Q'wemtsin Health Society

Pellctéxelcten August 2023



Qwemtsin Health Society • 250.314.6732 130 Chilcotin Road, Kamloops BC, V2H 1G3 **qwemtsin.org**



IN THIS ISSUE

Food Sovereignty Micro-Credential

Elders Lunch Program

Naturopathic Alphabet

Plan W

Overdose Awareness Day

Harm Reduction

Overdose Basics

Drug Facts

Circle of Life

QHS Resource Numbers

August Pellctéxelcten

(Salmon Coming Up Moon)

M-yews ri7 re syéwems te sqlélten ell m-yews re scwíkems te sqlélten.

Then they fished for salmon and dried their salmon.



Q'wemtsin Health Society and the Skeetchestn Health Center will be closed in observance of Labour Day.

Closed: Monday, September 4th Reopened: Tuesday, September 5th

If you have any questions or concerns please call QHS at 250.314.6732

REGENERATIVE AGRICULTURE

Many of us have lost our traditional ways around food. Food Sovereignty and our ability to take control over our food, is so important to make sure our children do not lose the traditions of the past. We are hoping this course will build capacity in our communities because we have always known that Food is Medicine. —Elder

FOOD SOVEREIGNTY MICRO-CREDENTIAL

- A **3 week course delivered remotely** through video conference in Sept/Oct, with 2 additional weeks of practicum during September 2023.
- Are you interested in learning skills to improve access to locally grown food and develop a food Sovereignty work plan for your community.
- This course will give you the skills to build a Food Sovereignty program using the community development approach. You will learn about hosting a learning circle, explore the various successful food action projects, develop a proposal, work plan, secure funding while understanding the importance of partnerships and communications.
- In addition to all the community planning, students will develop practical skills in vegetable and greenhouse production using regenerative agriculture principles.
- This course will make you marketable as there is an **rising demand for Food Sovereignty workers** in communities.

THOMPSON RIVERS UNIVERSITY WILLIAMS LAKE

For more information or help with registration contact Gillian Watt, Program Coordinator gwatt@tru.ca or call 250 319 2367





Schedule for Food Sovereignty Micro-Credential September / October 2023

| Sept 11 | Location: Skeetchestn Indian Band (Savona, BC) | |
|---------------|---|--|
| | Orientation and Overview of Food Sovereignty Micro-Credential Laura Kalina, Dietitian & Food Sovereignty Lead, Q'wemtsín Health Society Tiffany Hunko, graduate, TRU Sustainable ranching, producer and entrepreneur <i>Topic covered:</i> • What is food Sovereignty and household food insecurity • Food Systems approach and Traditional food ways • Healthy Eating with Nutrient Dense whole foods • Successful Community Food action programs • Coordinating and supporting teachings in hunting, fishing and wildcrafting | |
| Sept 12 | Skeetchestn field practicum led by Tiffany Hunko | |
| Sept 13 | Morning: Skeetchestn | |
| | Afternoon: Simpc field practicum led by Fred Fortier, Gardener, Medicine Maker and owner of Uncle Freddy's Hot House and Nursery (602 Dunn Lake Road, Barriere) | |
| Sept 14 | Classroom presentation at Elder House with Laura Kalina and Fred Fortier | |
| | Community Development Approach and conducting a Needs Assessment in your community How to set up a Learning circle Planning your community food action program by developing a workplan, budget, staff and volunteer recruitment, communication plan and much more! | |
| Sept 15 | Simpc field practicum led by Fred Fortier | |
| Sept 18-22 | Off | |
| Sept 25 | Tk'emlúps te Secwépemc (TteS)—Food Sovereignty programs hosted by Shelaigh Garson, Ttes Food Sovereighty Coordinator 4:30pm Interior region Indigenous Food Forum Dinner—Ttes Pow wow grounds | |
| | <i>Register:</i> https://www.eventbrite.ca/e/interior-region-indigenous-food-forum-2023-tickets- 642258230657?aff=oddtdtcreator | |
| Sept 26 | Interior Food Forum continued | |
| Sept 27 | Ttes Greenhouse, Berry walk, Kwesltken kitchen, QHS Healing Garden | |
| Sept 28 & 29 | Kamloops Food Policy and Partners programming, tour of Gardengate Mount Paul Food Centre, Community Gardens, STIR, Gleaning Abundance program | |
| Sept 30–Oct 1 | Weekend off—Kamloops Farmers Market on Saturday September 30; Kweselten Farmers Market on Sunday October 1. | |
| Oct 2–6 | Simpc Continuation of Field practicum led by Fred Fortier, traditional food and medicine walk, evenings of cooking and sharing stories. | |
| Oct 24 | Online wrap-up hosted by Laura Kalina , student presentations, workplan review, sharing of learnings and next steps, Student feedback and Evaluation. | |

Camping and cooking facilities are available during field practicum at Skeetchestn and Simpc. This will be a time of sharing, cooking and eating together, and reflecting on the stories and lessons learned. There is no cost for camping for sharing of food expenses.

Accommodations will be needed for the field practicum at Ttes and Interior Indigenous Food Forum (Kamloops).

REGISTRATION LINK...

https://www.tru.ca/trades/continuingstudies/course-registration.html

Please type in **"Food "** in the Find your course box for the course to drop down for registration.

What's Cooking!?

Here our dedicated Home Care team is having fun preparing a special lunch for our Home Care Clients!









The Naturopathic Alphabet

Submitted by: Dr. Melissa Bradwell, ND

Milk thistle is a plant whose fruit and seeds have been used for more than 2,000 years as a treatment for disorders of the liver, bile ducts, and gallbladder. Milk thistle is native to Europe and India but can now also be found on most continents.

The medicinal ingredient found in milk thistle is silymarin, an extract of milk thistle seeds. It is an antioxidant that protects against cell damage. Silymarin contains several compounds, including silybin and the data in the literature indicates that Milk Thistle acts in four different ways:

- as antioxidants, scavengers and regulators of the intracellular content of glutathione (an antioxidant made in the liver);
- as cell membrane stabilizers and permeability regulators that prevent liver toxic agents from entering liver cells;
- as promoters of ribosomal RNA synthesis, stimulating liver regeneration; and
- inhibits the deposition of collagen fibers leading to cirrhosis (liver damage). The key mechanism that ensures liver protection appears to be free radical scavenging. Anti-inflammatory and anti-cancer properties have also been documented.

Silymarin is also able to neutralize the liver toxicity of several agents, including alcohol, acetaminophen.

Benefits of Silymarin:

- supports healthy liver function and tissue integrity
- protects liver tissue by supporting normal cellular defenses
- aids in the elimination of normal toxin accumulation in the liver
- supports the normal processing of hormones in the body
- supports normal bile secretion
- encourages healthy protein synthesis
- supports healthy skin
- promotes normal response to environmental stresses
- enhances healthy bowel function

Milk Thistle in Cancer Treatments:

Silymarin and silybin have been studied in the laboratory in cancer cells as well as in animal tumors of the tongue, skin, bladder, colon, and small intestine. They have been tested for their potential to:

- Make chemotherapy less toxic.
- Make chemotherapy more effective.
- Stop or slow the growth of cancer cells and block tumors from starting or continuing to grow.
- Help to repair liver tissue.



How Do You Take Milk Thistle?

Milk thistle is usually taken by mouth in capsules or tablets. It is often combined with other herbs in liver supportive formulas or teas.

Does Milk Thistle Have Any Side Effects?

Very few bad side effects from the use of milk thistle or silymarin have been reported when taken as recommended. Several large, carefully designed studies in patients with liver disorders have found that taking silymarin may rarely have a laxative effect or cause nausea, heartburn, or stomach upset. At high doses, mild allergic reactions have been seen (more than 1,500 milligrams a day), especially in those with ragweed allergy.

If you would like to book an appointment with our Naturopath call our clinic at 250.314.6732.





Have a status card?

Are you paying for Over-the-Counter Drugs covered by your health care plan?

Indigenous people with Status Cards can access many Over-the-Counter (OTC) medications free of charge. Through BC PharmaCare PLAN W Program.

Many can be prescribed by a pharmacist, which means you dont need a Doctors prescription to have them covered.

PLAN W also covers eligible Prescription Drugs, and some medical supplies/devices for eligible members of the First Nations Health Anthonity (FNHA).

You are eligible under PLAN W if you:

- Have Status or are a child under 24 months of age, who has at least one parent with Status;
- Have active BC Medical Services Plan (MSP) coverage;
- Are not covered by a treaty (i.e. Nisga'a Nation Treaty)

Items available with Pharmacists Presciption include:

- Acetaminophin
- Allergy Medications
- Antacids
- Antibiotic Creams
- Aspirin
- Calcium Supplements
- Children Vitamins
- Cold Medicines
- Constipation Remedies
- Dietary Fibre
- Ear & Eye Drops
- Folic Acid
- Lice Treatments
- Mineral Oil
- Prenatal Vitamins
- Vitamin A
- Vitamin B1, B6, B12
- Vitamin C & D
- Wart Treatments
- Yeast Infection Treatment
- Zinc Cream
- + MANY OTHERS

qwemtsin.org

International Awareness D Awareness D Awareness D August 31 Time to Remember. Time to Act.

International Overdose Awareness Day (IOAD) is the world's largest annual campaign to end overdose, remember without stigma those who have died from overdose, and acknowledge the grief of the family and friends left behind.

The IOAD 2023 theme "Recognizing those people who go unseen" is about acknowledging people in our communities who are affected by overdose but might go unseen in the crisis.





Did you know that we have a Harm Reduction Program?

Well we do! Our Harm Reduction Program is geared toward promoting a healthy lifestyle and reducing the stigma associated with Substance Use Disorders to any First Nations person or community member from Tk'emlúps te Secwépemc, Skeetchestn or Whispering Pines/Clinton Indian Band.

Services:

- Education on drug overdose and the use of Naloxone
- Distribution of Take Home Naloxone Kits
- Distribution of Take Home Naloxone Nasal Spray
- Distribution of Fentanyl Test Strips
- Education on safe disposal of used needles and syringes
- Community Needle/Syringe Clean-up and Hotline
- Promotion of healthy living

For more information about our QHS Harm Reduction Program please contact Tim or Lindsie at 250.314.6732





August 26, 2022 10AM-3PM 520 Chief Eli LaRue Kamloops, BC (All Nations Trust Company Building, Outdoors)

INTERNATIONAL OVERDOSE AWARENESS DAY

Featuring Presenters: Rocker Brady - Peer Support Speaker Phillip Johnson - Commitment Sticks / Tobacco Tie Ceremony Rhona Bowe - Water Ceremony Master of Ceremony: Shelia Dick - Canim Lake

Interior Region 7 Nations are invited to join us in a day of remembrance for those we have lost due to the Opioid Crisis. Please support each other at our stigma-free event, as we engage in holistic activities as a form of healing.

Lunch by Kekuli Cafe





INTERIOR REGION First Nations Health Authority



International Overdose Awareness Day-Overdose Basics

In honor of Overdose Awareness month here is some information about Overdosing. So you may be wondering....

What is an Overdose???

An overdose means having more of a drug (or combination of drugs) than your body can cope with. There are a number of signs and symptoms that show someone has overdosed, and these differ with the type of drug used. All drugs can cause an overdose, including prescription medication prescribed by a doctor.

It is important to know the right amount and the right time to take your medication. It is also vital to know what drugs should not be mixed, and to seek help if you feel you are not in control of your drug use.

Depressants and Opioids

A depressant is a drug that slows the vital activities of the body including breathing and the heart rate. Depressants may also be known as sedatives. Opioids (such as heroin and pharmaceutical opioids like Endone), benzodiazepines (such as Xanax or Valium), barbiturates and alcohol all slow the central nervous system to produce a calming effect. These substances are prescribed to relieve pain, help you sleep, or in the case of alcohol, used recreationally. However, when taken in excessive amounts or in combination, they can depress normal functions such as breathing and heart rate until breathing and the heart eventually stop, resulting in death.

Alcohol

Generally people do not automatically think of alcohol when they think of overdose, but alcohol is a depressant and it is possible to overdose on it. Acute alcohol poisoning, which is usually a result of binge drinking, is an example. If you drink a large amount of alcohol quickly the level of alcohol in your bloodstream (blood alcohol concentration, or BAC) can become dangerously high. This can stop your body from working properly. In extreme cases, alcohol poisoning could stop you breathing, stop your heart or cause you to choke on your own vomit

Stimulants

It is possible to overdose on amphetamines such as speed and ice. Amphetamine overdose increases the risk of heart attack, stroke, seizure or drug-induced psychotic episodes.

Permanent Brain Damage and Overdose

All drug misuse can lead to brain injury. Hypoxic brain injury, which is caused by a lack of oxygen to the brain, is an under-reported consequence of overdose. This can lead to coma, seizures and death. The long-term consequences of hypoxia depend on how long the brain is without an adequate supply of oxygen. The longer a person is not breathing, the more damage is being done to their brain.

A brain injury can result in mild to severe impairment of:

- Movement, balance and co-ordination.
- Senses such as hearing or vision.
- Spoken and written communication.
- Thinking, concentration and memory.
- In severe cases, brain injuries from overdoses can leave people in a vegetative state.

Overdose Basics continued.....

Tolerance and Half-life

If someone uses a drug regularly they develop a tolerance to it. This means they need to use more of the drug to get the same effect. Just as a person can develop tolerance, they may also lose it if they haven't used a drug for a while. When people take their usual amount of drugs after a break from using, it could be too much for their body to cope with and this may lead to an overdose. This is why periods of abstinence from drug use, such as after release from prison and after a period of detoxification and/or rehabilitation, are risk-factors for overdose.

"Half-life" refers to the time it takes for a drug to drop to half the strength of its original dose. Some drugs, such as some benzodiazepines, have a long half-life. A person who has taken drugs may still have enough in their system the next day to overdose if they use more. The half-life of Diazepam (Valium) is about 24 hours, so if you took 20 milligrams yesterday you would still have approximately 10 milligrams of Diazepam in your system today. If you were then to use an opioid like morphine or heroin, you would have an increased risk of overdose as you would be using the opioid in addition to 10 milligrams of Diazepam.

First Aid for Drug Overdose

A range of signs and symptoms can occur when a person overdoses, and everyone responds differently. Signs and symptoms depend on a variety of factors including which drug is taken, the amount taken and the person's state of health at the time.

If you can't get a response from someone, do not assume they are asleep. Sometimes it can take hours for someone who has overdosed to die.

An overdose is a medical emergency that requires immediate medical attention. Always call an ambulance if you suspect someone has overdosed.

When to Call an Ambulance

People are often reluctant to call an ambulance for fear of police involvement or concern about the cost of a call-out. However, you should always call an ambulance if you suspect someone is at risk of overdose. In many places, the police will only attend if there is a fatality or other circumstances warranting police attendance, such as a threat to the ambulance crew.

Seeking emergency help isn't just for when someone is unconscious. You should also seek emergency help when someone is:

- Having a seizure.
- Experiencing severe headache.
- Experiencing chest pain.
- Experiencing breathing difficulties.
- Extremely paranoid, agitated and/or confused.

It is not necessary for someone to have all of these signs or symptoms for them to be overdosing. Exhibiting one or two could still mean they are in trouble and need emergency help.

Don't ignore snoring and gurgling.

Snoring and gurgling can indicate that a person is having trouble breathing.

With substance use, especially substances that slow down the systems of the body (eg: benzodiazepines, opioids, GHB), snoring may indicate a serious and potentially life-threatening obstruction of the airway.

In the context of substance use, snoring is not something that should be seen as "normal". Don't let someone "sleep it off" if they are snoring; this may be a sign of significant and life-threatening emergency. You should attempt to wake them immediately.

If they do wake up, then the snoring (airway obstruction) will resolve. If they do not wake up, call emergency services and ask for an ambulance. Follow the instructions from the operator (you will probably be asked to roll the snoring person onto their side and open their mouth to maximise air flow).

FACT SHEET

OPIOIOS

31 AUGUST

INTERNATIONAL OVERDOSE AWARENESS DAY

WHAT ARE OPIOIDS?

Opioids is an umbrella term for natural or synthetic drugs that are derived from - or related to - the opium poppy.

Opioids attach to receptors in the central nervous system, reducing pain signals to the brain. Commonly used opioids include oxycodone, morphine, codeine, heroin, fentanyl, methadone and opium.

SIGNS OF OVERDOSE

Opioids dull the senses, induce relaxation and euphoria. They depress (slow down) breathing and the heart rate.

In high doses, opioids depress the body's natural urge to breathe. When someone is having an overdose they can stop breathing and may die. Even if a person does not die from overdose, they can sustain brain damage.

Signs of overdose can include:

- · No response to stimuli
- Shallow/stopped breathing
- · Can't be woken up
- Unusual snoring/gurgling sounds
- · Blue/grey lips or finger tips
- Floppy arms and legs

If you cannot get a response from someone, do not assume they are asleep. Unusual or deep snoring is a common sign of overdose. Do not let people at risk 'sleep it off'.

OVERDOSE RESPONSE

Sometimes it can take hours for someone to die from an opioid overdose. Action taken as soon as possible could save a life. If you think someone has overdosed, knowing how to respond is crucial:

Check for vital signs:

- A Alert: Not responding to voice?
- B Breathing: Noisy? Shallow? Slow? Stopped? Strange snoring? C Colour: For fair-skinned people, blue or pale lips or fingertips? For darker skinned people, grayish or ashen lips and skin colour.

If you see any of these signs, you should immediately move to activate the response plan for opioid overdose.

Before you act, check for dangers such as needles.

Call an ambulance, tell the operator your location, and stay on the line.

Try to get a response from the person by calling their name and/or giving a sternal rub (rub your knuckles firmly across their sternum).

If you can't get a response, put them in the recovery position allowing their airways to remain open.

The Recovery Position

Support face Place the arm nearest to you at right angles to the body. Place their other hand against their cheek.

Lift Leg Get hold of the far leg just above the knee and pull it up, keeping the foot flat on the ground.



Roll over Keep their hand

pressed against their cheek and





pull on the upper leg to roll them towards you and onto their side.

- If you HAVE narcan/naloxone: 1. Assemble the naloxone ready for use and inject
- the full amount into the outer thigh or upper arm (or use nasal spray).
- 2. Record the time of administration. Provide this information to paramedics when they arrive.
- 3. If the person is not breathing, apply rescue breathing (2 breathes every 5 seconds).
- 4. If there has been no response after 3-5 minutes, give another dose of naloxone. Remember to record the time of administration. Note: Naloxone will only temporarily reverse

an overdose.

If you DO NOT HAVE narcan/naloxone:

- If the person is breathing, leave in recovery position and monitor breathing.
- · If person is not breathing apply rescue breathing and continue until:
- The person starts to breathe on their own
- Ambulance arrives
 - Someone else can take over for you.

WHAT NOT TO DO IN THE EVENT **OF A SUSPECTED OVERDOSE**

- Do NOT leave the person alone.
- Do NOT give the person anything to eat or drink, or try to induce vomiting.





For more information visit www.overdosedav.com

A Penington Institute Initiative

Source: https://www.overdosedav.com/overdose-basics/

OEPRESSANTS

WHAT ARE DEPRESSANTS?

Benzodiazepines, barbiturates (medical depressants), and alcohol all slow the central nervous system to produce a calming effect.

These substances are often prescribed to relieve pain, help you sleep or in the case of alcohol, used recreationally when socialising. However, when taken in excessive amounts or in combinations with other drugs, depressants can depress normal functions such as breathing and heart rate until they eventually stop, resulting in brain damage or death.

SIGNS OF OVERDOSE

- Vomiting
- · Unresponsive, but awake
- Limp body
- Pale and/or clammy face
- Blue fingernails or lips
- · Shallow or erratic breathing, or not breathing at all
- Slow or erratic pulse (heartbeat)
- · Choking or sounds of a gurgling noise
- · Loss of consciousness

OVERDOSE RESPONSE

Call an ambulance, tell the operator your location, and stay on the line.

Be prepared to give CPR if they stop breathing before an ambulance arrives.

Ensure the person has adequate air by keeping crowds back or opening windows. Loosen tight clothing.

If the person is unconscious or wants to lie down, put them in the recovery position and continue to monitor them.

Provide paramedics with as much information as possible, such as what, and how much of the drug was taken, how long ago and any pre-existing medical conditions. If the drug came in a bottle or packet, give the packaging to the ambulance officers.

31 AUGUST

INTERNATIONAL OVERDOSE AWARENESS DAY

The Recovery Position

Support face Place the arm nearest to you at right angles to the body. Place their other hand against their oheek.



Lift Leg Get hold of the far leg just above the knee and pull it up, keeping the foot flat on the ground.

Roll over Keep their hand pressed against their cheek and pull on the upper leg to roll them towards you and onto their side.



WHAT NOT TO DO IN THE EVENT OF A SUSPECTED OVERDOSE

- Do **NOT** ignore snoring or gurgling: This could mean someone is having trouble breathing.
- Do NOT leave the person alone.
- Do **NOT** give the person anything to eat or drink, or try to induce vomiting.





For more information visit www.overdoseday.com

A Penington Institute Initiative

Source: https://www.overdoseday.com/overdose-basics/

FACT SHEET

STIMULANTS

31 AUGUST

INTERNATIONAL OVERDOSE AWARENESS DAY

WHAT ARE STIMULANTS?

Stimulants are a category of drug that increase alertness and heart rate, producing an effect of increased confidence, and energy.

Large doses of these drugs can result in anxiety, panic, seizures, headaches, stomach cramps, aggression and paranoia.

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Psychological signs

Psychotic symptoms in individuals

with no prior mental illness

Altered mental state, such as

confusion or disorientation

Severe agitation or panic

Examples of stimulant drugs include: amphetamines, cocaine and Ecstasy (MDMA).

SIGNS OF OVERDOSE

Physical signs

- Hot, flushed or sweaty skin
- Headaches
- Chest pain
- Unsteadiness
- Rigid muscles, tremors or spasms
- Uncontrolled movements
 or seizures
- · Difficulty breathing

OVERDOSE RESPONSE

Before you act, check for danger

Call an ambulance, tell the operator your location, and stay on the line.

Move the person to a quiet, safe room away from bystanders, noise, excessive light, heat and other stimulation.

If confused or panicking, try to reassure them.

If overheating, try to cool them down by loosening outer clothing or putting a wet towel on the back of the neck or under their arms.

If you can't get a response or the person is unconscious, put them in the recovery position.

If muscle spasms or seizures occur, remove anything from the immediate environment that might cause injury.

The Recovery Position

Support face Place the arm nearest to you at right angles to the body. Place their other hand against their cheek.



Lift Leg Get hold of the far leg just above the knee and pull it up, keeping the foot flat on the ground.

Roll over Keep their hand pressed against their oheek and pull on the upper leg to roll them towards you and onto their side.

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WHAT NOT TO DO IN THE EVENT OF A SUSPECTED OVERDOSE

- · Do NOT leave the person alone.
- Do **NOT** give the person anything to eat or drink, or try to induce vomiting.





A Penington Institute Initiative

For more information visit www.overdoseday.com



Circle of Life Program

Delivered by Community Health Nurses, The Circle of Life Program provides:

professional and confidential support, advocacy and guidance to child bearing women and their support system throughout the prenatal and postnatal period and beyond.

The Circle of Life Program offers:

- Pre/postnatal visits either in home or in office.
- A monthly gift card.
- Prenatal classes.
- Handheld breast-pump and other breastfeeding supplies.
- Access to hospital grade breastpump on loan.
- Safety equipment including:
 - -An infant car-seat and Toddler carseat.
 - -A baby gate.

-Various assorted household safety items (cupboard latches, plug outlet covers etc).

Access to childhood immunization services

Eligibility Criteria

The Circle of Life Program is provided to community members of Tk'emlups te Secwepemc, Skeetchestn Indian Band and Whispering Pines/Clinton Indian Band living on reserve. For more information call QHS at 250.314.6732 or Skeetchestn Health Center at 250.373.2580



qwemtsin.org



Find us "Qwemtsin Health Society" on Facebook. This is where you will see current events, workshops, reminders and photos of recent fun activities with youth and in the 3 communities.



Visit our Qwemtsin Health Society website

qwemtsin.org



mission



Advancing holistic health by providing programs, services, and education

vision



Healthy Secwepemc individuals, families and communities

Resource Numbers

Emergency Assistance

| Ambulance/Fire/Police911 | | |
|--|--|--|
| Children's Hotline | | |
| Kids Helpline 1-800-668-6868 | | |
| Interior Crisis Line Network 1-888-353-2273 (depression, poverty, abuse, homelessness, suicide) | | |
| Kamloops Urgent Response Team 250-377-0088 | | |
| Kamloops Mental Health Intake 250-377-6500 | | |
| Kamloops Street Services 250-314-9771 | | |
| Kamloops R.C.M.P. Victim Services | | |
| Kamloops Y Emergency Services | | |
| Y Women's Emergency Shelter 250-374-6162 | | |
| Children Who Witness Abuse 250-376-7800 | | |
| Outreach Service | | |
| Native Court Worker778-375-3289 | | |
| First Nations and Aborginal Specific Crisis Line. Available 24/7. | | |
| Toll Free1-800-588-8717 | | |
| Youth Line250-723-2040 | | |
| Adult Line250-723-4050 | | |
| BC Poisen Control1-800-567-8911 | | |

Aboriginal Services

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| | Q'wemtsín Health Society 250-314-6732 |
|---|---|
| | Urban Native Health Clinic |
| | Secwepemc Child and Family Services 153 Kootenay Way250-314-9669 |
| | Toll Free number 1-866-314-9669 |
| | Interior Indian Friendship Society 250-376-1296 |
| | White Buffalo Aboriginal & Metis Society 250-554-1176 |
| | Secwepemc Cultural Education Society 778-471-5789 |
| | Native Youth Awareness Centre 250-376-1617 |
| | Aboriginal Training & Employment Centre 250-554-4556 |
| | Kamloops Native Housing Society 250-374-7643 |
| | Secwepemc HUB 250-571-1000 |
| | Shuswap Training & Employment Program 778-471-8201 |
| 6 | |

RCMP

| Tk'emlúps Detachment | 250-314-1800 |
|--|--------------|
| Kamloops City Detachment (Complaints General inquiries) | 250-828-3000 |
| Downtown Community Policing | 250-851-9213 |
| North Shore Community Policing | 250-376-5099 |
| Southeast District | 250-828-3111 |
| TRU Law Legal Clinic (Free Legal Advice) | 778-471-8490 |

Q[']wemtsín health society

Addictions

| Narcotics Anonymous | . 1-800-414-0296 |
|---|------------------|
| Al-Anon/Alcoholics Anonymous | 250-374-2456 |
| Phoenix Centre | 250-374-4684 |
| Raven Program | 250-374-4634 |
| Sage Health Centre | 250-374-6551 |
| Smokers Health Line | . 1-877-455-2233 |
| Alcohol & Drug Information & Referral Services | . 1-800-663-1441 |

Kamloops Walk-in Clinics

| Summit Medical Clinic | 250-374-9800 |
|-----------------------------------|--------------|
| Kamloops Kinetic Energy | 250-828-6637 |
| Kamloops Urgent Care | 250-371-4905 |
| North Shore Health Science Centre | 250-312-3280 |

Royal Inland Hospital

| Information | 250-374-5111 |
|-------------|--------------|
| Admitting | 250-314-2450 |
| Emergency | 250-314-2289 |

Aboriginal Patient Navigator (RIH)

| Deb Donald | . 250-314-2100 (ext. 3109) |
|------------|----------------------------|
| Cellphone | 250-319-5420 |

First Nations Health Authority

| Health Benefits (Toll Free) | 1-800-550-5454 |
|-----------------------------|---------------------|
| Phone | 1-604-693-6500 |
| Toll Free | |
| Email | <u>info@fnha.ca</u> |