

An Environmental Scan of Service Adaptations in Community-Based Harm Reduction Services for Indigenous Peoples in Response to the COVID-19 Pandemic

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Savannah Swann², Caterina Kendrick¹, Carly Welham², Sugandhi del Canto¹, Elaine Hyshka³, Holly Mathias³, Valerie Nicholson⁴, Emily Carson⁵, Dylan Richards¹, Juanita Lawson⁶, Jason Mercredi⁷, Brian Lester⁸, Scott Elliott², Margaret Kisikaw Piyesis¹, Patrick McDougall², Renée Masching¹

¹ Communities, Alliances & Networks (CAAN; formerly the Canadian Aboriginal AIDS Network), Fort Qu'Appelle, SK, Canada; ² Dr. Peter AIDS Foundation, Vancouver, BC, Canada; ³ University of Alberta School of Public Health, Edmonton, AB, Canada; ⁴ British Columbia Centre for Excellence in HIV/AIDS, Vancouver, BC, Canada; ⁵ Interagency Coalition on AIDS and Development, Ottawa ON, Canada; ⁶ NorWest Community Health Centres, Thunder Bay ON, Canada; ⁷ Prairie Harm Reduction, Saskatoon, SK, Canada; ⁸ Regional HIV/AIDS Connection, London ON, Canada

Our study team is located on the Indigenous lands of what is otherwise known as 'Canada'. A patchwork of unjust treaties and outright taking and commodifying of lands were core components of how Canada, as we experience it today, came to be. We each have our own relationships with the territories on which we live, the histories we are connected to, and the responsibilities we have in addressing the health and wellbeing of the lands and communities we are part of. Collectively, the study team is humbly working to cultivate a spirit of ethical relationality, and to honour the diversity of Indigenous Nations and peoples upon whose territories we reside. You can learn more about the land on which you live, work and play here: <https://native-land.ca/>



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Background

- ❖ Indigenous values of **relational care** and **social connections** are foundational to harm reduction (HR) programming and inform responses to the disproportionate health and social impacts of HIV, the drug poisoning epidemic, and COVID-19 upon Indigenous people.
- ❖ Access restrictions and physical distancing requirements to limit the spread of COVID-19 have impeded access to **culturally responsive Indigenous harm reduction (IHR) services**.
- ❖ These intersecting pandemics have created an urgent need for frontline organizations to adapt in order to meet and walk with Indigenous participants where they are at.

Objectives

CAAN and the **Dr. Peter AIDS Foundation** have brought together decades of experience in community-based harm reduction and knowledge translation to identify:

1. How harm reduction programming for Indigenous people has been impacted by COVID-19
2. Successful adaptations that Indigenous and non-Indigenous frontline organizations have made to provide HR services in the context of COVID-19
3. Resources to address harm reduction service gaps that impact Indigenous people

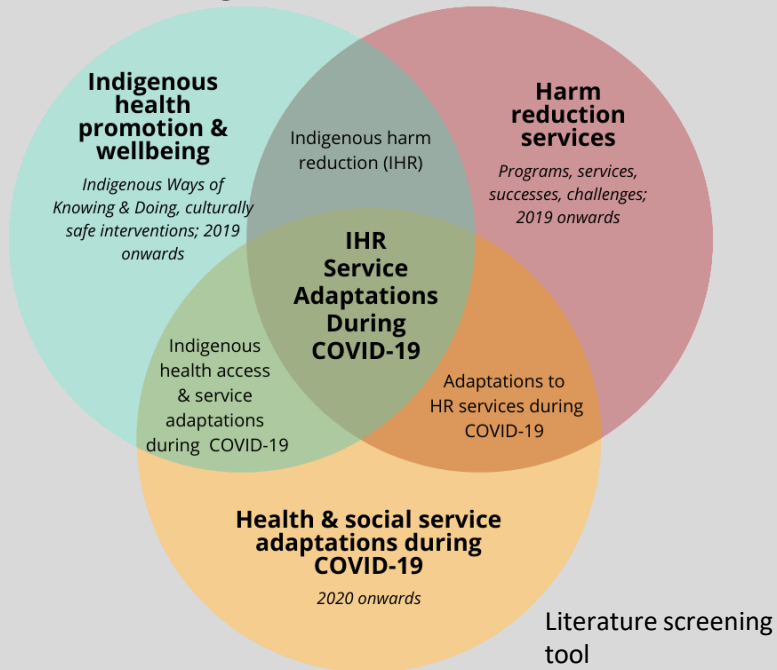
The results of this environmental scan will offer a real-time evidence base, in the form of a **Wise Practices Asset Map**, to support frontline organizations to implement **context-specific, stigma-free, and culturally safe** IHR programming during COVID-19 and beyond.

Methodology



Literature Review

This study employs a rigorous, state-of-the-art literature review of peer-reviewed and grey literature, using the PRISMA framework



Regional Sharing Circles & Key Informant Interviews

- ❖ One virtual sharing circle per region: **Pacific, Prairies, Ontario, Quebec, and Atlantic**
 - **5-10 participants** per circle
 - Participants include service providers & participants at frontline HR organizations, recruited via purposeful snowball sampling
- ❖ **10 individual interviews** (~2 per region)
- ❖ An additional **6 interviews in the Northwest Territories**, where services are limited

CAAN's Elders in Residence and the DPC's Indigenous Cultural Workers are supporting non-Indigenous allies on the study team by:

- Opening sharing circles with ceremony
- Better ensuring cultural safety in the virtual space
- Supporting learning to honour sharing circle protocols from various First Nations and Metis communities
- Ensuring sharing circle conversations are trauma-informed and rooted in loving kindness¹
- Providing debrief support to participants, if needed

The original study design began with a literature review. Recognizing the value of having community conversations shape the lens through which we interpret literature, we pivoted to conduct the literature review concurrently with Indigenous Ways of Knowing and Doing, offering a **Etuaptmumk (Two-Eyed Seeing)** approach to knowledge synthesis.

“When we’re doing a scoping review... we need to start from a place that understands that information from the worldviews and perspectives of the people who originally created it.” - Chambers et al., 2018, pg. 181

¹ CAAN & ICAD, 2019a; CAAN, 2008)

Preliminary Findings

Based on preliminary review of the literature and interviews, promising innovations to harm reduction services for Indigenous people during COVID-19 include:

Culture as Harm Reduction

- ❖ Centering **land-based healing** in IHR programming (e.g., food gathering, Medicine Walks, and planting, picking, & bundling of traditional medicines)¹
- ❖ **Revitalization of language** (e.g., Indigenous language classes, signage) at CBOs²
- ❖ **Cultural activities** (smudging, singing, dancing, drum-making, arts-based activities, traditional foods)³
- ❖ Strengthening community wellness through **mentorship** & **relationship-building** (Elder & Knowledge Carrier visits, talking circles, storytelling)³
- ❖ Embracing **wholistic well-being** (physical, mental, emotional, spiritual)⁴
- ❖ Respecting dignity, agency and self-determination through **non-interference** and **strengths-based care**

Strengthening Allyship among Non-Indigenous HR Service Providers

- ❖ **Nurturing partnerships** with culturally relevant supports (e.g., local Friendship Centres)⁵
- ❖ Indigenous Peoples are not a monolith; culturally safe HR practices should be created and led by the Indigenous community they serve
- ❖ Making time to understand the harms of colonialism and **unique Indigenous histories** with a humble posture of learning. Prioritize **cultural humility & trauma-aware practice training**^{3,5}
- ❖ Supporting the creation of autonomous and self-determining local Indigenous organizations²
- ❖ **Meaningfully engage** with local community to create and uphold **Indigenized policies**, rooted in **restorative justice** and **Indigenous Knowledges**⁴
- ❖ Explicitly identify services as culturally safe through artwork, signage, staff representation, policies, and procedures⁵

Accessible HR Adaptations during COVID-19

- ❖ Harm reduction **kits** (needles & syringes, pipes, disposable cups, condoms)^{6,7}
- ❖ Low-barrier access to **OAT carries**⁷
- ❖ Indigenous-led **outreach** programs⁸
- ❖ **Culturally-informed safety planning** for those at risk of gender-based violence⁹

Potential Implications

- ❖ Indigenous harm reduction services that support **connection to kin, community and culture** are vital for meeting the needs of Indigenous people who use harm reduction services, particularly during COVID-19.
- ❖ Our wise practices asset map will facilitate the data-to-action trajectory of effective community pandemic responses.
- ❖ This evidence base will be used to develop a suite of capacity-building resources for harm reduction services as part of a five-year knowledge translation project.

“Indigenous harm reduction is love.”

- Traditional Knowledge Carrier, Wanda Whitebird

Contact 

Savannah Swann, MSc
sswann@drpeter.org

Caterina Kendrick, MES
CaterinaK@caan.ca

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