A TWO-EYED SEEING APPROACH TO WHOLISTIC HEALING AND WELLNESS FOR PEOPLE WITH DRUG USE EXPERIENCE

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Background: Substance use is typically seen by Western society through an individualistic framework, where current health status results from poor decision-making and lifestyle choices. However, an Indigenous health determinants framework, which emphasizes structural and sociocultural impacts on health, especially colonization, better explains Indigenous over-representation in substance use and related conditions (e.g., hepatitis C, HIV). Indigenous peoples have historically used land-based retreats for wholistic wellness. More recently, these are being explored for their effectiveness in restoring connections and promoting healing in the context of substance use.

Methods: A land- and culture-based retreat which included the Medicine Wheel Spirit Shadow Dance (MWSSD) – a wholistic, strengths-based approach developed by people living with HIV, many of whom had a history of substance use, to promote self-exploration and healing based on medicine wheel teachings – along with post-retreat activities, was designed as a healing intervention with contextualization by Knowledge Holders for their specific communities. This was piloted in two sites – a First Nation community in Saskatchewan and an urban Indigenous community in British Columbia. A Two-eyed Seeing multi-pronged evaluation included qualitative analysis of intra- and post-retreat sharing circles, self-reflexivity, and an innovative First Nation self-assessment tool.

Results: Findings identified elements of land- and culture-based healing effective at restoring and promoting wellness for Indigenous people who use drugs. The MWSSD provides a shame-free space for sharing of and both individual and collective learning from deeply personal narratives.

Conclusion: Culture and ceremony offer a promising path towards wholistic wellness for Indigenous persons and communities impacted by HCV, HIV and substance use. Yet, despite the demonstrated need for land-based cultural practices, these programs face many challenges regarding funding and acceptance by policy-makers. Given the extent of health inequities faced by Indigenous communities, it is imperative that these gaps in research and services be amended as soon as possible.

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