



First Nations Health Authority
Health through wellness

**POLICY SUPPLEMENT
ON HARM REDUCTION 2 OF 3**

Why Harm Reduction?

Based on knowledge and practices passed on through generations, First Nations communities have been and continue to be leaders in providing care for one another and striving to include everyone in this care. However, because there are diverse views, values, beliefs and emotions surrounding addiction and substance use, we need to continually ensure we practise inclusive ways of supporting and caring for everyone, and meeting people where they are at on their healing journeys.

Substance use and addiction are often difficult topics to discuss as they are personal and complex, and they have touched all of our lives in different ways. People use substances for many reasons, and not always due to an addiction. Substance use looks different for every person and changes across different life experiences. Recognizing the diverse experiences of people who use substances and the social, historical, environmental and personal factors that may affect substance use is an important part of harm reduction and reducing stigma. Harm reduction provides knowledge and tools to keep people safe while they are using substances.

Our healing journeys are not straight paths. They are unique to each person, and the course of the journey will likely shift over each person's lifetime. There is no linear approach to our healing journeys, and our journeys change throughout our lives. Supports, approaches and resources that have worked for one person may not work for another person who experiences issues with substance use. This is where embracing a harm reduction perspective is vital, as it offers people many options and outlets for support, meeting them where they are at on their journey.

THE CHALLENGES OF ABSTINENCE-ONLY APPROACHES

Historical and ongoing colonialism has contributed to problematic substance use, criminalized many of the newly introduced substances, and stigmatized addiction. Within this context, First Nations people who have wanted to change their use of substances have, for many years, only been offered abstinence-only approaches. While an abstinence approach works for many people, there are others who may not be ready or interested in abstaining from substance use.

Abstinence-only approaches have also driven individuals out of their home communities, disconnected families, perpetuated the shame and stigma that many people who use substances experience, and resulted in further isolation and disconnection. Such approaches also fail to acknowledge that substance use disorder is a chronic relapsing condition.

When abstinence is presented as the expected or only option, it does not provide the space for people to talk about their substance use without stigma, fear or shame. If people do not have the opportunity to openly talk about their substance use, many will hide it and continue to use substances, but in unsupported and unsafe ways.

HARM REDUCTION MEETS PEOPLE WHERE THEY ARE AT

We need to explore culturally safe options to meet people where they are at. Where possible, we should focus our efforts on getting to know each person to find out what they need, which can only be accomplished through relationship-building, a key aspect of harm reduction. Relationship-building is a vital means of supporting people who use substances, as it offers an opportunity to connect and ensure people who use substances have access to the services and supports they need. We want First Nations people to be able to live the healthiest and most fulfilling lives possible, whether they use substances or abstain.

Although many people who are supported by harm reduction measures may eventually abstain from some, many or all kinds of substance use, abstinence is not the main objective of a harm reduction approach.¹ A harm reduction approach recognizes that substance use is personal and complex, and that there are many reasons why individuals or societies use substances, whether due to social, spiritual or medicinal reasons, or to cope with trauma or addiction. Given that there is no “one size fits all” solution to preventing harms associated with substance use, it is essential to offer a range of health services and supports for people who use substances.

HARM REDUCTION DOES NOT ENABLE SUBSTANCE USE

Some people—community members, health care providers and others—may wonder whether harm reduction enables substance use, suggesting that harm reduction approaches, programs, supplies and services entrench or exacerbate substance use. Evidence tells us this is not the case, and that without harm reduction, people will often continue to use substances, only with greater risk.² Research shows that the lack of harm reduction strategies, practices and services results in greater rates of illness, disease and death for people who use substances, and it also shows that harm reduction measures create opportunities for connections to other health care and social supports, and these measures are cost-effective.³ Harm reduction strategies have been created by people who use substances (peers), communities and family members who are looking for ways to keep the people they love safe, respected and alive.

INCLUSIVE LANGUAGE

The words we use influence our thoughts and our behaviours, which includes the language we use to talk about substance use, and the way we talk about people who use substances. The language we use can further stigmatize, discriminate and isolate people who use substances. When we apply labels to describe people who use substances, this reflects our own judgments. Rather than using labels that describe people’s behaviours, we suggest using person-first language, such as “people who use drugs” or, for people who have engaged in substance use in the past, “people with lived experience.” Person- first language is respectful, maintains a person’s dignity and shows compassion.

MINDFUL JUDGMENT

When working from a harm reduction perspective, we are often told to be non-judgmental when offering harm reduction programs, services and supplies. However, we use judgments every day to make decisions in our lives, and it is not truly possible to let go of all judgments. Instead, it is important to reflect on the judgments we have and consider whether they are helpful and constructive. Being mindful of our judgments lets us think about how our judgments may impact the work we do and the care we are meant to provide.

REFERENCES

- 1 Susan C. Boyd, *Busted: An Illustrated History of Drug-Prohibition in Canada* (Winnipeg: Fernwood, 2017).
- 2 Ministry of Health, *Harm Reduction: A British Columbia Community Guide*, 2005.
www.health.gov.bc.ca/library/publications/year/2005/hrcommunityguide.pdf
- 3 Jane Buxton, “Harm Reduction in British Columbia,” *BC Medical Journal* 51.4 (2009): 158; and Evan Wood et al., “The Health Care and Fiscal Costs of the Illicit Drug Use Epidemic: The Impact of Conventional Drug Control Strategies,” *BC Medical Journal* 45.3 (2003): 128-134.