

Indigenizing Harm Reduction

With staggering rates of HIV, HCV and IDU amongst Indigenous peoples, it is clear that current mainstream models may not be meeting Indigenous peoples where we are at. What could harm reduction look like outside of urban centers in rural, northern and remote communities?



Pillar Model

The 4 pillar model is familiar to many harm reduction workers, academics and health policy analysts. While not the only theory on how to counteract harms caused by substance use, the interpretation and implementation of these pillars can sometimes also uphold colonial ideals of health, power and oppression.

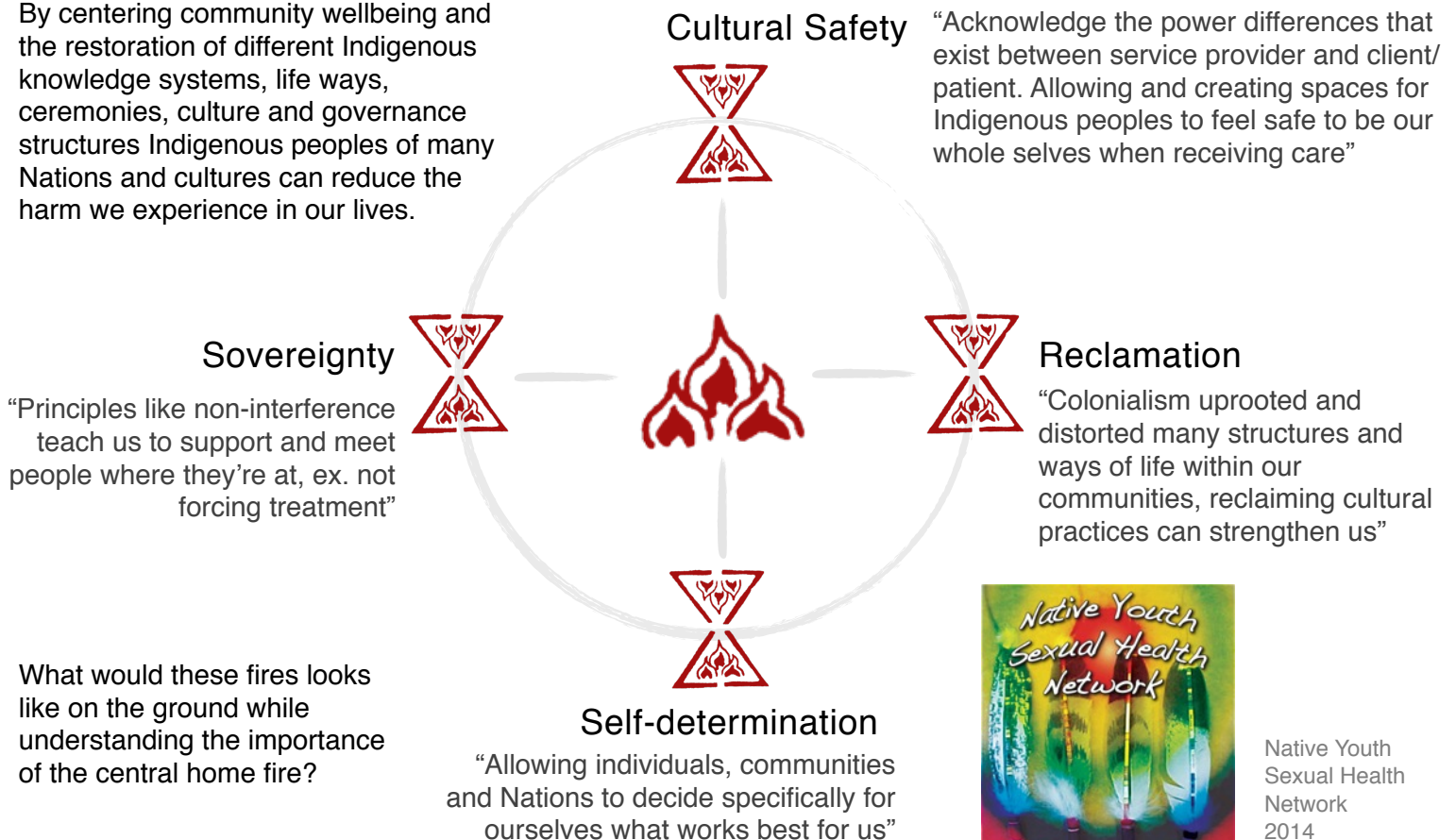
Moving Beyond 4 Pillars

Indigenous peoples have experience reducing harm in many ways, especially the violence of colonialism for the last 500 years. Mainstream harm reduction models and practices while certainly a step in the right direction, do not always fit in northern, rural, or remote communities. Indigenous peoples have many Nation-specific understandings, traditions and needs that mainstream services often ignore or interrupt.

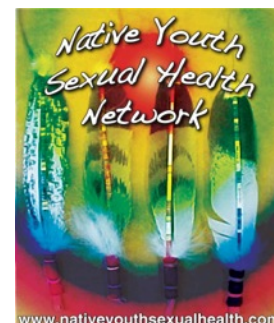
By shifting our focus from interpretations of these pillars like policing, prisons, court mandated care and assuming 'risk' is individual instead of systemic, we offer a critical analysis of what reducing the harm of colonialism can look like. **This is not a 'one size fits all' approach** but an opportunity to reinterpret these ideas in community specific ways that recognize the diversity of Indigenous peoples.

Four Fire Model

By centering community wellbeing and the restoration of different Indigenous knowledge systems, life ways, ceremonies, culture and governance structures Indigenous peoples of many Nations and cultures can reduce the harm we experience in our lives.



What would these fires look like on the ground while understanding the importance of the central home fire?



Native Youth Sexual Health Network 2014