Communities in Canada: "Do it in a Good Way." Journal of Empirical Research on Human Research Ethics. https://doi.org/10.1525/jer.2008.3.2.33
Grey Literature	Equity and Lens Handbook	City of Ottawa and City for All Women Initiative (CAWI). (2018). *Equity and Lens Handbook*. Retrieved from https://documents.ottawa.ca/sites/default/files/ei_lens_hb_en.pdf?fbclid=IwAR1zD9IsCazYTVlskGvTn2awlo4dSI0vMJdEgXhkwTcVDGraALgRHHolx8s
Academic Literature	Erasing Indigenous Indigeneity in Vancouver	Ball, J., & Janyst, P. (2008). Enacting Research Ethics in Partnerships with Indigenous Communities in Canada: "Do it in a Good Way." *Journal of Empirical Research on Human Research Ethics, 3(2)*, 33–51. https://doi.org/10.1525/jer.2008.3.2.33

Type	Title	Reference
Data	Fentanyl – Detected Illicit Drug Overdose Deaths Jan 1, 2009 - January 31, 2019	Coroner's Service (2019). Fentanyl – Detected Illicit Drug Overdose Deaths Jan 1, 2009 -January 31, 2019 [Dataset]. Retrieved from https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf
Data	First Nations Opioid Overdose Deaths Rise in 2018	FNHA (2019). First Nations Opioid Overdose Deaths Rise in 2018 [Dataset]. Retrieved from http://www.fnha.ca/about/news-and-events/news/first-nations-opioid-overdose-deaths-rise-in-2018
Federal Data	First Nations People, Métis and Inuit in Canada: Diverse and Growing Populations	Stat Canada (2018). First Nations People, Metis, and Inuit in Canada: Diverse and Growing Populations [Dataset]. Retrieved from https://www150.statcan.gc.ca/n1/pub/89-659-x/89-659-x2018001-eng.htm
Grey Literature	First Nations Data Governance: Measuring the Nation to Nation Relationship	Nickerson, M. (2017). First Nations Data Governance: Measuring the Nation to Nation Relationship. Retrieved from https://www.bcfndgi.com/
Academic Literature	First Peoples, Second Class Treatment: The role of racism in the health and well-being of Indigenous people.	Allan, B. & Smylie, J. (2015). *First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous Peoples in Canada.* Toronto, ON: the Wellesley Institute. Retrieved from https://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Summary-First-Peoples-Second-Class-Treatment-Final.pdf
Academic Literature	Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada	Leyland, A., Smylie, J., Cole, M., Kitty, D., Crowshoe, L., McKinney, V., Green, M., Funnell, S., Brascoupé, S., Dallaire, J., & Safarov A. (2016). *Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada.* Ontario, Canada: College of Family Physicians of Canada. Retrieved from https://www.cfpc.ca/uploadedFiles/Resources/_PDFs/SystemicRacism_ENG.pdf
Fed Data	Health at a Glance - Select health indicators of First Nations people living off reserve, Métis and Inuit	Statistics Canada (2019). Health at a Glance - Select Health Indicators of First Nations People Living off Reserve, Metis and Inuit [Dataset]. Retrieved July 11, 2019 from https://www150.statcan.gc.ca/n1/pub/82-624-x/2013001/article/11763-eng.htmhttps://www150.statcan.gc.ca/n1/pub/82-624-x/2013001/article/11763-eng.htm#n2
Grey Literature	Health Inequalities and Social Determinants of Aboriginal Health	Reading, C., & Wien, F. (2009). *Health Inequalities and Social Determinants of Aboriginal Peoples' Health, Prince George, BC: National Collaborating Centre for Aboriginal Health.* Retrieved from https://www.ccnsa-nccah.ca/docs/determinants/RPT-HealthInequalities-Reading-Wien-EN.pdf

Type	Title	Reference
News Article	Here is what Sir John A. Macdonald did to Indigenous people	Hopper, T. (2018, August 28). Here is what Sir John A. Macdonald did to Indigenous people. National Post. Retrieved from https://nationalpost.com/news/canada/here-is-what-sir-john-a-macdonald-did-to-indigenous-people
Grey Literature	HRET Disparities Toolkit	Hasnain-Wynia, R., Pierce, D., Haque, A., Hedges Greising, C., Prince, V., Reiter, J. (2007) *Health Research and Educational Trust Disparities Toolkit*. Retrieved from http://www.hretdisparities.org/
City Data	Illicit Drug Overdose Deaths in B.C (January 1, 2009- June 30, 2019)	Coroner's Service. (2019). Illicit Drug Overdose Deaths in B.C [Dataset]. Retrieved from https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf
Academic Literature	Indigenizing and Decolonizing: an Alliance Story	Erfan, A., & Hemphill, J. (2013). Indigenizing and Decolonizing: An Alliance Story. *Plan Canada: Special Issue on Indigenous Community Planning*, 53, 18-21
News Article	Indigenous women share personal stories to advocate for reconciliation in health care	Blake, E. (2019, August 15). Indigenous women share personal stories to advocate for reconciliation in health care. *CBC News.* Retrieved from https://www.cbc.ca/news/canada/north/indigenous-women-health-stories-1.5246850
Academic Literature	Intersectionality, Critical Race Theory, and the Primacy of Racism: Race, Class, Gender, and Disability in Education	Gillborn, D. (2015). Intersectionality, Critical Race Theory, and the Primacy of Racism: Race, Class, Gender, and Disability in Education. *Qualitative Inquiry, 21(3)*, 277–287. https://doi.org/10.1177/1077800414557827
Grey Literature	Indigenous Health and Wellbeing	Office of the Provincial Health Officer with The First Nation Health Authority. (2018). *Indigenous Health and Wellbeing.* Retrieved from https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/indigenous-health-well-being-2018.pdf
Grey Literature	Indigenous Knowledge and Epigenetics	Assembly of First Nations (2019). Indigenous Knowledge and Epigenetics.Thunderbird Partnership Foundation AFN Mental Wellness Forum 2019. Retrieved from https://www.afn.ca/wp-content/uploads/2019/04/Indigenous-Knowledge-Epigenetics.pdf

Type	Title	Reference
Grey Literature	Indigenous Peoples: Terminology: and Identity	Library of Parliament. (2015). *Indigenous Peoples: Terminology and Identity*. Retrieved from https://hillnotes.ca/2015/12/14/Indigenous-peoples-terminology-and-identity/?fbclid=IwAR31g8dNVj6BuQxM2TIZUg3criFiAB_nZxjddADmpmS76DeowGLEAeukB0
Grey Literature	Indigenous Wellness Indicators: Including Urban Indigenous Wellness Indicators in the Healthy City Strategy	Heggie, K. (2018). Indigenous Wellness Indicators: Including Urban Indigenous Wellness Indicators in the Healthy City Strategy (pp. 1-42, Rep.). Vancouver, BC: City of Vancouver. Retrieved from https://sustain.ubc.ca/sites/sustain.ubc.ca/files/GCS/2018_GCS/Reports/2018-62 Indigenous Wellness Indicators_Heggie.pdf
Grey Literature	Fentanyl History	Mandal, A. (2019). Fentanyl History. Retrieved from http://news-medical.net/health/Fentanyl-History.aspx
Academic Literature	First Nations' Data Governance: Measuring the Nation-to-Nation Relationship	Nickerson, M. (2017). First Nations' Data Governance: Measuring the Nation-to-Nation Relationship. British Columbia First Nations' Data Governance Initiative. Retrieved from https://www.bcfndgi.com
Federal Data	National Report: Apparent Opioid-related Deaths in Canada	Government of Canada. (2019). National Report: Apparent Opioid-related Deaths in Canada [Dataset]. Retrieved from https://infobase.phac-aspc.gc.ca/datalab/national-surveillance-opioid-mortality.html
Federal Data	Non-Insured Health Benefits First Nations and Inuit Health Branch - Drug Benefit List, June 2019.	Government of Canada (2019). Non-Insured Health Benefits First Nations and Inuit Health Branch - Drug Benefit List, June 2019 [Dataset]. Retrieved from https://www.canada.ca/en/indigenous-services-canada/services/non-insured-health-benefits-first-nations-inuit/benefits-services-under-non-insured-health-benefits-program/drugs-pharmacy-benefits/drug-benefit-list.html?page=5#s4f
Academic Literature	On the Dialectics of Social Theory and Action: A Synthesis of Six Models of Community Engagement	Hyman, D. (1986). On the Dialectics of Social Theory and Action: A Synthesis of Six Models of Community Engagement. *J. Soc. & Soc. Welfare*, 13(2), 265. Retrieved from https://pdfs.semanticscholar.org/c59c/9d46aad99bf3e44c733253d9e5044892acd7.pdf
Data	Overdose Data and First Nations in BC: Preliminary Findings	First Nations Health Authority. (2017). Overdose Data and First Nations in BC: Preliminary Findings [Dataset]. Retrieved from http://www.fnha.ca/newsContent/Documents/FNHA_OverdoseDataAndFirstNationsInBC_PreliminaryFindings_FinalWeb.pdf

Type	Title	Reference
Manual Grey Literature	Overdose Prevention Manual 2017	VCH (2017). Overdose Prevention Manual 2017. Retrieved from http://www.vch.ca/Documents/Overdose-Prevention-Site-OPS-Manual.pdf
News Article	People 'dying unnecessarily' because of racial bias in Canada's health-care system, researcher says	Blake, E. (2019, July 5). People 'dying unnecessarily because of racial bias in Canada's health-care system, researcher says. Retrieved from, https://www.cbc.ca/news/canada/north/health-care-racial-bias-north-1.4731483?fbclid=IwAR0E6ECaaF4jedRD9g7BEIW0JKVLOzCurmZB9kjRn-TvCCWtuqP9BcAIHlA
Academic Literature	Physical Activity and Healing Through the Medicine Wheel	Lavallee, L. (2007). Physical Activity and Healing through the Medicine Wheel. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health, 5(1).* Retrieved from http://www.pimatisiwin.com/online/?page_id=344
Federal Data	PHO Annual Report Taking the Pulse of the Population – An update on the Health of British Columbians	Special Advisory Committee on the Epidemic of Opioid Overdoses. (2019). National report: Apparent opioid-related deaths in Canada (January 2016 to December 2018) [Dataset]. Web Based Report. Ottawa: Public Health Agency of Canada. Retrieved from, https://health-infobase.canada.ca/datalab/national-surveillance-opioid-mortality.html
Academic Literature	Protecting Indigenous Knowledge and Heritage: A Global Challenge	Battiste, M., & Youngblood Hendersonh, J. (2000). *Protecting Indigenous Knowledge and Heritage: A Global Challenge.* Saskatchewan, Canada: Purich Publishing Ltd.
Grey Literature	Red Women Rising: Indigenous Women Survivors in Vancouver's Downtown Eastside	Martin, C.M, & Waila, H. (2019). Red Women Rising: Indigenous Women Survivors in Vancouver's Downtown Eastside. Downtown Eastside Women's Centre. Retrieved from http://dewc.ca/resources/redwomenrising
Council Meeting	Regular Council Meeting June 23, 2019	City of Vancouver. (2019, July 23). Regular Council Meeting. Retrieved from https://council.vancouver.ca/20190723/documents/regu20190723min.pdf
Video	Regular Council Meeting June 23, 2019	City of Vancouver. (2019, July 23). Regular Council Meeting. Retrieved from https://csg001-harmony.sliq.net/00317/Harmony/en/PowerBrowser/PowerBrowserV2/20190724/-1/13096?mediaStartTime=20190723093335&mediaEndTime=20190723215118&viewMode=3

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Academic Literature	Research is Ceremony: Indigenous research methods.	Hollingsworth, E. (2011). Research is Ceremony: Indigenous Research Methods. Shawn Silson. Fernwood Publishing, Halifax and Winnipeg.
Academic Literature	Re-Thinking Intersectionality	Nash, J.C. (2008). Re-Thinking Intersectionality. Feminist Review, 89(1), 1–15. https://doi.org/10.1057/fr.2008.4
Literature	Royal Proclamation 1763	Indigenous Foundations (2009). Royal Proclamation, 1763. Retrieved from https://indigenousfoundations.arts.ubc.ca/royal_proclamation_1763/
Video	Special Council Meeting Part 1 of 2 (Overdose Emergency Task Force)	City of Vancouver. (December 20, 2018). Special Council Meeting Part 1 of 2 (Overdose Emergency Task Force). Retrieved from https://www.youtube.com/watch?v=SwZjb9ukSjs&t=15510s
Video	Special Council Meeting Part 2 of 2 (Overdose Emergency Task Force)	City of Vancouver. (Dec. 20, 2018). Special Council Meeting Part 2 of 2 (Overdose Emergency Task Force). Retrieved from https://www.youtube.com/watch?v=QGnmPwI6Ruw
Grey Literature	Specialized Overdose Prevention Strategies needed for Women.	Vancouver Coastal Health Authority (2019). Specialized Overdose Prevention Strategies needed for Women. Retrieved from, https://www.vchri.ca/stories/articles/2019/01/13/specialized-overdose-prevention-strategies-needed-women
Grey Literature	Social determinants of health and health inequalities	Government of Canada. (2019). Social determinants of health and health inequalities. Retrieved from, https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html
Grey Literature	Stopping the Harm: Decriminalization of people who use drugs in BC	Office of the Provincial Health Officer (2019). Stopping the Harm: Decriminalization of People who use Drugs in BC. Retrieved from https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/stopping-the-harm-report.pdf
Data	Suspected opioid-related overdoses in jurisdictions across Canada based on Emergency Medical Services Data	Government of Canada. (2019). Suspected opioid-related overdoses in jurisdictions across Canada based on Emergency Medical Services Data. Health Infobase Canada. Retrieved June 19, 2019, from https://health-infobase.canada.ca/datalab/natio nal-surveillance-opioid-harms.html

Type	Title	Reference
Grey Literature	The British Columbia First Nation Data Governance Initiative	The British Columbia First Nation Data Governance Initiative (2019). Retrieved from https://www.bcfndgi.com/
Academic Literature	The Circle of Courage	Brendtro, L. K., Brokenleg, M., & Van Bockern, S. (2005). The Circle of Courage and positive psychology. *Reclaiming Children & Youth*, 14(3).
Academic Literature	The Colour of Democracy: Racism in Canadian Society	Henry, F., Rees, T., & Tator, C. (2010). The Colour of Democracy: Racism in Canadian Society (4th ed.). Ontario, Canada: Nelson Education.
Academic Literature	The Ethical Space of Engagement	Ermine, W. (2007). The Ethical Space of Engagement. Indigenous Law Journal, 6, 193.
Grey Literature	The First Nations Information Governance Centre	The First Nations Information Governance Centre (2014). *Ownership, Control, Access, and Possession (OCAP): The Path to First Nations Information Governance*. Ottawa: The First Nations Information Governance Centre. Retrieved http://fnigc.ca/sites/default/files/docs/ocap_path_to_fn_information_governance_en_final.pdf
Grey Literature	The Indian Act	Hanson, E. (nd). The Indian Act. Retrieved from https://indigenousfoundations.arts.ubc.ca/the_indian_act/
Academic Literature	The Indian Act and Amendments 1868 - 1975 - An Indexed Collection	Venn, S. (1981). The Indian Act and Amendments 1868 - 1975 - An Indexed Collection. Saskatoon: Saskatoon Law Centre.
Academic Literature	This is Not a Peace Pipe: Towards a Critical Indigenous Philosophy	Turner, D. (2006). *This is Not a Peace Pipe: Towards a Critical Indigenous Philosophy*. Toronto, Canada: University of Toronto Press.
Academic Literature	Traditional and Critical Theory Today: Toward a Critical Political Science	Macdonald, B. J. (2017). Traditional and Critical Theory Today: Toward a Critical Political Science. *New Political Science, 39*(4), 511-522. doi:10.1080/07393148.2017.1378857
Grey Literature	Truth and Reconciliation Commission of Canada: Calls to Action	Truth and Reconciliation of Canada. (2015). Truth and Reconciliation Commission of Canada: Calls to Action. Retrieved from http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf

Type	Title	Reference
News Article	Two-thirds of Indigenous people don't feel respected in Canada, according to pre-election survey	Deer, J. (2019, July 1). ·Two-thirds of Indigenous people don't feel respected in Canada, according to pre-election survey. CBC News. https://www.cbc.ca/news/indigenous/indigenous-pre-election-poll-results-1.5193065?__vfz=medium%3Dsharebar&fbclid=IwAR3ETbawczTQ7rSPRp6R1qaSEUA_GMVY8vL86DKMQObcboTxRBEC85kgfgg
Grey Literature	Unclassified drug overdose deaths in the opioid crisis: emerging patterns of Inequity.	Boslett, A.J., Denham, A., Hill, E.L., & Adams, M.C.B. (2019). Unclassified drug overdose deaths in the opioid crisis: emerging patterns of Inequity. Department of Public Health Sciences. Retrieved from https://academic.oup.com/jamia/article/26/8-9/767/5481402
Video	Understanding the Basic Needs of Children.	Dickerson, N. (2009). Understanding the Basic Needs of Children. Retrieved https://www.youtube.com/watch?v=RQqjCzzGBnE&feature=related March 21, 2019
Grey Literature	Use of Indigenous/Indigenist Research Methodologies	Peters, W. (2013). Use of Indigenous/Indigenist Research Methodologies. Seven Generations Centre of Excellence in Native Behavioral Health https://www.crcaih.org/assets/documents/Use_of_Indigenous-Indigenist_Research_Methodologies.pdf
News Article	Vancouver study finds barriers for women at overdose prevention sites	Seucharan, C. (2018). Vancouver study finds Barriers for Women at Overdose Preventions Sites. Retrieved June 16, 2019, from https://www.thestar.com/vancouver/2018/09/28/vancouver-study-finds-barriers-for-women-at-overdose-prevention-sites.html
Grey Literature	Who are two spirit people	The Canadian Centre for Gender and Sexual Diversity (nd). We are the two spirit people. Retrieved July 5, 2019 from https://ccgsd-ccdgs.org/1-who-are-two-spirit-people/

APPENDIX B: SUMMARY OF ANALYSIS

Report/data set	Key findings
	City of Vancouver
City of Vancouver's Response to the Opioid Crisis. Vancouver Fire & Rescue Services (VF&RS)	● People of color not represented in the images which contributes to a colonial narrative. Diversity needed; ● The image of a dead body and drug paraphernalia may be triggering to people who recently experienced trauma from overdose events; ● The colors on the "map of community service areas by natural breaks" has a color pattern that is so close in shade that it is hard to follow. It would be helpful to the reader to use more distinct colors to show breaks; ● Holistic perspective needed to be more inclusive of Indigenous health principles and concepts; ● The report shows a map of "Ratio of Overdose Deaths to Calls." The map is shown by local health area. It states that calls from UBC are excluded. What does this mean for Indigenous Peoples who live on campus and for Musqueam people who access their traditional territory on UBC campus?

Report/data set	Key findings
Healthy City Strategy - Phase 1	- No mention or land acknowledgement of Musqueam, Squamish and Tsleil-Waututh Indigenous nations; - Indigenous best practices of health and wellbeing are not considered within the overview; - All Cities could consult with the Indigenous nations on whose land they are working on and incorporate Indigenous best practices of maintaining health and wellness into their plans. This can be done by sharing Indigenous oral histories and creation stories to learn more about these teachings and how they apply to the environment, that sustains everyone's health; - Collect information or locate best practices of Indigenous child rearing and incorporate into targets for the goal 1, "A Good Start"; Context and more data needed, for example, data is shown on low poverty rates of Indigenous children and the implications on their assimilation into mainstream school system. In the same section it contributes to the assumption that children who do not have "A Good Start" or have the label "Low Poverty" are going to do poorly at school, enjoy fewer economic opportunities, and be more likely to be involved in criminal activities and problematic substance use throughout their lives; - In Goal 2 "A Home for Everyone" the deficit statistic shown is "Aboriginal people are disproportionately homeless and unsheltered. They comprise 2% of the city population but make up 46% of the homeless population." Context could be provided on how the City of Vancouver and other populations have occupied the space where Indigenous Peoples once had homes, also that Indigenous Peoples were relocated for European settlement.
Healthy City Strategy - Phase 2	- Mayor does land acknowledgement of Musqueam, Squamish and Tsleil- Waututh nations territories; - There are less disparities of Indigenous Peoples highlighted in this report.

Report/data set	Key findings
VPD The Opioid Crisis The Need for Treatment on Demand Review and Recommendations May 2017	• The report states "Evidence that overdoses are under-reported. Recent data from the Canadian Centre on Substance Abuse (2017) showed that between 2013 and 206, up to 65% of individuals who were trained to administer naloxone (not including first responders and health officials) did not call 911" Does the training include calling 911? Do people fill out these surveys? How many get returned? There is no mention of data related to the surveys found within the naloxone kits. A way to collect this information is to add an incentive such as winning a gift certificate. People who save a life also experience trauma and the survey might not be top priority. As well people may not understand the importance of filling out the survey to inform overdose prevention services; • The report states "China is the main source of supply for the fentanyl that flows into Canada, the United States, and Mexico… Sales of fentanyl have become widely available on the Internet" Context needed about where, when and who created Fentanyl. It was not invented in China and this could be stigmatizing to only highlight that China is currently the leading distributer. Fentanyl was first prepared and developed in Belgium, a European country, by Paul Janssen in 1953 (Mandal, 2019). • The report states "Opioid assisted therapy programs that provide people with substance use disorder with a range of effective opioid medications should be made immediately available in therapeutic and supported settings" Is there anything else that can be readily available for people with "substance use disorders"? Often Indigenous Peoples who experience overdose do not feel safe going to mainstream therapy programs due to stigma and intergenerational trauma from health services such as in TB hospitals.

Report/data set	Key findings
Coroners Service	
Illicit Drug Toxicity Deaths in BC, January 1, 2009 – June 30, 2019	• Does not represent Indigenous data or other gender roles; • Day of the week illicit drug overdose occurs mostly is during the days following income assistance payment (Wed-Sun) in 2-18-2019. There is a link provided that has income assistance payment dates for future reference. Although it is good for data collection to highlight these days for Overdose prevention services, it may also lead to assumptions and stereotypes, that further stigmatize income assistance recipients; • Does this mean that poor people are being targeted with poisoned drugs? Or that rich people have easier access to a clean supply of drugs? • How many people overdosed who were on Income Assistance (IA), or Persons With Disability Benefit (PWD);
Illicit drug overdose deaths in BC: Findings of Coroner's investigation Sept 27, 2018	• Needs an explanation on how to read the graphs and charts for people who might not understand; • The report states "45% of decedents had reported pain-related issues." This may signify a rising need to monitor patients who are given pain medications, after the fact, to see if they need help getting off these medications so they don't self-medicate and buy pain relievers off the street.
Fentanyl-Detected Illicit Drug Toxicity Deaths January 1, 2012 to May 31, 2019	• Fentanyl-detected deaths by health authority are shown within this data set. It would helpful to the readers to tell us how many Overdose response health services are in those areas;

Report/data set	Key findings
First Nation Health Authority	
The Impact of the Opioid Crisis on First Nations in BC 2019	- Two Spirit Peoples not represented within the data; - Some context given as to why there are gaps between Indigenous data and non-Indigenous data. More context needed for unknowing readers such as: what systemic barriers exactly do they refer to? This is a great way to start the conversations, but some may need more information. Links to further reports and documents providing context could be presented along side the data;
Government of Canada	
Government Standard for Aboriginal Administrative Data	- The standards purpose is to support improved provincial government administrative data specific to Aboriginal person, which in turn will support: "culturally appropriate, effective and efficient policy, programs, and service development; performance management and measurement; and socio-economic research, analysis and reporting" - The government places labels on Indigenous Peoples in order to monitor and govern them effectively; - This report uses colonial labels as Indigenous identifiers (Indian, Aboriginal, First Nation) which also contributes to a colonial narrative;

Report/data set	Key findings
Non-Insured Health Benefits First Nations and Inuit Health Branch - Drug Benefit List, June 2019	● Benefit Criteria Exclusions Exclusions are items not listed as benefits on the DBL and are not available through the exception or appeal processes. These include certain drug therapies for particular conditions which fall outside of the NIHB mandate and are not provided as benefits under the NIHB Program"; ● Policies - Best Price Alternative and Interchangeability. NIHB will reimburse only the best price (lowest cost) No Substitution Claims: NIHB will consider reimbursement for higher-cost interchangeable product when a patient has experienced an adverse reaction with a lower cost alternative. In such circumstances the prescriber must provide Canada vigilance Adverse Reaction Reporting Form and the prescription with "No substitution" written on it; ● Are these lower quality medications causing harm/implications to the health care of Indigenous Peoples? ● Indigenous Peoples do not have access to the same medication as the general public unless they can afford to pay for it out of pocket. People with low-income might not have a choice; ● Doctors may not prescribe better quality medication to Indigenous people if it's not covered by NIHB assuming they will not pay the amount. The option may not be presented to Indigenous Peoples and they will be left with a less quality medication.

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