

# Truth and Reconciliation

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## Harm Reduction Manual

Updated: April 29, 2026



First Nations Health Authority  
Health through wellness



BC Centre for Disease Control  
Provincial Health Services Authority

## Table of Contents

Introduction .....	3
Truth and Reconciliation.....	5
Learn & Understand.....	5
Historical and Ongoing Impacts of Colonialism .....	5
Act .....	12
Glossary.....	19
Acknowledgements.....	20
References .....	21

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## Introduction

First Nations ancestral territories cover every inch of the province and continue to be occupied by colonial settlers.<sup>1</sup> For thousands of years, all Nations have upheld sovereignty through laws and governance systems rooted in the land. First Nations rights and responsibilities to their ancestral territories have never been ceded or surrendered, and are upheld in provincial, national, and international law.

First Nations, Métis, and Inuit Peoples from elsewhere in Canada also call these lands and waters home. While all Indigenous Peoples of BC have inherent rights, First Nations, Métis, and Inuit Peoples are distinct communities with unique rights, interests, and priorities. The provincial government recognizes this and commits to advancing reconciliation through a distinctions-based approach.<sup>2</sup> This means the province will take different approaches to work with First Nations, Métis, and Inuit Peoples that respects unique cultures, histories, and identities.

Inherent Indigenous rights include a right to health and wellness, but Indigenous Peoples face many barriers to receiving equitable healthcare. Addressing Indigenous-specific racism has been identified as a priority with BC's health system.<sup>3</sup> We acknowledge that settler-colonial institutions in BC have been built on foundations of white supremacy. Thus, we recognize that all policies and processes that have not undergone an explicit anti-racist review continue to uphold and reinforce Indigenous-specific racism.

For many First Nations, Métis, and Inuit Peoples, culture is medicine and culture heals. This emphasizes the importance of blending Indigenous healthcare with Western healthcare to create more effective care. One way to integrate Indigenous teachings into healthcare is through a Two-Eyed Seeing approach.<sup>4</sup> This is a teaching from Mi'kmaw Elder Albert Marshall, where one "eye" sees the strengths of Indigenous worldviews, and the other sees the strengths of Western worldviews. Both worldviews are equally respected and embraced, and each has unique methods that are both valid. Two-Eyed Seeing promotes equitable healthcare for Indigenous Peoples by incorporating the strengths of cultural values, beliefs, practices, and medicines to support Indigenous approaches to health alongside western ways of healthcare delivery.<sup>5</sup> We recognize and acknowledge that our Western eye is given more influence than our Indigenous eye in colonial healthcare systems, and that we must actively work to address this imbalance.<sup>5</sup>

We can learn from the six Coast Salish teachings gifted to PHSA by Coast Salish Knowledge Keeper Siem Te Ta-in, Shane Pointe, to guide our provincial work that takes place on First Nations territories. These teachings highlight how *thee eat* (truth) can be applied to acknowledge the ways the toxic drug crisis impacts Indigenous Peoples because of far-reaching harms of settler-colonialism. *Nuts a maht* (we are

one) means we must recognize and respect that all living things have the right to dignity and respect. This includes people of all races and genders, by providing culturally safe, de-stigmatizing, and respectful care to every person. In upholding our legal obligations under the *Declaration on the Rights of Indigenous Peoples Act* action plan, this manual aims to support Indigenous rights and self-determination by weaving culturally safe approaches and responses and wise practices throughout. Cultural safety is an outcome determined by the person and community, and includes anti-racism, cultural humility, and trauma-and violence- informed care.

Developing accessible and safe spaces that provide holistic care can support culturally safer harm reduction services. This allows all people to navigate a Western healthcare model in ways that diminish trauma, build trust, and promote wellness. By providing Indigenous-specific context to harm reduction practice, we increase awareness of how settler-colonialism is at the root of present-day health inequities experienced by Indigenous Peoples in BC—especially experiences with substance-related harms.

We know from Elders, Knowledge Keepers, community wisdom, and clinical experience that certain Indigenous groups (e.g., Two-Spirit youth, transgender women) experience additional barriers to care, or experience greater harms from unregulated substance use. Despite Indigenous People’s resistance, the health system often identifies Indigeneity as a risk factor for substance use harms. This is misleading and rooted in anti-Indigenous racism. Greater harms experienced by Indigenous Peoples are a result of many layers of discrimination they face at the systemic and interpersonal level, including ongoing colonial violence and transphobia.

## Truth and Reconciliation

Truth and reconciliation means acknowledging past and ongoing settler-colonialism and its continuing impacts on Indigenous communities and substance use-related harms, and how we must decolonize harm reduction. Reconciliation is commonly referenced as repairing, healing, and building proper relationships with Indigenous Peoples after the many damages and wrongs of settler-colonialism. To get to reconciliation, we must first pass through truth.<sup>6</sup> We must first name the truth—that there are historical and ongoing harms of settler-colonialism, Indigenous-specific racism is pervasive in the healthcare system and in our daily lives, and white supremacy is embedded throughout the policies, attitudes, and practices that guide our work.<sup>7</sup>

Puglaas Jody Wilson-Raybould’s (Kwakwaka’wakw from We Wai Kai Nation) describes how we can actively work towards “true reconciliation”:

- We must **learn** (name racism and white supremacy),
- We must **understand** (ask how racism and white supremacy are operating), and
- We must **act** (strategize and organize to act).<sup>6</sup>

### In the context of harm reduction work, this means:

1. We name the **racism and white supremacy** present in **policies, attitudes, and practices** that guide our work,
2. We understand the ways these **policies and practices harm or further stigmatize** First Nations, Métis, and Inuit Peoples, and
3. We strategize and organize to make changes to **decolonize harm reduction work**.

## Learn & Understand

### Historical and Ongoing Impacts of Colonialism

We all share obligations to uphold the inherent rights and title of BC First Nations and the inherent rights of all First Nations, Métis, and Inuit Peoples living in BC. To meet these obligations and work towards truth and reconciliation, we all have a shared responsibility to recognize that white supremacy and anti-Indigenous racism are written into policies and practices in our health and social systems, which harm the health and well-being of Indigenous Peoples.

Settler-colonialism has a profoundly negative impact on First Nations, Métis, and Inuit Peoples across Canada, with ongoing consequences of genocidal policies spanning across all determinants of health.<sup>8</sup> Settler-colonization introduced contagious diseases and substances that harmed the vitality of whole Indigenous communities.<sup>8</sup> Oppressive colonial policies continue to cause individual- and population-level traumas.<sup>8,9</sup> These include residential schools, child apprehension (like the Sixties Scoop), Indian Hospitals, starvation, medical experimentation, land dispossession, loss of language, social exclusion, and racialized violence. Individually and collectively, these traumas perpetuate the isolation of Indigenous Peoples, create mistrust in the health system, and remove access to traditional practices and healing, education, employment, and health care.<sup>8-10</sup>

The extensive harms caused by settler colonialism cause many First Nations, Métis, and Inuit people to mistrust the healthcare system. Indigenous peoples' reluctance to seek mental health and substance-use care stems from this deep mistrust, including fear of providers who can restrict a person's freedom through involuntary care or make reports that may result in child apprehension. This mistrust is intensified by the enduring, false racist stereotype that First Nations people are inherently prone to alcohol or substance use. Such harmful stereotyping, whether expressed by providers or internalized by individuals, creates stigma and becomes a barrier to accessing care.

## **The Sixties Scoop**

### **The History**

The Sixties Scoop refers to a time when thousands of Indigenous children in Canada were taken away from their families and communities, starting in the 1950s and continuing through the 1960s and later.<sup>11</sup> Although taking Indigenous children away from their communities was already happening before the 1960s, like through the residential school system, the 1960s saw a big increase in Indigenous children being placed in white, middle-class families. Because of these actions, far more Indigenous children went into the Canadian foster care system than non-Indigenous children.

### **Ongoing Impacts Still Seen Today**

Today, Indigenous children still greatly outnumber non-Indigenous children in foster care. In 2021, Indigenous children made up 53.8% of children in foster care in Canada, even though only 7.7% of all children under 14 were Indigenous.<sup>11</sup> Taking Indigenous children away from their families is still happening today and is sometimes called the Millennial Scoop.<sup>12</sup>

Continued...

## **Sixties Scoop** continued...

This overrepresentation of Indigenous children did not happen because of one specific government policy, but because of many acts of racism against Indigenous people that happened in the past and are still happening today. These actions are seen in other areas of child welfare, criminal justice, education, and healthcare.

The Sixties Scoop is closely connected to broader factors that affect health, like experiencing harmful childhood experiences, losing your connection to culture, and experiencing racism.<sup>13,14</sup> Because of this history and ongoing experiences, Indigenous peoples fear having their children taken away, which can make reaching out for harm reduction services and other health services difficult.

Policies like decriminalizing small amounts of substances are intended to change treating substance use as a crime, and to start treating it as a health issue. These types of changes can help reduce the incarceration of Indigenous peoples and reduce the fears of parents who use substances that they may lose custody of their children. Service providers also need to know that a person getting care for substance use alone does not always mean a report to child services is needed.<sup>15</sup>

### **Steps Toward Reconciliation**

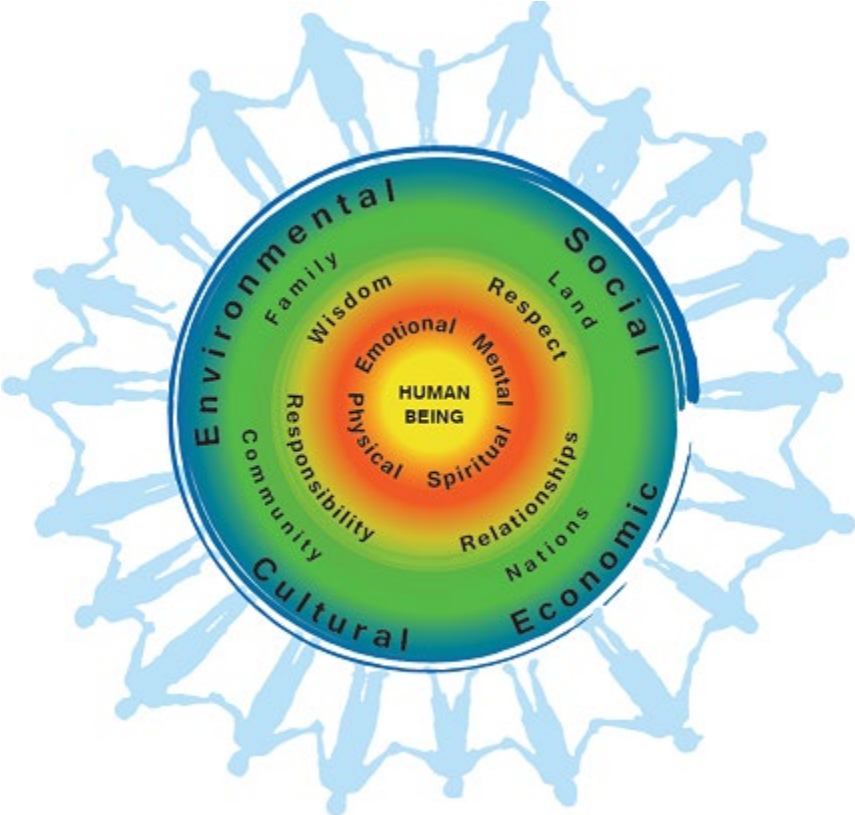
Sixties Scoop survivors have shown strength and resilience and continue to be some of the fiercest advocates for change. One way they have shown resilience is by demanding that Indigenous peoples have the right to make choices for themselves, including caring for their children.

In 1993, the Union of BC Indian Chiefs signed an agreement with the BC government that paved the way for BC First Nations to take back control over their children.<sup>16</sup> Later in 2019, the Government of Canada passed *An Act respecting First Nations, Inuit and Métis children, youth and families*, giving Indigenous peoples' the right to manage their own child and family services.<sup>17,18</sup> Most recently, in 2024, Cowichan Tribes agreed with the provincial and federal governments to take over responsibility for their own youth and family services.<sup>18</sup>

Supporting self-determination and autonomy for First Nations, Inuit, and Métis in an important step forward if we are to address harms caused by the Sixties Scoop and its lasting impacts today.

Settler-colonialism has harmed First Nations Peoples’ health and well-being by significantly disrupting ways of being, knowledge systems, and traditional practices. These ways of being sustained communities for centuries by balancing physical, spiritual, mental, and emotional wellness (Figure 1).<sup>9</sup> Colonial practices have led to systemic Indigenous-specific racism so prevalent that many Indigenous Peoples fear accessing existing health care services.<sup>10</sup>

**Figure 1. The First Nations Perspective on Health and Wellness.** The wellness wheel is a snapshot visual that describes First Nations People’s holistic vision of wellness. It aims to visually depict and describe the First Nations Health Authority [Vision](#): Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities.



Our healthcare systems are built on settler-colonial practices and steeped in white supremacy, perpetuating harms against Indigenous Peoples,<sup>9</sup> People of Colour, and people who do not conform to the gender binary. This is true in both health policy and practice, where the widespread existence of Indigenous-specific racism hinders First Nations, Inuit, and Métis Peoples access to healthcare, disproportionately impacting Indigenous Women, Girls, Two-Spirit Peoples, Indigiqueer and transgender and non-binary people. Through Indigenous Peoples’ resistance and advocacy, we have

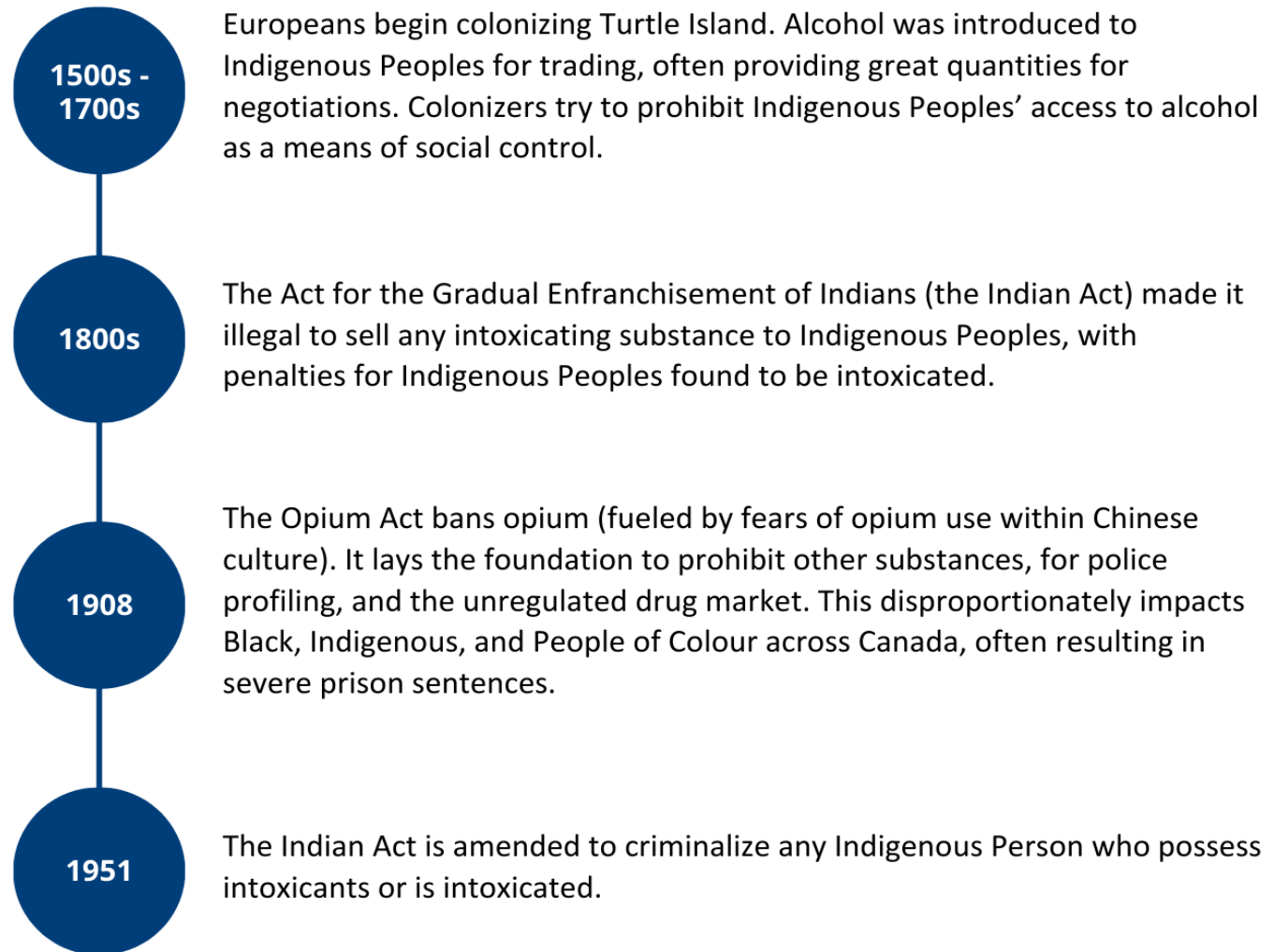
received specific instructions for how we can work to eradicate Indigenous-specific racism and white supremacy from our health systems.

Inspired by an art installation of a huge net secured high across downtown buildings in Vancouver, Canada, Dr. Kate Jongbloed and colleagues developed a net metaphor to describe settler-colonialism health care and the Indigenous-specific racism, white supremacy, and settler-colonial harms within it.<sup>6</sup> The net made up of hundreds of thousands of “colonial knots”— such as policies and practices—that trap Indigenous Peoples within an oppressive healthcare system, so they are unable to be free and in control. The main lines that uphold the net are imposed structures like the *Indian Act*, residential school system, and the reserve system.<sup>19</sup> The net also illustrates Indigenous resistance, as Indigenous Peoples must continue the path forward by continuously untying the knots every day.<sup>19</sup> The authors explain that to safely dismantle the net, we must carefully untie enough knots so the main lines can be safely cut without causing further harms. In partnership with Indigenous Peoples, it is our responsibility to identify these knots and work together to untie them.

In thinking about the net metaphor, we can see how upholding existing policies and practices further strengthens the colonial knots by perpetuating racism and stigma and denying culturally safe care. In contrast, prioritizing harm reduction policies and practices that recognize and centre Indigenous needs works towards untying and loosening those colonial knots. We need to shift the colonial narrative of Indigeneity being a risk factor for substance-related harms and acknowledge how substance-related harms stem from decades of settler-colonialism, traumas, and racism.<sup>10</sup> We must work towards reconciliation that includes Indigenous-centered harm reduction approaches.<sup>9</sup>

## Criminalization of Indigenous Peoples Who Use Substances

Colonialism has distinct roots in drug prohibition, which is based in Indigenous-specific racism. This can be seen in a brief timeline of drug policy in Canada<sup>20</sup>:



With this foundation in racist drug policy, the ongoing “war on drugs” has disproportionately targeted Indigenous Peoples. This has resulted in significant harms, such as high rates of incarceration and toxic drug poisoning deaths.<sup>4</sup> Criminalization of personal drug use and a resulting criminal record negatively influence a person’s employment, housing, and child custody. These are determinants of health and wellness that Indigenous Peoples aim to protect, not further harm.

## **Trauma and Discrimination in the Criminal Justice System**

The effects of colonization of what we now call Canada continues to impact First Nations, Inuit, and Métis peoples. Government policies and laws still exist that push Indigenous people away from their culture, causing lasting harms that impact the health and well-being of many generations of families and communities. This trauma, together with poverty, limited education, lack of employment, opportunities, over-policing of Indigenous peoples, has led to them having more involvement with the criminal justice system.<sup>21</sup>

Indigenous people make up less than 5% of Canada's population, but in 2000 represented more than 17% of people in prison. By 2020, that number had risen to 30%. Indigenous women are especially affected, making up 48% of women in prison. Although more research is needed, there is data that shows disproportionately high incarceration rates among Indigenous people who are also members of the 2SLGBTQIA+ community.<sup>36</sup>

### **Substance Use Disorders are High Among Incarcerated People**

Between 2009 and 2017, more people entering the prison system had a mental health or substance use challenge. In fact, the number of people with co-occurring mental health and substance use issues more than doubled during this time. This suggests people with complex health needs are ending up in the criminal justice system instead of the healthcare system as many long-term psychiatric institutions closed around this time.<sup>22</sup> There is an urgent need for better mental health and substance use services both outside and inside the prison system.

### **Leaving Prisons Increases the Risk of Toxic Drug Poisoning**

People are at higher risk of toxic drug poisoning after they leave prison. A study in BC showed people recently released from prison are higher risk of experiencing a toxic drug poisoning, especially within the first 2 weeks. The study followed 6,106 adults for 1.6 years after release, 154 died and 70% of deaths were because of a toxic drug poisoning. These findings stress the need for culturally relevant and safe harm reduction initiatives that also address social and health inequities, to help save lives.<sup>22</sup>

As well as reduce the criminalization of people who use substances, decriminalizing possession of small amounts of substances was intended to address racial disparities and injustices by reducing shame around substance use. These experiences of shame are the result of a colonial system of harms, perpetuated by experiences stemming from a population forced into poverty, social exclusion, and deprivation. By reducing shame related to substance use, we encourage connection between people who use substances, communities, and healthcare providers.

## Act

### **Commit to Truth and Reconciliation**

We all have a shared responsibility to disrupt harmful policies and practices and eradicate Indigenous-specific racism across harm reduction and other health and social services.<sup>7</sup>

There also legal obligations to respect and uphold the inherent rights of First Nations, Inuit, and Métis Peoples. These obligations are outlined in the [United Nations Declaration on the Rights of Indigenous Peoples \(UNDRIP\)](#), the BC [Declaration on the Rights of Indigenous Peoples Act](#) (Declaration Act) and the [Declaration Act Action Plan](#). UNDRIP has been described as the framework for reconciliation by the Truth and Reconciliation Commission of Canada<sup>24</sup>. BC DRIPA and the Declaration Act Action Plan serve distinct but complementary purposes in implementing UNDRIP in BC. BC DRIPA identifies the commitment of the province to apply UNDRIP to laws in BC, while the Declaration Act Action Plan describes the implementation plan. These foundational documents affirm the rights of Indigenous Peoples to self-determination, the inherent title and rights of First Nations Peoples in BC, the need to eradicate Indigenous-specific racism, and taking action to achieve social, cultural, and economic well-being of Indigenous Peoples.

Indigenous Peoples inherent rights include access to culturally safe healthcare. To uphold these priority responsibilities and embed cultural safety and humility into health systems, the Provincial Health Services Authority (PHSA) has signed the [Declaration of Commitment on Cultural Safety and Humility in Health Services](#) and [made a commitment](#) to implementing the calls to action outlined in UNDRIP and the [Calls to Action of the Truth and Reconciliation Commission of Canada](#) (TRC).

### **Acting on Foundational Commitments to Indigenous Peoples**

Indigenous Peoples have identified specific actions necessary to address the harms of settler-colonialism, white supremacy, and Indigenous-specific racism. Testimony from thousands of survivors of settler-colonial violence have informed recommendations in the foundational documents introduced above and others that outline commitments to Indigenous Peoples:

- UNDRIP<sup>24-25</sup>
- BC DRIPA<sup>26</sup> & Declaration Act Action Plan<sup>27</sup> (89 Actions)
- TRC Commission of Canada's Calls to Action<sup>28</sup> (94 Calls to Action)
- The National Inquiry into Missing and Murdered Indigenous Women & Girls<sup>29</sup> (231 Calls for Justice)
- In Plain Sight Report<sup>3</sup> (24 Recommendations)

A first step in upholding our shared obligations is to read these foundational documents and identify recommendations that can be implemented in the work setting and in one's life. Some recommendations specific to substance use services include:

- **Having culturally safe substance use services:**
  - "Increase the availability and accessibility of culturally safe substance use services, including through the renovation and construction of Indigenous-run treatment centres and the integration of land-based and traditional approaches to healing." (BC DRIPA & Action Plan #4.13)<sup>26-27</sup>
  - "The BC government and First Nations Health Authority demonstrate progress on commitments to increase access to culturally safe mental health and wellness and substance use services" (In Plain Sight #17)<sup>3</sup>
- **Having culturally relevant substance use services for Indigenous Peoples who are incarcerated:** "We call upon the government at all levels to work with Indigenous communities to provide culturally relevant services to inmates on issues such as substance abuse, family and domestic violence, and overcoming the experience of having been sexually abused" (TRC #36)<sup>28</sup>
- **Having equitable health and wellness services for Indigenous women, girls, and 2SLGBTQQIA+ people:** "Ensure that the rights to health and wellness of Indigenous Peoples, and specifically of Indigenous women, girls, and 2SLGBTQQIA+ people, are recognized and protected on an equitable basis" (MMIWG #3.1)<sup>29</sup>

## Applying the Declaration on the Rights of Indigenous Peoples Act

As we work to implement the BC DRIPA<sup>26</sup>, several key learnings have emerged:

- **Build true partnerships:** Effective collaboration requires a foundation of trust, respect, and co-creation with Indigenous Peoples. Engagement must be ongoing, transparent, and inclusive, ensuring Indigenous voices lead decision-making processes
- **Center Indigenous self-determination:** Applying DRIPA emphasizes the importance of recognizing and upholding the inherent rights of Indigenous communities, including governance, land stewardship, and cultural preservation.
- **Align policies and create systemic change:** Integrating the principles of DRIPA across all levels of policy and practice involves dismantling colonial structures, aligning legislation with Indigenous rights, and ensuring accountability in achieving reconciliation goals.

These learnings underline the transformative nature of this work and the commitment required to honour Indigenous rights meaningfully and sustainably.

## Using a Distinctions-Based Approach

It is important to use a distinctions-based approach with First Nations, Métis, and Inuit Peoples. A distinctions-based approach means recognizing and respecting the distinct identities, traditions, cultures, systems of governance, histories, languages, and priorities of First Nations, Métis, and Inuit Peoples. Using a distinctions-based approach means recognizing that Indigenous Peoples are not a single group. Indigenous Peoples include many diverse and sovereign groups, Nations, and communities with different identities and rights.

## Respecting Self Determination

It is important to recognize and support the self-determination of First Nations, Métis, and Inuit communities to determine the approaches to harm reduction and substance use that are right for them. Respecting self-determination means supporting communities and Nations to develop their own services and programs, while also providing access to existing harm reduction practices and services that align with their needs.

The First Nations Health Authority (FNHA) builds on cultural strengths to address substance use challenges, which are often rooted in settler-colonialism, racism, and intergenerational trauma. Across communities, there are many unique community-led approaches that reduce harm, support wellness,

and strengthen resilience. When communities lead and control resources, programs are more effective, responsive, and sustainable.

There are many examples of self determination, including:

- The [Indigenizing Harm Reduction Study](#) shows how First Nations-led harm reduction practices support communities across BC.
- [Métis Nation](#)'s harm reduction team supports several culturally safe harm reduction programs and training for members of Métis Nation.

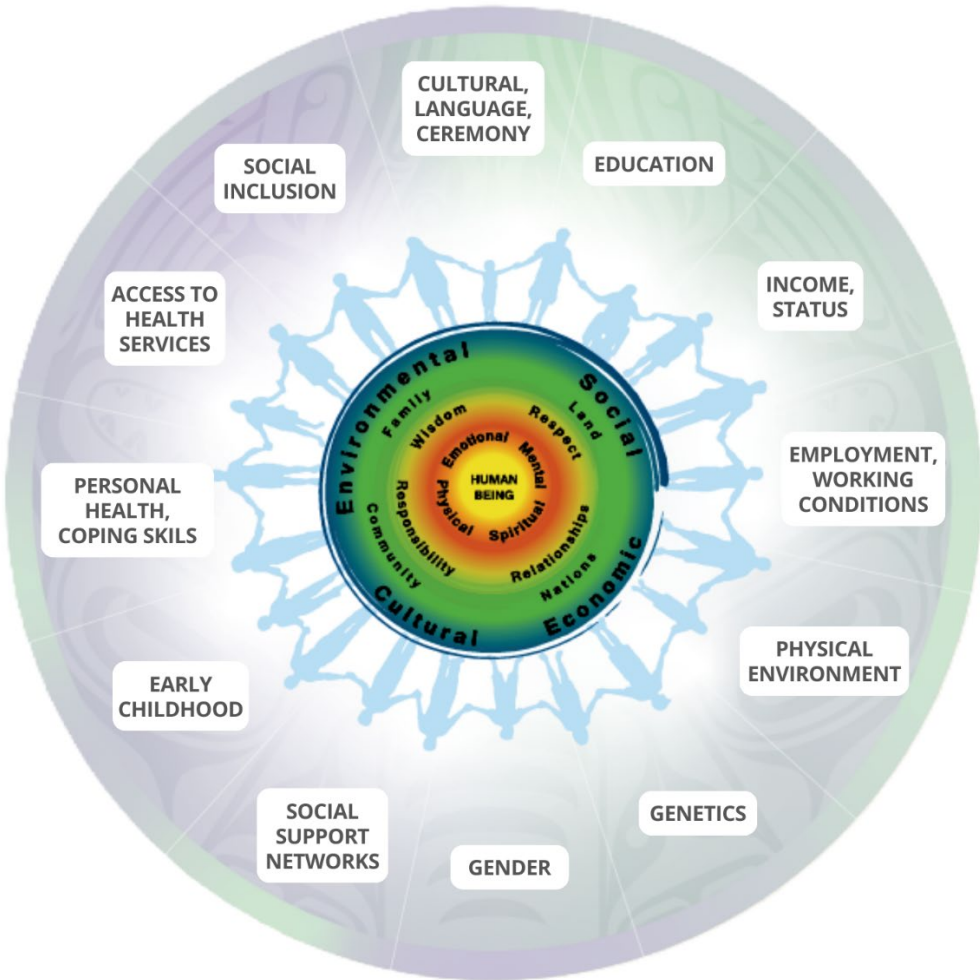
## **Addressing the Social Determinants of Health**

The social determinants of health have a significant influence on a person's substance use. This is particularly evident when looking at the socioeconomic disparity between Indigenous and non-Indigenous Peoples, and population-level prevalence of substance use-related harms, such as drug poisoning deaths.<sup>19-21</sup> These long-standing socioeconomic gaps span education, housing, living conditions, income, and interactions with the criminal justice system.<sup>29-32</sup> They are compounded by systemic discrimination, cultural alienation, territorial dispossession, and intergenerational and criminalization traumas that colonial oppression continues to perpetuate (Figure 2). This cycle of compounding stigma, shame, and trauma prevent Indigenous Peoples from reaching out for help.<sup>9</sup>

It's important to resist conflating Indigenous identity with risk. Indigenous Peoples' experiences with substance use and related harms are not a result of Indigenous identity, but from exposure to settler-colonial racism.

Supporting Indigenous Peoples who use substances and Indigenous communities must begin with upstream investments to improve the socio-structural drivers of health inequities related to substance use-related harms. This means access to a continuum of safe care that includes housing, food security, childcare, cultural connection, and economic supports.<sup>35</sup>

**Figure 2. Indigenous Views on the Social Determinants of Health.**<sup>36</sup> Indigenous People have long held a wholistic understanding of health. Indigenous views on health rely on keeping the social determinants of health factors in balance. Factors that are included in the social determinants of health are included outside the wellness wheel.



**Connection to Culture**

Connection to culture is vital for many First Nations, Métis, and Inuit Peoples’ healing journeys. Elder Doreen Peter of Cowichan First Nation shares that “culture calls the heart back home again”. Having low barrier access to culture for Indigenous People who use substances supports physical, spiritual, emotional, and mental health. First Nations People who use substances should be supported to participate in cultural activities such as connection to Elders, traditional medicines, ceremonies, arts and crafts, land-based programs, and connections to family and community.

## Land-Based Healing

***Adapted from Land for Healing: Developing a First Nations Land-Based Service Delivery Model, Thunderbird Partnership Foundation.***

Indigenous Peoples have lived in relationship with the land since time immemorial, caring for and stewarding it through generations with knowledge, respect, and responsibility. The land has always been essential to the health and identity of Indigenous Peoples.

### Land Theft

The Indian Act of 1867, along with the reservation system, were ways the Canadian government forced Indigenous Peoples out of their ancestral lands, breaking down their connection to culture, and took control of vast natural resources from their land. The ongoing impacts of stealing their land, residential schools, the Sixties Scoop, and taking Indigenous children out of their home, continues to damage Indigenous Peoples' relationships with communities, cultures, and lands.

### What is Land-Based Healing?

Land-based healing is a wholistic, culturally grounded approach that connects Indigenous Peoples back with their land, language, culture, and traditional knowledge. It is rooted in the understanding that the land is alive and central to identity, healing, and well-being. Land-based healing is not just a practice, but a way to reclaim culture, identity, and sovereignty through deep, ongoing relationships with the land.

### Aspects of Land-Based Healing

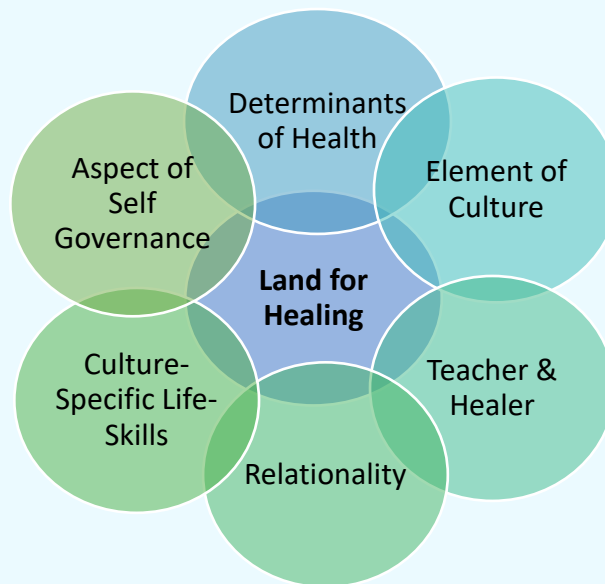
Land-based healing programs differ in many ways depending on the nation or community-specific values and practices, lands, and who the program serves. While programs are different, they often have things in common, such as: <sup>34</sup>

- ***Elements of Culture.*** Land-based healing is grounded in Indigenous knowledges, ways of being, and culture. Land-based healing includes cultural traditions—such as ceremony, storytelling, Indigenous languages, and cultural teachings—to support healing, connectedness, and wellness.

Continued...

## Land-Based Healing continued...

- **Relationality.** The land is connected to identity, meaning, connection, and belonging. The meaning of land is deeply rooted in culture and comes not only from being on the land, but also from stories, relationships, and ancestral connections to the land.
- **Teacher and healer.** The land is a teacher and healer. Being on the land supports all aspects of wellness, including spiritual, emotional, mental, and physical.
- **Culture-specific life skills.** Teaching through *doing* and storytelling passes on values, important life skills, and intergenerational knowledge. Depending on the community and culture, skills can include food preparation, survival skills, sweat ceremonies, healing circles, hunting, fishing, canoeing, hiking, berry picking, and traditional crafts.
- **Aspect of self governance.** Land-based programs promote self governance through a community-focus and community-driven design, development, and implementation, which is often guided by Elders and Knowledge Keepers.
- **Determinants of health.** Land-based programs address determinants of health to support wellness, such as language acquisition, ceremony, education, and social inclusion.



## Glossary

**2SLGBTQIA+** is an acronym that means Two Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and + which acknowledges the diversity of sexual and gender identities.

**Decolonize** means challenging and undoing settler-colonialism to restore and reclaim Indigenous Peoples' culture, practices, beliefs, languages, and worldviews.

**Distinctions-based approach** means recognizing and respecting the unique rights, cultures, and histories of First Nations, Métis, and Inuit Peoples.

**Indigiqueer** refers to people in the Indigenous queer community.

**Indigenous Peoples** refer to First Nations, Métis, and Inuit Peoples. Indigenous Peoples are the original inhabitants of the land that we now call Canada.

**Indigenous-specific racism** refers to a type of stereotyping, bias, and discrimination against First Nations, Métis, and Inuit Peoples.

**Reserve system** refers to lands that have been set aside by the Canadian government under the Indian Act imposed on First Nations.

**Self-determination** refers to the rights of people or groups to make their own choices and control their lives without coercion or interference.

**Settler-colonialism** refers to an ongoing system that perpetuates the displacement and elimination of Indigenous Peoples and culture, where settlers remove and erase Indigenous Peoples from their lands.

**Two-Spirit** refers to a term used by some Indigenous communities to reflect complex Indigenous understandings of spiritual, cultural, gender, and sexual identities. This can include a range of roles and identities that can include and blur distinctions between gender, sex, and sexuality.

**White supremacy** refers to a system of beliefs that holds white people as superior to people from other racial backgrounds.

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