

Community Wellness Education Guide



Indigenous Harm Reduction in action



VANCOUVER COASTAL REGION
First Nations Health Authority

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What is Indigenous harm reduction?



Indigenous harm reduction in action: Reducing the harms of colonialism in community

What are examples of harm reduction approaches?

Many safety measures that are familiar to us all can be thought of as harm reduction – wearing seatbelts in a car, putting on helmets while riding a bike or motorcycle, or using condoms during sex. In the realm of substance use, common examples of harm reduction programming, services and supplies include:

- Educating people about substance use and harm reduction (e.g., naloxone training);
- Making drug use equipment available (e.g., sterile syringes and pipes for safer injection and smoking);
- Establishing safe consumption sites;
- Distributing naloxone kits;
- Prescribing pharmaceutical alternatives to street drugs;
- Making low-barrier housing with wrap-around services widely available and providing peer support.

However, harm reduction goes beyond providing these essential services, programs and supplies to include the attitudes, actions and understandings that we as family, community members and health care service providers hold. Harm reduction is also a way to create space for culture, conversation, and connection.



Scan the QR Code to access [Harmreduction.fnha.ca](https://harmreduction.fnha.ca)

Here you will find videos and stories about healing, Indigenous perspective on harm reduction, and staying safe while using substances, including the importance of culture and ceremony in healing.

Indigenous harm reduction

“Indigenous harm reduction is a process of integrating cultural knowledge and values into the strategies and services associated with the work of harm reduction. Indigenous knowledge systems are strongly connected to spirituality, [w]holism, and the natural environment.” Mainstream harm reduction often focuses on behavioural risks rather than examining the systemic changes required to support people on their healing journeys.

From a First Nations perspective, tackling systemic racism and other inequities are essential to a holistic approach to harm reduction. Historical and ongoing colonialism, racism, intergenerational trauma and barriers to accessing health care and social services are some of the root causes of substance use and addiction.

Culture as medicine and a source of strength

For some, harm reduction may be considered a modern or urban concept, incongruent with First Nations teachings and culture, as many ceremonies require a period of abstinence from substances. While some ceremonies and cultural practices may always require abstinence, a harm reduction perspective can create space for innovation and support, and it recognizes that culture is medicine that can help us heal. A harm reduction approach calls for us to look at ways that everyone can participate in culture, whether or not they are using substances. In exploring culture as a strength – a source of resilience, a way to connect, and as medicine – it is critical for us to consider how we can include people who use substances within the work that we do by increasing access to culture. This will look different in every community and may differ among family groups, as every community has unique culture and traditions, but some examples are access to land-based healing, smudging and feasting.

Self-care and harm reduction

Harm reduction can be preventive and supportive, with relationship-building, supports and connection as key harm reduction practices. We recognize that harm reduction is not straightforward, that maintaining relationships and connection can be difficult, but also that these practices are key in keeping the people we care about safe. It is important to build these connections where we can, and it is just as important that we take time to look after our own needs. Self-care and boundary-setting are two important ways to take care of ourselves when we are providing support to others. Self-care can happen in many different ways, including speaking with Elders; practising culture and involving ourselves in ceremony; spending time in nature; and taking time to participate in activities that bring us joy. Boundary-setting involves practising self-reflection to know what we are capable of providing without creating harm for ourselves. It also involves verbalizing our own needs, ensuring that we are cared for and have the energy, empathy and hope to continue helping others.

Indigenous harm reduction benefits everyone

Through harm reduction, we are reminded that we all have a role in community.

We honour the lives of those we have lost to the toxic drug crisis. We honour those people with lived and living experience of substance use who have initiated, founded, and upheld this work for decades against all odds.

Systemic change is needed, in conjunction with courageous community conversations.

The community wellness education approach

1

Identify target audience and adapt education to local needs and concerns

Every community has different challenges and strengths when it comes to their understanding of harm reduction. What kinds of emergencies are we trying to prevent? What information seems to be lacking in community? What requests for help have already come in? Who needs this education? Health staff, chief and council, community members, or all of the above? Will they be trained together or separately at different times?

2

Browse our education guide. What sparks your interest?

Flip through this guide to see examples of successful community engagement education sessions from the past. Know that we are a highly adaptable and creative Harm Reduction Education team - if you want training on a topic that is not mentioned here, we can design something specifically for you!

3

Book us. Pick dates for in-person facilitation or online workshops.

Contact us by emailing:

angel.gunn@fnha.ca | leah.brody@fnha.ca | raymond.johnsonbrown@cmha.bc.ca

Set up an initial Zoom or phone call to plan the Nation's needs. Let's find dates and locations for the education session that makes sense for the type of training we are offering. Leah, Angel, and Raymond are available to travel within the Vancouver Coastal Region, and we appreciate as much notice as possible to plan these visits, in accordance to all local health orders and customs.

4

Co-plan and co-execute community wellness education sessions

Together, we will plan activities and create a workshop agenda that fits the target audience. We will host the community education session and collect feedback to make improvements for next time.

1. Naloxone training

Become confident in utilizing some of the best tools in our harm reduction toolkit - intramuscular and nasal naloxone. Learn to recognize the signs of an opioid overdose, how to respond or reverse an overdose, and information about aftercare.

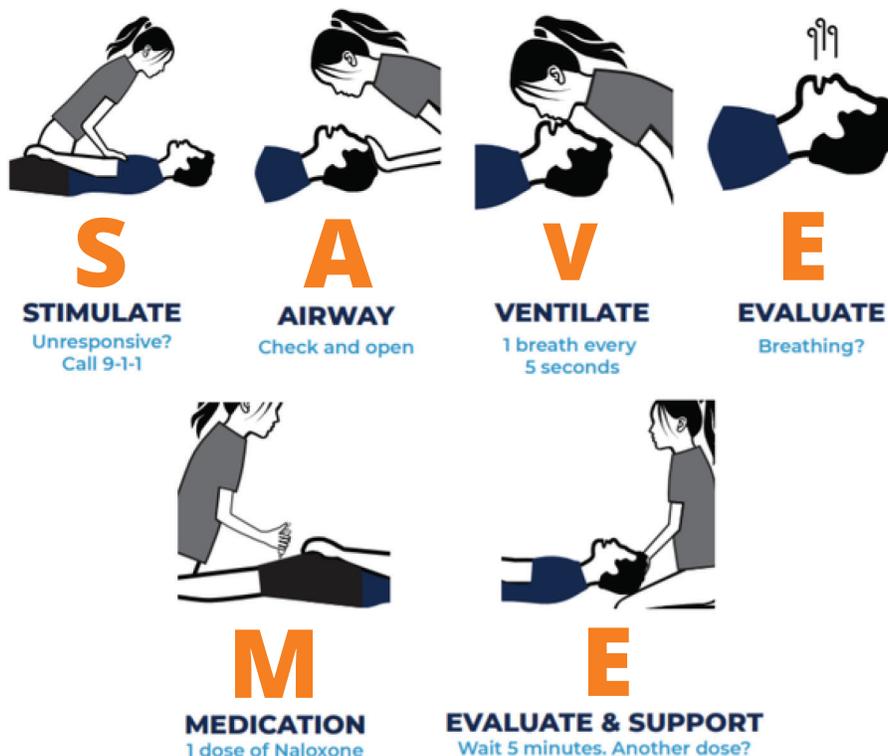
Variations on naloxone training:

Not Just Naloxone:

A two-hour hands-on training to learn about the historical context of how colonialism is shaping addiction. Included in this training is also why people are succumbing to the toxic drug poisoning and how administering naloxone saves lives. The last hour focuses on naloxone training (intramuscular and nasal), following the SAVE ME Steps and resources from Toward the Heart for on-going education after the training. Certificate after training is provided.

Train the Trainer:

A one-hour session where you will have hands-on learning on how to provide Take Home Naloxone Train the Trainer Training. Using the SAVE ME steps and scenarios you will practice the basics until comfortable using injectable equipment. After certification you will be able to teach others to provide naloxone in case of a toxic drug poisoning. Certification after training is provided. This training can be incorporated with Not Just Naloxone training.



2. Tips and tools of harm reduction

In this 45 minute presentation, we discuss safer smoking tools, safer injection tools, and safer snorting tools for reducing harm for people who use substances.

We explore how to create a safety plan with someone who uses substances. We learn about Opioid Agonist Therapy (OAT) as an option for someone's wellness journey, and discuss the barriers and benefits of accessing OAT.

Lastly, we look at ongoing harm reduction advocacy efforts happening in BC, and share resources designed by and for people who use drugs.

Learning objectives:

- What drugs might people be using?
- Creating safety plans (risk/mindset/setting)
- Safer injection, safer smoking, and safer snorting tools
- OAT is an option
- Ongoing harm reduction advocacy (Naloxone Is Not Enough Campaign)

Safety while using drugs:

Risk

The risk itself related to the substance someone is using, or the work they are doing i.e., full service sex work. How is this person protected in the case of overdose?

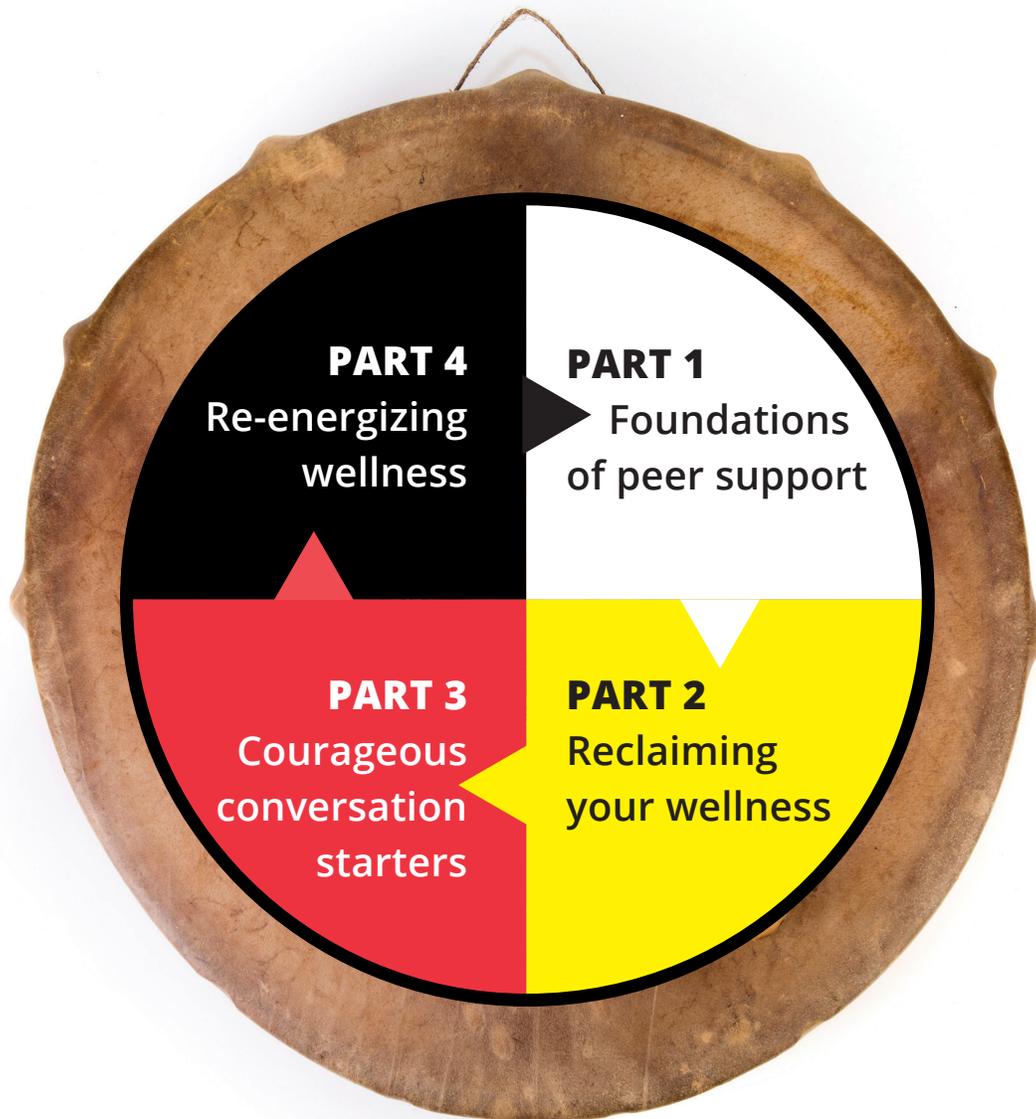
Mindset

The mindset that someone brings into the situation, including thoughts, mood, and expectations.

Setting

The physical and social environment of where the person is, and their perception of how that can promote or reduce risk.

3. Re-energizing wellness (Indigenous peer support worker training)



Intentions of this resource and training:

- Demonstrate the importance and value of peer-led work as filling an important gap in clinical work.
- Highlight emerging definitions of peer support that are rooted in culture.
- Demonstrate how peer work can take shape in community.
- Provide a framework for creating or building upon existing peer work in community.
- Equip peers with information and resources to support the wellness of their community members.



Open the Re-energizing Wellness training manual by scanning this QR code with your phone camera. This training was created in partnership with Tsleil-Waututh, CMHA, and Reciprocal Consulting.

Updated in May 2021

Re-energizing Wellness training:

Multi-day retreat with ceremony

Ideally, our facilitation team and the group of working peers would be able to spend a few days together, share meals, share stories, be on the land, and participate in ceremony together, alongside the four-part educational components. Elders or knowledge keepers join us for opening and closing.

Pathways to Healing half-day crash course

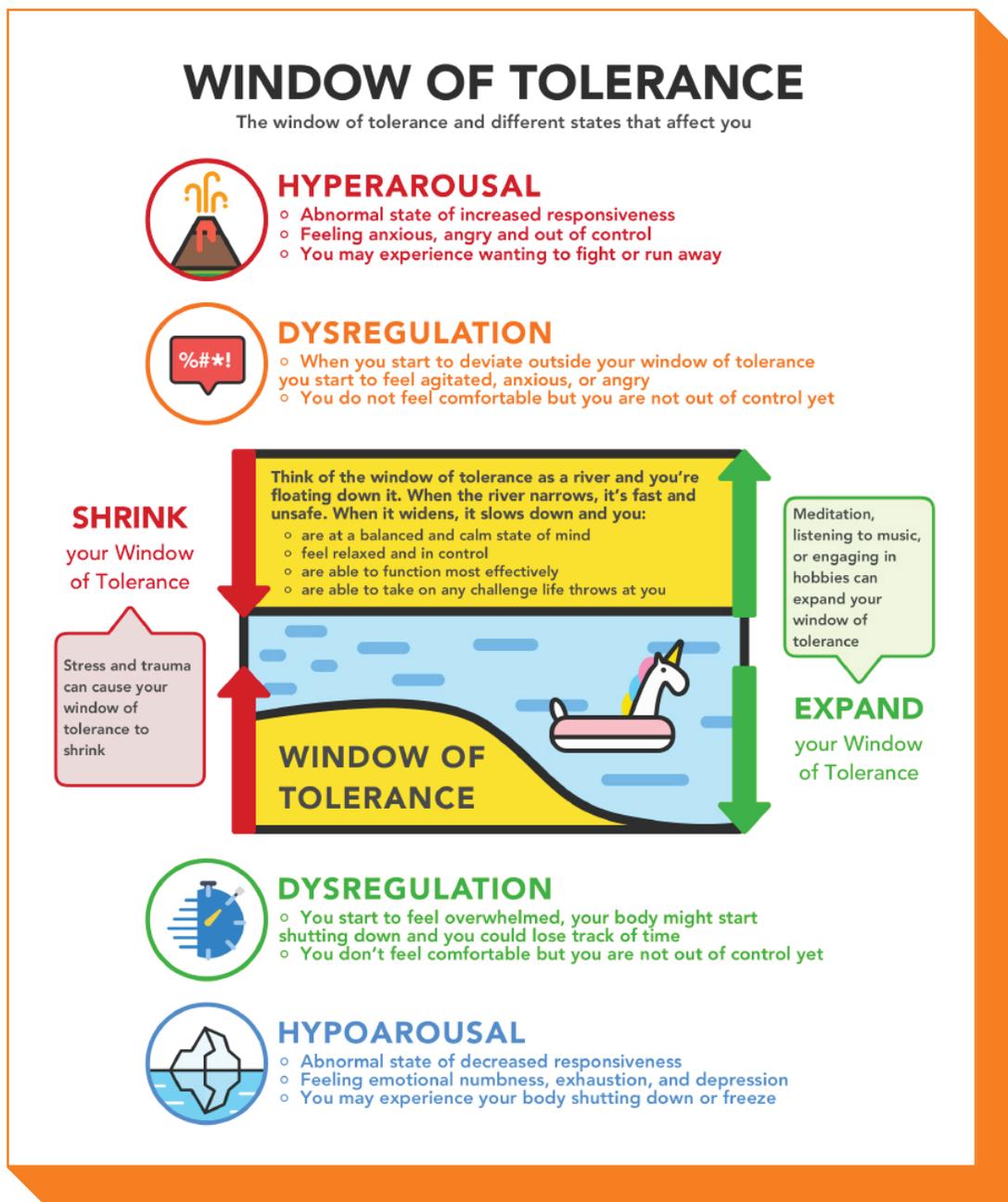
For frontline teams who cannot afford to host a wellness retreat for their working peers, we offer a half-day crash course over four hours, including a resource folder for participants to take home. This training includes videos, interactive activities, and group discussions.

Virtual condensed version: Four online sessions, once per week for four weeks

For those with wifi, headphones, and access to Zoom, we can come together once per week for four weeks to explore the four educational components virtually. This training includes videos from Kiki and Vanessa, working peers from Tsleil-Waututh Nation.

4. Two-eyed approach to trauma-informed care

This brief 30 minute presentation covers Indigenous history and its importance in trauma-informed care, the use of empowering language to break down stigma, offers ideas for first responders and frontline teams to use basic sensory strategies for grounding someone in a trauma response/flashback response, and we briefly touch on polyvagal theory through discussing our windows of tolerance and healing through somatic (body-based) practices like drumming.



WINDOW OF TOLERANCE AWARENESS WORKSHEET

Identify, recognize the symptoms you experience and build awareness



For HYPERAROUSAL, check all the symptoms you experience and enter the level of severity from 1 to 5 (one is the least severe and five is extreme and paralyzing):

- o Abnormal state of increased responsiveness
- o Feeling anxious, angry and out of control
- o You may experience wanting to fight or run away

HYPERAROUSAL

- | | | | | | |
|-----------------------|-----|--------------------------|-----------------------|-----|-----------------------------------|
| <input type="radio"/> | ___ | Anxiety | <input type="radio"/> | ___ | Addictions |
| <input type="radio"/> | ___ | Impulsivity | <input type="radio"/> | ___ | Over-Eating |
| <input type="radio"/> | ___ | Intense Reactions | <input type="radio"/> | ___ | Obsessive Thoughts/Behaviour |
| <input type="radio"/> | ___ | Lack of Emotional Safety | <input type="radio"/> | ___ | Emotional Outbursts |
| <input type="radio"/> | ___ | Hyper-Vigilance | <input type="radio"/> | ___ | Chaotic Responses |
| <input type="radio"/> | ___ | Intrusive Imagery | <input type="radio"/> | ___ | Defensiveness |
| <input type="radio"/> | ___ | Tension | <input type="radio"/> | ___ | Racing Thoughts |
| <input type="radio"/> | ___ | Shaking | <input type="radio"/> | ___ | Anger/Rage |
| <input type="radio"/> | ___ | Rigidity | <input type="radio"/> | ___ | Physical and Emotional Aggression |
| <input type="radio"/> | ___ | ----- | <input type="radio"/> | ___ | ----- |
| <input type="radio"/> | ___ | ----- | <input type="radio"/> | ___ | ----- |



For HYPOAROUSAL, check all the symptoms you experience and enter the level of severity from 1 to 5 (one is the least severe and five is extreme and paralyzing):

- o Abnormal state of decreased responsiveness
- o Feeling emotional numbness, exhaustion, and depression
- o You may experience your body shutting down or freeze

HYPOAROUSAL

- | | | | | | |
|-----------------------|-----|-----------------------------------|-----------------------|-----|--------------------------------------|
| <input type="radio"/> | ___ | The feeling of being disconnected | <input type="radio"/> | ___ | Decreased Reactions |
| <input type="radio"/> | ___ | No Display of Emotions | <input type="radio"/> | ___ | Shame/Embarrassment |
| <input type="radio"/> | ___ | Auto-Pilot Responses | <input type="radio"/> | ___ | Depression |
| <input type="radio"/> | ___ | Memory Loss | <input type="radio"/> | ___ | Difficulty Engaging Coping Resources |
| <input type="radio"/> | ___ | Feign Death Response | <input type="radio"/> | ___ | Low Levels of Energy |
| <input type="radio"/> | ___ | Numbness | <input type="radio"/> | ___ | Can't Defend Oneself |
| <input type="radio"/> | ___ | Disabled Cognitive Processing | <input type="radio"/> | ___ | Shutdown |
| <input type="radio"/> | ___ | Reduced Physical Movement | <input type="radio"/> | ___ | Can't Say No |
| <input type="radio"/> | ___ | ----- | <input type="radio"/> | ___ | ----- |
| <input type="radio"/> | ___ | ----- | <input type="radio"/> | ___ | ----- |

5. Understanding managed alcohol programs: a community-based initiative

This two-hour presentation is aimed at First Nations communities wanting more understanding around managed alcohol programs. Embedded in this training is a better understanding of what alcohol disorder is and how managed alcohol programs affect individuals and communities, how to reduce stigma, community wellness approaches, and what we can do moving forward. This training also includes basic operational guidance including traditional ingredients and land-based healing.

6. Opioid Agonist Therapy (OAT) in action

Opioid Agonist Therapy and Indigenized harm reduction: This is a two hour educational model based around individual and community healing and wellness. It is a guided education with built-in activities and engagement tools for better understanding of stigma, substance use and harm reduction.

The learning objectives include:

- What is stigma?
- What is substance use?
- What is Indigenized harm reduction?
- How is colonialism shaping addiction?
- What is community wellness?
- What can we do?

These topics are encouraged with the intention of community engagement and knowledge gathering.



7. Harm reduction community forum

This 2-3 hour evening education session is paired with a free community dinner, the chance to win door prizes, and an interactive discussion on healing using a model called the “Tree of Wellness”.

A great introductory option for beginning community discussions around harm reduction or establishing new harm reduction programs. This format allows each person to participate at their comfort level, with a variety of ways to ask questions directly and anonymously. Elders and knowledge keepers are opening and closing us in this gentle guided discussion about keeping people who use drugs safer in community, healing communities on a broader level, and how harm reduction upholds kinship.

A harm reduction community forum could look like this:

Draft harm reduction forum agenda

- 5:30-5:45 p.m. Opening
- 5:45-6:00 p.m. Food and music
- 6:00-6:15 p.m. Introductions, agenda
- 6:15-6:30 p.m. Transition to breakout rooms
- 6:30-7:30 p.m. Small group discussions on harm reduction
- 7:30-7:45 p.m. Share back to full group (Tree of Wellness activity)
- 7:45-8:00 p.m. Closing prayer and resource table
- 8:00-8:30 p.m. Social time, door prizes awarded



We're here for you —collaboratively and creatively

If your community needs harm reduction education or training on a topic not listed in this guide, please contact us for a consultation.

We may be able to design something new specifically for you, or connect you with another local service provider who does good work.

We are honoured to walk alongside you as we host courageous conversations to keep communities safer during multiple concurrent pandemics and crises.

We look forward to building relationships with each of you.

*Take care,
Harm Reduction Educators, FNHA*

Contact us at:

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