

ON HARM REDUCTION 3 OF 3 What is Harm Reduction?

POLICY SUPPLEMENT

Harm reduction is an approach and movement rooted in public health and human rights¹ that refers to strategies, practices and services that seek to reduce the impacts of harms associated with the use of substances, including illicit, medicinal and non-medicinal substances.² Harm reduction is focused on supporting people who use substances and is consistent with the FNHA's vision of wholistic wellness.³ This person-centred approach acknowledges that the reasons people use substances are complex, challenging and personal.

Harm reduction is a continuum of services, education and programming options that seeks to meet people where they are at in their substance use. A wide breadth of research and lived experience demonstrates that harm reduction not only saves lives, but improves quality of life for people who use substances.⁴

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 opioid agonist therapy (OAT);⁵ and
- Making low-barrier housing with wrap-around services widely available and providing peer support.⁶

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.

HARM REDUCTION ALIGNS WITH THE FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

While we know harm reduction works, it is vital to explore what harm reduction looks like through First Nations perspectives and how it may align with practices in First Nations communities.

The FNHA seeks to enact and promote harm reduction from a culturally safe and culturally relevant perspective. Guided by our <u>Policy on Mental Health and Wellness</u> and <u>Framework for Action: Responding to the Overdose/</u> <u>Opioid Public Health Emergency for First Nations</u>, the FNHA promotes a measured response to both current public health emergencies in the service of First Nations communities.⁷ Harm reduction aligns with the First Nations Perspective on Health and Wellness,⁸ as it provides opportunities for people who use substances to have access to wholistic wellness, looking beyond physical health and taking into account mental, emotional and spiritual health.

The FNHA's approach to harm reduction stems from cultural humility, compassion and lateral kindness, recognizing that every life is valuable and everyone has the right to be well. Harm reduction is essential to providing good care. It can include prevention, traditional or cultural healing, and wellness, as well as mental health and wellness promotion through access to treatment, after-care and support. Harm reduction approaches facilitate connections between individuals and health and social services, bringing hope and opportunities for 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."⁹

Mainstream harm reduction often focuses on behavioural risks rather than examining the systemic changes required to support people on their healing journeys.¹⁰ From a First Nations perspective, tackling systemic racism and other inequities are essential to a wholistic 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.¹¹

First Nations families and communities have drawn on traditional teachings, medicines and cultures to stay resilient and strong since time immemorial. Culture and tradition provide First Nations people with strength, resilience and guidance in difficult times.¹² When it comes to substance use and addiction, our approach to supporting the people in our lives who use substances comes from a place of empathy and compassion.

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.

CONNECTING TO OTHERS AS PART OF HARM REDUCTION

If we explore the roots of what practising harm reduction involves – patience, empathy, connection, inclusion, relationship-building, caring for people who use substances and providing people with options – we may find that these are values that many First Nations people relate to and live by.

In fact, many people practise harm reduction in their lives even if they may not describe it as such. It can be as simple as reaching out to people who are using substances by sharing a meal, starting a conversation, conducting a brief intervention¹³ or sharing information that does not perpetuate fear and stigma. We might feel vulnerable when offering opportunities for connection, as we might have to challenge our own values, beliefs and biases around substance use, or we might have to work toward rebuilding connections with people we have lost connections with. However, we do this because it is truly coming from a place of care and because it aligns with the teaching of not leaving anyone behind. Simple gestures can often make all the difference.

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.

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