THE CANOE PROJECT

Wise Practice Adaptations to Harm Reduction for Indigenous and Non-Indigenous Organizations

Completed by
The Dr. Peter Centre &
Community Alliances
And Networks

Pulling out strengths-based themes

WHAT IS A WISE PRACTICE?

The “wise practices” concept that emerged from the Canadian Alliances And Network (Thomas, 2007 as cited in Wesley-Esquimaux & Snowball, 2010, pp. 390-391) is a “best practices” model for integration of approaches. A wise practices approach facilitates good clinical judgement in complex cases (O’Sullivan, 2005).

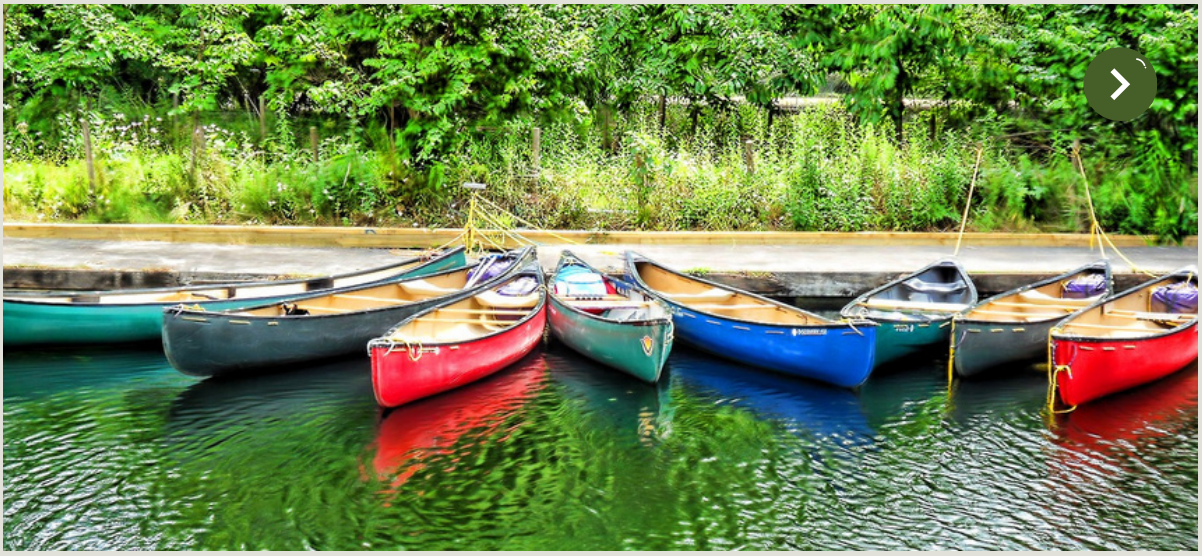
Background

- The Canadian Institute of Health Research (CIHR) awarded opportunity for research funding for Indigenous communities, Indigenous organizations and researchers of Indigenous ancestry (or researchers who provide evidence of having meaningful and culturally safe involvement with Indigenous Peoples) in Canada who are responding to the unique health and well-being needs of Indigenous Peoples as they relates to the COVID-19 pandemic. From this funding wise practices adaptations were identified to support culturally safe and appropriate services to harm reduction for Indigenous and non-Indigenous organizations. This was done through an environmental scan, interviews, and sharing circles with Indigenous organizations and Peoples across Canada.

The Purpose

- Identify successful adaptations to harm reduction programming for Indigenous and non-Indigenous organizations, to help facilitate Indigenous Harm Reduction programming.

THE CANOE PROJECT

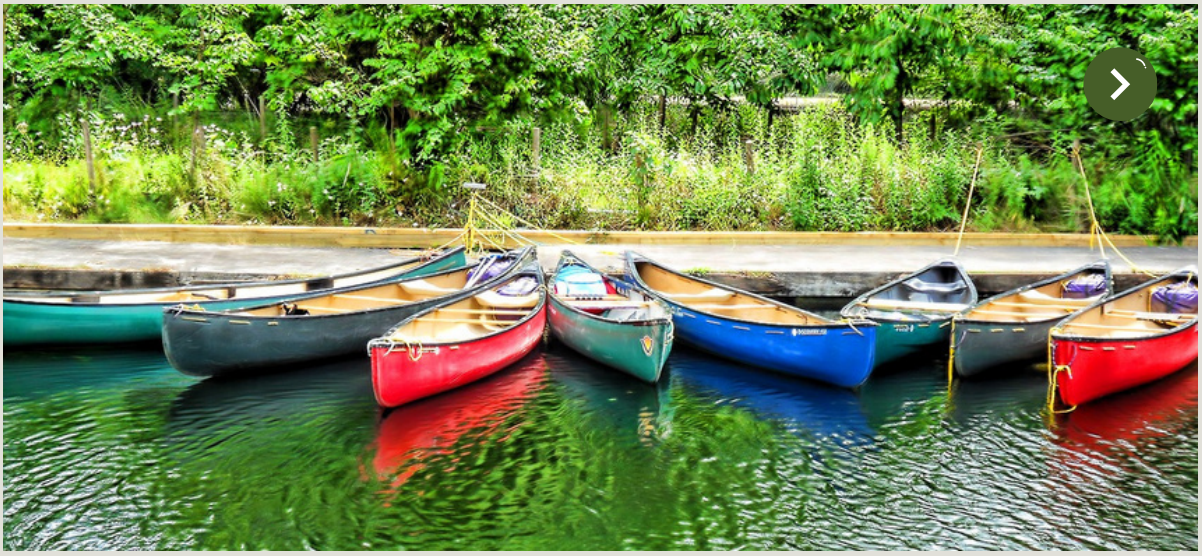


RECOMMENDATIONS

- Hire Indigenous consultants to build IHR (Indigenous Harm Reduction) policies and procedures.
- Having programs and policies designed and implemented by the people who you are wanting to access said programming.
- Pay cash honorarium to people with lived/living experience who share and participate.
- Recognizing the expertise of people who use drugs, who have been incarcerated— having this expertise reflected in the pay.
- Supportive space for workers — i.e., access to ceremony, or sharing circles, grief circles, counsellors, and whatever people need.
- Centering community, actively listening— listening to what is needed, reflecting on what was shared.
- Presence of Indigenous staff— can sit and hold space with people shared understandings through the experience of colonialism and the introduced harms and shame.
- For mainstream HR (Harm Reduction) organizations: Understand your intentions before developing IHR programming.
    - Who do you have a connection with?
    - What relationships do you have?
    - What steps have you taken already?
    - Who are you compensating?
- Leveraging privilege that one has in concert with those who do not have those same privileges.

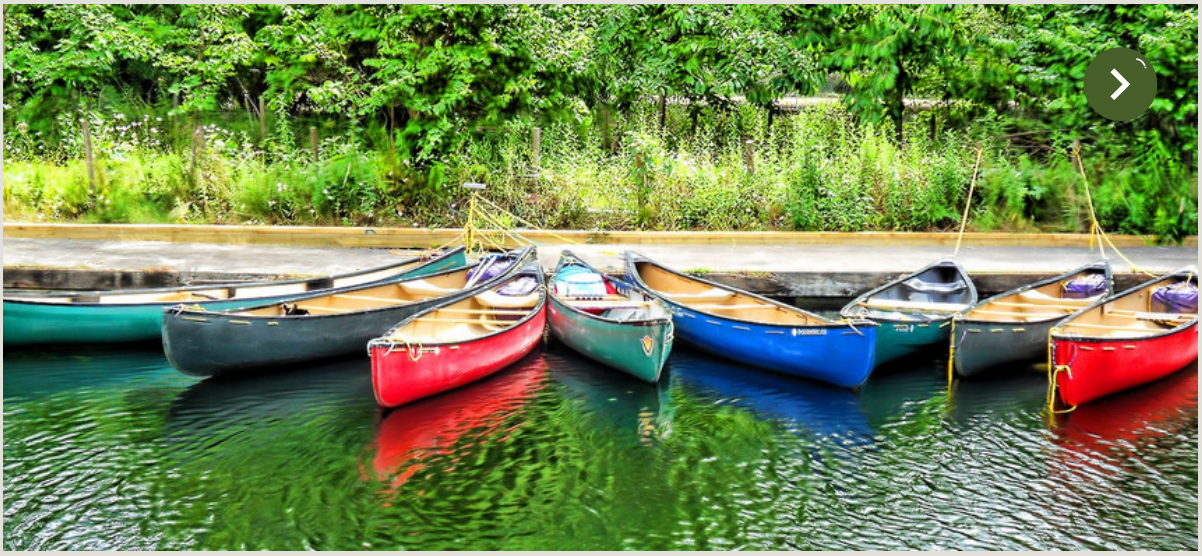
RECOMMENDATIONS

- For Indigenous colleagues: look at where you can lean in, and advocate — sometimes you might be going against the grain of people's perceptions (I.e., Responding to ceremony conductors who insist on sobriety or X days sober, building relationships with knowledge carriers, Elders who are safe for 2SLGBTQIA+, people)
- Having more conversations in Indigenous spaces to build the capacity of knowledge carriers (age does not equal experience and cultural knowledge)
- Conversations with community, listen, power share— do not ask questions if you will not implement them.
- Implementing cultural leave and support for Indigenous service providers: organizations engaging with the questions of how they are supporting their teams to do IHR (aka heart work):
  - How are we taking care of our spirits?
  - How are we taking care of ourselves?
  - How are we putting resources behind what it takes to do things in a good way? (Time, on the land).
- Recognizing that the people who are working are part of the community— the physical, emotional, and spiritual toll that this can take.
- Offering healing circles, grief support, access to Elders, and counselling.
- Reciprocity and integrity.
- Move slowly — to design and build relationships and programs. (Cannot have a program without relationships).
- Be adaptable and responsive: contexts, needs, and realities— community speed is faster than organizational and policy speed.
- Rooted in the local context.



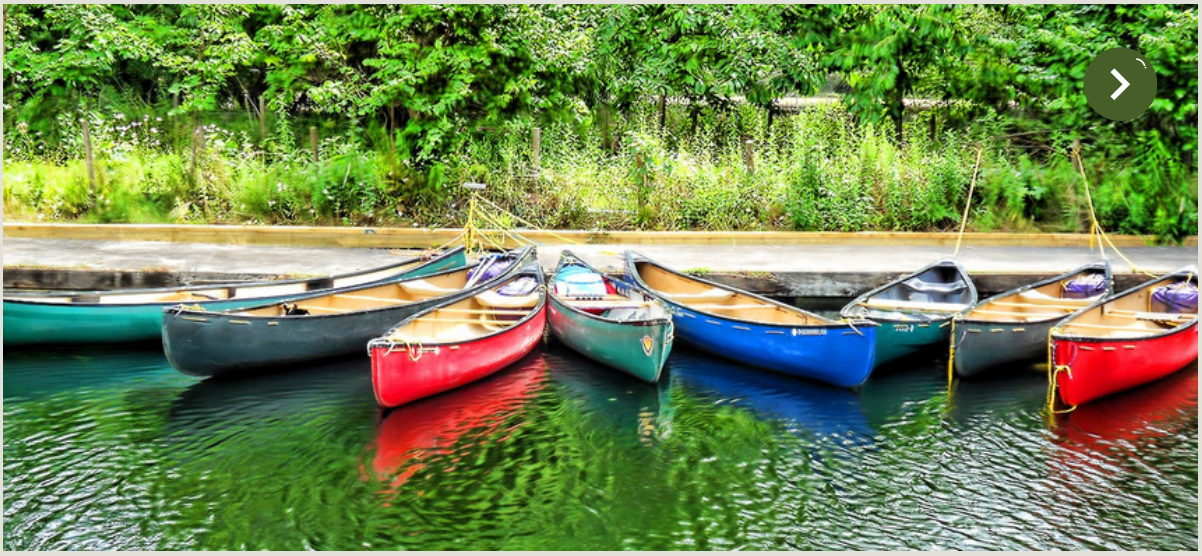
RECOMMENDATIONS

- UNDRIP & Truth and Reconciliation Commission: the context of colonialism and a guide— seeing how these calls to action are intertwined with IHR.
- Understanding that IHR programming— as a true expression of IWKD (Indigenous Ways of Knowing and Doing)— “that Indigenous knowledge comes in so many different forms that Western constructs and language do not have the capacity to capture, and fully encapsulate and understand what that means when it’s transmitted and put down into research, or into a conversation dialogue, or a sharing circle. Sometimes we must understand that it goes beyond our own Western construct of understanding.”
- A call to see the humanity of people who use drugs.
- More funding for small, community-based and grassroots organizations Indigenous organizations making a concerted effort to address stigmatized perceptions of people who use drugs and understand the linkages between disassociation from culture, colonialism, and generational trauma with drug use.
- More outreach vehicles connecting Indigenous people who use drugs to land.
- More collaboration between Indigenous agencies: to increase outreach activities such as bringing people to ceremonies and sweat lodges, and healing lodges.
- W/holistic understandings and approaches to IHR: I.e., traditional foods- soul food.
- Access to medicines, spirituality, and Elders.
- Meaningful program development and delivery (not just hiring an Indigenous service provider).



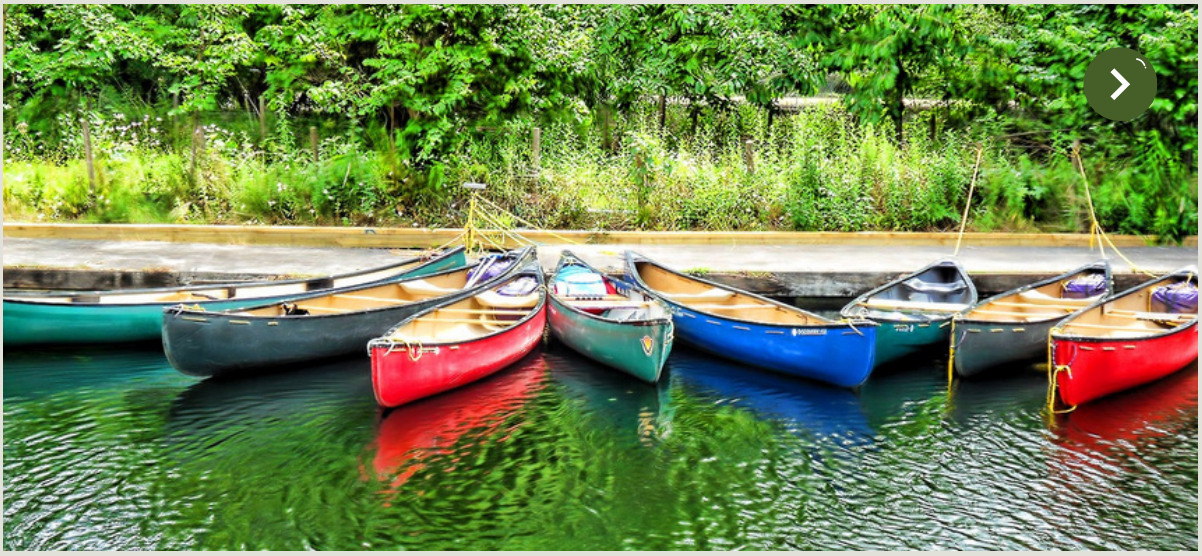
RECOMMENDATIONS

- More accountability for organizations that receive large sums of funding.
- Having a strong intention behind pursuing $ and IHR
- Few resources and tokenistic trainings that are not an acceptable outcome for these organizations' Indigenous
- Taking responsibility for decisions, programs, trainings etc. that have caused harm; doing the work to understand how to do better.
- Staff capacity: for Non-Indigenous service providers there needs to engage in intentional learning and unlearning stigma and biases. i.e., meeting people where they are: this includes if people miss appointments, it does not mean that they do not care or are not interested in those services—
- Building relational partnerships.
- Paying attention to language— not calling people 'clients' — being aware of how power dynamics are re-enforced through language. Having conversations with Elders and Knowledge Carriers: reframing IHR as a cultural value (I.e., about being inclusive with medicines and ceremonies: "comparing it to the same way we would prepare a lodge or separate ceremonies for people may be on their moon time or people who may be pregnant. It is not we are keeping people who use drugs away from the good medicine, it is just preparing bundles for individual needs."
- Teaching and leaning in— to the discomfort and challenge of working with Elders and Knowledge Carriers who are rooted in older ways (or through their experience of colonialism and harm).
- Being open to feedback, and taking an iterative approach.



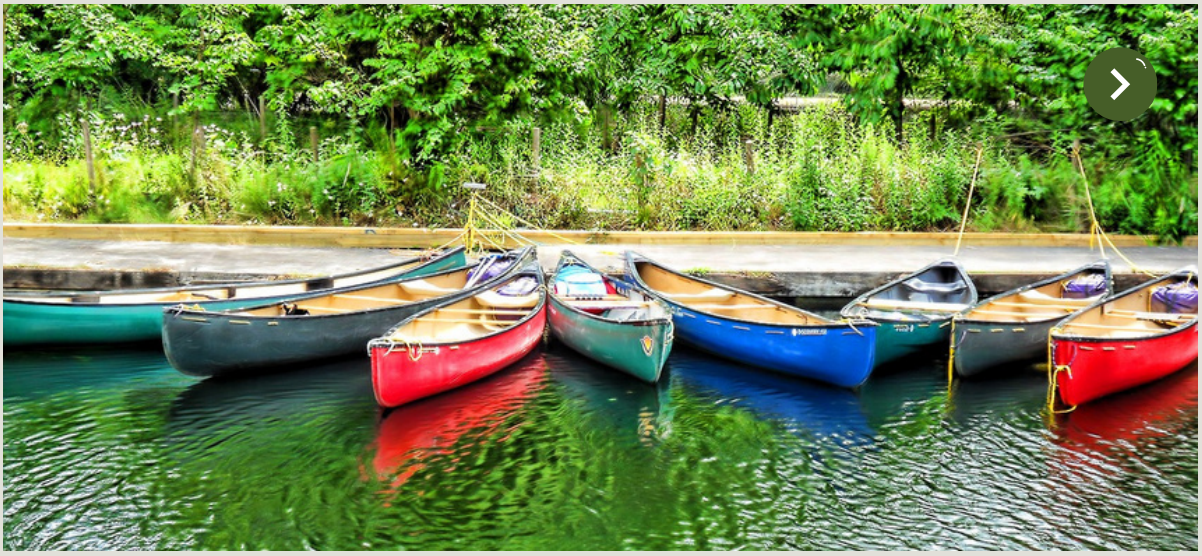
RECOMMENDATIONS

- Low barrier model of care— i.e., on the street, Elders offering smudge to anyone who needs it, not only Indigenous folks; not turning away people who fall outside of specific programming/funding requirements).
- Supportive groups for people working in harm reduction.
- Personal sharps containers that can be customized and easily portable. “Learning is a gift from the Creator, but it is not finished until it is passed down (Elder Sam McKay). Having these things like Communities of Practice and informal meetups and whatever else is such an important way that we can get out of our silos and work towards decolonizing some of our programs and systems.”
- Healing circles, grief circles, and support circles for frontline service providers.
- Being open to learning; knowing yourself, your intentions, and motivations, and being committed to continual learning.
- Thinking beyond the medical model in supporting Indigenous people who are in treatment or detox.
- Taking time to ease into conversations— framing discussions around
- IHR in a slow, clear, and uncomplicated manner.
- Providing options: not all forms of treatment will work for people/will be what they want; recovery homes, short-medium-long term housing. Expanding the concept of harm reduction; harm reduction as basic needs (I.e., public washrooms, food, housing), mental health.
- Having the staff be representative of the people who you are serving; employing the people who use services.



RECOMMENDATIONS

- Whole community effort: Cementing any IHR/HR response in the community- everyone has a role.
- Being creative in finding ways to connect, support, and uplift the work being done.
- Acknowledge your (personal or organizational) shortcomings—and have other options on hand to refer people to.
- Low barrier and flexible options: I.e., for timelines to complete programs.
- Working with local Indigenous leadership and where they are at with harm reduction: I.e., education around Indigenous culture and Indigenous ceremony, and harm reduction, and elder support and harm reduction.
- Connecting with Indigenous organizations organically.
- Decision-making through consensus.
- Employment opportunities and incentives (paying people for their expertise).
- Staff training on cultural sensitivity/cultural safety, decolonizing and Indigenizing harm reduction approaches, led by Indigenous people. Imbedding considerations for historical trauma into all policies and procedures (e.g., vaccine mandates, isolation requirements).
- Employing participatory evaluation (steering committees, focus groups, sharing circles, interviews) to ensure that services are meeting the needs and want of Indigenous clients, including Indigenous people in the design, implementation, delivery, monitoring and developmental evaluation of services.
- Active listening.



RECOMMENDATIONS

Incorporating Medicines/Smudge Kits into Harm-Reduction Kits:

- Local adaptations to harm reduction kits depend on the needs/wants of the community.
- Smudging before packing the kit.
- Add sacred medicines to the IHR kits.

Presence of Elders and Ceremony Recommendations:

- One-on-one time with Elders.
- Connecting to culture with technology (especially during COVID-19).
- Providing access to the ceremony.
- Healing circles.
- Finding ways to make them (and programming generally) land-based, especially for people experiencing urban homelessness.

Partnering with Local Friendship Centres, Going on Reserve to do Outreach Work

- Bringing IHR supplies to reserves, where people might feel isolated/stigmatized, not have access to culture or ceremony, holding space with them.

Being led by the medicine wheel, and cultural teachings — infusing programming with education

"As Indigenous people we just are who we are. It just is. It's something that just emanates from our spirit and is connected to our medicine wheel and just how we need to walk our lives, and that may look different for everyone, depending on their teachings and their whole lived experiences and where they come from and their community and the elders they sat with."

Wise Practice Adaptations to Harm Reduction for Indigenous and Non-Indigenous Organizations

Pulling out strengths-based themes