

# NATIVE HARM REDUCTION

Presenter | Date

**NATIONAL  
HARM REDUCTION  
COALITION**



National Harm Reduction Coalition creates spaces for **dialogue and action** that help heal the harms caused by racialized drug policies.



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Policy &  
Advocacy



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National &  
Regional  
Conferences



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Trainings &  
Technical  
Assistance



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Overdose  
Prevention



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Resources &  
Publications

# TABLE OF CONTENTS



## Title 1

- Item 1
- Item 2

## Title 2

- Item 1
- Item 2

## Title 3

- Item 1
- Item 2

## Title 4

- Item 1
- Item 2

## Title 5

- Item 1
- Item 2

## Title 6

- Item 1
- Item 2

**WELCOME**

**STARTING  
OFF IN A  
GOOD WAY**

# **Traditional Opening**



# Chelsea Gallardo, Bishop Paiute Singer



[Natives for Narcan - Bakersfield American Indian Health Project](#)

**NATIONAL**  
**HARM REDUCTION**  
**COALITION**

# Indigenous Land Acknowledgement

- Whose land are you on?
- Text your ZIP code 1-855-917-5263 or enter your location at <https://native-land.ca>

We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.



# California Tribal Communities

There are currently **109** federally recognized Indian tribes in California and 78 entities petitioning for recognition. Tribes in California currently have nearly 100 separate reservations or Rancherias.



California Indian Library Collections

Source: California Courts; The Judicial Branch of California

**WE DO THIS WORK  
BECAUSE OUR  
PEOPLE MATTER**



# WHY DO OUR NATIVE PEOPLE USE DRUGS?

## Common Issues:

- Hopelessness
- Trauma
- Engage in riskier behaviors at earlier ages
- Self-medicating

Participation: **What's it like in your community?**

# WHY DO NATIVE PEOPLE USE DRUGS?



# CREATING HEALING SPACES

**National Harm Reduction Coalition creates spaces for dialogue and action that help heal the harms caused by racialized drug policies.**

- Long standing colonialism and systemic racism have devastated traditional ways of life for our Native people. Racialized drug policies are another form of destruction.
- Acknowledging the harms of Historical Trauma.
- History of shameful federal Indian Laws and Policies that have stripped our sovereignty, culture and human dignity.

# TRAINING INFORMED BY COMMUNITY

Community wisdom

Proven methods and interventions

Lived experience

Empowers

**SURVEYED  
CALIFORNIA  
NATIVES**

**WHAT OUR  
NATIVE  
PEOPLE ARE  
TRYING TO  
TELL US  
(THEMES)**

# Our Native brothers and sisters said...

- Lots of stigma in the community
- Need more access to harm reduction services
- More Narcan distribution
- More trainings to reduce stigma and myth busting around PWUD
- Non-native staff lack cultural knowledge
- Use of culturally informed practices to address trauma
- Harms are interconnected
- Left out of cultural practices because of using drugs
- Would like more community level trainings that incorporate language, dance, art
- Not always enough access to MAT
- Need more youth prevention
- Elders/tribal health boards/ tribal council need more education about what's happening and services that help

# Why Harm Reduction?

- HR gives us hope for our future
- It does not promote more drug use
- HR gives us a way to connect to our brothers and sisters who are on a different journey
- HR is a way to fight back Eurocentric views and beliefs
- Native Americans now have the highest fatal overdose rate in California
- Create space for connection and healing
- Finding ways to fight stigma, addiction, oppressive policies
- Values human life



# WHAT IS HARM REDUCTION?



# HARM REDUCTION IS THE BRIDGE TO CONNECT US

## Harm Reduction

- No judging
- Making people feel worthy
- Tribal people don't have to die because they use drugs
- Reducing infectious disease

## Those on a different path

- Feel loved
- Feel supported
- More likely to reduce or quit using
- Increases healthier choices
- No longer isolated





# ENGAGING PEOPLE WHO USE DRUGS (PWUD)

- **The harm reduction approach allows us a way to engage**
- Trauma informed
- Culturally responsive
- A place from humility
- Heart-to-heart
- Creating space for people
- Give PWUD a voice
- Do an assessment of current services
- Lower barrier to services and care
- Actively reduce stigma
- Cultural inclusivity
- Provide needed items
  - Cultural items
  - Toiletries
  - Snacks
  - Wellness items

# THE HARM REDUCTION MOVEMENT

- Pursues a model of public health as **social justice**
- Combats the forms of racism, stigma, marginalization, and criminalization that **place people in harm's way**
- Understands the **interlocking struggles** against inequality and oppression central to both health and liberation
- Affirms the wisdom, dignity, and leadership of **those most impacted by these harms** as the keys to transformative change.

# **THE HARM REDUCTION **APPROACH****

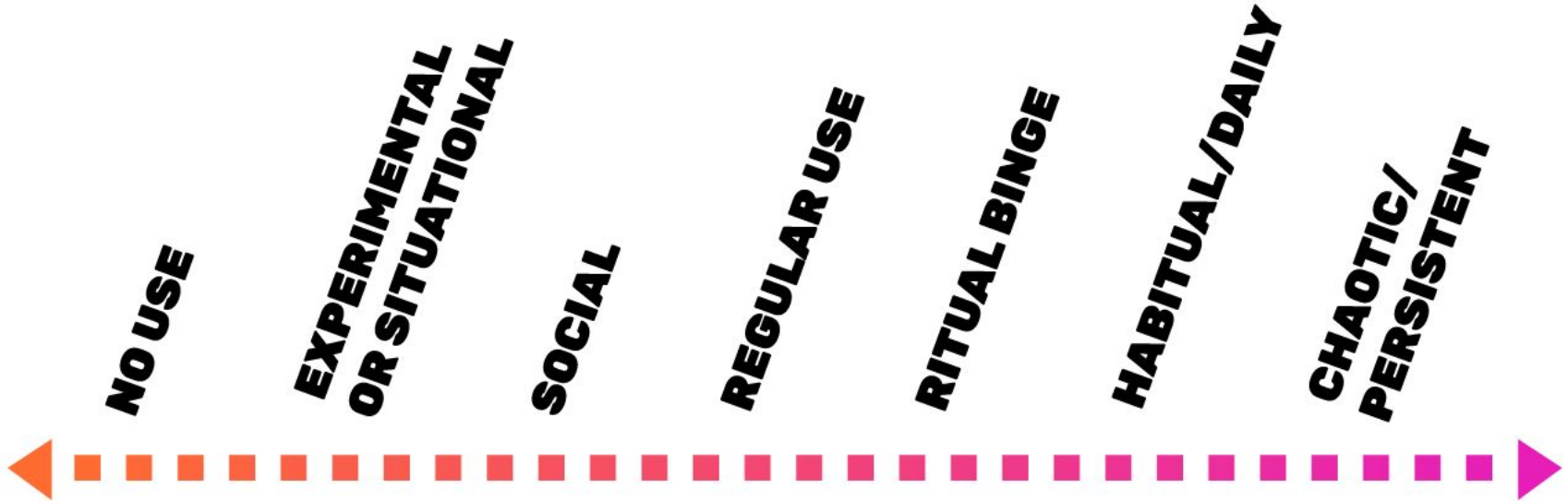
**Harm reduction utilizes a spectrum of strategies to reduce the negative consequences associated with drug use, sex work, and other behaviors.**

**SAFER  
TECHNIQUES**

**MANAGED  
USE**

**ABSTINENCE**

# CONTINUUM OF DRUG USE



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# All of this is Harm Reduction

## DEATH PREVENTION

- Naloxone
- Fentanyl Test Strips
- Safer consumption services

## DISEASE PREVENTION

- Needle exchange programs
- Safer sex materials
- HIV/HEP C testing & treatment

## HEALTHCARE

- Emergency housing
- ER after OD
- Connecting with local resources

## TREATMENT

- Medication assisted treatment (MAT)
- Counseling through Telehealth
- Case management



# **HARM REDUCTION PRINCIPLES & NATIVE VALUES**

# PRINCIPLES OF HARM REDUCTION

Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn it.

*As Native people, it is in our DNA to take care of our people, no matter what their journey is.*

# PRINCIPLES OF HARM REDUCTION

Understands drug use as a complex, multi-faceted phenomenon that encompasses a **continuum of behaviors** from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others

*Looks to see past the behaviors and recognizes that **our relatives are not bad people**, and that drug use looks different for everyone.*

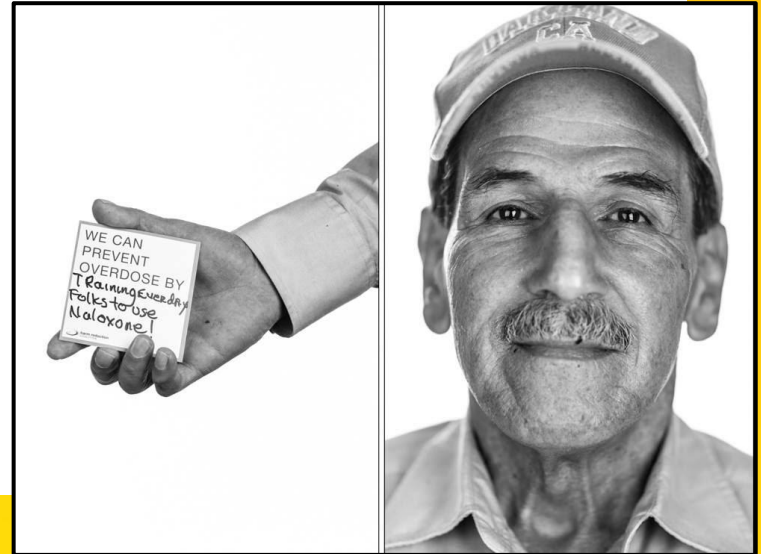
*Acknowledges that there are ways to share that help reduce the harms by some drug use.*



# HEALTH AND DIGNITY

Establishes **quality of individual and community life and well-being** as the criteria for successful interventions and policies.

*Wellness and healing for our communities is at the forefront so we don't lose who we are as native people.*



# PARTICIPANT-CENTERED SERVICES

Calls for the **non-judgmental, non-coercive** provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.



*Working to **end lateral oppression**, knowing gossip is one of the most malicious things some of our tribal communities face.*

# PARTICIPANT INVOLVEMENT

Ensures participants and communities impacted have a **real voice in the creation of programs and policies** designed to serve them.

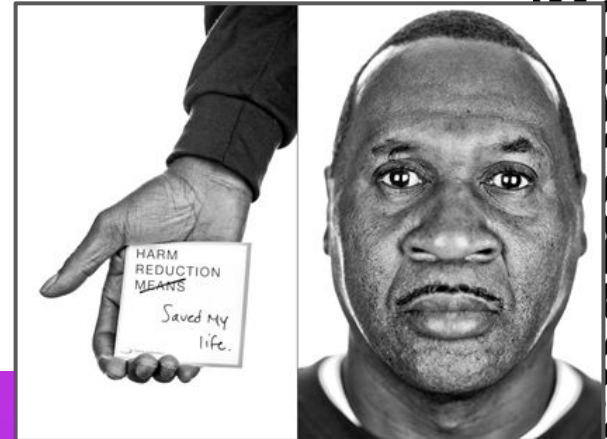
*Doesn't further isolate our people who are using drugs but rather **seeks to include their voice.***



# PARTICIPANT AUTONOMY

Affirms participants themselves as the **primary agents of change**, and seeks to **empower** participants to share information and support each other in strategies which meet their actual conditions of harm.

*Empowering our people and giving them the tools to **help save themselves** is the most powerful thing we can do.*



# SOCIOCULTURAL FACTORS

Recognizes that the realities of various **social inequalities** affect both people's **vulnerability to and capacity for** effectively dealing with potential harm.



*Understand that **historical trauma** and longstanding federal policies have severely impacted tribal communities.*

# PRAGMATIC AND REALISTIC

Does **not** attempt to minimize or ignore the **real and tragic harm and danger** associated with licit and illicit drug use or other risk behaviors.

*Understands that our people suffer great tragedies and trauma and loss and that our **whole community is affected.***



# DISCUSSION

How are Natives who use drugs talked about in our community?

How are they treated?

Do they face barriers and stigma to receive services?

Are they welcomed into sacred spaces?



# HOW DOES HARM REDUCTION FIT IN OUR TRIBAL COMMUNITIES? MAKING IT OUR OWN





## Examples of Tribal Harm Reduction


- Decolonize
- Creating tribal proclamations
- Creating ways to incorporate cultural practices. Example-handing out traditional medicines.
- Incorporating tribal languages
- Connecting people with traditional healers.
- Creating Naloxone events
- Creating specifically for your area's needs



# Bringing the Community Together

- Community members
- Multiple agencies
- Bringing services to the tribal community
- Reducing stigma and barriers
- Educating and empowering community
- Do an assessment on your community





# CLOSING & QUESTIONS

- **What does harm reduction currently look like in your community? Is it similar or different to what was discussed today?**
- **Are there other individuals or organizations that would benefit from this training?**
- **Have any of your beliefs about harm reduction and/or people who use drugs changed after this training?**



**THANK YOU** FOR ATTENDING  
**THIS WORKSHOP**

Please fill out the evaluation.

Presenter Name  
name@email.com



**INTERCONNECTION**

IS OUR STRENGTH