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Exploring harm reduction strategies for foster parents caring for youth who use substances

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I also acknowledge that, as a non-Indigenous academic, I represent institutions that have historically perpetuated colonialism and violence. I am grateful for all of those who so kindly took time to support me in my journey of understanding the history of this land, my own privileges, and finding my role in decolonizing myself, my practice, and my research.

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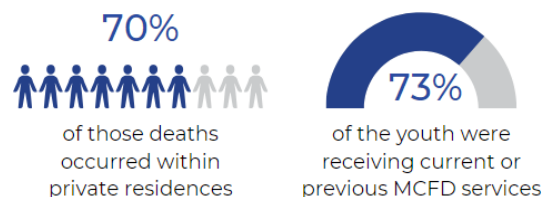


EXECUTIVE SUMMARY

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“If you’re in foster care, [foster parents] should know about substances. There’s zero tolerance in lots of [homes] but it should be like your family. You should be able to talk without anger or getting kicked out.” *Youth Voices* (RCY, 2018)

Currently in British Columbia (B.C.), drug toxicity is the number one cause of death amongst children and youth aged 10-18 years old, and about 24 young lives are lost every year to substance use.



In the specific context of foster placements, young people claim to feel unsupported, unsafe, and insecure in opening up to their caregivers about their substance use and reaching out for help. They fear damaging their relationships, meeting with strong reactions and being removed from the home (RCY, 2018). On the other side, foster parents and caregivers often feel lonely, overwhelmed, and unprepared to care for young people who use substance, fearing the consequences of the increasingly high rates of drug toxicity (McCune, 2016). Recommendations from policies, practitioners, the scientific literature, and substance users themselves point to harm reduction as an effective, responsible, and ethical framework to addressing this issue (Stowe et al, 2022; Provincial Health Services Authority, 2023).

HARM REDUCTION

A public health approach aimed at minimizing the negative consequences associated with risky behaviors such as substance use. It centers lived experience, care, autonomy, decriminalization, and destigmatization, reducing barriers to service access, safe consumption, education, and social support. It dialogues with cultural safety, trauma and violence informed care, and social justice practices (Provincial Health Services Authority, 2023).

Purpose

The purpose of this report is to present research findings on existing harm reduction strategies for foster parents caring for youth using substances, including specific considerations and implications for Indigenous (First Nations, Métis, and Inuit) youth, and to formulate recommendations for social workers, policy makers, and researchers to support these practices.

Stakeholders

This research was done in collaboration with academic supervisors from the University of Victoria, sponsors from the Child and Family Services Office for Victoria- Victoria Resource Team, and key-informants from the Canadian Institute for Substance Use Research (CISUR) and the BC Coroner Services.

Method

A jurisdictional scan was conducted on government websites and foster parent's associations in BC, Alberta, and Ontario, and generated 41 documents that addressed the following research questions:

- How can foster parents care for children and youth in foster placements who use substances, through a harm reduction approach?
- What specific implications/considerations should be made for Indigenous (First Nations, Métis, and Inuit) youth in care?

Analysis

The data analysis showed that the underlying principles of harm reduction are inherently aligned with the values and the "Circle Process" of the Aboriginal Policy and Practice Framework (APPF), which were used to frame the findings outlined in this report (Aboriginal Policy and Practice Framework in British Columbia, 2015).

MAIN FINDINGS

'Our shared context'

It is essential to understand substance use in relation to the larger social/cultural/historical contexts, including the intersections of colonialism, racism, social injustice, and stigma. Having open conversations with youth about these issues can help foster critical thinking about their own use, and about social diversity and social justice issues involved in substance use.

“Instead of asking, ‘How can we stop this [substance-related injuries] from happening, we should be asking, ‘WHY is this happening?’” *Youth Voices*. (RCY, 2018)

'Gathering the circle'

It is crucial both for caregivers and youth in their care to be connected with trusting family, peers, community, social workers and healthcare providers. Fostering positive and trusting relationships with others, the community, and the culture can have a positive impact in creating healthier relationships with substance use and to oneself.

'Creating Security, Belonging and Well-Being'

The central aspects of caring for young people using substance are fostering trust and belonging in the relationship with their caregivers. Harm reduction is a relational approach, so open communication, empathy, trust, and safety are fundamental values to be nourished between caregivers and youth in their care. In this sense, caregiver's health and wellbeing should also be a priority.

“You need that one person who won't give up on you.” *Youth Voices*. (RCY, 2018)

“I'm not going anywhere, but in the same breath it is hard to be here.” *Kerry, caregiver*. (McCune, 2016)

‘Listening, Assessing and Finding Solutions’

Open, supportive, and non-judgmental listening is fundamental to strengthening the relationship and caring for young people. By focusing on reducing the harm and stigma, and not the behavior, and centering young people’s rights and voices in decision-making, harm reduction strategies might be different than the mainstream responses to substance use. Caregivers should examine their own biases, beliefs, and personal relationship to substance -the first step to truly listen to the youth in their care; creating an environment where youth can truly open up, examine their relationship to substance, and propose alternatives. There is no one-size-fits-all harm reduction strategy, caregivers should be open to the youth’s knowledge, goals, and wishes, centering their self- determination and autonomy in finding solutions.

‘Keeping the circle strong’

Caring for youth using substances must also include planning, supporting, and keeping the circle strong during and after they transition out of care. When asked about reasons to start using substances or using it in a riskier way, older youth in foster placements frequently pointed out to challenges related to transitioning into adulthood (RCY, 2018).

“Aging out and all the uncertainty about the future can lead kids to be using drugs to cope.” *Youth Voices* (RCY, 2018).

“Culture helps you to have a sense of belonging, a sense of identity.” *Youth Voices* (RCY, 2018).

Caring for Indigenous Youth

Colonialism and its ongoing violence have a close relationship to substance misuse; working actively towards decolonizing the welfare system is key to caring for Indigenous youth. Connecting with culture can be a critical component for healing and creating healthier relationships with substance.

RECOMMENDATIONS - ‘Our shared mission’

Social Workers

1. Examine biases and assumptions about substance use.
2. Work actively to deconstruct stigma and being open to learning and understanding harm reduction as a philosophy.
3. Seek evidence-based education on substances and harm reduction. Prioritize
4. creating a safe and open relationship with the youth and the caregivers.

Researchers

1. Invest in research that amplifies foster parent’s experiences caring for young people; and young people’s experiences using substance in foster placement.
2. Examine how existing policies and foster parents’ guidelines align with harm reduction practices.
3. Compile, in an accessible way, the available resources for caregivers and young people in the province.

MCFD/ Policy Markers

1. Provide evidence-based and personalized education for social workers and foster parents on substance use and its effects, harm reduction principles and practices, and the broader cultural, historical, and social context in which they are embedded.
2. Include young people and foster parents in the creation and implementation of policies, programming, and practices.
3. Hire more staff and reduce work and caseloads, so that social workers and resource teams have the time and resources to re-examine their assumptions about substance use, learn about harm reduction and services available, and build meaningful relationships with the foster parents and caregivers.
4. Provide supervision for social workers and team leaders that is specific to the needs of youth using substance, and caregivers caring for them.
5. Partner with Indigenous communities and youth to create youth-friendly and culturally safe harm reduction services.
6. Promote ongoing opportunities for social workers and staff to engage in decolonizing practices.

CONCLUSION

Harm reduction is an effective and affective approach to substance use, that centers care, compassion, inclusion, and self-determination. It is a relational practice/approach that involves strengthening families and communities and promoting a sense of belonging. Harm reduction is well aligned with Indigenous ways of living than other linear, compulsory, moral, fear and abstinence-driven approaches to substance use (Indigenous Harm Reduction Team, n.d.).

Examining biases towards substance use and harm reduction, acknowledging the topic's complexity and nuances, and being open to truthful/open communication and education on substances are fundamental aspects of creating meaningful and respectful practices. Key aspects of caring for young people in foster placements whose substance use is connected to fostering trust, safety, and love in the relationship. Both caregivers and young people need to feel safe and supported to be able to open up, reflect, and envision healthier alternatives regarding substance use.

Background

In April 2016, the British Columbia (BC) Provincial Health Office declared illicit drug toxicity a public health emergency. Since then, despite generalized concerns about this issue, the number of illicit drug-related deaths and emergency events has continued to rise, surpassing 13,000 deaths.¹ A report released this year shows that, in 2023, BC had the highest number of illicit drug related deaths in history, 5% more than in 2022.² Currently in BC, it is estimated that as many as 225,000 people are at risk of unregulated drug injury or death, and with the persistently high mortality rates, there is an imminent risk of a generalized public desensitization to the magnitude of this crisis, as this prevailing devastation becomes the norm.¹

This public health emergency is not confined within a specific demographic or area. Deaths are observed in urban and rural/remote areas, in every health authority, with people from all socio-economic groups and in both youth and adults.¹ Despite the wide spread of the crisis, statistics show that Indigenous peoples and those living in poverty and with housing insecurity are disproportionately represented in the death rates, pointing to the fact that unregulated drug toxicity has a strong social, economic, and structural component.¹

With children and youth aged 10-18 years old in BC, drug toxicity is the number one cause of unnatural death.² In fact, about 24 young lives under the age of 19 are lost every year to substance use.³ More than 70% of those deaths occurred within private residences, and 73% of the youth were receiving or had previously received services offered through the Ministry of Children and Family Development (MCFD), including child and family services, guardianship services, youth services, youth justice, Child and Youth Special Needs (CYSN) and Child and Youth Mental Health.³ In addition to the statistics, the Representative for Children and Youth (RCY), through consultation with youth who use substances in the province, showed/identified that MCFD has a key role in addressing concerns related to substance use associated injuries and death.⁴

In the specific context of foster placements for youth who use substances, young people claim to feel unsupported, unsafe, and insecure in opening up to their caregivers about their substance use and reaching out for help. They fear damaging their relationships, meeting with strong reactions and being removed from the home.⁴ On the other side, parents and caregivers often feel lonely, overwhelmed, and unprepared to care for young people who use substance, fearing the consequences of the increasingly high rates of drug toxicity.⁶ This reflects back to MCFD's responsibility in supporting the needs of foster families, including resources, training, and relational support.

In response to the unregulated drug toxicity crisis and deaths, MCFD has joined multiple communities, families, counselling, mental health, and peer-support services, NGO's, health authorities, and ministries in a call for more responsive, responsible, caring, and effective ways of supporting young people using substances. The Victoria Resource Team, in direct contact with foster care homes, identified the need to investigate how foster parents can better care for youth using substances. This need was the initial motivator for the research presented in this report.

Due to the historical and ongoing impacts of colonization, violence, and racism, the genocide projects of residential school, Indian hospitals, and the systematic removal of Indigenous children from their families and communities, Indigenous children remain over-represented in the population in care to this day. This is a clear sign that, despite current efforts to reconciliation and decolonization of practices and services, social injustice, exclusion and generalized inequity are still ongoing.⁷

Harm Reduction

According to the RCY, youth with lived experiences of substance use identified harm reduction as the main desired and effective approach to substance use.⁴ Youth's voices are aligned with the recommendations from policies, practitioners, the scientific literature, and drug users themselves pointing to harm reduction as an effective, responsible, and ethical framework for addressing substance use.⁸⁻⁹ In terms of policy, harm reduction is currently one of the four pillars of the Canadian Drugs and Substances Strategy¹⁰, one of the main approaches of the BC First Nations and Aboriginal People's Mental Wellness and Substance Use 10 Year Plan¹¹, and has been pointed out by the BC Ministry of Mental Health and Addictions¹², First Nations Health Authority¹³ and the RCY⁴ as one of the main strategies to facing the current unregulated drug toxicity crisis.

Harm reduction is a public health approach aimed at increasing safety and minimizing the social, health, economic, and legal negative consequences associated with risky behaviors, such as substance use. It is focused on reducing the risk and the harm, and not necessarily at reducing the behavior. This means increasing evidence-based education about substance use, centering self-determination, and autonomy, and creating personalized goals and actions that might or might not include abstinence.¹³

Harm reduction contextualizes substance use and its potential harms in relation to broader social, historical, legal, and cultural systems. This means recognizing oppression, inequities and social injustice in shaping who uses substance, when, which, where, how much, and the associated harms.¹⁴ A comprehensive harm reduction approach investigates, in addition to the risks posed by the substance use to one's health, the social risks of stigma, exclusion, and barriers to health services, and the legal risks of current Canadian drug policy.¹⁴

This approach is often associated exclusively with substance use, yet it is a practice embraced by most

people on a daily basis. We frequently find ourselves navigating potentially risky situations, assessing the associated hazards, and consciously selecting actions to minimize or mitigate them. Some examples of daily harm reduction strategies include:

- “Driving/riding in a car – seat belts, traffic laws, headlights/signal/brake lights
- Riding a bike – bike lanes, helmets, brakes, traffic laws
- Walking – sidewalks, crosswalks
- Buying a coffee – regulations on holding temperatures
- Being out in the world during cold/flu season – washing your hands
- Being outside on a hot, sunny day – using sunscreen/hat, drinking water, sitting in the shade
- Being on the water in a boat or canoe – wearing a life jacket, knowing about tides, knowing the weather forecast
- Drinking alcohol – eating food, drinking water, not driving
- Having sex – condoms, contraceptive practices.”¹⁴

Using a harm reduction approach means caring and creating safety for all, regardless of their choice to stop or continue the potentially risky behavior. A harm reduction approach fights against judgment, shame, stigma, and exclusion. In the context of substance use, harm reduction can be as diverse as:

- | | |
|--|---|
| • Having water available at parties | • Supervised substance consumption |
| • Eating before using substances | • Having Naloxone training and supplies |
| • Opioid substitution therapy | • Getting personal identification documents |
| • Safer injecting and smoking supplies | • Safe housing |
| • Needle exchange programs | • Fair minimum wage ¹⁴ |
| • Safe ride programs | |

Harm reduction centers lived experience, care, autonomy, decriminalization, and de-stigmatization, reducing barriers to service access, safe consumption, education, and social support. It dialogues with cultural safety, trauma and violence informed care, and social justice practices⁹, promoting human rights, self-determination, and informed decision-making.

Harm reduction strategies have been adopted worldwide and show meaningful and promising results in reducing the transmission of HIV, increasing knowledge on substance use, increasing access to health services, and reducing substance related injuries and incidents, including overdoses and deaths.¹⁵ Effective harm reduction policy and programming is cost effective, reduces health and social deficits, and has a positive impact on individuals, communities, and public health.

Purpose

As a result of: (1) the alarming number of youth involved in drug use-related deaths and emergencies, (2) the disproportionate rate of youth in-care affected by this issue, (3) the overrepresentation of Indigenous youth in care, and (4) the need to provide better support for foster parents and families, there is a great need for resources and knowledge on how foster parents can support youth in care using substances. The purpose of this report is to identify existing harm reduction strategies for foster parents caring for youth using substances, including specific considerations and implications for Indigenous (First Nations, Métis, and Inuit) youth, and to formulate recommendations for social workers, policy makers, and researchers to support this approach.

Research Questions

To guide the data collection, the MCFD sponsors (April Feduniw and Nadine Clarke) and I formulated two research questions:

How can foster parents care for children and youth in foster placements who use substances, through a harm reduction approach?

What specific implications/considerations should be made for Indigenous (First Nations, Métis, and Inuit) youth in care?

Method

To answer the research questions, I conducted a jurisdictional scan of public facing documents/resources in the provinces of BC, Alberta, and Ontario in the period between January and April 2024. The documents generated by the search were screened, and those that contained harm reduction strategies that could be used by foster parents caring for youth using substances were included in the final sample. I analyzed the resulting 42 sources in their entirety. Table 1 represents the search strategy used in this jurisdictional scan.

Table 1: Search strategy

Year	Not Defined
Language	English
Jurisdictions	<ul style="list-style-type: none"> • British Columbia • Alberta • Ontario
Platforms/ data basis	<ul style="list-style-type: none"> • Google search engine

	Government, foster parents' associations, and health authorities websites from each of the jurisdictions selected
Search strategies for Google	"foster parent" or "foster family" or "foster care" or "child welfare" or "in-care" or "foster placement" AND "support" or "assistance" or "guide" or "recommendation" AND drug or "substance use" or misuse or abuse or "harm reduction" site: .ca, .bc.ca, .ab.ca, .on.ca
	"foster parent" or "foster family" or "foster care" or "child welfare" or "in-care" or "foster placement" AND "harm reduction" site: .ca, .bc.ca, .ab.ca, .on.ca
	"foster parent" or "foster family" or "foster care" or "child welfare" or "in-care" or "foster placement" AND "harm reduction" or "substance use" or "drug" AND British Columbia or Alberta or Ontario
	"caregivers" AND "youth" AND "harm reduction" or "substance use" or "strategies" or "drug" or "parenting"
Extra sources	Documents sent directly by MCFD sponsors, BC Coroner Services and CISUR key informants.

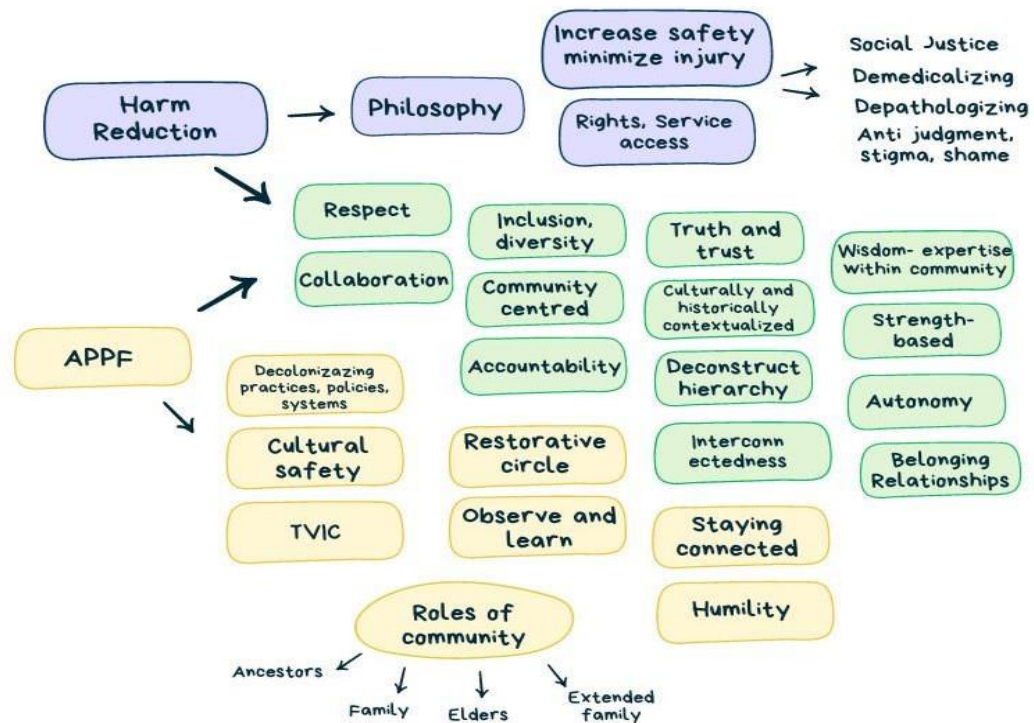
Prior to conducting my jurisdictional scan, I created a mind map to explore the complexity of the research topics and the intersecting factors that are at play in caring for youth in foster placements using substance. Refer to Appendix A for a full version of the mind map.

Throughout the research process, I met once every two weeks with my MCFD sponsors to discuss emerging findings and current practices, policies, and needs. I also met with the UVic instructor to discuss topics regarding conducting research in partnership with institutions and community services, knowledge mobilization, intersectionality, and to report on the research progress.

Analysis

My analysis of this data showed that the underlying principles of harm reduction are inherently aligned with the values and the "Circle Process" of the Aboriginal Policy and Practice Framework (APPF), which I used to frame the findings outlined in this report (Aboriginal Policy and Practice Framework in British Columbia, 2015)¹⁶. Figure 2 shows the intersections between harm reduction and APPF's principles and values.

Figure 2: Intersecting principles of Harm Reduction and the APPF



Note: By Costa, L.C.R. (2024), unpublished figure.

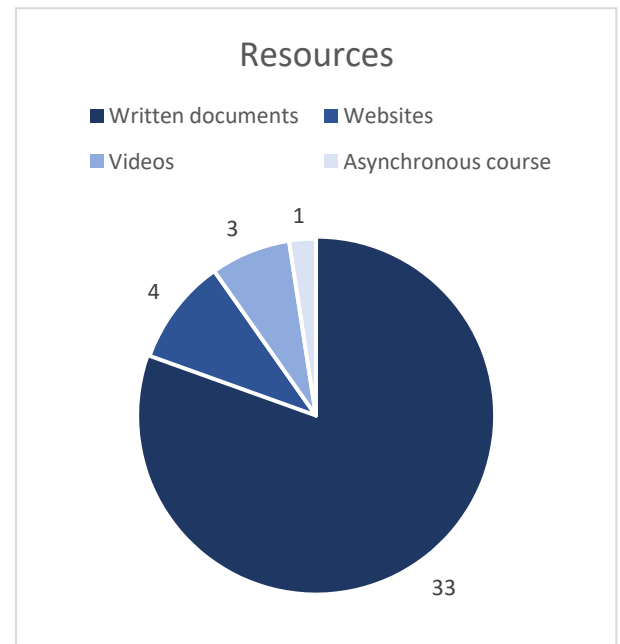
Tensions and Limitations

Before presenting the findings, I'd like to acknowledge the tensions and limitations that permeate this research. First, the search and analysis were limited due to time and language constraints – only documents in English were included, excluding sources in French and any Indigenous traditional languages. Second, only one of the documents found specifically included foster parents' voices, and other documents that contained caregiver voices and experiences did not specify if they were caring for youth in foster placements. Last, and perhaps more importantly, I would like to acknowledge that I am a non-Indigenous researcher with no lived experience of being in the child welfare system or caring for a young person using substances. As an outsider with a psychology and research background, I acknowledge the harms caused by the institutions that I represent to Indigenous peoples, children and youth in the child welfare system, and people using substances. I am also aware of the role of academia and Western-centric ways of knowing and learning in perpetuating colonization, pathologization, and exclusion. Therefore, conducting academic research does not necessarily align with the APPF¹⁶, or my commitment

to honoring lived experience. To address these tensions, I worked with my sponsors and instructors to learn about Canadian and MCFD's history of colonization and its ongoing violence, I practiced cultural humility, and drew from APPF's values and principles in writing this report. I am also open to feedback from anyone who engages with this report.

Findings

From the 41 resources included, 31 (76%) were from BC, 4 (10%) from Ontario, 4 (10%) from Alberta, and 2 (5%) were national resources adopted in all three provinces. All resources were published in the period of 2016-2024. The fact that the main researcher and all the key informants were located in BC and working in institutions within the province probably impacted the percentage of resources originating from this province. The resources included written documents (reports, research reports, toolkits, guidelines, policy briefs, Death Review Panel reports, workbooks, fact sheets, and parenting guidelines), websites, videos/video series, and asynchronous online course.



I organized and synthesized the key information about how foster parents can provide harm-reduction-informed care to youth using substance under 6 overarching themes: 'Our Shared Context'; 'Gathering the Circle'; 'Creating Security'; 'Belonging and Well-Being'; 'Listening, Assessing and Finding Solutions'; 'Keeping the Circle Strong'¹⁶; and Caring for Indigenous Youth. Figure 4 represents how the themes interact.

Figure 4: The Circle Process of caring for youth using substances



Note: By Costa, L.C.R. (2024), adapted from the APPF¹⁶. Unpublished figure.

‘Our Shared Context’

Environmental and social contexts are key factors shaping youth’s experiences using substances, but are often unaddressed in programs, services, and public health messaging.¹⁷⁻¹⁸ The literature showed that, when caring for youth in foster placements who use substances, it is essential to understand substance use as in relation to the larger social/environmental/cultural/historical context, intersecting with colonialism, racism, social injustice, intergenerational trauma, and stigma.¹⁷⁻²³ Youth themselves have shared that substance-related harm goes beyond individual characteristics, being influenced directly by connections with others, community, history, and culture.⁴ Additionally, having a critical reflection of how these spheres influence the child welfare system, and who is involved in it, is also fundamental in providing holistic, contextualized, and meaningful care.

Acknowledging and having open conversations with youth about how history and society can impact substance use, including colonialism, racism, stigma, patriarchy, heteronormativity, and social inequity can help to foster critical thinking about social diversity and social justice, their own use of substances, and ultimately support youth in making more informed decisions.^{20,24}

“Instead of asking, ‘How can we stop this [substance-related injuries] from happening’ we should be asking, ‘WHY is this happening?’ *Youth Voices*.⁴

Practices for foster parents

- Consider all the domains (biological-psychological-social-spiritual) when trying to understand a youth’s reasons for using substances.²⁰
- Use an equity-oriented lens.²³
- View addiction as a health and social issue, instead of moral or criminal one, that can result in complex personal health and social consequences, involvement with the law, and premature death.¹⁹
- Recognize connections between historical and ongoing trauma (such as colonialism, poverty, and violence) on the health of many people who use substances.¹³

‘Gathering the Circle’

The literature also showed that it is fundamental for both caregivers and youth in their care to be connected with trusting family, friends, peers, community, social workers, and healthcare providers.^{4, 20, 25-26} The social stigma on youth who use substances can lead to isolation and marginalization, which, in turn, tends to increase substance use.⁹ In contrast, fostering positive and trusting relationships with others, the community, and the culture has shown to have a positive impact on creating healthier relationships with substance use and with oneself.^{4, 18-19, 26}

Caring for a young person who uses substances can also be an incredibly isolating experience. Caregivers have shared that they frequently feel insecure, lonely, unsupported, and uncertain about where or how to ask for help.⁶ In their own experiences, caregivers have found that connecting with peers, family, and health services, was one of the most important actions for their own well-being and for the youth’s safety.^{6, 25}

The relevant caregiver practices are presented in two sections: gathering foster parents' circle and gathering youth's circle.

Practices for gathering foster parent's circle:

- Connect with peers, such as other foster parents, caregivers caring for youth using substances, and the caregivers of the youth's friends, either individually or in support groups (Appendix B contains support groups information).^{22, 25, 27-29}
- Ask other caregivers about their experiences with services and resources and seek support in connecting with them.¹⁸
- Maintain constant communication with the resource team and the social workers.²⁰
- Reach out to healthcare providers, family doctors, school counselors, local meetings of Alcoholics Anonymous, Narcotics Anonymous, Alanon/Alateen, and Nar-anon to gain a better understanding of substance use, and how to communicate with the youth in their care.¹⁸
- Access counseling.¹⁸
- Connect with trusted extended family members and friends and communicate what type of support is needed (e.g., listening, brainstorming ideas, or time for respite).³⁰

Practices for foster parents in gathering the youth's circle:

- Acknowledge that their circle might be different than the youth's circle.²⁰
- Take time to understand who is important for the youth and connect with these people (e.g. get to know the youth's friends, invite them to spend time at the house).^{18, 20, 30}
- Support youth in expanding their support systems by helping them identify and connect with trusted friends, family members, coaches, teachers, social workers, healthcare providers, or other individuals with whom they enjoy spending time with.^{6, 30-31}
- Support youth in finding health and social services.²²
- Whenever possible, encourage and support youth to stay connected with their parents, siblings, and extended family members.²²
- Support youth in connecting with their community and culture.²²
- Identify social groups, traditions, ceremonies, and cultural activities the youth would like to participate in, supporting their participation, and discussing ways to increase their safety in group settings.²⁰
- Communicate with the youth's teachers and other adults in their lives.²⁵
- If the youth receives medical care or addiction treatment, maintain open communication with healthcare providers, providing relevant information while respecting confidentiality and the youth's consent.²⁵
- Connect youth to peer-led services.²¹

Finally, gathering the circle might also involve caring for other children and youth living in the same home. Siblings and children living with youth using substances are also emotionally and physically impacted; they may experience many of the same emotions, fears, and concerns that caregivers do, in addition to possible frustration or resentment.^{25,30} They might also take on a heavy emotional role, trying to protect the caregivers or the youth using substances. Caring for them might involve having open and honest conversations, helping them access support such as counseling and support groups, and connecting with community and culture. Caregivers emphasize that each child is different, and responses, needs, and wishes should be tailored to each situation.^{25,30}

‘Creating Security, Belonging and Well-Being’

The central aspects of caring for young people using substances revolve around fostering trust and a sense of belonging in their relationship with their caregivers.²⁴ Harm reduction, much like trauma and violence-informed care, is a relational approach.^{18,31} Therefore, open communication, empathy, trust, and safety are fundamental values to be nurtured between caregivers and the youth in their care. Creating healthy relationships and fostering a strong sense of self and belonging go a long way in minimizing the risks of substance-related harm.^{4, 32-34}

*“You need that one person who won’t give up on you.”
Youth Voices. 4*

Harm reduction fights against judgement, stigma, shame, and exclusion, centering the person’s relationships, rights, and safety. This approach moves from pathologizing and compulsory strategies, towards more dignifying, equity-based and social-justice oriented care, regardless of someone’s substance use.^{22,34} It depends on respectful and compassionate communication, which is only possible when youth feel loved, cared for, and valued in the relationship. Ultimately, meaningfully connecting with youth is a harm reduction strategy.

“More than information about cannabis, what your child needs is YOU. Research suggests that one of the most important factors in healthy child development is a strong, open relationship with a parent.” Caregiver. 18

“The ‘aha’ moment for me was realizing that I had forgotten how to say my child’s name with love in my voice. I was so stressed out, so angry and scared. It always came out with exasperation, fear, frustration, or anger. I focused on changing that and it made a difference.” – Caregiver. 24

Practices for fostering belonging, safety, and well-being in the relationship with youth:

- Understand the difference between approving the behavior and accepting the youth.²⁵
- Focus on the long-term relationship versus the short-term behavior and challenges.⁶
- Ask youth how to be involved in supporting them and addressing the problem.⁶
- Be a safe presence.⁶
- Speak with kindness and respect.^{30,35}
- Communicate that youth will have support and respect regardless of the substance use, and that they can communicate about anything.³⁰
- Embrace youth’s identity. Youth need to know that they are entitled to be treated fairly, to live in safe environments, and to have healthy interactions regardless of identity, gender, sexuality, beliefs, and culture.²⁰
- Allow and encourage youth to explore their identities (i.e. allowing them to experiment with different identities and reflect on who and how they want to be in the world).²⁰
- Move away from judgement, towards showing empathy, dignity, and compassion.^{20, 35-37}
- Communicate through actions, body, and verbal language that youth matter to them and to the community.⁶
- Put down the phone, turn off screens and make eye contact when spending quality time together.^{6,20}

- Demonstrate curiosity and interest on youth and their lives (e.g. ask about thoughts, preferences, feelings, and perspectives).²⁰
- Find activities to share with the youth, connecting through things other than the substance use concern.^{6, 20, 30}
- Allow youth to suggest and lead some of the family activities and plans.^{6, 20}
- Support youth in finding hobbies and activities, bringing back memories of things they liked to do.³⁰
- Remind youth of happy memories and moments that were shared together.²⁰
- Celebrate the everyday gains and accomplishments.^{30, 36}
- Invite youth to family activities, regardless of their decision to participate – this makes youth feel like they are connected and that their presence is wanted.³⁰
- Provide a structured environment - structure offers stability, safety, and dependability.⁶
- Defend youth when they, or someone else, is treated unfairly.²⁰
- Teach youth to defend their rights and the rights of others.²⁰
- Encourage healthy eating habits and physical exercise.⁶
- Highlighting youth's strengths, potential, and beauty.⁷
- Checking in with youth about their short-term and long-term goals and dreams.^{18, 32}

Providing structure and safety in the relationship can look like:

- Establishing a predictable routine.²⁰
- Setting clear and specific expectations and ongoing communication.^{19-20, 31}
- Consulting with the youth about what safety looks and feels like for them,²⁰
- Meeting their basic needs (food, clothing, a safe place to sleep).^{6, 20}
- Following through with the promises made.²⁰
- Agreeing to consequences ahead of time.²⁰
- Discussing consequences in terms of keeping youth safe.²⁵

Fostering and maintaining strong and safe relationships with youth using substances requires time, effort, patience, compassion, and perseverance, on top of knowledge about substance use, harm reduction, and a critical understanding of the structural and social factors impacting substance use. According to caregivers, this journey can be challenging, scary, and exhausting, and it might result in neglecting their own health.^{6, 37} Therefore, practices to foster parent's well-being, safety, and belonging are also presented. I would like to acknowledge that the extensive list of suggested practices contained in this report might contribute to feelings of anxiety and exhaustion. I want to clarify that I am not suggesting that all the practices must be followed. Instead, the aim is to provide a comprehensive list of practices to be used with discretion and tailored to each specific context, and to highlight that foster parents need adequate support to be able to provide meaningful care for youth using substances.

"I'm not going anywhere, but in the same breath it is hard to be here". Caregiver. 6

Practices for foster parent's well-being, safety and belonging:

- Take care of their own emotional, physical, and spiritual wellbeing.²⁵
- Establish boundaries to protect themselves from physical or psychological violence, and make sure the youth understand those boundaries.²⁵
- Set small and realistic goals.²⁹
- Acknowledge personal achievements (even if things seem to be going badly).²⁹
- Avoid blaming oneself.²⁹
- Accept that feeling anger, hurt, and disappointment is a natural reaction.²⁹
- Focus on what is in their control, and letting go of what is not, or reaching out for external support.^{25, 29}
- Accept and allow others to care for them.²⁹
- Stay connected to their circle, reaching out to family, friends, services, communities, and professionals.²⁵
- Explore their spirituality.²⁵
- Be open to counselling, therapy, and other healing practices (check appendix for a full list of resources and services).^{25, 30}
- Try to have healthy eating habits, exercising, and getting enough sleep.^{25, 30-31}
- Spend time with friends.³⁰
- Get outside into nature.²²
- Create nourishing rituals and routines.²²
- Write in a journal.²²
- Participate in sports, art, dance, music, cultural teachings and ceremony, clubs and hobbies.²²

'Listening, Assessing and Finding Solutions'

Open, supportive, and non-judgmental listening is fundamental to strengthening the relationship with and caring for young people.²⁵ Caregivers should examine their own bias, beliefs, and personal relationship to substance as the first step to truly listen to the youth in their care, and to create an environment where youth feel safe to open up, examine their relationship to substance, and propose alternatives.³⁸ Seeking evidence-based information and getting educated on substance use, harm reduction, and available resources is also a requisite to be able to increase youth's safety.¹⁹

Literature suggests that there is no one-size-fits-all harm reduction strategy.²⁰ When assessing and finding solution, caregivers should prioritize youth's knowledge, goals, and wishes, centering their self-determination and autonomy.

"Harm reduction can really feel like you're giving up. We've all done things as parents that we thought we'd never do. Taking them to get drugs...all of those things can really feel like you're saying 'it's ok'. When really, you're not saying 'it's ok', you're not saying 'I give up', you're saying 'I want to save you until you get through this'." – Parent.³⁰

Practices for foster parents to listen, access, and find solutions:

- Examine bias, beliefs, and personal relationship to substance.^{19, 23, 32, 39-40}
- Seek evidence-based information, moving away from fear and moral-based discourses.^{4, 19-20, 27, 41}
- Provide youth with education about substance use and harm reduction.^{20,26}
- Be open to the youth's knowledge, goals, and wishes, centering their self-determination and autonomy.^{26, 31, 42}
- Brainstorm alternatives and solutions with the young person.³¹
- Create shared goals and expectations.^{20, 25, 31,}
- Acknowledge youth's ability to survive and even grow from adversity.⁴⁰
- Support youth in identifying strengths and goals (e.g. ask about interests, survival strategies, practical skills, past experiences, spiritually, and community connections).^{13, 40}
- Bring youth to harm reduction services, and peer-led services.³⁰
- Advocate for them in the legal system.³⁰
- Co-create safety and harm reduction plans, that can include:
 - Discussing where and with whom youth will use substances.¹⁷
 - Encouraging youth to eat and be hydrated before using.²⁵
 - Supporting youth access safe supplies, needle exchange programs, drug-testing kits.¹⁷
 - Having important phone numbers available, calling 911 in the case of an emergency.²⁰
 - Seeking education about naloxone and overdose prevention, having kits available.^{20, 25}
 - Offering a safe drive home.¹⁷

For specific harm reduction strategies for different kinds of substances, refer to reference 25 and 30.

When talking about substance use it is suggested that foster parents:

- Avoid being judgmental.³¹
- Be curious about youth's reasons for using substances, and overall relationship to substances.^{17, 18, 29}
- Try to understand youth's emotions, instead of fixing them.³⁸
- Avoid interrupting youth.¹⁹
- Choose a time when the youths free from distraction and not feeling tired or rushed.³⁸
- Avoid starting conversations when feeling upset, angry, or having other strong emotions.³⁸
- Choose a place that feels comfortable, safe, and private for the youth.⁴³
- Listen without judgement, blame, shame, attacking, guilt.³⁸
- Make a pause before answering any triggering words or responses.³⁸
- Pay attention to body language.⁴³
- Practice active listening. For more information on active listening please consult references 18, 25 and 43
- Talk **with** the youth, not **at** them.⁴³
- Let youth to lead the conversation, whenever possible.⁴³
- Sit with difficult feelings and have difficult conversations. It is important for the youth to know that they can share and express challenging emotions and stories.^{18-19, 25,43}

'Keeping the Circle Strong'

Caring for youth using substances must also include planning, supporting, and keeping the circle strong

during and after they transition out of care. When asked about reasons to start using substances or using it in a riskier way, older youth in foster placements frequently pointed out to challenges related to transitioning into adulthood.⁴ More specifically, losing the connections and services during this period led some youth feeling hopeless and unmotivated about their future, and less cautious in reducing harms associated with substance use.⁴

“Aging out and all the uncertainty about the future can lead kids to be using drugs to cope.” *Youth Voices*.⁴

It is important to emphasize that young people, more frequently than not, show great resilience, strength, and resourcefulness when transitioning out of care. The issues related to this transitioning period are not individual failures and deficits, they are, instead, broader societal factors.⁴⁴ Research has shown that structural and systemic failures such as poverty, discrimination, racism, and poor coordination and integration across systems make transitioning out of care a critical period for substance misuse and homelessness.^{26, 45} Youth in out-of-home care usually transition into adulthood with less resources, family support and guidance, and at a younger age than their peers who were not under government care.⁴⁵ Alarmingly, the BC Coroner Services indicated that “young people leaving government care died at five times the rate of the general population of young people in British Columbia.”, and that 72% of the accidental deaths were related to unregulated drug overdoses.^{44 p.3}

In the same sense, the systemic effects of colonization, historical trauma, and cultural dislocation bring additional challenges to Indigenous youth transitioning from care.⁴⁵

“Without ensuring that each young person has a clear plan in place for him or her to move into adulthood, and without providing these young people with the necessary supports, we are further perpetuating cycles of poverty”
Grand Chief Ed John.⁴⁵

Shewchuk (n.d.) analyzed transition supports to prevent homelessness among youth leaving out-of-home care and concluded that the responsibility for supporting youth during this period goes beyond the child welfare system.⁴⁵ She suggested that education, child and youth mental health, community-based services, health, housing services and the labor market each have important roles to play, pointing to the need for better integration and coordination within these systems and government ministries.⁴⁵ From that perspective, I present summarized practices for foster parents, knowing that much of what needs to be done lies on the hands of the system. Please refer to the recommendations section to learn more about what social workers, policy makers, and researchers can do to keep the circle strong.

Practices for foster parents to keep the circle strong during and after transition:

- Support youth self-determination and autonomy.⁴⁴
- Get actively involved in youth transition planning, getting to know youth’s goals and desires, and supporting

them in finding the services and tracing steps to make the planning possible. ⁴⁴

- Create meaningful connections for themselves and the youth in their care with community and services that can support youth's goals. ^{44,45}
- During and after transition, stay connected to the youth and those involved in their circle. ⁴⁴
- Maintain ongoing communication and support. ²⁰
- Reach out to the youth social worker and the resource social worker to find support and advocate for the youth. ²⁰

Caring for Indigenous Youth

Indigenous children and youth in BC account for 68% of children and youth in care⁴⁶, a clear consequence of Canada's history of colonization and ongoing violence, racism, and intergenerational trauma. Systemic colonialism also has a close relationship to substance misuse, making the work of decolonizing practices, policies, and systems necessary to truly care for Indigenous youth. ¹³ The focus of this report is on presenting practices for caregivers, but it is important to highlight that practices will only be truly transformative and impactful if they come with systemic and societal reconciliation.

Connecting with culture can be a critical component for healing and creating healthier relationships with substance for all youth, and it is

"Connecting to culture fills that void so they don't have to try to numb it." *Youth Voices.* ⁴

particularly relevant for Indigenous youth who have been historically denied right and access to their cultures and languages, and who live with the impacts of ongoing colonization and racism. ^{13-14, 20, 26} When asked about their needs, Indigenous youth have identified that services that care for youth using substances and provide harm reduction care need to be culturally relevant and safe, and that being able to engage in their culture and learn and explore their identities help to foster a sense of belonging and support safer substance use. ⁴

According to the Indigenous Harm Reduction Team (IHRT)¹⁴, harm reduction centers self-determination, non-interference, non-judgement, love, care, respect, and relationship, all inherent principles of Indigenous ways of living. ¹⁴

"Our communities / Nations / people have always known how to care for ourselves and each other. We know what is best for us. Harm reduction allows us to find ways to survive while taking into consideration the very real factors of our lives." ¹⁴

Practices for foster parents caring for Indigenous youth who use substances:

- Have open conversations about historical violence, colonization, racism, and stigma. ²⁰
- Learn about the Indigenous youth's identity, communities, history, ceremonies, and beliefs. ²⁰
- Avoid a "pan-Indigenous" approach- Indigenous peoples and nations have unique histories, languages, ways of knowing and living. ²⁰

- Avoid assuming the role of culture in the youth's journey.²⁰
- Ask about the importance of cultural connection in their life.²⁰
- Respect youth's desire and readiness to engage with their culture.²⁰
- Practice cultural humility.⁴⁷⁻⁵⁰
- Create opportunities for youth to visit their home community/territory, participate in cultural activities, learn, and practice their language, and broaden their Circle.^{21, 35, 37 33,47-49}
- Encourage children and youth to be connected with their Circle.^{20, 21}
- Create alternatives and solutions in partnership with Indigenous communities, Elders, people from the Circle.¹
- Reach out to the resource team to get support on these processes.²⁰
- Asking if a social worker in an Indigenous Governing Body is involved in the youth's planning.²⁰

*"While the experiences of First Nations, Métis and Inuit in Canada are unique, they have all experienced hundreds of years of colonization, persecution and on-going structural violence that was intended to push them to the margins of society. In the face of such oppression, however, with the guidance of Elders, ceremonies, and local Indigenous knowledges that have been passed down through generations, Indigenous peoples, languages, cultures, and traditions have not only survived, they have been revived, reclaimed, and revitalized. This can be no more important than now, amid Canada's on-going opioid and overdose crisis, in which Indigenous peoples are over-represented."*⁴⁸

Figure 5: Indigenous Harm Reduction Principles and Practices. The eagle, the raven, the bear, and the wolf.



Note: By FNHA (n.d.)¹³. To learn about Indigenous Harm Reduction principles, see Appendix C.

Recommendations- 'Our shared mission'.

Based on the findings outlined above, and in addition to the above recommendations for foster parents, recommendations for social workers, MCDF and policy makers, and researchers are proposed. They are aimed at supporting foster parents and youth using substances and increasing the feasibility of the practices presented.

Recommendations for social workers

1. Examine biases, assumptions, and personal history with substances and harm reduction.³⁵
2. Work actively to deconstruct stigma and to be open to understanding harm reduction as a philosophy.³⁵
3. Seek evidence-based education on substances, harm reduction, and harm reduction services.^{4, 18, 25}
4. Prioritize creating a safe and open relationship with the youth and the caregivers.²⁰
5. Support foster parents in navigating and connecting with available resources and services.³⁰
6. Develop a care plan in collaboration with the youth and their Circle.⁴
7. Work to identify Indigenous youths' home Nation(s).⁴
8. Facilitate youth's cultural connectedness.⁴
9. Develop a transition plan with the support and direct involvement of youth, foster parents, and the Indigenous youth's community.^{13,44}
10. Be involved in the Agreements with Young Adults (AYA) program.⁴⁴
11. Provide support for foster parents caring for youth older than 19 years old, during and after transition.⁴⁵

Recommendations for MCDF and Policy Makers

1. Provide evidence-based and *personalized* education for social workers and foster parents on substance use and harm reduction that:¹⁹
 - Is delivered by a trained facilitator or peer.¹⁹
 - Facilitates connections with other foster care providers.¹⁹
 - Is tailored to the specific context.¹⁹
 - Is ongoing.¹⁹
 - Discusses overlapping issues of racism, social justice, and stigma.¹⁹
 - Discusses legislation and drug policy.¹⁹
2. Hire more staff and/or reduce work and caseloads, so that social workers have the time and resources to seek education and build meaningful relationships and provide support to foster parents and youth.⁴⁵
3. Provide supervision for social workers and team leaders that is specific to the needs of youth using substance, and foster parents caring for them.⁴
4. Provide support for social workers in identifying and connecting with Indigenous youth's Nations.⁴

5. Include young people and foster parents in the creation and implementation of policies, programming, and practices.^{19, 26, 31, 44} Please refer to reference 19 for specific recommendations on how to engage in meaningful partnerships with people who use substances, their friends, and families.
6. Partner with Indigenous communities and youth to create youth-friendly and culturally safe harm reduction services.^{4, 13-14}
7. Promote ongoing opportunities for social workers and staff to engage in decolonizing practices.^{4, 13, 21}
8. Extend service supports based on the young person's needs when transitioning out of care.⁴⁴
9. Improve communication between service providers with the goal to increase engagement of youth during and after transition.⁴⁴
10. Base transition-focused programs and services in research, lived experience, and practice-based knowledge.⁴⁵
11. Dedicate and train caseworkers to meet the unique needs of young people leaving care.
12. Extend transitioning services.⁴⁵

Recommendations for Researchers

1. Invest in research that amplifies foster parents' experiences caring for young people and young peoples' experiences using substance in foster care placements.^{4,25,31}
2. Invest in research that amplifies youth's experiences transitioning out of care.⁴⁵
3. Evaluate education and intervention provided to foster parents, including evaluation of their experiences.²⁴
4. Examine existing policies and foster parents' guidelines to identify whether they facilitate and align with harm reduction practices.²⁴
5. Investigate and compile, in an accessible way, research findings and available resources for caregivers and young people using substances in the province.³⁰

Conclusion

Harm reduction is an effective and affective approach to substance use, that centers care, compassion, inclusion, and self-determination. It is a relational approach that involves strengthening families, communities, and promoting a sense of belonging. Thus, it is much more aligned with Indigenous ways of living than other linear, compulsory, moral, fear and abstinence-driven approaches to substance use.¹⁴

Examining biases towards substance use and harm reduction, acknowledging the topic's complexity and nuances, and being open to truthful communication and education on substances are fundamental aspects of creating meaningful and respectful foster caregiving practices. Key aspects of caring for young people in foster placements who use substance are connected to fostering trust, safety, and belonging in the relationship. Fostering and maintaining strong relationships requires time, effort, patience, compassion, and perseverance, besides knowledge about harm reduction, substance use, and a critical understanding of the structural and social factors impacting youth's use of substances. To be able to open up, reflect, and envision healthier and safer alternatives, both caregivers and young people need to feel safe and supported.

Finally, substance use is a complex and socially embedded issue. This report has no pretension of representing the truth or pointing to one-size-fits-all practices and recommendations. It is one more resource in the hope of creating more inclusive, meaningful, loving, culturally safe, creative, and relational practices for all.

"... there needs to be less fear and more family." Youth Voices.⁴

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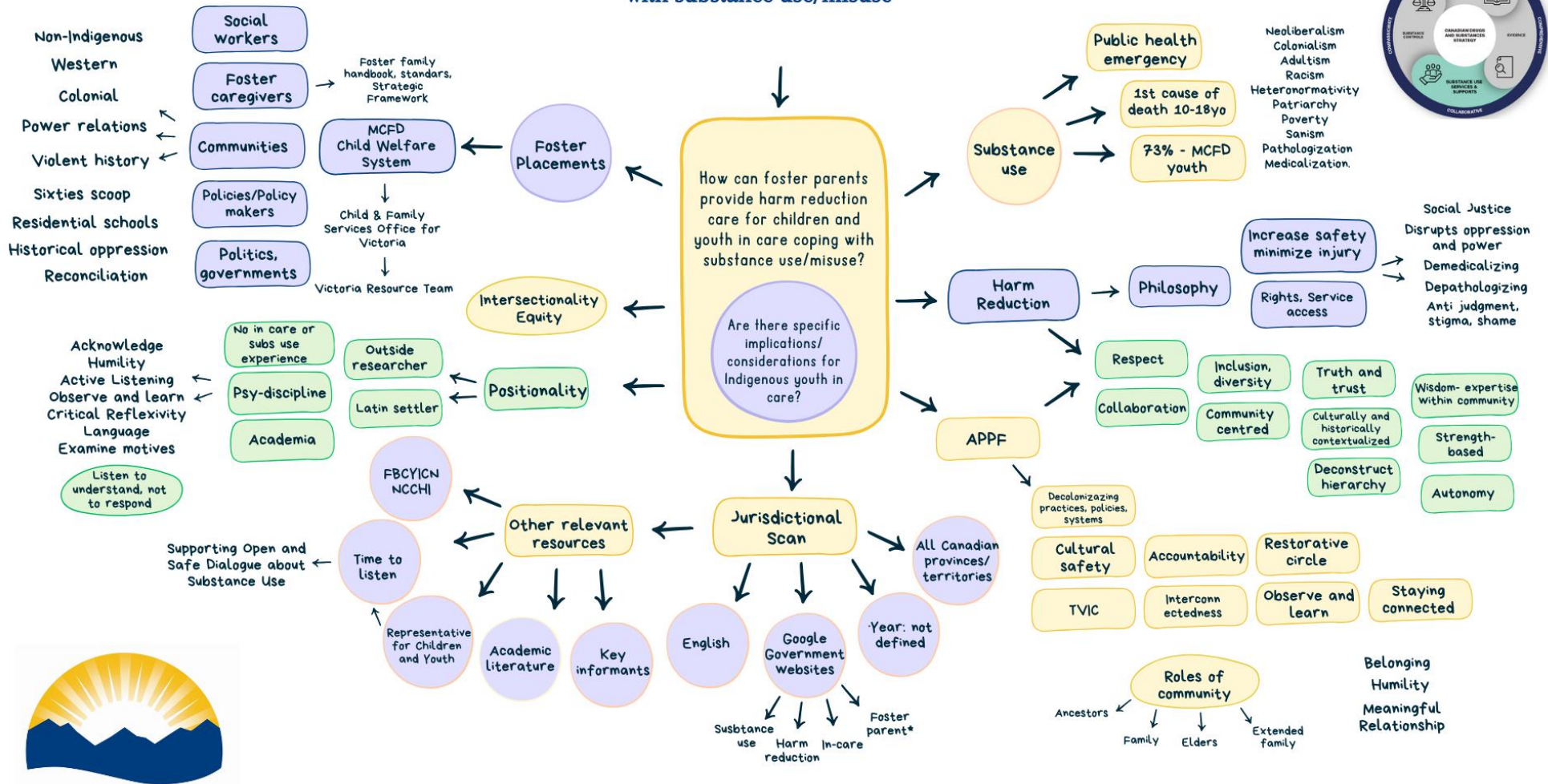
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Appendix A – Mind Map

Harm Reduction Caregiver Practices for Youth in Foster Placements coping with substance use/misuse



Appendix B – Extra Resources

The resources presented in this appendix were obtained from references 20, 25, and 30.

- **British Columbia Federation of Foster Parents:** Support in building networks by identifying foster parent support agencies in your region.
<https://bcfosterparents.ca/foster-parent-info/fostering-community/agencies/>
- **Discovery Youth & Family Substance Use Services:** Offers free community-based counselling services, including one-on-one support for youth ages 13- 19 and parents, as well as parent support groups and parent classes. Phone: 250-519-5313
- **First Nations Health Authority:** Indigenous-led resources and supports for maintaining health and well-being.
<https://www.fnha.ca/>
- **Foundry:** Information on medical, outreach, and support services for young people ages 12-24
<https://foundrybc.ca/>
- **Grief to Action:** Support networks for families and friends affected by substance use.
<https://www.fromgriefftoaction.com/>
- **Health Link:** Information and resources regarding substance use.
<https://www.healthlinkbc.ca/substance-use>
- **Here to Help:** Information on substance use and strategies to keep you or someone else safe.
<https://www.heretohelp.bc.ca/>
- **Representative for Children and Youth:** A voice for kids in British Columbia
Info for parents and families regarding harm reduction and mental health support services.
<https://rcybc.ca/>
- **Canadian Institute for Substance Use Research:** Dedicated to research and knowledge related to substance use, mental health and well-being.
www.cisur.ca
- **Canadian Mental Health Association (BC Division):** Non-profit aimed at providing services and information on mental health and substance use.
www.cmha.bc.ca
- **FamilySmart:** The website includes resources to promote greater understanding and increased collaboration among all involved in family well-being.
www.familysmart.ca

- **Moms Stop the Harm:** caregivers collective
<https://www.momsstoptheharm.com/>
- Guidelines for Partnering with People with Lived and Living Experience of Substance Use and Their Families and Friends:
<https://www.ccsa.ca/guidelines-partnering-people-lived-and-living-experience-substance-use-and-their-families-and>


Legal System Information

- Young Offenders: <https://www.justiceeducation.ca/legal-help/crime/youth-and-crime/young-offenders>
- Youth Charged with a Crime: <https://www.justiceeducation.ca/legalhelp/crime/youth-and-crime/youth-charged-crime>
- Young People and Criminal Law: <https://www.justiceeducation.ca/legal-help/crime/youth-and-crime/young-people-and-criminal-law>
- Youth Court: <https://www.justiceeducation.ca/legal-help/crime/youth-and-crime/youth-court>
- Legal Rights for Youth: Crime <http://www.legalrightsfor youth.ca/crime>
- Clicklaw: Young People and the Law:
http://wiki.clicklaw.bc.ca/index.php?title=Young_People_and_the_Law#Young_people_and_criminal_law
- People's Law School: Consequences of a Youth Record
<https://www.peopleslawschool.ca/publications/consequences-youth-record>
- Law Students' Legal Advice Program Manual: Chapter 2 – Youth Justice
<http://www.lslap.bc.ca/manual.html>
- Department of Justice: The Youth Criminal Justice Act Summary and Background
<http://www.justice.gc.ca/eng/cj-jp/yj-jj/tools-outils/back-hist.html>
- Aboriginal Legal Aid: <http://aboriginal.legalaid.bc.ca/>
- Gov.bc.ca: Youth Justice
<https://www2.gov.bc.ca/gov/content/justice/criminal-justice/bcs-criminaljustice-system/understanding-criminal-justice/youth-justice>
- Gov.bc.ca: Youth Services
<https://www2.gov.bc.ca/gov/content/justice/criminal-justice/bcs-criminaljustice-system/services-and-resources/youth-services>
- The Canadian Bar Association: Young People and Criminal Law
<https://www.cbabc.org/For-the-Public/Dial-A-Law/Scripts/Youth-and-the-Law/225>
- The Canadian Bar Association: Youth Justice Court Trials
<https://www.cbabc.org/For-the-Public/Dial-A-Law/Scripts/Youth-and-the-Law/226>
- Gov.bc.ca: Glossary of Criminal Justice Terms
<https://www2.gov.bc.ca/gov/content/justice/criminal-justice/bcs-criminaljustice-system/justice-terms>
- Access Pro Bono www.accessjustice.ca

- UBC Law Students Legal Advice Program www.lslap.bc.ca
- Native Courtworker and Counselling Association of British Columbia
<http://nccabc.ca/>
- Ombudsperson: An official appointed by the government to investigate complaints against public authorities. www.ombudsman.bc.ca

Appendix C – FNHA’s Indigenous Harm Reduction Principles


Retrieved from reference 13.



First Nations Health Authority
Health through wellness

FACT SHEET

Indigenous Harm Reduction Principles and Practices



The Indigenous Wellness Program at First Nations Health Authority is developing 'Indigenous Harm Reduction' principles and practices as a learning diagram to host conversations regarding addiction and 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, holism, and the natural environment. Therefore a learning model reflecting animal teachings and values was struck to support sensitive conversations around addictions and harm reduction through an Indigenous lens.

For more information, visit: www.fnha.ca/overdose

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THE PRINCIPLES AND PRACTICES USE CULTURAL REPRESENTATION FROM FOUR PROMINENT ANIMALS HERE IN BC. EACH ANIMAL IS REPRESENTED BY SYMBOLISM, A HEALING PRINCIPLE, AND COMPARATIVE HARM REDUCTION STRATEGIES:



THE WOLF

- A symbol of relationships and care.
- Healing requires working together as one heart and one mind.
- This representation is associated with harm reduction principles that emphasize the importance of building relationships with people who use substances. An example of carrying out this work might look like providing outreach services.



THE EAGLE

- A symbol of knowledge and wisdom.
- Healing requires time, patience, and reflection.
- This means acknowledging that wellness is a journey instead of a destination. It aligns with the harm reduction principle that support may take many ongoing opportunities. It also means that in our professional work practice we take the time to reflect on our own emotions and allow room for patience in our engagements with people who are using substances.



THE BEAR

- A symbol of strength and protection.
- Healing is embedded in culture and tradition.
- This principle celebrates a strength-based approach in working with harm reduction. This also recognizes culture and tradition as intergenerational strengths that are methods of harm reduction on their own.



THE RAVEN

- A symbol of identity and transformation.
- Healing requires knowing who you are and accepting who you were.
- This healing principle acknowledges that the path to wellness is a journey that encompasses the exploration of identity and that mistakes will be made along the way. We do not need to carry the burdens of past, as they transform us when we learn from them.

WORKING WITH INDIGENOUS HARM REDUCTION: LEARNING COMPONENTS

THE WOLF: RELATIONSHIPS AND CARE

- Outreach services for people who do not access site based services: food, safer smoking/injecting kits, condoms, etc.
- Services are human-centred - inclusive, caring, and trauma-informed.
- Strategies and services are based on a foundation of cultural safety and humility.
- Acknowledging family relationships, community, Nation, and land.
- Understanding the impact of cultural oppression, intergenerational trauma, land-loss, and current social, environmental, and economic realities.

THE EAGLE: KNOWLEDGE AND WISDOM

- Strategies and services are trauma-informed.
- Support individuals and communities wherever they are at in their wellness journey.
- Recognize that stigma and shame are factors that need to be taken into consideration and addressed.
- Supporting strategies and services that are evidence-based.

THE BEAR: STRENGTH AND PROTECTION

- Strategies and services are wellness focused and holistic in nature.
- Incorporate Indigenous beliefs, values, and practices: medicinal plants, ceremony, Elder consultation etc.
- Incorporate Elders and cultural people to guide and participate in the initiatives.

THE RAVEN: IDENTITY AND TRANSFORMATION

- View addiction as a health and social issue, not a moral or criminal issue that can result in complex personal health and social consequence, involvement with the law and premature death.