



First Nations Health Authority  
Health through wellness

## POLICY ON HARM REDUCTION

# Indigenous Harm Reduction

Walking with our people where they are at,  
to support their healing journey by weaving culture and resilience into  
conventional harm reduction strategies and services.

### POLICY STATEMENT ON INDIGENOUS HARM REDUCTION

Through our relationships and partnerships, the First Nations Health Authority (FNHA) works to integrate cultural knowledge, traditional practices and First Nations values into harm reduction strategies and services. We support harm reduction as a crucial approach to wellness. We view harm reduction as an approach deeply embedded in culture, as well as in public health and human rights, that seeks to minimize harms associated with substance use and supports people who use substances where they are at on their healing journeys. A First Nations approach strengthens conventional harm reduction by weaving in culture, teachings, community and connections to the land and each other.

First Nations communities are resilient in resisting and recovering from colonialism, and approach healing in different ways across diverse Nations and cultures. The FNHA supports First Nations by upholding and implementing long-standing and innovative ways of taking care of each other through philosophies, perspectives, services and programs that we know reduce harms and enhance resilience. The FNHA's harm reduction approach is wholistic and inclusive, and supports physical, mental, spiritual and emotional wellness, as well as connections and relationships to our people, Nations, lands and cultures. Enacting Indigenous harm reduction in our current health system, from a First Nations perspective, will require systemic change.

This Policy on Harm Reduction communicates the FNHA's approach to Indigenous harm reduction, reaffirms related commitments and provides guidance to health system partners. The Policy is driven by First Nations communities across BC based on reciprocal learning between the FNHA and BC First Nations communities.

## THE FNHA'S COMMITMENT TO HARM REDUCTION

The FNHA's overarching vision for harm reduction is to work as a health and wellness partner to:

- Meet individuals, families and communities where they are at and work alongside them as they travel along their health and wellness journeys;
- Promote a First Nations, strengths-based, people-centred, destigmatized harm reduction approach based on dignity, self-determination, empathy, love, compassion, lateral kindness, culture and traditions, and relationships;
- Facilitate, promote and sustain the availability of culturally safe and trauma- and violence-informed harm reduction strategies, practices and services, in the context of a continuum of mental health and wellness programs and services; and
- Recognize the self-determination of individuals, communities and Nations by supporting them to develop or access the harm reduction strategies, practices and services that work for them.

The Policy is rooted in the First Nations Perspective on Health and Wellness and guided by our Seven Directives and Shared Values.



## KEY AREAS FOR ACTION

The FNHA has supported a range of harm reduction activities, including promoting access to harm reduction programs, supplies and services in First Nations communities, and providing education, training and resources. Following the province's declaration of an opioid overdose public health emergency in 2016, the FNHA expanded its harm reduction efforts to include:

- Creating a Framework for Action for a system-wide public health response for First Nations in BC;
- Establishing Indigenous harm reduction grants;
- Increasing staff and resources;
- Increasing access to harm reduction supplies and education; and
- Developing a research project to create a community-led model of harm reduction for opioid use.<sup>1</sup>

The FNHA will continue this work, expanding and adapting our efforts, including in the context of the COVID-19 pandemic and the province's wide-ranging response. The FNHA commits to working with health system partners to further advance health system transformation and facilitate harm reduction strategies, practices and services by and with First Nations people. The FNHA will focus on five key harm reduction action areas.

## **1. INCREASE ACCESS TO, AND INCLUSION IN, CULTURAL ACTIVITIES.**

To build relationships and focus on Indigenous strengths, it is important that we create opportunities for people to connect with and support one another, and for community members to have opportunities to connect with their culture, whether or not they are using substances. We know that culture is medicine, and that including people who may be using substances in cultural activities expands the options that we have to build connections with people who use substances, and in turn, offers opportunities for people who use substances to connect with their cultures. Land-based healing initiatives are one way to increase access to cultural activities. This allows people to build connection with the land through practising activities such as food gathering, camp maintenance, medicine walks, and/or ceremonial activities.<sup>2</sup> These cultural activities take many forms and will look different in each community.

*The FNHA will expand its support for a wide range of cultural activities, especially land-based healing, with an emphasis on activities that build strength and resilience for all First Nations people, including our youth.*

## **2. DIRECTLY PROVIDE, AND WORK WITH PARTNERS TO EXPAND ACCESS TO, SUBSTITUTION THERAPIES.**

Substitution therapies replace potentially dangerous illicit substances with prescribed pharmaceutical alternatives and/or provide a less harmful means of consumption. For example, people who use opioids – which are frequently poisoned with fentanyl and fentanyl analogues – can choose to replace them with regulated and clinically managed doses of Suboxone, methadone or Kadian (opioid agonist therapies (OAT)).<sup>3</sup> Similarly, managed alcohol programs can help people experiencing high levels of alcohol use and dependence, including use of non-beverage alcohol,<sup>4</sup> by regularly prescribing specific quantities (doses) of alcohol where the quality is known in a supportive environment. By replacing non-beverage alcohol and helping people stabilize their drinking patterns, managed alcohol programs can reduce some of the harms of alcohol consumption. These programs can be designed in a culturally safe manner.<sup>5</sup> For example, the PHS Community Services Society's managed alcohol program in Vancouver's Downtown Eastside offers Elder visits, smudging and other Indigenous cultural activities such as singing, drumming and talking circles.<sup>6</sup>

*The FNHA will work with treatment centres, health centres and other health facilities to expand awareness of the provision of OAT, and will work with health and corrections system partners to provide or otherwise improve access to a range of substitution therapies for First Nations people who use substances.*

### **3. PROVIDE INDIGENOUS HARM REDUCTION SERVICES AND PROMOTE THE EXPANSION OF RELATED STRATEGIES, PRACTICES AND SERVICES.**

The significant expansion of harm reduction programs, services and supplies throughout BC has saved thousands of lives, with 60% of overdose deaths averted in recent years.<sup>7</sup> However, the province's declining rate of overdose deaths in 2019 was quickly reversed in early 2020 when the province's two public health emergencies collided. First Nations people continue to be significantly overrepresented in illicit overdose deaths, and the gap has widened during the COVID-19 pandemic.<sup>8</sup> It is vital that we do more to support First Nations people who use substances, and that these supports are provided with humility and respect for each person.

*The FNHA will* continue to promote the province-wide expansion of harm reduction strategies, practices and services that are inclusive of First Nations people and perspectives to:

- Create conversations about cultural safety in accessing harm reduction services and supports;
- Create space in cultural activities and events for people who use substances; and
- Provide support for communities, family and friends of people who use substances.

*The FNHA will* continue to promote the distribution of naloxone kits and sterile harm reduction supplies, and to promote overdose prevention services and supervised consumption sites. The FNHA will provide many of these services directly (such as through community workshops on decolonizing addiction and providing support to health centre staff who offer harm reduction services and supplies), and will encourage health and corrections system partners to advance cultural safety and humility in the harm reduction services they offer.

### **4. ENGAGE CLOSELY WITH FIRST NATIONS PEERS IN THE DESIGN AND IMPLEMENTATION OF HARM REDUCTION STRATEGIES, PRACTICES AND SERVICES.**

Peer engagement is “the active participation of people with lived [or living] experience of substance use in research, program, and policy decision-making processes.”<sup>9</sup> Peer engagement is essential to: honouring the experiences of the people who best understand how to support people who use substances; making programs and services accessible, inclusive and safer; and working toward providing peers with the greatest control over their individual and shared journeys. At the community level, this can involve asking peers what they want in terms of harm reduction services, programming and education, rather than providing what we think they need.

*The FNHA will* work with First Nations peers in the design, implementation and evaluation of harm reduction strategies, practices and services, and will work with system partners to ensure that they do the same, in a culturally safe, supported and meaningful way.

## **5. SUPPORT BC'S EXPANSION OF A SAFER SUPPLY OF PHARMACEUTICAL ALTERNATIVES TO POISONED ILLICIT DRUGS.**

One key finding that has arisen from the devastation of the province's opioid overdose public health emergency is the recognition that we are experiencing a crisis of accidental poisonings caused by the increasing toxicity of illicit drugs, largely due to the presence of fentanyl and other analogues.<sup>10</sup> The vast majority of overdose events experienced by people throughout the crisis have resulted from the consumption of illicit substances of high and unknown toxicity. These overdose events could be prevented by providing access to a safe pharmaceutical supply where people would know exactly what they were consuming.<sup>11</sup> In recent years, the FNHA has expressed support for pharmaceutical alternatives to the poisoned supply of street drugs.<sup>12</sup>

While many deaths have been averted through increased harm reduction efforts, overdose death rates have remained high as a result of this toxic supply.<sup>13</sup> This is particularly dangerous during the COVID-19 pandemic, where the rate of overdose events and deaths sharply increased as a consequence of the direct and indirect impacts of the pandemic. Specifically, self-quarantine and physical distancing guidelines compelled many to use substances alone. Treatment interruptions and barriers to health care and harm reduction services led to relapse and overdose, and interruption of the supply chain for ingredients in street drugs increased their toxicity. In response to the dual public health emergencies, BC approved the provision of a "safe supply" of pharmaceutical alternatives for people who use substances at risk of, or who are positive for, COVID-19 as a measure to curb the community spread of the disease.<sup>14</sup>

Before COVID-19, the overdose crisis had devastatingly and disproportionately impacted First Nations people who use substances, and this trend has grown more pronounced during the pandemic. The overdose emergency has shown that given the complex and personal reasons that people use substances, use will continue even when substances are illegal and highly toxic.

*Recognizing that there are significant gaps in access to safe supply across the system, the FNHA will work with health partners to support the expansion of pharmaceutical alternatives to poisoned drugs in ways that are culturally safe.*

*The FNHA will support communities that choose to provide pharmaceutical alternatives for their members.*

### **EMERGING DIRECTION**

Decriminalization has received renewed attention during the COVID-19 pandemic. In recent years, the FNHA has been involved in the conversation around decriminalization of people who use substances in BC. In the coming months and years, the FNHA will engage with First Nations communities and health system partners to ensure that this policy area is advanced in ways that are responsive to the needs and preferences of First Nations people in the province.



## **SUPPORT CONVERSATIONS ON THE DECRIMINALIZATION OF PEOPLE WHO USE SUBSTANCES**

As a consequence of historical and ongoing colonialism, racism, discrimination, and social and economic inequity, First Nations people are grossly overrepresented in the prison system, with Indigenous people making up 29% of the total adult population in provincial prisons but only 5% of BC's total adult population.<sup>15</sup> Prohibition of drugs is the basis of a considerable amount of incarceration. Yet drug prohibition has not stopped people from using drugs. Nor has it prevented the growth of illegal drug markets or organized crime, and it has not prevented harms related to substance use, including death.<sup>16</sup> With inconsistency in how drug possession laws are applied, their disparate impacts on women, and the harms associated with incarceration and involvement with the criminal justice system, there is growing support to decriminalize people who use substances, recognizing that "we are not going to arrest our way out of this crisis."<sup>17</sup>

In April 2019, BC's Provincial Health Officer, Dr. Bonnie Henry, issued a report recommending that BC immediately decriminalize – but not legalize – the possession and use of drugs.<sup>18</sup> This position is supported by regional and national agencies and organizations like the Canadian Public Health Association, the Canadian Mental Health Association, the BC-Yukon Association of Drug War Survivors, and the Canadian Association of Chiefs of Police.<sup>19</sup>

*Recognizing the disproportionately negative impacts illegal drug markets and the prison system have had on First Nations people, the FNHA will initiate conversations with First Nations families and communities regarding the decriminalization of people who use substances. Guided by these conversations, the FNHA will work with its system partners to ensure First Nations priorities, perspectives and experiences influence discussions and decisions on decriminalization.*



## REFERENCES

- 1 See the FNHA's *Framework for Action: Responding to the Overdose/Opioid Public Health Emergency for First Nations*. [www.fnha.ca/Documents/FNHA-Overdose-Action-Plan-Framework.pdf](http://www.fnha.ca/Documents/FNHA-Overdose-Action-Plan-Framework.pdf)
- 2 Thunderbird Partnership Foundation, *Wellness on the Land*, 2017. [thunderbirdpf.org/wellness-on-the-land/](http://thunderbirdpf.org/wellness-on-the-land/)
- 3 Centre for Addictions Research of BC, *Patients Helping Patients Understand Opioid Substitution Treatment*, 2017. [www.uvic.ca/research/centres/cisur/assets/docs/ost-patient.pdf](http://www.uvic.ca/research/centres/cisur/assets/docs/ost-patient.pdf)
- 4 Non-beverage alcohol includes rubbing alcohol, mouthwash and alcohol-based hand sanitizers; see K. Vallance et al., "Do Managed Alcohol Programs Change Patterns of Alcohol Consumption and Reduce Related Harm? A Pilot Study," *Harm Reduction Journal* 13: 13 (2016).
- 5 K. Vallance et al., "Do Managed Alcohol Programs Change Patterns of Alcohol Consumption and Reduce Related Harm? A Pilot Study," *Harm Reduction Journal* 13: 13 (2016).
- 6 PHS Community MAP, [www.phs.ca/project/community-managed-alcohol-program](http://www.phs.ca/project/community-managed-alcohol-program); see also Aboriginal Coalition to End Homelessness, *Indigenous Pathways to Health and Well-being: Managed Alcohol Program (MAP) Feasibility Study*, 2018. <https://acesociety.com/wp-content/uploads/2019/06/MAP-FEASIBILITY-STUDY-July-2018-ACEH-comp.pdf>
- 7 Provincial Health Officer, *Stopping the Harm: Decriminalization of People Who Use Drugs in BC*, 2019. [www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/stopping-the-harm-report.pdf](http://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/stopping-the-harm-report.pdf)
- 8 First Nations Health Authority, "First Nations Opioid Overdose Deaths Rise in 2018", 2019. [www.fnha.ca/about/news-and-events/news/first-nations-opioid-overdose-deaths-rise-in-2018](http://www.fnha.ca/about/news-and-events/news/first-nations-opioid-overdose-deaths-rise-in-2018)
- 9 A. Greer, A. Amlani et al. *Peer Engagement Best Practices: A Guide for Health Authorities and Other Providers*, 2017. [www.bccdc.ca/resource-gallery/Documents/PEEP%20Best%20Practice%20Guide-lines.pdf](http://www.bccdc.ca/resource-gallery/Documents/PEEP%20Best%20Practice%20Guide-lines.pdf)
- 10 L. Belzak. and J. Halverson, "The Opioid Crisis in Canada: A National Perspective. Health Promotion and Chronic Disease Prevention in Canada," *Research, Policy and Practice* 38.6 (2018): 224-233.
- 11 M. Tyndall, "An Emergency Response to the Opioid Overdose Crisis in Canada: A Regulated Opioid Distribution Program," *CMAJ* 190.2 (2018): E35-6; Provincial Health Officer (2019).
- 12 For example, FNHA's *Framework for Action: Responding to the Overdose/Opioid Public Health Emergency for First Nations* supports access to injectable opioid agonist therapy (hydromorphone).
- 13 Provincial Health Officer (2019); M. Tyndall (2018).
- 14 BC Centre on Substance Use, *Risk Mitigation in the Context of Dual Public Health Emergencies*, 2020. [www.bccsu.ca/wp-content/uploads/2020/05/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.6.pdf](http://www.bccsu.ca/wp-content/uploads/2020/05/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.6.pdf)
- 15 Ministry of Public Safety and Solicitor General, *A Profile of BC Corrections: Reducing Offending, Protecting Communities*, 2017. [www2.gov.bc.ca/assets/gov/law-crime-and-justice/criminal-justice/corrections/reports-publications/bc-corrections-profile.pdf](http://www2.gov.bc.ca/assets/gov/law-crime-and-justice/criminal-justice/corrections/reports-publications/bc-corrections-profile.pdf)
- 16 Provincial Health Officer (2019).
- 17 Provincial Health Officer (2019); Global Commission on Drug Policy, *The Opioid Crisis in North America*, 2017. <http://www.globalcommissionondrugs.org/wp-content/uploads/2017/09/2017-GCDP-Position-Paper-Opioid-Crisis-ENG.pdf>
- 18 Provincial Health Officer (2019).
- 19 BC Yukon Association of Drug War Survivors, *Provincial Priorities*, 2019. [www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Epid/Other/BCYADWSPrioritiesCommunityReport.pdf](http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Epid/Other/BCYADWSPrioritiesCommunityReport.pdf)