Reconnecting the Community Circle: Using Harm Reduction Models to Address Substance Abuse in Friendship Centre Communities
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INTRODUCTION- ABOUT OUR POSITION

Substance abuse is not an issue solely relegated to Aboriginal or minority communities, but it is important to understand that the historically imposed and socioeconomic position of urban Aboriginal people within Ontario has left many communities vulnerable to its effects. The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) defines substance abuse as:

“A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions or expulsions from school; neglect of children or household)
- Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
- Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)"

Substance abuse is generally considered to refer to the excessive use of alcohol, licit or illicit drugs, or toxic substances for the non-medical purpose of inducing particular emotions or states. High levels of substance abuse can result in delays in emotional and intellectual growth in young people, increased incidences of violence and disease, and decreased community and individual well-being. Overall, substance abuse represents a barrier to the development of healthy and safe communities.

Urban Aboriginal communities have not been led towards substance abuse by some defect in culture; rather, it is the systematic and prolonged attempt at obliteration of Indigenous beliefs and customs that has left many individuals searching for a way to numb the pain. Aboriginal worldviews place an emphasis on a wholistic way of life, one that values the relationships between community, family, and self. The process of forced colonization and assimilation has left many of our communities without a sense of belonging or place. The lingering scars of the residential school system continue to affect the well-being of adults and youth as grief and loss are magnified and transmitted across generations. These historic traumas are layered under the current issues of
cultural isolation, systemic racism, and socioeconomic hardship. To prevent substance abuse, we clearly must also address its root causes.

The Ontario Federation of Indian Friendship Centres believes that an approach to substance abuse based on harm reduction will prove to be an effective way to encourage safer, reduced, or eliminated substance use while reconnecting individuals with their culture and communities. Through the use of cultural supports and resources, harm reduction strategies will address the root causes of substance abuse, resulting in long-term wholistic healing for urban Aboriginal communities and improved mental health and well-being. As providers of Aboriginal-specific services and programs, it would be beneficial for Friendship Centres to investigate the successes and requirements of harm reduction strategies so that these can be implemented in their communities in the place of less effective, standardized interventions to address substance abuse. The future success of harm reduction-based programming relies on thoughtful and community-driven research, planning, and implementation.

This position paper will provide a definition and brief overview of harm reduction, point to its relevance to Friendship Centre communities, and define benefits of this approach to the individual and to the community. Common barriers to harm reduction will be discussed along with their corresponding solutions, and recommendations will be provided for the development of a harm reduction policy and strategy. The appendices will include examples of various types of harm reduction strategies, Medicine Wheel Teachings, and an overview of the relationship between harm reduction and abstinence.

ABOUT THE OFIFC

The Ontario Federation of Indian Friendship Centres (OFIFC) is an urban Aboriginal organization representing the collective interests of twenty-nine member Friendship Centres located in towns and cities throughout Ontario. Friendship Centres are not-for-profit corporations which are mandated to serve the needs of all Aboriginal people regardless of status. They are the primary service delivery agents for Aboriginal people living in urban areas, and the OFIFC is committed to assisting member Friendship Centres with program delivery and community development. The OFIFC’s vision is to improve the quality of life for Aboriginal people living in an urban environment by supporting self-determined activities which encourage equal access to and participation in Canadian society and which respect Aboriginal cultural distinctiveness.

While Friendship Centres do not currently offer harm reduction strategies as a method to address substance abuse, the OFIFC is strongly committed to improving the health and well-being of urban Aboriginal people struggling with addictions. The Aboriginal Addictions and Mental Health Program (AAMHP) is comprised of three sub-programs: the Alcohol and Drug Worker Program (AADWP), the Aboriginal Community Mental
Health Program (ACMHP), and the Aboriginal Responsible Gambling Program (ARGP). The AAMHP is funded by the Ministry of Health and Long Term Care and is administered in 13 Friendship Centre sites. As part of the AAMHP, the AADWP aims to assist urban Aboriginal people with substance abuse issues while minimizing or eliminating the negative effects of addiction for the individual, family, and community. The AADWP is administered in eleven delivery sites throughout Ontario and served more than 1000 unique clients in 2011/2012.

**DEFINING HARM REDUCTION**

Harm reduction refers to a policy and/or strategy used to decrease the harms associated with behaviours such as substance abuse, smoking, or prostitution and conditions like HIV and diabetes. According to the Canadian Harm Reduction Network, its cornerstones are public health, human rights, and social justice. When used to address substance abuse, the principles of harm reduction aim to recognize the value and dignity of substance abusers and their right to non-judgemental services, encourage an improved quality of life for those affected by substance abuse, avoid judgement of substance abuse as good or bad but as inevitable in society, recognize the ability of an individual to make their own decisions including that to use substances, require that all people affected by substance abuse are involved in developing harm reduction policies and strategies, and to support safe substance use.¹

In general, harm reduction can refer to a continuum of services that may include anything from seatbelts and helmets to sunscreen. When addressing substance abuse, harm reduction may take the form of more targeted approaches like peer support, condom distribution, sharps boxes, needle exchanges, and safe injection sites. For a detailed review of the continuum of services to address substance abuse, refer to Appendix 1. The goal of harm reduction in urban Aboriginal communities is to improve the mental, physical, spiritual, and emotional health of substance abusers who are unwilling or unable to stop using substances by providing them with the basic human necessities of life, thereby promoting safer, reduced, and/or eliminated substance use.

While limited harm reduction funding is available through Health Canada at the federal level, the *Ontario Harm Reduction Distribution Program* (OHRDP) provided over $170-million in 2011/2012 provincial funding for programs through Public Health Units, Community Care Access Centres, Community Health Centres, Aboriginal Health Access Centres, and Local Health Integration Networks.

HARM REDUCTION AND THE HIERARCHY OF NEEDS MEDICINE WHEEL

Psychologist Abraham Maslow asserted that physiological needs (ex: water, food, shelter, and clothes), safety and security needs (ex: employment, health, and family), a sense of belonging (ex: to love and be loved, friendship, and self-love), and self-esteem (ex: self-approval and recognition of others) are the basic necessities of life. The OFIFC’s Hierarchy of Needs Medicine Wheel (Appendix 2) is a reinterpretation of Maslow’s Hierarchy of Needs and acknowledges that there are basic human necessities that each person must be able to access in order for them to positively grow. The OFIFC furthers this idea by recognizing that the attainment of Maslow’s basic human necessities creates an environment where it is possible for us to learn and understand the truths about ourselves and others (cognitive needs), feel safe enough to accept support from others (aesthetics), begin to see our value and potential (self-actualization), and develop wisdom to go beyond ourselves to facilitate positive development in others (self-transcendence). Moving forward from this medicine wheel teaching, harm reduction can be framed as a way to provide the basic necessities of life, such as safe physical space and cultural support, so that urban Aboriginal individuals with substance abuse issues possess a solid foundation from which to work toward the greater goals of self-actualization and positive development.

FRIENDSHIP CENTRES AND HARM REDUCTION

BENEFITS TO THE SUBSTANCE USER

Facilitating Healing Through Complementary Ideologies:

Harm reduction is ideally suited for use in Friendship Centres communities due to the striking similarities between its central tenets and Aboriginal worldviews. We are taught to honour and respect all of Creation, and harm reduction allows us to honour and respect the part of Creation that includes ourselves and our community. The goals of the Friendship Centre Movement include a commitment to honouring Aboriginal customs and beliefs, ensuring a better quality of life through self-determined activities, supporting the concerns of our communities, and working toward equal participation, tolerance of differences, and respect for all Creation. These objectives were created with Aboriginal worldviews in mind and therefore align well with the respect for all human beings, non-judgmental tolerance of differences, and self-determination of individuals that is promoted by harm reduction.

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The cohesiveness between harm reduction methods and Aboriginal worldviews is important because it helps to prevent the cognitive dissonance⁴ and distress that an at-risk individual may feel when faced with a treatment plan that ignores or rejects their personal values and cultural beliefs. By accepting and working with individuals’ current choices rather than placing a focus on the choices they should be making, harm reduction will emphasize the self-determination and respect that is at the core of our cultural beliefs. Harm reduction methods implemented by Friendship Centres will be welcoming and inclusive rather than alienating, and will thus encourage the continued participation of at-risk individuals and community members.

**Providing a Safe and Welcoming Environment:**

Current conventional approaches to addressing substance abuse in Aboriginal communities generally focus on abstinence and prohibition rather than harm reduction. While seemingly opposing, these approaches strive for a common goal— the increased well-being and safety of both the individual and community as a whole, and a strategy overly focussed on abstinence may overlook the benefits of harm reduction as a path to that goal.⁵

While many harm reduction strategies focus on safe injection and needle sharing initiatives, models geared toward peer support services can also be effective. Friendship Centres are not discouraged from exploring harm reduction models that allow for safe substance use but they are encouraged to view harm reduction along a continuum of services and supports. In other words, it is not necessary to completely abandon the idea of harm reduction if a community is particularly uncomfortable with a specific approach. For examples of different types of harm reduction services, consider the Gerstein Centre in Toronto and the Wabano Health Centre in Ottawa. The Gerstein Centre uses harm reduction as a way to provide peer support, referrals, and short-term residential services to those with mental illness and addiction. No medical treatment is provided and individuals are not permitted to use substances on site, but they are able to participate in services even if they have been using. At the other end of the continuum, the Wabano Centre offers mobile outreach to sex workers, giving them the resources (ex: condoms) necessary to reduce the risks associated with their activities (ex: pregnancy and sexually transmitted infections). Permitting individuals with addictions to access services and resources allows Friendship Centres to promote the well-being of those individuals, and the community as a whole, by protecting them from situations that could be dangerous to their mental, emotional, spiritual, and physical health.

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⁴ Cognitive dissonance refers to a psychological conflict resulting from incongruous beliefs and attitudes held simultaneously. (Merriam-Webster Dictionary, 2012).

The OFIFC understands that safety concerns may arise when those with addictions are allowed to access Friendship Centre programming, although it is important to note that these issues can be mitigated while it may not be possible to fully realize the benefits of harm reduction through any other method. A peer support approach like that of the Gerstein Centre allows for urban Aboriginal people with substance abuse issues to access safe physical and cultural spaces within the Friendship Centre during times of crisis, while an approach like that of the Wabano Centre allows for access to relevant resources to ensure that inevitable behaviours present less of a risk to the individual and their community. By welcoming and supporting urban Aboriginal people with addictions, Friendship Centres are able to grant them a rare and valuable opportunity to escape violent and dangerous situations, connect with a continuum of culturally-based services and supports, reintegrate with their culture, and once again become a member of the Aboriginal community circle.

**BENEFITS TO THE COMMUNITY**

The benefits of harm reduction outweigh those of incarceration and abstinence and include decreased rates and severity of substance use, fewer incidences of the associated violence and crime, decreased transmission of HIV and Hepatitis C, and decreased needle sharing, while increasing rates of safer and controlled substance use and attendance to treatment.\(^6\)\(^7\)\(^8\) Aboriginal people with addictions benefit from harm reduction because it allows for safer substance use as they are welcomed back into the community circle, reconnected with their culture, and guided through their healing journey. This holistic approach to substance abuse treatment is beneficial not only to the individual, but to the community as a whole.

**Facilitation of Further Community Empowerment, Development, and Change:**

The commitment of the Friendship Centre Movement to ensuring a better quality of life through self-determined activities is met by encouraging community members to provide input into the development of harm reduction policies and strategies. Not only are community-driven strategies more likely to be successful, but they also provide an opportunity to facilitate the empowerment and development of urban Aboriginal people and may empower those with addictions to participate in self-directed harm reduction outside of Friendship Centres. Policies that deny access to individuals under the influence do not take into account the value of inclusion, acceptance, and access to resources as an individual moves through the Hierarchy of Needs Medicine Wheel.

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\(^6\) Ibid, 124-127.  
\(^7\) Colleen Anne Dell and Tara Lyons (2007), *Harm Reduction Policies and Programs for Persons of Aboriginal Descent.* Ottawa, ON. Canadian Centre on Substance Abuse: 8-11.  
Teachings on their journey of healing. Participation in the community and a commitment to self-responsibility will improve the health and well-being of people with substance abuse issues and may lead to the reduction or elimination of their substance use.

Friendship Centres should facilitate community education about harm reduction so that community members have the knowledge necessary to be involved throughout the development and implementation process. Education and inclusion will also empower the community to work toward improving the health, well-being, and safety of its members, and may lead to beneficial collaborations and partnerships within the community. The combination of education and collaboration will encourage positive growth and development for individuals with substance abuse issues and the community as a whole.

**Welcoming Substance Users Back Into the Community Circle:**

The implementation of harm reduction strategies in Friendship Centres would allow for the provision of safe, welcoming spaces for all urban Aboriginal people by allowing those suffering from addictions to be part of the Friendship Centre Movement. This participation will decrease the stigma associated with substance abuse by welcoming those with addictions into the community circle, thereby facilitating individual and collective healing.

When a person struggling with substance abuse is accepted as a valued member of the community and held within the community circle, their healing is holistically facilitated through the ability for them to reconnect to their culture, family, and land. This means that they will possess a strong base to rely on throughout their healing journey and beyond. Harm reduction is beneficial in that it would allow for Friendship Centres to protect the safety of the community while promoting Aboriginal values and individual healing.

**OVERCOMING BARRIERS AND MITIGATING RISK**

An informed discussion of the barriers and common reasons for resistance to harm reduction is essential for the development and implementation of effective strategies, and as such, each Friendship Centre should undertake a detailed evaluation of its own community-specific barriers before attempting to introduce a harm reduction strategy. In general, many communities are resistant to the method due to the misguided belief that harm reduction is incapable of reducing or eliminating substance use and will result in increased usage and risk. The introduction of harm reduction strategies may also represent a difficult transition from the status quo for those communities where

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substance abuse programs were developed during a time when abstinence was the only option. Each of these barriers can be overcome with education and training for service providers and community members. The following sections provide possible solutions for common objections to harm reduction.

SWEEPING AWAY MISCONCEPTIONS

“Harm reduction is not compatible with abstinence.”

Harm reduction can be the first step on a journey that includes relapse, continued use, and eventual abstinence, and may represent an easier and more effective transition than immediate abstinence. Friendship Centres should ensure that community education and training materials include an explanation of the full healing continuum that harm reduction represents. For a diagram of this continuum and examples, refer to Appendix 2.

“Harm reduction increases rates of substance abuse.”

Harm reduction strategies serve to decrease risks and do not result in an increase in substance abuse. Education and training materials distributed by Friendship Centres should include concrete examples and explanations of the relationship between harm reduction and safer, reduced, or eliminated substance use. For resources, please see the documents in the “Sources Cited” section of this paper.

“Harm reduction is a way of shaming substance users.”

Rather than shaming substance users, harm reduction allows them to mitigate the risks of their actions while becoming a valued member of the community. Education that clearly identifies the links between Aboriginal worldviews, the goals of the Friendship Centre Movement, and the central tenets of harm reduction would serve to remind the community of the importance of respect, self-determination, and non-judgemental acceptance. By allowing individuals to make their own decisions regarding substance use while providing them with the resources necessary for safety, harm reduction strategies will reduce the stigma often associated with substance abuse.

“Friendship Centres will be seen as condoning substance abuse if they allow access to those under the influence of alcohol or drugs.”

The community must be made aware that Friendship Centres would allow access to those under the influence of alcohol or drugs as a way to encourage safer, reduced, or eliminated substance use. Education materials should be distributed to inform the community that the principles of harm reduction do not condone substance abuse but rather recognize it as a predictable behaviour in society with associated risks that must be reduced to protect the safety of all community members. Teachings about the
Hierarchy of Needs Medicine Wheel could be used to show the community that harm reduction provides the most basic human necessities to those struggling with addictions with the eventual goal of reducing or eliminating substance use.

CAPACITY FOR HARM REDUCTION

“Friendship Centre policy states that people under the influence of drugs or alcohol are not allowed to access services.”

Friendship Centres can help to ease worries about policy changes that may result from the introduction of harm reduction strategies by allowing community members and workers to have input during the development and implementation stages. Additionally, education that clearly identifies the links between the goals of the Friendship Centre Movement and the central tenets of harm reduction would serve to reassure the community that changes in policy may be necessary and ultimately beneficial. Individuals must first be able to access the basic necessities of life before they can move through the Hierarchy of Needs Medicine Wheel, and harm reduction strategies help them to overcome this first step.

“Friendship Centres do not have the capacity to provide safe physical spaces to allow those with addictions access to programming.”

An empty office or meeting room with a door to close could be used for after hours or day programming, or partnerships could be made with local shelters, housing units, and other community service providers to allow Friendship Centre workers to facilitate programming with individuals or groups at these locations. A consistently unused office or meeting space could be transformed into a designated “safe space” for individuals with substance abuse issues to access throughout the day as they deem necessary, for a place to rest, eat, or access services. Any space that is used for harm reduction must be conducive to the safety of the worker, the individual, and other program participants.

“There is no funding for harm reduction.”

While funding for addiction-related programming has decreased at the federal level, communities and Friendship Centre workers should be made aware that it has actually increased at the provincial level. Most supplies are accessible through provincial public health units and requests for federal funding are more likely to be approved if alternate terms for ‘harm reduction’ are used (such as ‘secondary risk reduction’). Furthermore, the federal government’s recent decision to keep Oxycodone on the market means that the need for harm reduction initiatives will continue to increase in the future.
SAFETY AND RISK

“Harm reduction is a safety concern.”

Community members and Friendship Centre workers should be involved in the development of plans (alternate rooms, emergency contacts, contingency plans) to protect the safety of workers, other program participants, and the community during the implementation of harm reduction strategies. Additionally, any education offered to the community should include overviews of the ways that harm reduction reduces the risks to the individual, family, and community. For example, sharps boxes in bathrooms reduce the risk of accidental injury by storing needles safely and out of reach.

“Violence levels will increase if Friendship Centres use harm reduction to address substance abuse.”

The risk of violence can be elevated by denying access to individuals with addictions, particularly if they are in a state of crisis, and harm reduction has been shown to result in an overall decreased risk of violence associated with substance abuse. Programs that include educational components will be able to address these concerns by clarifying the roles of inclusion and access to resources as a part of the healing journey. An effective harm reduction strategy will include methods for protecting the safety of community members, Friendship Centre workers, and other program participants.
DEVELOPING A HARM REDUCTION POLICY

The following numbered list outlines the steps necessary for the creation of an effective Harm Reduction Policy.

1. Define harm reduction (and the name by which you will address it, if not “harm reduction”) by agreeing with your staff on a clear, accurate definition that aligns with the goals of your Friendship Centre. Refer to the documents in the Sources Cited section at the end of this paper for more information about harm reduction.

2. Develop your policy statement. This statement should include your definition of harm reduction, a statement of commitment to harm reduction from your Friendship Centre, an explanation of the measures your Friendship Centre will take to implement its harm reduction strategy, and an acknowledgment that your Friendship Centre recognizes that there is a continuum of harm associated with substance abuse and that your harm reduction strategy is flexible in meeting these varying needs. Lastly, ensure that your policy reflects the principles of harm reduction (see Appendix 2).

3. Share your Harm Reduction Policy with Friendship Centre staff and inform them of the main principles of harm reduction (see Step 3 of the next section, “Developing a Harm Reduction Strategy”).

4. Based on community and staff consultations, briefly outline the harm reduction initiatives (these will be expanded on in your strategy) that your Friendship Centre would like to include in its harm reduction strategy.

5. Implement the policy and review its effectiveness regularly, making changes as necessary. For examples of harm reduction policies, please refer to Harm Reduction Information Kit for Professionals Working with At-Risk Populations.

Once a harm reduction policy has been developed, it is possible to begin the creation of a strategy. While a policy provides a statement to elucidate the issue at hand, a strategy should be seen as an action plan meant to realize change in the direction that the policy has established.

DEVELOPING A HARM REDUCTION STRATEGY

The following numbered list outlines the steps necessary for the creation of an effective Harm Reduction Strategy.

1. Define the community and/or geographical area to be targeted by the Harm Reduction Strategy. For Friendship Centres, the target demographic will be urban
Aboriginal people, but it would be beneficial to include the age groups and genders that will be focused on. This will largely depend on the substance abuse trends and needs within each Friendship Centre community and on the desires of the urban Aboriginal community itself. Friendship Centres will also need to decide if their harm reduction strategies and policies will be implemented solely within the Friendship Centre or if they should join forces with external community agencies (Aboriginal or non-Aboriginal) and/or the municipal government.

2. Identify potential partners (ex: community service providers that also deal with your target population, like the Children’s Aid Society, police, hospital, etc.). Invite these partners to join a task force that would be developed by the Friendship Centre, or join an existing task force and request to add harm reduction to its agenda. Many Friendship Centres sit on community boards or associations, and if these groups have the capacity to address issues like substance abuse, the Friendship Centre could request that they consider harm reduction as a method.

3. Educate the Friendship Centres and urban Aboriginal community about the principles of harm reduction, in that it:

- “Recognizes the intrinsic value and dignity of human beings;
- Seeks to maximize social and health assistance, disease prevention, and education, while minimizing repressive and punitive measures;
- Recognizes the right for comprehensive, non-judgmental medical and social services and the fulfillment of basic needs of all individuals and communities, including users, their loved-ones and the communities affected by drug use;
- Does not judge licit and illicit drugs and drug use as good or bad, rather it looks at people’s relationship to drugs, emphasizing the reduction of drug-related harm and the encouragement of safer drug use;
- Recognizes the competency of users to make choices and change their lives, including their drug use;
- Demands that the individuals and communities affected by drug use be involved in co-creation of strategies for harm reduction interventions and programs;
- Expects accessible, flexible, non-judgmental drug treatment;
- Supports accessible syringe exchange and the supply of sterile drug using and safer sex equipment; and
- Challenges current drug policies and their consequences, such as misrepresentations of drug users and misinformation about drug use.”

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4. Become experts about your target population. Although Friendship Centres are proven experts on the history and needs of urban Aboriginal communities, it is important that all staff members are informed about the substance abuse issues that affect their community, the role and definition of harm reduction, and how a Friendship Centre harm reduction strategy will be beneficial in addressing substance abuse issues.

5. Clearly identify and define the needs that will be addressed through your harm reduction strategy. The meaningful input of those most affected by substance abuse will improve the ability of your harm reduction strategy to address their primary issues and concerns.

6. Develop an action plan that includes goals and objectives to be reached through implementation of your strategy. Include a description of the target community, the needs you will meet, the services that you will provide to meet these needs, and an evaluation framework to measure the success of your strategy and to highlight its outcomes, impacts, strengths, and weaknesses. The evaluation framework will assess the usefulness of your strategy in enhancing the well-being of the community, Friendship Centre, and target population.

7. Develop or obtain the necessary resources and implement your harm reduction strategy. Evaluate the strategy often, make changes as necessary, and gather feedback from the community, target population, and staff to inform these changes.

Friendship Centres should be prepared for resistance to the implementation of a harm reduction strategy and should take this into consideration when formulating their action plans. It would be beneficial to invite those in opposition to meetings during the planning stages so that Friendship Centres have the opportunity to provide education and promote the benefits of harm reduction. Self-determination is necessary in order for strategies to be successful, and community input is a valuable resource to illuminate the strengths of the urban Aboriginal community, properly identify and prioritize community needs, ensure adherence to the goals of the OFIFC and Friendship Centres, and to avoid the implementation of standardized strategies that may not be effective in Friendship Centre communities.11,12,13

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13 Ibid, 8.
CONCLUSION

The issue of substance abuse in urban Aboriginal communities stems from a history of cultural assimilation and the resulting systemic racism, cultural isolation, and socioeconomic hardship that are reality for many urban Aboriginal people in Ontario. The introduction of harm reduction strategies to Friendship Centre communities will provide a way to address the root causes of substance abuse while improving the safety and well-being of individuals and their respective communities. In addition, harm reduction methods will serve to reconnect individuals with the cultural values and beliefs that have been stolen from them throughout years of colonization and repression. The potential costs and risks of implementing harm reduction strategies are greatly overshadowed by the long-term consequences of continued substance abuse and cultural isolation in urban Aboriginal communities, and it is likely that the persistent use of standardized methods to address substance abuse will not prove to be effective.
APPENDIX 1: EXAMPLES OF HARM REDUCTION STRATEGIES TO ADDRESS SUBSTANCE ABUSE

The following diagram represents the continuum of services available through harm reduction to address substance abuse in Aboriginal communities.

Diagram 1. Harm Reduction Continuum of Services

**Mobile Community Outreach and Peer Support:**
Education initiatives discuss overdose prevention, safe injection practices, the dangers of needle sharing, and safe sexual practices. The *Healthy Lifestyles Project* at M’Chigeeng Health Services in Ontario provides community-based substance abuse education that discusses holistic healthy-living, education, and skill building strategies that are rooted in re-building or maintaining community connectedness. Mobile outreach can be peer-support based (ex: Friendship Centre staff meeting individuals outside of the Centre to provide support and counselling) or focus on providing safe substance use materials (ex: safe injection kits, condoms, etc).
Supportive Counseling and Peer Support:
Supportive counseling is currently offered at Friendship Centres through the Alcohol and Drug Worker Program (and soon with the new Aboriginal Mental Health and Addiction Worker Program), but these services are not offered to those under the influence. To allow access to those under the influence, these services would need to include safe spaces within the Friendship Centre to provide counselling and peer support in group or one-on-one sessions.

Day and After Hours Programming:
Moving forward from supportive counseling and peer support, day and after hours programming specifically for those with addictions would allow for group and individual programming (ex: drum circles, talking circles, sweat lodges, etc) in a safe space within the Friendship Centre and with the proper human resource supports in place to address issues should they arise during programming.

Short-Stay Residential Services:
Short-stay residential services like those offered by the Gerstein Centre are not medically-based and involve no treatment. These services are offered to provide a safe space for homeless individuals struggling with addictions. This service provides access to basic human necessities, counseling and peer supports, safe accommodations, and referrals to treatment.

Supply and Regulation Management and Product Alteration:
Supply management either extends or limits access to alcohol in communities by selling alcohol earlier in the day to reduce the use of more harmful substances containing alcohol (ex: rubbing alcohol or mouthwash) or controlling the amount individuals can purchase (ex: implementing standard weekly per-capita allowances). The Mattagami First Nation in Ontario implemented a policy that requires a Special Occasion Permit and Band approval to supply alcohol in only one building at a time so long as there are non-alcoholic beverages available, properly trained staff, no sale to and/or discharge of intoxicated persons, and that no “last call” exists to limit binge-style drinking. The Vancouver Area Network of Drug Users’ Western Aboriginal Harm Reduction Strategy provides beer to those who would otherwise get alcohol from more dangerous sources.

Safe spaces to consume alcohol eliminate the threats that individuals can face while drinking (ex: fire, water, and cold weather), reduce the rates of alcohol-related arrest, ensure accessibility to medical aid in case of overdose, and allow consumption at slower rates. Sobering-up shelters, homeless shelters, and detoxification units (“drunk tanks”) are used as alternatives to the incarceration of urban Aboriginal people and police provide transportation to any of these services. Many Aboriginal communities have partnered with private sector companies from a corporate responsibility perspective to participate in harm reduction initiatives. Examples include the production
of non-glass containers to hold alcohol or the use of Opal fuel (in Australia) as opposed to British Petroleum because it contains fewer harmful solvents when inhaled.

**Needle Exchange Programs, Anonymous HIV Testing, and Condom Distribution:**

Needle exchange programs reduce needle sharing and the transmission of HIV and Hepatitis C among injection drug users. Canada has been using needle exchange programs since 1987, but their availability in rural areas needs to be increased.\textsuperscript{14,15} A report by the Ontario Needle Exchange Coordinating Committee resulted in the development of the more than one hundred needle exchange programs that exist in Canada (on- and off-reserve). Each of Ontario’s thirty six Public Health Units run needle exchange programs through OHRDP and provided over three million clean needles in 2006 alone.\textsuperscript{16} The All Nations Hope AIDS Network in Saskatchewan and the Aboriginal Strategy for HIV and AIDS in British Columbia are examples of harm reduction in Aboriginal communities that aim to reduce the transmission of HIV and Hepatitis C from needle sharing, and an example of a successful urban Aboriginal needle exchange program is that of the Quesnel Tillicum Society Native Friendship Centre in British Columbia. Anonymous HIV testing is successfully offered in many communities and is important considering that the OHRDP final report found that certain health regions (Algoma, Ottawa, Thunder Bay, and Sudbury) have significantly higher than average rates of HIV and that twenty one out of the twenty six Ontario health regions had rates of Hepatitis C greater than forty per cent due to injection drug use.

**Methadone Maintenance Treatment Programs:**

Methadone blocks the effects of injection drugs such as heroin to allow for detoxification and withdrawal. Low- and high-threshold methadone programs aim to reduce and/or eliminate the need for drug use by injection and allow for the stabilization, improved health, and social integration of drug users. Production and sale of methadone is administered through the federal Office of Controlled Substances and doctors need to obtain an exemption under the *Controlled Drugs and Substances Act* in order to prescribe it. The Ontario Addiction Treatment Centres Network runs forty four *Methadone Maintenance Treatment Programs*, but demands are still not being met. The Mi’kmaq Friendship Centre in Nova Scotia offers a low-threshold methadone treatment program called *Direction 180*.

**Supervised Injection and Alcohol Consumption Sites and Bleach Distribution:**

Bleach distribution and supervised injection sites reduce the risk of infection through

\textsuperscript{14} Colleen Anne Dell and Tara Lyons (2007), *Harm Reduction Policies and Programs for Persons of Aboriginal Descent*. Ottawa, ON. Canadian Centre on Substance Abuse: 10.


needle sharing, deaths, overdoses, and public exposure to substance use. Insite, in Vancouver, is the only supervised injection site in Canada. The federal government called for its closure after its inception in 2003, but the Supreme Court declared that closure of Insite would jeopardize the life and safety of its clientele. In 2012, a report by Bayoumi et al (the most comprehensive of its kind) recommended that Ontario implement five safe injection sites: three in Toronto and two in Ottawa. Ontario declined, but the City of Toronto is not opposed to the idea and there is no regulation saying that municipalities cannot request funding from the federal government to do so. Supervised injection sites and needle exchange initiatives also provide safer injection kits (that include alcohol swabs, cookers, sterile water, cotton filters, needles, syringes, tourniquets, injecting tips, and Vitamin C) and inhalation kits (that include alcohol swabs, a glass pipe and rubber mouth piece, heat resistant metal screens, chopsticks, and lip balm) free of charge.

**Services Specific to Women (across the continuum):**
Aboriginal women have unique needs based on their differing experiences of family violence, sexual harassment, inequality, single parenting, poverty, and rates of HIV transmission. As a result, many Aboriginal communities have developed programs specific to women. The *Sisters in Spirit* and *Sheway* programs (with an almost eighty per cent Aboriginal clientele) assist women with substance abuse issues during pregnancy.  

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APPENDIX 2: HIERARCHY OF NEEDS MEDICINE WHEEL

Diagram 2. The OFIFC’s Hierarchy of Needs Medicine Wheel.
APPENDIX 3: ABSTINENCE AND SUBSTANCE ABUSE

The following is a reinterpretation of the “Continuum of Use” chart from the Boyce and Sapp’ harm reduction presentation to the Ontario HIV and Substance Abuse Training Program:

![Diagram 3. Continuum of Use in Regard to Substance Abuse.](image)

Examples of Aboriginal organizations that successfully incorporate harm reduction into their abstinence-focused care are the All My Relations program, the Mamisarvik Healing Centre, and Anishnawbe Health Toronto.\(^{18,19}\)


\(^{19}\) Ibid, 127.


Boyce, Nick and Sapp, CC. Harm Reduction. Presentation by the Ontario HIV and Substance Use Training Program, June 2012.


Kirst, Marrit. Introduction to Substance Abuse Issues in Canada: Pathways, Health Implications, and Interventions. Presented at the Summer Institute on Health Inequities and Urban Health by the Centre for Research on Inner City Health at St. Michael's Hospital, June 2008.


