

2019 Manitoba Harm Reduction Gathering Report

November 28, 2019

Victoria Inn in Winnipeg, MB

Hosted in collaboration by:



ZAAGI'IDIWIN



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My children are removed from my care if there is any drug use in the home, then require programs that create hopeless and helpless feelings that trigger coping strategies. Why is there no alternative? Why am I villainized and vilified rather than supported and accepted? - Gathering participant

The Manitoba Harm Reduction Gathering was held November 28th, at the Victoria Inn in Winnipeg, MB. The event was a response to feedback at the 2018 Manitoba Harm Reduction Conference where participants requested a focus on this topic as well as requests from members of the MHRN Peer Advisory Councils and partner stakeholders. The gathering was a collaboration between the Manitoba Harm Reduction Network, Winnipeg Regional Health Authority, First Nations Health & Social Secretariat of Manitoba, Substance Consulting, Zaagi'idiwin, The STAR Program, and Women's Health Clinic.

The planning committee consisted of members from the partner organizations and included Indigenous knowledge keepers, birth workers, peers, anti-racism workers and people who support people who use drugs and are pregnant and parenting.



Knowledge keeper: Leslie Spillett
Masters of Ceremony: Tasha Spillett
Planning committee: Melissa Brown, Paula Migliardi, Margaret Bryans, Shohan Illsley, Helene San Pedro
Missing: Nadine Sookermany, Rhonda Campbell, Adele Sweeny

Gathering Objectives

The gathering focused on addressing the discourses for cis women, two spirit, transgender, queer, and non-binary people who are pregnant and parenting and use substances. The day included meaningful discussions to shift the dialogue and activities that address the discourses, policies, and practices that harm parents who use substances. The goal was to use the information gathered to create an action plan and a provincial campaign to roll out over the next few years.

The gathering was laid out to maximize interactions and shared experiences between the attendees and provide ample opportunities for networking. Relationship building was one of the key goals of the day.

Attendance



Participants at the gathering. People in the photo consented to having the photo shared with others.

Due to the nature of the gathering, participation was by invitation only and 74 people from throughout Manitoba were invited. Following the guiding principle, *“Nothing About Us, Without Us”*, the invite list included 20 people who are directly impacted by the discourses and are working with the Manitoba Harm Reduction Network, the STAR program, the Insite Program, Sage House, and the Manito Ikwe Kagi’ikwe program. To support participation of peers, transportation and accommodations were covered and peers were paid for their expertise and participation.

In total, 58 people participated in the day including service providers, foster parents and family members that are impacted. Most importantly, 10 people who are directly impacted by the discourse were in attendance making up 17% of participants who have currently had their children stolen or live with the fear of having their children stolen. The majority of participants work to navigate and change this system.

Agenda

The agenda for the day included ceremony, a question and answer sharing circle, action planning, art, building a campaign, and spending time together sharing stories and healing. The format for the day included half hour breaks to allow for visiting and networking. See Appendix A for the full agenda.

Water Ceremony

To open the day in a good way a Water Ceremony was facilitated by Leslie Spillett, our knowledge keeper. The water ceremony was chosen to honour the importance of water in giving life to all things including babies. All participants were gifted a copper cup to participate in the ceremony. Leslie chose four participants to share what their water teachings; which included Indigenous people, non-Indigenous people and a transperson. The ceremony was very powerful and beautiful. Smudge and medicines were available to attendees at all times during the gathering.



Question and Answer Circle

Following the water ceremony, participants were asked to record their questions on recipe cards regarding, *“What do you want to know about using substances, parenting, your rights, and having our children stolen.”* The committee spent the break organizing and prioritizing the questions based on those that were most frequently asked. There were many questions and not enough time to answer all of them. Most questions fell under the following themes; clinical questions about impact of substance use during pregnancy and afterwards, birth alerts and outcomes, stigma related to using substances during pregnancy and while parenting, and support for people who are pregnant and parenting as well as their family members. An extensive list of all questions can be found in Appendix B.

Prior to the gathering, experts on the subject were identified to ensure questions were answered accurately, including health care providers, peers, and birth workers. During the Question and Answer Circle, a question was read out and everyone in the circle had the opportunity to provide an answer. A speakers list was recorded to support discussion. This model was effective and allowed engagement around the circle. People provided answers and

clarification and while others expanded on the questions. In the hour and a half, we made it through five question cards only as the discussion just naturally carried itself and took direction from the group. Questions that were answered were recorded and can be reviewed in Appendix B.

*There is a lot of suspicion/mistrust among the "users" in my community regarding professional workers (nurses, counsellors etc.) How do people who have been in the game longer than I have - reassure your clients?
- Gathering participant*

During the circle, it was identified that there are not a lot of safe service providers for people who use substances during pregnancy. A request was made to gather names and contact information for service providers who are safe to access for prenatal care. A flip chart was put up in the room and people added names and contact information for safe service providers. At the end of the day, many folks took photos of the list on their phones. Appendix E includes the information collected.

Action Planning

Following lunch, participants were broken up into groups at the tables to do some action planning. Participants self directed who they wanted to sit with for this activity. They were given they were given an hour to discuss and record the following questions:

1. What do people who use drugs and parent need
2. What do people who support people who use drugs and parent need
3. How do we change things

There was an exhaustive list of needs and gaps developed. Some of the themes included policy changes, development of culturally appropriate services, the shutting down of unsafe services and systems, access to education for service providers and families impacted, and advocacy to name a few. See Appendix C for a complete outline of themes and responses from participants.

Healing Through Art

Each table was provided with a box of art supplies and participants were given the option to do art as a form of healing while sharing with those at their tables. Participants painted, drew, and did clay sculptures. All of the art was put on a blanket in the sharing circle to represent love and healing.



Building A Campaign

The last thing on the agenda for the day was to collectively provide input into a provincial campaign for Manitoba to address the stigma and the harms of the current discourses. At their tables, participants were asked to address the following questions:

1. What do we want people to know about people who are parenting and also getting high or intoxicated
2. How do we want to tell them?

When I was using, CFS took my kids on hearsay based on what they heard. I went to rehab 2X and did counselling but didn't get my girls back until last year and they were taken in August 2013. If I had support given to me instead of apprehension things would have probably turned out way differently.
- Gathering participant

See Appendix D for a complete list of campaign notes. Some of the statements recorded included:

People who use substances are still good capable parents.

People who use substances love their children as much as you do.

People who use substances want the best for their kids, and are doing the best they can at the time.

People who use substances deserve the right to parent, access services and keep their children.

I know my situation and what's best for my children.

Judgements of PWUD impact people differently based on race, poverty etc.

Parents who use substances do not feel safe with healthcare service providers.

Punishment and criminalization is not helpful and does not work and creates more issues.

Kids are better off with their parents.

The group also had a lot of ideas on how to share the message including: targeted internet/ social media ads; billboards; workshops; grand rounds to catch doctors; and targeting social service providers to name a few. There was also a suggestion for a specific “*End Birth Alerts Campaign.*”

Closing Circle

The gathering closed in ceremony, just like it started, with a Closing Circle. Participants each had the opportunity to share what gives them hope. People said things like *my children, gathings like this, being with people who understand, feeling supported and service providers who help.*

Contributions

All of our organizing partners contributed through providing members to sit on the conference committee. In addition, the following financial and in-kind contributions were received:

Organization	Contribution(s)
Winnipeg Regional Health Authority	Funding resources: \$12,500 In-kind staffing contributions
Healthy Child Office of Manitoba	Funding resources: \$738
Public Health Agency of Canada	Funding resources: \$930
Women’s Health Clinic	Funding Resources: \$250 In-kind staffing contributions Donations: tote bags for give away
Substance Consulting	In-kind staffing contributions
Zaagi'idiwin	In-kind staffing contributions
First Nations Health & Social Secretariat of Manitoba	In-kind staffing contributions
The STAR Program	In-kind staffing contributions Donations: prayer ties for give away
MHRN	Funding Resources Staffing Resources: planning committee, gathering set up and take down, etc. Donations: I heart t-shirts and resources, MHRN schwag

Appendices:

- Appendix A- Gathering Agenda
- Appendix B- Participants’ Questions
- Appendix C- Questions asked and answers recorded
- Appendix D- Action Planning Notes
- Appendix E- Building a Campaign Notes



APPENDIX A
 Gathering Agenda
 Thursday November 28
 8am - 4:45pm

Time	Item	Details/ Instructions
8:00-9:00 am	Registration & Breakfast	Sign in forms Name Tags: Name, pronouns, program/ organization, community
9-9:45 am	Water Ceremony and teaching	Water ceremony will take place inside the sharing circle
9:45- 9:55 am	Welcome & Introductions	<u>Welcome remarks:</u> <ul style="list-style-type: none"> ● Outline for the day ● Acknowledgment of planning committee members ● What's in your bag ● Introductions
9:55- 10am	Collection of Questions	<u>Collection of Questions:</u> <u>Q:</u> What do you want to know about using substances, parenting, your rights, and having our children stolen.
10:30 -12:00 am	Question & Answer Circle	
1:00-2:00 pm	Action planning	Table activity: Break into groups: <ul style="list-style-type: none"> ● What do people who use drugs and parent need (15 mins) - poster board ● What do people who support people who use drugs and parent need (15 mins) - poster board ● How do we change things (30mins)- flipchart
2:00 - 2:30 pm	Healing through Art	Healing through Art: (30 mins)
2:45- 3:15 pm	Building a Campaign	Building a campaign: <ol style="list-style-type: none"> 3. What do we want people to know about people who are parenting and also getting high or intoxicated.... 4. How do we want to tell them?
3:15- 4:30 pm	Closing Ceremony	Sharing Circle

APPENDIX B

Participants' Questions

Clinical related questions:

1. Where would one find evidence based research on the effects of a particular substance on a fetus?
2. Why can't we use weed for morning sickness during pregnancy?
3. Can you use drugs in a safe way when you are pregnant and not harm the fetus?
4. Is it safe for the fetus when a pregnant mother is using topical cannabis oil (no THC) for pain management?
5. Can you tell if someone has a substance abuse problem?
6. What's the difference between a "crack baby" and a "meth baby"?
7. How does crystal meth affect a fetus' growing brain? How can you tell how it's going to affect them in the future?
8. Is there an assessment tool to determine if a mother's substance use is problematic?

Birth Alerts related questions:

1. What is the criteria for a birth alert?
2. When women have a history of substance use, why are some put on birth alert and others are not?
3. Do birth alerts have to happen even if you only smoke weed? And why?
4. Are birth alerts still automatic for those under 18?
5. Are birth alerts required, how long are they in effect for and how do we stop them?
6. What are the alternatives to birth alerts? How can we keep families together?

Stigma related questions:

1. Why are parents punished for the choices of their partners or family?
2. How can we stop the systemic judging and penalizing of parents that use substances?
3. Why or what is the "real" source of shame?
4. How do I talk to my kids about my own substance use?
5. What have been the after effects of the Phoenix Sinclair Inquiry?
6. Are there any current campaigns to help normalize substance use while parenting and if not, is that something that we can do?
7. Does meth really get stuck in fabrics and walls forever if smoked inside? Does it get left everywhere someone on meth touches?
8. What has better outcomes for parent and baby; reducing drug use or quitting?
9. How much drugs can you use or what kind of drugs can you use that mitigates harm?
10. Have hospital policies changed to let babies who have been exposed to substances in the utero room in with parents?
11. How is it that CFS can take a baby away without any assessments of mother and home, just based on a phone call? Is this legal?
12. People who use substances aren't seeking prenatal care (and rightfully so). How can we make healthcare more accessible and safe for those using substances?
13. Is there actually any practical ways we can change the CFS system? Could it be dismantled and redesigned at the mothering project?
14. What are the policies in place for cannabis and alcohol use around children in the home? Can a child be apprehended if a parent has a glass or two of wine or smokes a joint?
15. How do we lobby for treatment/recovery agencies to stop calling CFS (and bodies of authority) on pregnant people using substances?
16. How do you talk to your healthcare provider about your substance use while pregnant?
17. Is drug testing still required for those who use substances after giving birth?

Support related questions:

1. Where is the province in regards to having mentors in the home with mothers who use substances to deter apprehension?
2. What safe services exist for pregnant people who are using drugs?
3. Can anyone recommend elders that create safe loving spaces for people who use substances in pregnancy?
4. What should a helper do for someone who is pregnant and using meth?
5. How do you help someone who pretends they do not use meth, when should you intervene?
6. How can healthcare providers rebuild trust with pregnant people and parents who use drugs?
7. How can we make opioid assisted therapy more accessible for pregnant folks?

Questions Facilitated & Answers Recorded

Q: Difference between babies born to people who use crack and meth

- Similarities in terms of impact of stimulants on the system/body while pregnant such as increased blood pressure; decreased nutrients due to the fact that people may not be hungry, therefore the fetus would not get enough nutrients; going into labour earlier, putting stress on the baby. All that can be managed, it is important to disclose with someone people feel safe.
- It may require some extra monitoring. Connecting with proper places such as the Mothering project, or connecting with midwives to check your blood pressure.
- Develop some sort of pattern around eating, drink lots of water, have a nap, go with someone who can support you to ask questions to providers
- How do you find those safe providers?
- Need to develop a list of safe places and people, starting with midwives at Mount Carmel Clinic.

Q: How are people to connect with these places and providers?

- Transportation is an issue
- Availability for consultations
- Finding supportive people during pregnancy at detox centres
- Thompson – OCN team supports folks to access centre, pharmacists provide suboxone – they are on call

Q: What are the effects of drugs?

- Alcohol may have a role, there is some evidence; however, attachment may mitigate those effects and this is what the systems disrupt – no chance to develop attachment between parent/child.
- Also need to look at all social determinants of health – these would have more impact than drugs
- “Birth alerts” and child apprehension inflict further harm on families
- Personal experience with a nephew whose mother used substances during pregnancy – not seeing issues/impacts of substance use in his development.
- Also, for alcohol, it depends on the stage of pregnancy
- Every child is different
- Sometimes people are on prescription drugs during pregnancy. This is not an issue. Not stigmatized.
- FASD – need strategies – structure and consistency in support of people affected
- System interrupts the way people attach with their babies. Lack of connection to the underlying issues, in particular racism.
- Make clear that current practices are not based on evidence – separating families would produce certain outcomes, we are not looking at that.
- Care providers bring their own personal biases
- Experience of having a PHN visit – asked about substance use, told her that the person smoked – that led to having her name on the “birth alert” list – service providers have lots of power

Q: When a baby is born to a person who is addicted to drugs, does that follow the child?

- Opportunity to get additional supports for the child

Q: impact of cannabis/ CBD oil?

- Class-based issues – middle class who lives in Wolseley, not shamed, targeted, smoking in front of kids – no consequences, would that be the same if the same scenario had occurred in the north end?
- Who determines when substance use is “problematic”?
- What is your relationship with drugs and alcohol?
- Addiction survey index – not trauma informed- lack of good assessment tools
- How to use drugs in a safe way?
- Story of a person who smoked substances during pregnancy – all they say is a “failing pregnant mom” – there is more harm from this than the substances.
- Using cannabis for morning sickness
- Not enough research on the use of cannabis or CBD oils
- Evidence based research at mothertobaby.org – some questioning this sources as it is the new iteration of mother risk, which pushed for use of hair testing to assess drug use on mothers
- Stigma around use of drugs on pregnant and parenting is more problematic
- What harm reduction would look like for racialized pregnant, parenting people?
- People who are prescribed opioids are not stigmatized
- How do we reduce the harms of racism?
- How do we build trust? Become trustful as organizations/providers?
- Duty to report harm, not substance use - the harm of substance use is an individual interpretation
- Court case in 1990s
- Rules around child welfare apprehension
 - Rules are not consistent
 - There is no easy answer
 - Guidelines but also based on people’s experiences
 - Policies are available online
 - Rules do not always acknowledge re: visitation rights, etc. [margaret will send out links]
- Full spectrum doula training – no other place like MB re birth alerts
- Doulas provide service to people on birth alert – people are seeing doulas as a harm as they are perceived to be connected to CFS. Importance to keeping doulas in the community/community-based

APPENDIX C
Action Planning Notes

What do people who support people who use drugs and parent need?

<p>Guiding Principles:</p> <ul style="list-style-type: none"> ● Respect ● Love ● Person Centered ● Culturally appropriate ● Non-threatening ● non-judgemental 	<p>Human Resources:</p> <ul style="list-style-type: none"> ● More of us ● Time off work ● Office space to facilitate needs ● Appropriate support for traumas ● Well paid ● Expertise acknowledged ● Proper breaks ● Self-care ● Feedback/ Regular debriefing ● Flexibility ● Not be penalized for sick / health days 	<p>Professional Development:</p> <ul style="list-style-type: none"> ● Education, education about lived experience ● Harm reduction in curriculums ● Continuing education ● Access to accurate info / evidence based research ● Education on the benefits of drugs ● Motivational interviewing ● Cultural sensitivity ● Understanding of mandatory reporting ● Chain of escalation
<p>Advocacy and Anti-Stigma work:</p> <ul style="list-style-type: none"> ● Advocate to make change ● Breaking down stigma/stop equating drugs with crime ● More counter of anti-harm reduction in the news 	<p>Policy & Management</p> <ul style="list-style-type: none"> ● Higher management to be educated, put it into practise and make them accountable ● Support from those who influence policy ● Better policies and people willing to question authority ● Support from management team 	<p>Support for Participants:</p> <ul style="list-style-type: none"> ● Childcare for PWUD ● Keep families together ● A voice ● Not asking invasive, unnecessary questions ● People who put in effort to build positive relationships ● Access to food and housing ● Access to mentors ● Acknowledging we have families
<p>Funding & increase in resources:</p> <ul style="list-style-type: none"> ● Redistribution of resources ● Appropriate caseloads/staffing ● Room for initiatives ● More resources ● Resources for rural/remote communities 	<p>Networking:</p> <ul style="list-style-type: none"> ● Network of helpers ● Circle of support ● Wrap around training / programming ● Support / collaboration from housing services ● Identify safe people and spaces 	<p>Programming:</p> <ul style="list-style-type: none"> ● Listen to what people say they need ● Balanced conversation about legit harms and benefits of substance use ● More advertisement of our programs ● Make safe spaces ● Inclusive case planning

What do people who use drugs and parent need?

<p>Guiding principles:</p> <ul style="list-style-type: none"> ● BELIEVE US ● Non judgmental support ● Respect from service providers ● Community leadership ● Recognize that we are magic and awesome ● Honour our gifts as parents esp if we are alone ● Pay us for our work ● Advisory committees of people with that experience 	<p>What parents need:</p> <ul style="list-style-type: none"> ● Routine structure ● Honour/value the emotional labour we do ● We need to know we are not bad parents ● Self care ● Safe spaces to play ● Activities for kids ● Ability to be open and honest about our struggles with each other ● Ability to make our own not forced choice for our families ● Not having to worry my kids will be apprehended ● Second chances ● Celebration/ritual/ceremony ● Coping strategies ● Respite ● Bank accounts as HR ● Being able to do fun things/have nice things ● To not have to fear CFS workers 	<p>Systems and policies</p> <ul style="list-style-type: none"> ● Human rights for pregnant people and parents ● Aging out of CFS support ● Ability to provide basic needs for our children ● Stop mandatory patronizing programs ● Good employment options (working from home, flexible hours etc) ● Opportunity to bond/attach with baby in the case of apprehension ● Mandatory basic income ● Ability to have babies at home ● CFS needs to change policies (focus on building capacity) ● Social workers/advocates who know the system and advocate for families
<p>Services:</p> <ul style="list-style-type: none"> ● Detox/treatment centres that support parenting (esp rural) ● Safe supply of drugs, access to narcan ● Free transportation ● More mental health supports ● Universal basic services (childcare, healthcare, transportation, housing, food etc) ● Life skill training ● Program partnerships ● Teen parent programs in schools ● Home visits/support ● Family enhancement programs ● Federal programs (ie head start) to focus on Harm Reduction ● HR incorporated into other programs/systems ● Childcare supports ● Safe spaces ● Financial planning training ● Access to doula's, supportive prenatal and birth services in all communities ● Programs for fathers, single fathers, fathers from marginalized backgrounds - support, encouragement, groups ● Self-determined services ● Iceland's solution - recreation for kids and parents ● Accessible abortion services and support 		

How do we change things?

<p>Shut down systems: Abolish CFS, the police and prison systems Decriminalize addiction and poverty Acknowledge how racist the drug war is Change/abolish the Indian act</p>	<p>Change systems: Decolonize Accessible housing and training Give people purpose, belonging and care Universal access to ID and important documentation Every org needs to look at things from an anti-oppression, anti-racist lens and acknowledge the harms that have been caused Redistribution of resources from settler orgs Reparations End charity - begin with justice Eliminate birth alerts Understand how colonialism, ableism, homophobia, racism etc affect our ability to parent</p>	<p>Indigenous Led Responses: Land based culture Ceremonies/connect with culture Indigenous Harm Reduction at all levels Cultural health/ceremony sites Keeping families together at all costs Medicine people/elders paid like healthcare Chief/council support Building relationships with indigenous communities</p>
<p>Education and Awareness: Bring more awareness Be too loud to ignore Privileged people can talk about their drug use Guidelines on “when to” but not really “when not to” call CFS Protest</p>	<p>Hold leadership accountable Support whistleblowers More sustainable funding Collaborate Allow advocates in meetings Don't be a bystander, be an ally Make status quo uncomfortable for those in power</p>	<p>Peers as experts Meet people where they are at</p>
	<p>Address gaps: 24/7 on demand care everywhere Safe spaces to share stories Kids sports more subsidized than professional sports Hire more prevention/support workers</p>	<p>Others: Intervention prevention Psychological throat punching Know when to bend Wifi access everywhere More like minded women and Indigenous people in leadership Consultation of parents Health economic benefit HR education for youth Free treatment Sharing knowledge</p>

APPENDIX D

Building A Campaign Notes

What do we need people to know who are parenting and also getting high/intoxicated?

They are still good capable parents*****
They love their children as much as you do*****
They want the best for their kids, and are doing the best they can at the time*
They deserve dignity, love and care - mel
Deserve the right to parent, access services and keep their children*- sho, veda, mel
They have the same rights as anyone else
We are all users
Don't judge, we don't know their situation*
Maybe the substances help them be better parents
I use and I am still a good parent/person
I know my situation and what's best for my children- sho
Living family supports, harm reduction knowledge*
Mind your own business
My kids are healthy and know they are loved
Judgements of PWUD impact people differently (based on race, poverty etc)* - mel
Parents who use substances do not feel safe with healthcare service providers- sho, mel
HCSP need to check their privilege and righteousness
Healing trauma opens loving connections
Reduce stress to build family connection
Children should never be apprehended or the connection/bond interfered with
Stop traumatizing families - support them
It's not about the substance and use is not always the issue
Punishment and criminalization is not helpful and does not work and creates more issues - mel
Make it real - hit home
Look beyond stereotypes to the family affected
Challenge superior fragility
Challenge stereotypes
Kids are better off with their parents- Veda, sho
If middle aged white women can drink wine, other people can use substances
You're allowed to have fun and be more than just a parent- sho
Using substances is taking care of yourself
Benefits outweigh risks when using substances

How do we tell them?

Targeted internet ads**	Education in schools
Billboards**, bus ads	Get someone in a position of power to distribute
Mail outs, Flyers, local newspapers	Collab with elders and knowledge keepers
Posters in healthcare settings	Share guidelines of when not to call CFS
Radio call in with questions*	Trainings for politicians/leaders
Shirts, Buttons	In a respectful way, thought provoking
Social Media*, youtube videos	Can't control it, can't cure it, can't change it - let everyone move at their own pace
Team building	MHRN should develop a communications plan to address the negative media about parents WUD
Workshops/lunch and learns	End birth alert campaign
Community cafes	Baby onesie campaign
Grand rounds to catch drs	
Target social service providers	

APPENDIX E
Safe Prenatal Provider List

1. Cathee and Suzy, 204-677-4431, Thompson, Babies Best Start - Prenatal/Postnatal education
2. Mount Carmel Midwives, Winnipeg, Well women care midwifery, teen clinic
3. Kate McIntyre, 204-947-2422 ext 511, Winnipeg, Birth Centre at WHC
4. Diane Thiessen, 204-239-6333 ext 2233, Portage la Prairie, Insight Mentor Program Manager
5. Star Program - Helene to email contacts of all sites
6. Audrey Simpson, 204-359-6704, Norway House, MCH Coordinator
7. AMC - First Nations Family Advocacy, 1-855-996-9989, challenge the CFS or judicial system