Improving Care and Reducing Overdose Risk for Indigenous People Living with Opioid Use Disorder through Partnering with Indigenous Elders at the Kilala Lelum (KL) Health Centre:

Health System Transformation and the Results of a Prospective Cohort Study

National Safe Supply CoP presentation
Jan 16, 2023

Elder Bruce Robinson, Elder Sandy Lambert, Jill Fikowski,
Claudia Langemeyer, Dr. Wajid Khan MD,
Dr. David Tu MD, CCFP.

Webinar Agenda

- **12:00- 12:15 : Land Acknowledgement & Opening Prayer (***Elder Sandy / Elder Bruce)*
- **12: 15 – 12:20** : Presentation overview & learning objectives *(David)*
- **12:20- 12:35 :** Partnering with Indigenous Elders at the Kilala Lelum Health Centre-- Transforming the Primary Care System to Improve Care for Indigenous People Living with Opioid Use Disorder - Exploring Staff and Provider Experiences (*David/Jill/Elder Bruce)*
- **12:35- 12:45:** Partnering with Indigenous Elders (PIE) Cohort Study – Numbers / Quantitative Outcomes *(David/Wajid)*
- **12:45- 13:00:** PIE Cohort Study – Stories / Qualitative Outcomes *(David/Sandy/Jill)*
- **13:00 – 13:10:** Chronic Pain Management Program for People Living with Opioid Use Disorder (OUD) and Chronic Pain (CP) – implementation experiences and early outcomes *(Claudia)*
- **13:10 – 13:25: Questions / Discussion**
- **Reflections** *(Elder Bruce)* **& Closing Prayer** *(Elder Sandy)*

Learning Objectives

By the end of this presentation participants will be able to:

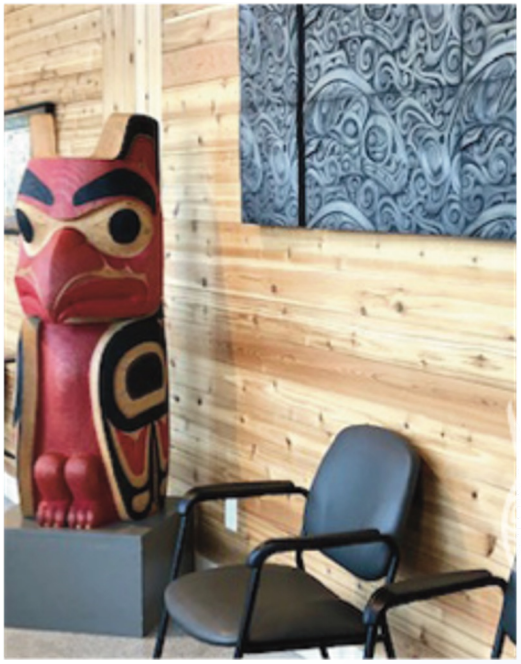
1. Recognize the importance of “system transformation” and partnering with Indigenous Elders in the care for Indigenous peoples;

1. Describe the Kilala Lelum model of care and its impacts on Indigenous people living with OUD; and

1. Recognize the impacts of chronic pain among people living with OUD and importance of effective chronic pain management.

Kilala Lelum (Butterfly House) Health Centre / “Medicine House”

- Opened 2018
- Located in Vancouver’s Downtown Eastside
- Comprehensive Team-Based Primary Care & Cultural Care (OAT, SS)
- > 110 Staff
- >1500 members (70% identify as Indigenous)



Primary Care System in Canada is in a crisis

OPINION

Canada's health care system is crumbling at the worst possible time

GARY MASON › NATIONAL AFFAIRS COLUMNIST
PUBLISHED APRIL 30, 2022
UPDATED MAY 2, 2022

OPINION

Canada's broken health care system is stuck in the past. We have to work together to fix it

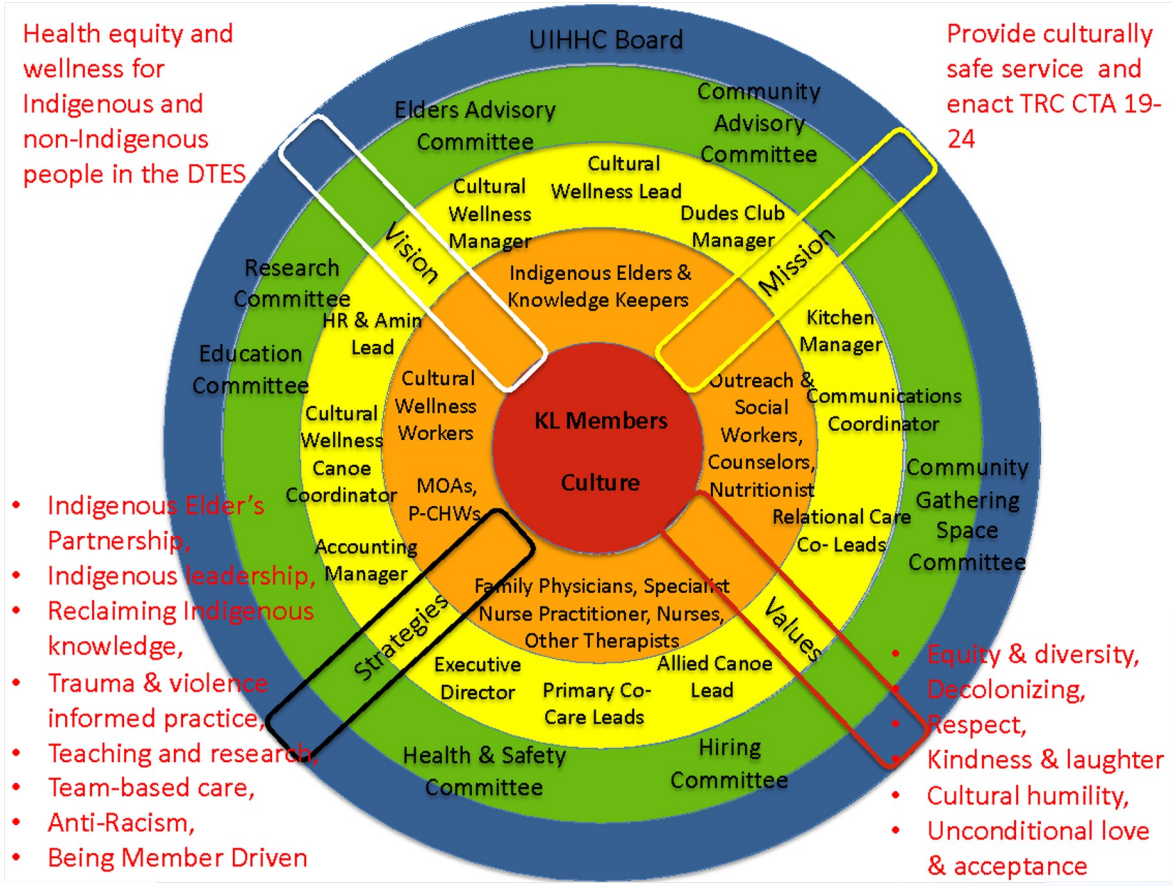
ALIKA LAFONTAINE
CONTRIBUTED TO THE GLOBE AND MAIL
PUBLISHED OCTOBER 14, 2022

Overwhelming evidence—it's time to fix Canadian health care

(https://www.fraserinstitute.org/print/14838)

— Appeared in the Montreal Gazette, September 9, 2022

Kilala Lelum Organizational Model



SUAP Expansion/Health System Transformation Project: Exploring Staff and Provider Experiences

Evaluation Design: Qualitative; Semi-Structured Interviews; Thematic analysis ; Two Eyed Seeing Approach

- "As two-eyed seeing implies, people familiar with both knowledge systems can uniquely combine the two in various ways to meet a challenge or task at hand"(1)

Primary Objectives:

- To describe the implementation experience of staff working within Kilala Lelum's model of care
- To identify the perceived strengths, challenges, opportunities and threats related to working within this model of care

(1) Aikenhead G, Michell H (2011) Bridging cultures; indigenous and scientific ways of knowing nature. Pearson Canada Inc, Toronto

Health Canada Santé Canada

Methods

- Verbal consent for participants
- Semi-structured Interviews with field notes and transcription
- Transcripts (with embedded field notes) were divided between two teams of evaluators (one Indigenous and one non-Indigenous on each team)
- Evaluators iteratively co-created the concept mapping of Key Issues and coding framework
- Transcripts were coded, and analyzed using NVivo software

Results

- 14 KL staff (7-Indigenous; 7-Non-Indigenous) were interviewed (mix of primary care; Indigenous Elders; support staff)

- 5 Major Themes:
  1. Journey to Decolonize Health Care for Indigenous Peoples
  2. Early System Transformations
  3. Resource Struggles & Bucking Against the Colonial Systems
  4. Unlearning & Relearning
  5. Resisting Collapse & Burnout

Defining Decolonization

Decolonisation can be seen as both a reactive "undoing" of colonialism[1,2] and as a proactive sharing between peoples – receiving from each other what works, and leaving what does not.'[3]

Decolonizing Health Care is a transformative process…

- "the practice of identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices and behaviours that perpetuate"[1] colonialism and the **respectful sharing** of cultural approaches to illness, health and wellbeing

(1) https://engage.gov.bc.ca/app/uploads/sites/613/2021/02/In-Plain-Sight-Data-Report_Dec2020.pdf1_.pdf - accessed on Feb 9, 2021
(2) https://en.wikipedia.org/wiki/Decolonization
(3) Dr Elsie Paul (Tla'amin Nation) *(personal communication)*

Subthemes & Selected Quotes

- **Indigenous Elders Partnership:** "I call it a canoe, but we have the member [patient] at the very center giving us a direction and we all paddle together to help that member get where he wants or she wants to be." *(Indigenous Elder)*

- **Indigenous Leadership: "**I like that we have the butterfly. I like that we have the Kilala Lelum name. I like that it's like instantaneously known and honored that we are Indigenous led." *(Indigenous staff)*

- **Identifying & Challenging Systemic Racism:** "when you know about residential schools or … about Indian hospital systems…. bearing witness to and honoring that history and thinking about how to reconcile that history is part of our daily work" *(Primary Care Provider)*

Subthemes & Selected Quotes

- **Experiences of Indigenous Staff: "**it's like double the workload for Indigenous people because we need to be that middle ground, constant middle ground between the non-Indigenous people who are educated with their schooling, but have very, very, very little education on what it's actually like to be Indigenous." *(Indigenous Primary Care Provider)*

- **Experiences of Non-Indigenous Staff:** "It's OK to make mistakes…in that work as an ally. So many people are afraid… they need to be perfect and they don't want to say anything that offends someone. There's this phenomenal gift of laughter and humor that I have encountered.. that just allows you to feel like...it's OK to make these mistakes." *(Non-Indigenous, Primary Care Provider)*

- **Still a Long Way to Go: "**everyone knows there's more work and they know it'll be a long journey." *(Indigenous Staff)*

Subthemes & Selected Quotes

System Transformations:

- **Comprehensive+:"**doctors can't help heal the spirit. And I feel like we have other ways of healing here that are available specifically to help heal the spirit. So I think that's what sets us apart" *(Indigenous Elder*)

- **Collaborative**+:"My favorite part.. is that I'm one piece of a much bigger blanket… there's [a member with] probably five or six people on his team… He has a very good relationship with the nurse, weekly check ins with the doctor. Checks in with me weekly, checks in with our wellness coach, [and] very close daily check-ins with our social worker. He said point blank, like, you all bring a little different piece to [my] recovery." *(Primary care provider)*

- **Practice Enablers: "**meaningful healing with someone, they need time, they need time, they need safety, they need relationship"(*Indigenous Elder)*

- **Structural Enablers/Indigenized Spaces: "**it's a sanctuary, and the environment itself is medicine" *(Indigenous Elder)*

Subthemes & Selected Quotes

- **Non-Hierarchal structure** **“**I have always felt like I like I don’t have a boss, I know who to connect with if I need support or guidance, but I don’t feel like someone’s telling me what to do because my role is respected and it matters”

- **Staff Wellness:** “The Elders not only, you know, help... our members, but it’s also for the staff, you know, for their well-being.”

Selected Quotes

- **Resource Limitations:** “The biggest challenge is time... having enough time to complete all the work that's required and still making time to connect [with each other], learning in context of culture, [and] connecting with Elders… that's a really important piece of this work.” *(Primary Care Provider)*

- **Colonizing Systems of Healthcare**:“So we have all these external pressures and we exist within this other thing, and that's that's the challenge…It is the fact that we we're trying to do something that doesn't fit within this larger structure.” *(Primary Care Provider)*

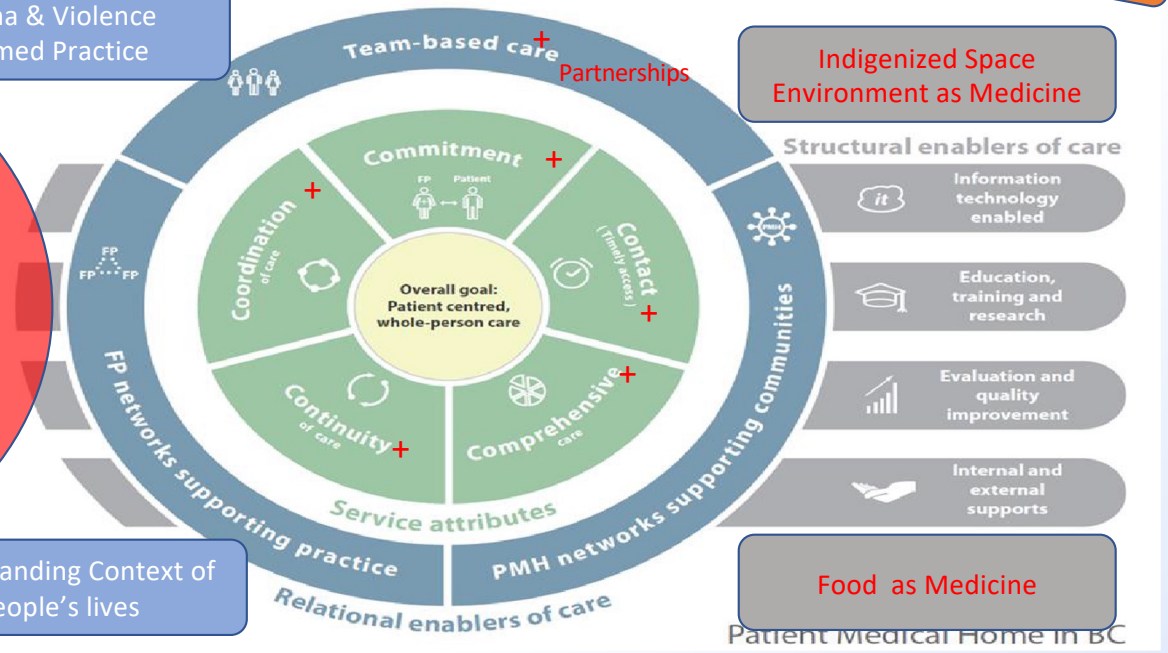
Becoming a “Medicine House”: First Steps

Trauma & Violence informed Practice

Elders & Cultural Wellness Team

Indigenous Spirituality, Ceremony, Medicine, and Knowledge

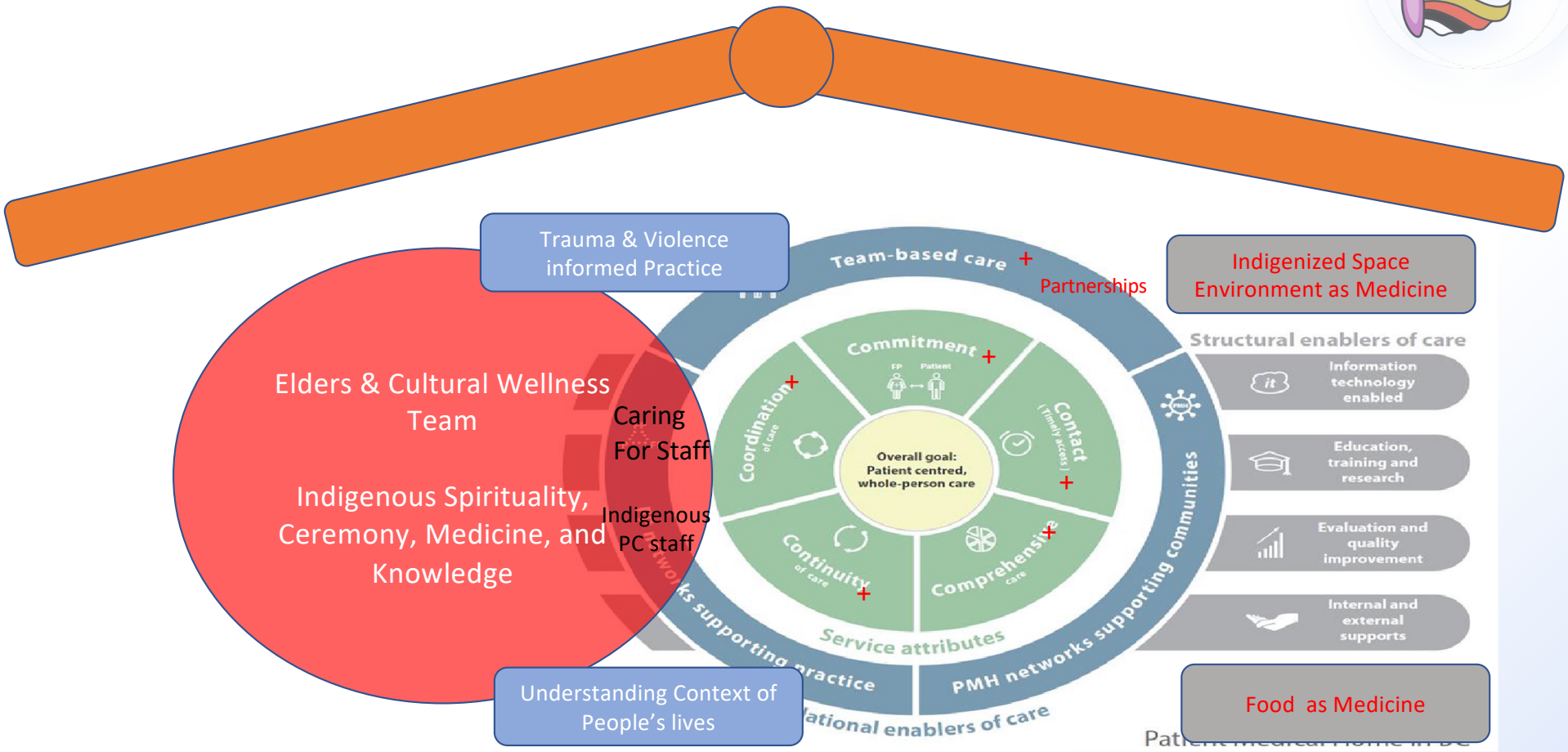
Understanding Context of People’s lives



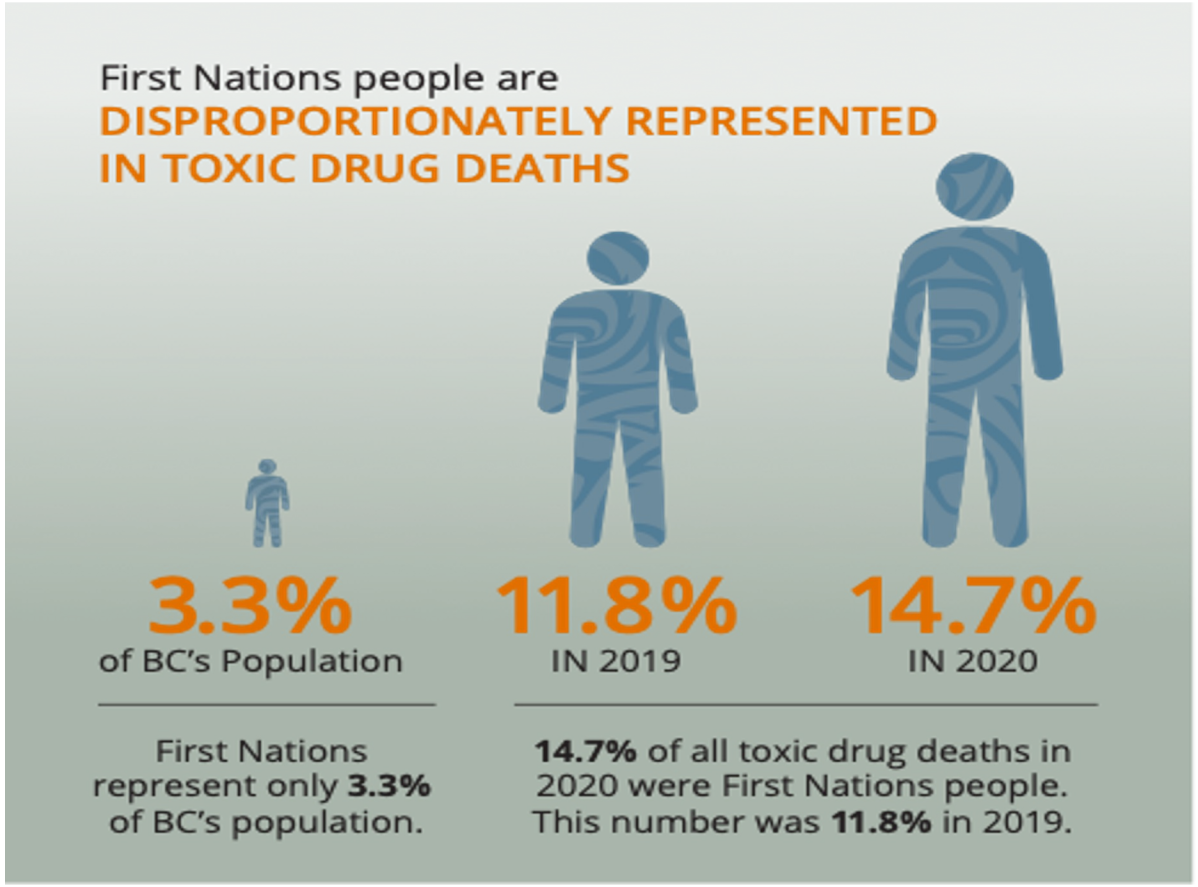
Indigenized Space Environment as Medicine

Food as Medicine

Becoming a “Medicine House”: First Steps

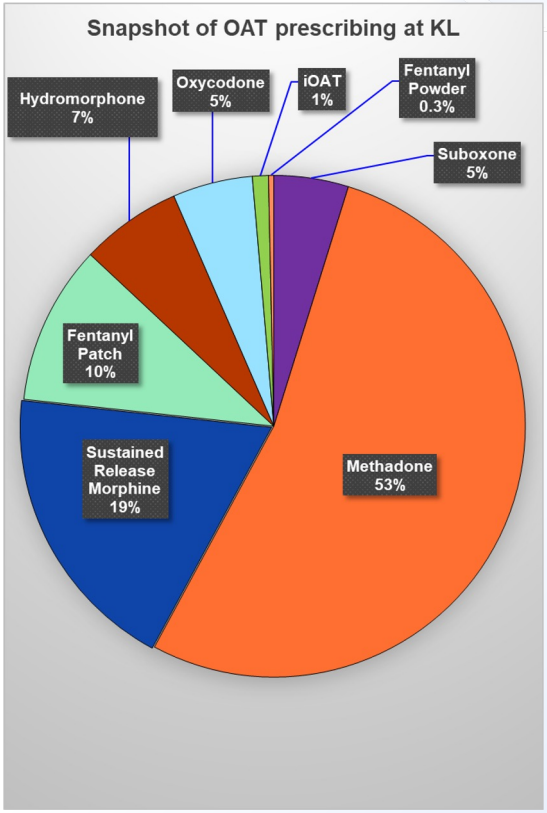


Disproportionate Impact of “Overdose Deaths” among Indigenous People in BC



KL Members Living with Opioid Use Disorder

December 2022	Members	Percentages
Members living with OUD	324	21% (of KL members)
Indigenous identity	207	75%
Cis Women	132	41%
Transgender	4	1%
On OAT or in Remission off OAT	225	69%
On OAT & Clinical Stability*	59	27%
On OAT & No Current illicit Opioid Use	52	23%
Members with Overdose Events in the past 30 days	10	3%
Overdose Mortality (2020-2022)	7+	2.3 OD deaths / 100 Person Years



**Clinical Stability = No problematic withdrawal symptoms or cravings in past week*

**32% also receiving Hydromorphone Tablets for Safe Supply*

Staff & Provider Experiences working within the iOAT Program

Strengths of the iOAT Program at KL:

- Opportunity for members to connect with care, receive services and engage with culture and Elders (Most frequently reported)
- Injectable treatment options stabilized members that did not stabilize on alternative OAT
- Positive life changes for participants

Challenges of the iOAT Program at KL:

- High Burden on Recipients of Care (multiple visits per day / wait times for injections)
- Resource Intensive (Space / Time / Staffing)
- Handover / Communication between staff
- Need for outreach

iOAT Selected Quotes:

"You see people way more often…. They're able to get to know you... they're able to engage in Hep C treatment. They're getting stable on their antiretrovirals… You know, they're getting access to food. They're connecting with social work. They're connecting with an Elder. They're connecting with culture. (Primary Care Provider)

"we can all see an extreme stabilization has happened and...it's really very cool...you can hear these future oriented plans …like going to school, and like what she wants to do for work, and like these things that are important for her family." (Primary Care Provider)

"…. there are some people where the other options just don't work…. for some people, they've tried a lot of different types of OAT. And nothing [has] been able to touch them in [that] they don't have withdrawal symptoms or they don't have cravings…..And when they try the iOAT, all of a sudden it's actually something that does that. It's been pretty amazing to see it." (Primary Care Provider)

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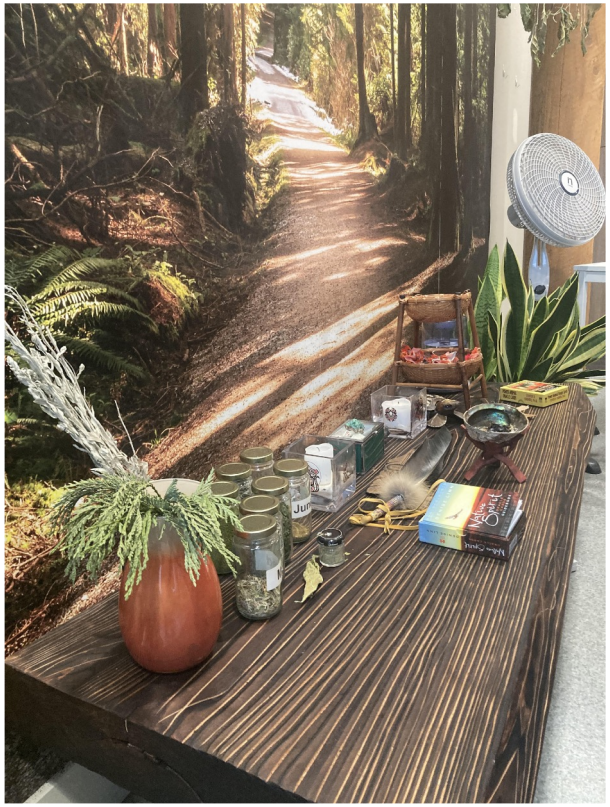


Partnering with Indigenous Elders (PIE) Cohort Study:

Numbers / Quantitative Outcomes

Why is this study taking place?

Background:

- Indigenous Peoples of Canada possess a wealth of diverse healing traditions that have endured despite the cultural oppression of colonization [(1)].

- The current experience for many Indigenous people is one of disconnection from these customs, and high levels of mental and emotional distress that are reflected in persistently elevated rates of substance use disorder, particularly opiate use disorder [(2)].

Research Goal:

- To measure the impacts on Indigenous people of having encounters with Indigenous Elders as part of Indigenous focused primary care with respect to relevant treatment outcomes for OUD.

Advocacy Goal:

- Support TRC call to action #22: ”recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients.. where requested by Aboriginal patients.”[(3)]

(1) Kirmayer LJ, Tait C, Simpson C. The mental health of Aboriginal peoples in Canada: Transformations of identity and community. In: Kirmayer LJ, Valaskakis G, eds. *Healing Traditions: The Mental Health of Aboriginals Peoples in Canada*. Vancouver, Canada: UBC Press; 2009: 3-35.

(2) Firestone M, Tyndall M, Fischer B. Substance Use and Related Harms Among Aboriginal People in Canada: A Comprehensive Review. *Journal of Health Care for the Poor and Undeserved; 2015:* 3(4), 1110-1131.

3)https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf

Study Description

- **Primary Research Question:**
  - What are the impacts of encounters with Indigenous Elders as part of a “Medicine House” model of primary care on illicit opioid use in Indigenous persons living with OUD as measured by the number of illicit opioid using days in the past month?

- **Study Design**:
  - Prospective cohort study (target n = 49)
  - Quantitative measures at baseline, one, three-, and six-months post intervention
  - Qualitative measures at 5 months.
  - Emergency room utilization 12 months pre-enrollment and 12 months post enrollment

- **Approved by UBC Behavioural Research Ethics Board & Kilala Lelum Research Committee**

Study Methods

- **Inclusion Criteria:**
  - Self-identifying as Indigenous.
  - Age ≥ 18
  - Able to provide informed consent
  - Diagnosed with OUD (including those in remission) and engaged in care at KL
  - Able to communicate in English
  - Interested in connecting with an Indigenous Elder

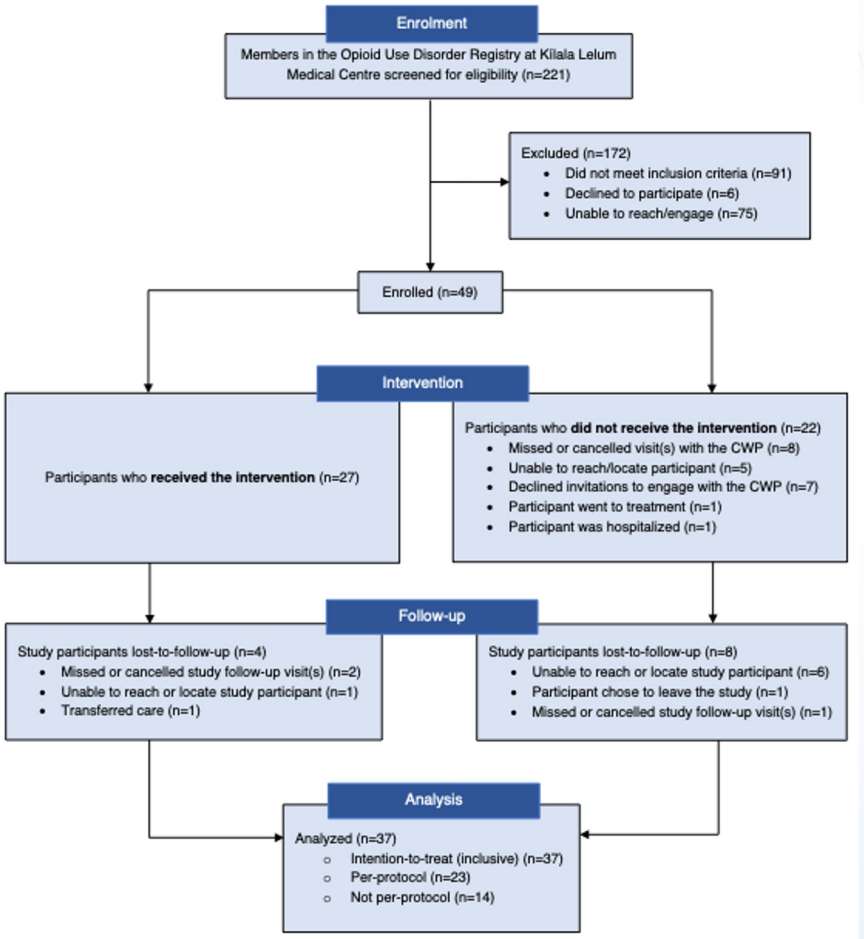
- **Exclusion Criteria:**
  - 2 or more visits with a KL Elder or KL Cultural Circle in the preceding 12 months

- **Quantitative Data Analysis** :
  - Intention to Treat & Per-protocol analysis
  - Statistical testing of mean outcomes before and after intervention
  - 12-month pre and post Emergency Room (ER) utilization analysis

Study Flow Diagram:

- Study retention at 6 months was 76% (37/49)

- Uptake of the study intervention was 62% (23/37)



Quantitative Results: Baseline Demographics

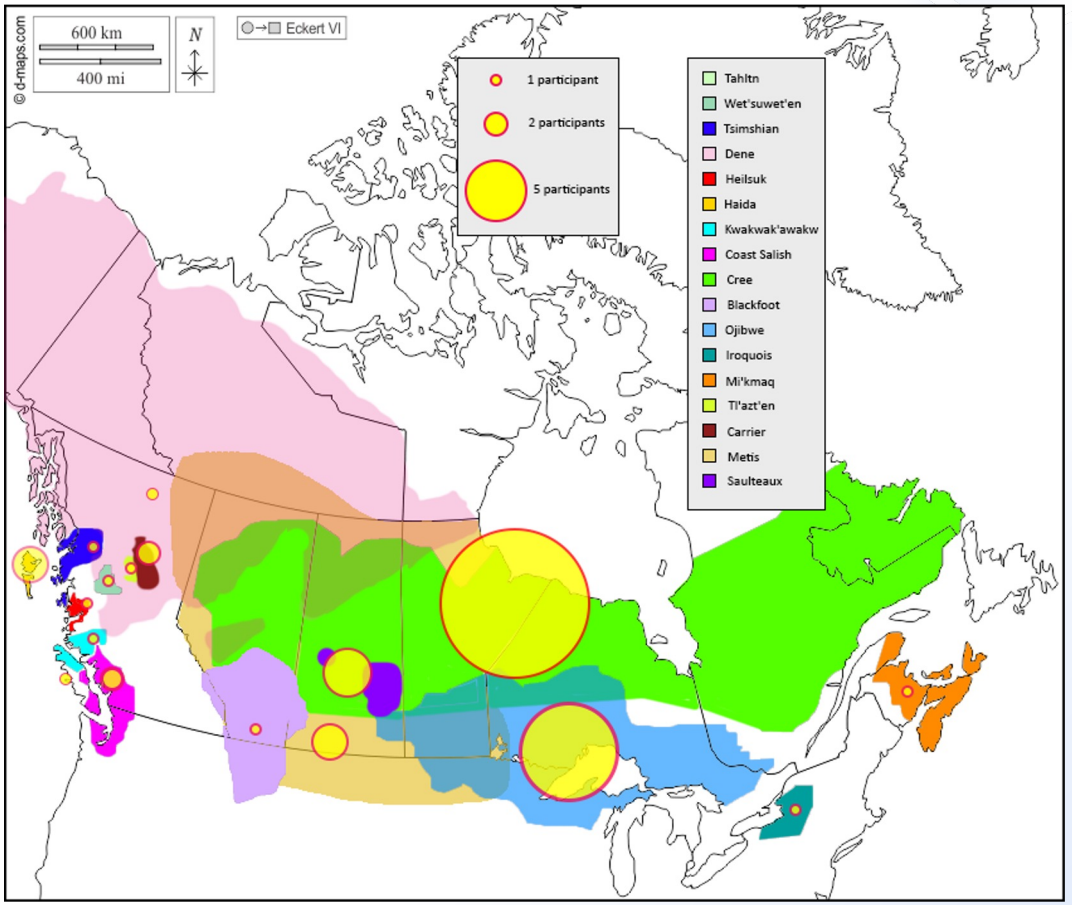
- **52** participants with a mean age of **46 years, 40%** as female

- **100%** Identifying as Indigenous - **17 Nations represented**

- **62%** completed high school
- **33%** with stable housing
- **27%** with part time or full time employment

- **21%** attended residential or Indian Day School
- **56%** had parent attend R/IDS
- **65%** had direct experience with foster care system
- **26%** had been adopted out to a non-Indigenous family

- At baseline **87%** were on OAT
- **62%** had ever had an overdose event
- **10%** had an overdose in the past 30 days

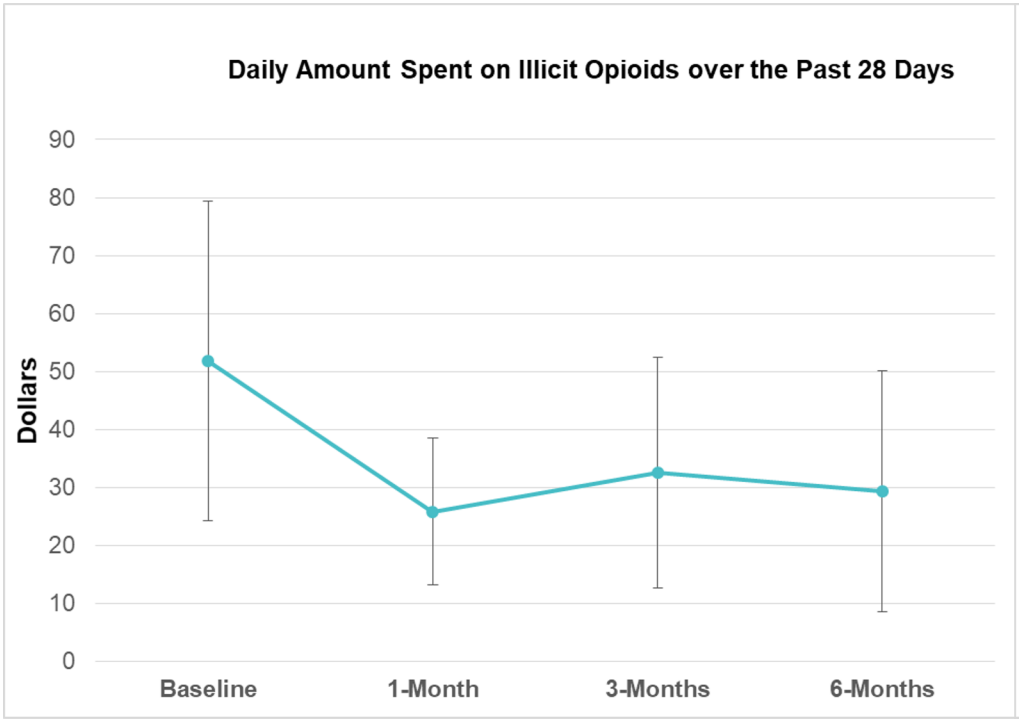


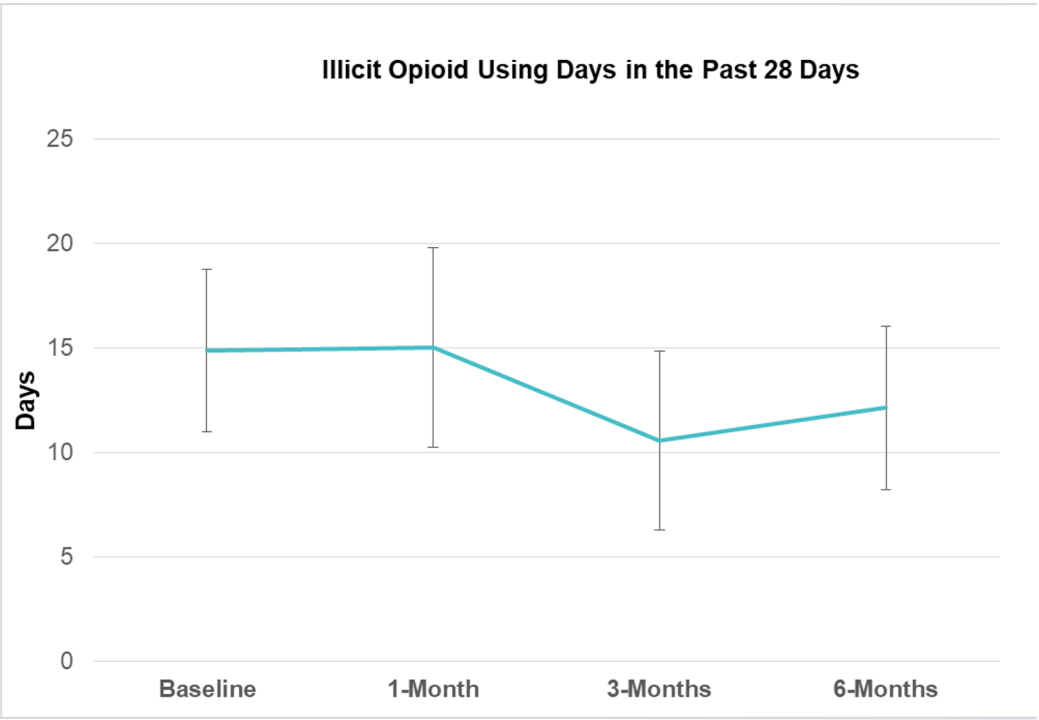
Results: Changes in Illicit Opioid Exposure Over Time

- Average number of Elder or Cultural visit per participant = 2

	Per-Protocol Analysis			*Intention to Treat Analysis*		
	Baseline N = 23	*6 Months*	*% Change (p Value)*	*Baseline N = 39*	*6 Months*	*% Change (p Value)*
Mean Non-Prescription Opioid Using Days (in past 30)	13	10	- 23% (p = 0.2)	15	12	-18% (p = 0.05)
Mean Daily $ Spent on Non-Prescription Opioids	$57	$34	- 40% (p = 0.017)	$52	$29	-43% (p < 0.001)
Overdose event in past 30 days				4	2	- %50

Results: Changes in Illicit Opioid Exposure Over Time





Results Emergency Room Utilization (Interim):

	N = 46		
	12 months before	*12 months after*	% Change
Critical (CTAS 1-3)	66	47	-28.8%
Non-Critical (CTAS 4-5)	98	77	-21.4%
Total Visits	173	134	-22.5%

Limitations

- Study design lacked comparator arm – limits ability to attribute causality
- Substantial loss to follow up rate (24%)-- limits study power and could potentially bias towards more positive outcomes.
- Lower than expected uptake of connecting to an Elder (62%), further limits power of per-protocol analysis.
    a. connection with culture does not lend itself to a prescribed timeline
- 6 month duration of study likely not be long enough to observe full impact of this intervention

Discussion

- Study participants came from Nations spread across Turtle Island, but had common experiences of poverty, impacts of colonization, and drug overdose events.

- After a 6 month period of connection in a “Medicine House” model of primary care that offers connection to Indigenous Elders, cultural programs, as well as access to OAT and “safe supply” programs, exposure to illicit opioids in terms of days of use and dollar amount spent was clinically and statistically significantly reduced by 18% and 43% respectively.

- Positive signals of benefit also include decreases in the number of overdose events and emergency room visits by 50% and 23% respectively.

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Partnering with Indigenous Elders (PIE) Study:

Storytelling / Qualitative Outcomes

Research Question and Methods

Research Question: What are the impacts of encounters with Indigenous Elders and/or participation in cultural activities for Indigenous people living with Opioid Use Disorder?

Eligibility Criteria: PIES study participant with one or more visits with an Indigenous Elder or Cultural Wellness Program event at the Kilala Lelum Health Centre,

Semi-Structured Interviews: written consent, one-on-one, audio recorded, transcribed

Analysis: narrative generation & thematic coding using a constant comparative approach– 3 Indigenous and 3 non-Indigenous coders

Results: Demographics

- Interviews were conducted with 18 Indigenous participants.

- Mean age was 47 years, 67% identified as women, 44% completed high school, 89 % were on OAT at baseline, 6% experienced an overdose in the past month.

- 39% attended residential school, 33% had one or more parent(s) who attended residential school, 56% had direct experience with the Foster care system, and 28% were adopted by non-Indigenous families.

- Slight over representation of women, but otherwise representative of PIE Study Cohort.

Results - Narrative Compilation #1

Being Adopted Out: They were adopted out to non-Indigenous families. They grew up unsure of who they were as Indigenous people. They left home, and were living on their own at a young age. They started using drugs. Some went to jail and found their first exposures to Indigenous language and culture there. Some became homeless and struggled to find a place where they belong. Some traveled from place to place. Most had never seen an Elder before being introduced to one at Kilala Lelum. Some found a place of belonging and come regularly to attend circles and ceremony. Some felt safe and "wanted" enough to open up and seek solutions to their problems including using less drugs. Some felt empowered by connecting to their spirituality and are on a path exploring Indigenous medicines and ceremony.

Results - Narrative Compilation #2

Fleeing Violence: Some grew up bullied for being Indigenous. Some were victoms of childhood physical and sexual abuse. Some witnessed too much violence within their families. They all moved away to distance themselves from what they had experienced. Some tried to end their lives; some went to prison… all used drugs to cope with what had happened to them. Some stopped using after going to treatment, only to relapse when their child was victimized. All experienced very hard times. All came to Kilala Lelum seeking help. For all, connecting with an Elder was grounding. Helped some to feel less fearful, others to feel more positive about themselves and others more hopeful. Several are now on a path centred on Indigenous medicines, prayer, and ceremony. They are reconnecting with family, using less drugs and generally living a better life.

Results - Narrative Compilation #3

Never Learned From Their Parents: They grew up in large and small towns. Some of their parents were too young to teach them about their culture; others did not know how to because they had gone to residential school. None of them knew their language, traditions or ceremonies. All came to drug use through different paths. All struggled with the burdens they carried. They were introduced to Elders at Kilala Lelum. Some experienced ceremony and felt like a weight had been lifted. Some received teachings on acceptance and forgiveness. Some were provided with better shoes to put on their feet. All experienced a positive connection. Some are now working on decreasing their substance use, others on better navigating their relationships.

Results - Narrative Compilation #4

For the Children: Some attended residential school, some had parents who struggled with addiction, some had been taken by foster care, and some fell into addiction at an early age. All of them have had to wrestle with their identities as Indigenous people. Some struggled to maintain their traditional language, some had reconnected to their culture while in jail. They all had struggles with drug use and migrated to Vancouver. They are all motivated to be living a better life. This motivation is centred on caring for their children or grandchildren. All connected with an Indigenous Elder at Kilala Lelum with this in mind. Some were able to open up about past experiences and feel more positive about themselves. Some felt their spirituality reawakened through ceremony. Some use their connection to an Elder as a guide to their own Indigenous identity and see the Elder as a resource for their children to connect to their culture. All have been successful in making major changes to their substance use.

Results: Major Themes

1) Interruptions to Cultural Continuity: from family breakdown, adoptions, and experiences of trauma.

1) No One Chooses Addiction: A journey with many paths and hazards; from the start or eventually, substance use becomes a coping mechanism.

1) Finding Home and Connecting to Indigenous Spirituality, Ceremonies & Medicines: Connecting with Elders facilitates access to new coping mechanisms

Results: Dominant Themes

4. Reconnecting to Spirit and Hope

5. Tools for Mental and Emotional Wellbeing

6. Empowered to make positive changes: health, relationships, work, substance use:

7. No Negative Impacts

1) Interruptions to Cultural Continuity:

"I was adopted when I was one years old and part of the 60s scoop so, I was always told that... talking my Native language was bad."

"They didn't have the best parenting skills as it was because their families were kind of abusive too. It just, it seems to me it's a chain that goes from generation to generation to generation."

"My mom never hit me or nothing, but she went to residential school, so she never really hugged us or said I love you and stuff"

"I don't know who I am. I just feel lost. And, I started pushing people away."

"I was abused sexually, physically, mentally. You name it. I've seen it…..I didn't know how to deal with people. I was so withdrawn and like, I turned to drugs and alcohol in order to cope because I didn't have a clue on how to deal with any of it"

2) No One Chooses Addiction

“I grew up angry at the world.. And I drank like hell, and I did every drug known to man to try to get rid of it...back then, you just didn’t talk about those things....I have this belief that like nobody is born wanting to be an addict, nobody wants that. So, it’s obviously there’s something missing in your life. There’s a void somewhere that you need to fill, and that’s how I got into it...it was like whatever I could do to kill my brain….I was really disgusted with myself… and I used and used and because I couldn’t find a way out until I came here.”

“The drugs were good. It just made me forget about it. I found it was a good place to be at the time. I didn’t really have any worries or problems. It just masked it.”

“I looked in the mirror and I could see every bone in my body, right? And I literally started crying. Oh, my God, I let myself go this far”

3) Finding Home and Connecting to Indigenous Spirituality, Ceremonies & Medicines

"I felt that she [the Elder] was very welcoming and I felt very relaxed and comfortable around her. I didn't feel like, you know, like I was unwanted or anything. I felt wanted so, it made me feel good."

"Like, just the smell of sweetgrass and sage, gives me a calmness."

"You feel like you're….you're accepted, you're family. That's how it is to me. That's why I keep coming back."

"He prayed with me.. spoke with me, just generally had time to talk to me."

"Like they [Elders] just know how to ground you..told me how to be positive because I was just negative. I was taking on too much negativity at home.....positive feedback, that's what he gave me..it gave me some reassurance. And it just basically showed me that somebody out there gives a shit"

3) Finding Home and Connecting to Indigenous Spirituality, Ceremonies & Medicines

"it's nice to have somebody who not only has…has that ability, but has the confidence because I'd like to see confidence in the people I'm dealing with, especially on, on, like spiritual or like you see a doctor. If they're not confident then I can't be confident."

"And [the Elder] has been slowly helping me, like brushing me, teaching me smudging and stuff like that, because a lot of that kind of stuff my mom never taught us.."

"I started opening up more because I kept a lot of stuff...like, I went to residential school when I was in grade one, and then coming back from that...yeah, I didn't really talk about that until like recently….I got to talk about it without being judged."

"...But they're so friendly. Everybody is so friendly here. I love it. I like it here. I could live here."

"[Elders are] there to kind of like, show you that, yeah, there's a way here that you can actually be happy that the doctors can't help you with."

4) Reconnecting to Spirit and Hope

"Overall, I feel better, like I don't know how to describe it. I feel a little bit more whole"

"The Elders get in touch with our spirituality and stuff like that. They pray for us and sometimes their prayers are strong."

"I went from like, basically being hopeless to doors started opening….And that's what this place has given to me. It's given me hope,... That it doesn't have to be all negative and dark...I changed. My outlook changed because there was hope and when there's hope and then comes opportunity, right?"

"Elders are important is because your spiritual level needs to be up there too. Like you can be the healthiest person in the world, but if your spiritual health is not healthy, then you're just going to be a healthy asshole"

"It was working in the spiritual ...I changed. It was that important….It kind of opens me up a bit to accept things that you know you can't really put your finger on....it's just it's your spiritual wellbeing it's just a wholeness. I feel like it's hard to describe because it comes from the heart....and that makes a big difference. It's not so cerebral. It's from the heart and from your spirit."

"....everything was just so encouraging. It just makes you feel good that I'm doing what I'm doing and the flip side, you know, the stresses and stuff that I go through, it's a lot easier to let that pressure go. When I can come here (referring to Kilala Lelum) and talk to people and…and open up....just overall better days. I feel more positive and more cleansed."

"...with the Elder, you have time to focus again and connect with yourself and your Creator. And that's really important to me. I've prayed so many times. I prayed 50 times a day. Hahaha. He's getting sick of me."

5) Tools for Mental and Emotional Wellbeing

"I felt like there was weight lifted and yeah, it made me feel better".

"I even cried, I think, just because, it was just that black cloud is gone. Like I just felt like I could just breathe again…"

"[the Elder] has been slowly helping me, like brushing me, teaching me smudging and stuff like that, because a lot of that kind of stuff my mom never taught us….Well it's teaching me about acceptance and I'm slowly grieving my mom"

"If it wasn't for the Elders, I wouldn't have the strength to share…. That's what gets me up every morning and to smile every morning. It's to them to teach me, bring me back to doing my praying, do my smudging. Doing it right."

"Elder[s] teach me that I can be better than what I was before. Even though I do have some faults, there is still positives….You have to love yourself in order for somebody to love you back or for you to love somebody right."

"It was nice for him to get me grounded and think positive again….But now because I'm just like moving forward in life… I have questions, right? So, I'm sure he'll meet those needs when he answers those questions, when I ask him."

"He was kind of teaching me about acceptance. You got to accept whatever you did in your life. You have to own it, basically, and don't worry about anybody else, just own it. Be proud. Even though it was a bad thing, but what you're doing is, you can talk to kids and even if you stop one kid from using, that's a good day."

6) Empowered to make positive changes

"I'm just continuing to feel better about myself. Feeling better about how I'm living…. I want to be a better person. I want better for my kid."

"Even my mother, now that I'm seeing her again, can't believe the change that I've started to make. You know, I'm no longer playing out in the street. I'm no longer doing drugs. I'm no longer drinking."

"Maybe the prayer that she (referring to the Elder) did for me helped me out there that time. When I was struggling out there with drugs."

"I first started talking to him, I was using before, this was like three years ago and now I've been clean for 18 months"

"I used to sell drugs and… I ran with bikers and whatnot. So, it was like kind of a wild life. But with this new awakening, I have no need for it. I have no need for it whatsoever."

"Talked about what I was addicted to. And where I'm starting to see changes….It's the longest time I've been clean and sober"

"It took me away from the alcohol and drugs….It literally changed my life….I have been clean for 7 months straight."

Discussion

- There will always be some loss of richness when reducing from a collection of stories to summary narratives and themes.

- Narrative and thematic analysis reveal the many ways that Indigenous people's lives have been impacted by colonization and of the positive signals of benefit from connecting to an Elder and reconnecting with Indigenous culture.

- For many, connecting with Indigenous spirituality, ceremony, and medicines provide alternative coping strategies that can replace drug use, which colonial medicine could not provide.

- Qualitative and Quantitative evidence are well aligned signalling a benefit with respect to drug use from connecting to an Elder in the context of team based/indigenous focused primary care.

Chronic Pain Management Program

A pilot program at Kílala Lelum Medical Centre

Background & Context

- The Canadian Pain Task Forces estimates that 1 in 5 people in Canada lives with chronic pain (CP).[1]
- In Vancouver's Downtown Eastside (DTES) neighbourhood, inadequately managed CP is a prevalent upstream driver of illicit opioid use and overdose risk.[2, 3]
- Indigenous Peoples in Canada face systemic racism and inadequate access to culturally safe and effective approaches to CP management and wellness promotion.[1]

1. The Canadian Pain Task Force. An action plan for pain in Canada. Ottawa, ON: Health Canada; 2021.
2. Voon P, Callon C, Nguyen P, Dobrer S, Montaner JSG, Wood E, et al. Denial of prescription analgesia among people who inject drugs in a Canadian setting. Drug Alcohol Rev. 2015; 34(2):221–8. https://doi. org/10.1111/dar.12226 PMID: 25521168 7.
3. Dahlman D, Kral AH, Wenger L, Hakansson A, Novak SP. Physical pain is common and associated with nonmedical prescription opioid use among people who inject drugs. Subst Abuse Treat Prev Policy. 2017; 12(1):29. https://doi.org/10.1186/s13011-017-0112-7 PMID: 28558841.

Background & Context

- Non-pharmaceutical interventions, like physical therapy and exercise, have the **strongest evidence** of benefit and are relatively inaccessible to our members.
- Evidence suggests that prescription **opioids may do more harm than good** when it comes to CP.
- Recommendations: individualized treatment and self-management (1).
- About **2 in 3** people who increase their physical activity experience improved CP.
- At Kílala Lelum, **24%** of members living with OUD have concurrent CP .

1. PEER Simplified Chronic Pain Guideline 2022

What is the CPMP?

- A multidisciplinary team and program embedded within Kílala Lelum's primary care and cultural wellness programs.
- Staffed by a Physiotherapist, Family Physician (with expertise in chronic pain), Exercise Therapist, Indigenous Elders, and support staff.
- Program participants have access to all services offered at Kilala Lelum, including primary care, counselling, social work, cultural wellness programming, and food security programs.
- The **program goal** is to promote the health and well-being of Indigenous people living with CP and reduce overdose risk.

Our Space

- Located on Vancouver's DTES.
- An exercise room and a multipurpose room that can be used as either an exam room or a counselling space.
- A "sanctuary room" where we hold a bi-weekly, Elder-led chronic pain circle.

Program Structure

- Members identified as living with CP are referred internally.
- **Program duration** is 3 months, but there's no hard cutoff.
- There is **no fixed number of visits** with care providers.
  - Some members engage with all the providers on the team, others engage with one or a few.
  - Visit frequency is individualized and flexible.

SUAP Program Objectives

1. Connect **100 members** to the program by March 2023.
   *We've connected with **74 members** to date!*

2. Evaluate the program's **qualitative and quantitative impacts** on members living with CP and OUD, and the implementation process.

3. 60 members achieve a 30% **reduction in pain scores** between enrolment and discharge.

Program Evaluation: Questions & Measures

1. What percentage of members achieve a 30% reduction in pain scores over the program period?

- Pain scores are obtained using the **Pain, Enjoyment, & General Activity ("PEG") scale.**[4]

2. For members living with OUD and CP, what are the impacts on opioid use and overdose events?

- Outcome measures include:

(1) the number of illicit opioid-using days in the past week

(2) the number of ODs in the past month

(3) average daily amount spent on illicit opioids over the past week

4. Krebs, E. E., Lorenz, K. A., Bair, M. J., Damush, T. M., Wu, J., Sutherland, J. M., Asch S, Kroenke, K. (2009). Development and Initial Validation of the PEG, a Three-item Scale Assessing Pain Intensity and Interference. Journal of General Internal Medicine, 24(6), 733–738.

Program Evaluation: Questions & Measures

3. For Indigenous People living with OUD and CP, what effects does ~3-months of participation in the CPMP have on their holistic health and well-being?

- An Indigenous physician-researcher conducted five semi-structured interviews guided by medicine wheel teachings that explored program impacts on physical, emotional, spiritual, and mental well-being, including effects on chronic pain and substance use.
- In circle, members have shared that they feel **renewed sense of hope** since starting the program.

4. From an implementation perspective, what are the programs strengths, weakness, threats and opportunities?

Outcomes: Demographics (N=74)

- 74% of CPMP members self-identify as Indigenous.
- 39% of members identify as women.
- Members are between 26 and 84 years old, with a mean age of 57.
- 36% of CPMP members live with OUD.

Outcomes: Pain Scores (N=17)

- Average pain score at baseline is **6/10**.
- Average pain score at the 3-month mark is **4.9/10 (clinically significant reduction in pain.)**
- About 30% of members reported a decrease in pain scores of **30% or more**.

Case Study:

An Indigenous woman in her 60s with chronic knee pain and concurrent alcohol use disorder engaged with the program last fall. She connected with the physician, PT, ET, and on-site Elder on a weekly basis with the goal of improving her pain and cardiovascular health. At 3 months, she reported meaningful improvements to her pain (-35%), much more in control of her alcohol use (no longer drinking to manage pain) which allowed her focus on other life goals and engage more comfortably in outdoor activities that bring her happiness.

Discussion & Next Steps

- Goal to improve the space's **accessibility**.
- Streamline the referral and discharge processes to ensure **equity**.
- Collaborate more closely with the Cultural Wellness Program at Kílala Lelum.
  - Offer movement-based cultural activities.
  - Offer traditional plant medicines.
- Bring the program to scale to meet the needs of our panel of members.

Reflection on Learning Objectives:

Now that we are at the end of this presentation are you able to …

1. Recognize the importance of "system transformation" and partnering with Indigenous Elders in the care for Indigenous peoples
   - More Effective / Decolonizing / Equity Promoting --In line with TRC Calls to Action #19

2. Describe the Kilala Lelum model of care and its impacts on people living with OUD,
   - Two circles coming together under one roof -- becoming a "Medicine House"
   - People living with OUD are able to effectively engage with a health care team/"family" – high uptake of OAT, with relatively high proportion achieving stability/remission.
   - "toxic drug" related overdose events occur frequently – there are positive signals that this care model is associated with decreased exposure to illicit opioids, a reduction in emergency room utilization, and potentially can reduce overdose events (and mortality)
   - Reconnecting to Indigenous Sprituality, Ceremony and Medicines provides access to new coping mechanisms that are health promoting and can reduce reliance on illict drug use

1. Recognize the impacts of chronic pain among people living with OUD and the value of effective chronic pain management programs
   - Chronic pain and OUD are frequently intertwined; offering "opioid" sparing chronic pain programs (with an emphasis on physical therapies and physical activity) to people living with or at risk for OUD is a logical strategy
   - Early signals that the KL CPMP is acceptable and beneficial

Questions?

KÍLALA LELUM
Urban Indigenous Health
& Healing Cooperative

Thank you and a special and sincere thank you to all the Kílala Lelum Elders for providing knowledge, wisdom and guidance in the pursuit of previous, on-going, and future research.