Primary Research

Putting Indigenous Harm Reduction to Work: Developing and Evaluating "Not Just Naloxone"

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ABSTRACT

First Nations people and communities have long been championing the provision of holistic, self-determining, culturally safe, and responsive health care. In April 2016, a catastrophic rise in illicit drug overdose deaths in the province of British Columbia (BC), Canada, led to the declaration of a public health emergency. Due to the compounding historical and ongoing impacts of colonialism, including trauma and inequitable access to health services, First Nations people in BC are disproportionately impacted by this crisis. In response, the First Nations Health Authority created Not Just Naloxone (NJN), a train-the-trainer workshop designed to build Indigenous harm reduction knowledge and skills within First Nations communities. This article describes the NJN program and presents the results of a follow-up evaluation of 37 participants from six NJN workshops held between December 2017 and October 2018. Core strengths of the training included an Indigenized approach and the opportunity to build networks of support. Respondents reported increased knowledge and confidence presenting about harm reduction and feeling more prepared to respond to overdoses. Areas for improvement included maintaining up-to-date training materials and navigating emotional triggers for participants. Trainees went on to train over 2,400 community members in naloxone and Indigenous harm reduction, and reported that communities' awareness and attitudes around harm reduction began to change. Challenges providing community trainings included buy-in from local leadership and persistent abstinence-based beliefs. This evaluation demonstrates the impact of holistic, culturally safe harm reduction training and the need for a connected community of Indigenous harm reduction champions.

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Introduction

In the province of British Columbia (BC), Canada, there are over 200 distinct and diverse First Nations communities with more than 30 different First Nations languages spoken across the province. Some communities are rural and remote, and others are located in urban areas. First Nations people make up 5% of BC's population, with 40.1% living on reserve (BC Government, 2017a). The First Nations Health Authority (FNHA) is a community-driven, Nation-based organization that provides health services to First Nations people in BC. It is responsible for a multitude of health services, including harm reduction education, supplies, and resources.

In many First Nations communities, harm reduction and substance use remain highly stigmatized and can impact individuals' access to life-saving harm reduction services (Interagency Coalition on AIDS and Development [ICAD], 2019). This stigmatization is impacted by historical and ongoing colonialism (Hall et al., 2015), including residential schools and the influence of the church, which has been recorded as historically enforcing abstinence-only substance use perspectives, and for some, perpetuating trauma (Usher, 1969, as cited by Truth and Reconciliation Commission of Canada, 2015). Further, many First Nations people do not feel that harm reduction is culturally relevant (Wardman & Quantz, 2006), and there are many myths that continue to surround addiction and harm reduction, resulting in the availability of predominantly abstinence-only services, supports, and education (Dell & Lyons, 2007; Dell et al., 2010; ICAD, 2019). Yet another barrier is the lack of services and supports for treating and responding to experiences of addiction in the community, so that people seeking addictions treatment or harm reduction supports are sent out of the community (Gifford, 2009).

The experiences of stigma in First Nations communities are reflected in Canada's long history of drug prohibitionist policy. One of the brutal realities of this policy was realized in April 2016, when BC's Deputy Provincial Health Officer declared an overdose public health emergency. The opioid overdose public health emergency (still in effect at the time of writing) is commonly referred to as a crisis of accidental poisonings, given the increase in illegal drugs tainted with fentanyl and its analogues (BC Centre on Substance Use, 2018). It has resulted in over 5,800 confirmed or suspected drug toxicity deaths since the emergency was declared (BC Coroners Service, 2020). Despite a declining number of deaths in 2019, BC Coroners Service data reported 1,068 deaths in the first 8 months of 2020, which equates to more than four people

a day in BC who have lost their lives due to an accidental overdose (BC Coroners Service, 2020). In the period between January and May 2020, 16% of all overdose deaths were experienced by First Nations people, whereas in the same time period in 2019 First Nations people experienced 9% of the overdose deaths (FNHA, 2020). The crisis has shown us that rates of overdose events and deaths are experienced both disproportionately and differently by First Nations men and women. Among First Nations people in BC, 39% of overdose deaths are experienced by women and 61% by men (FNHA, 2019a). Among non-First Nations people, women account for 17% of overdose deaths and men account for 83% (FNHA, 2019a); in 2019, First Nations women died from overdose at 8.7 times the rate of other women in BC (FNHA, 2020). Few data are available on how transgender and two-spirit individuals are being impacted by the crisis, though we anecdotally understand that these populations are overrepresented.

Community-driven, culturally safe, and relevant responses to the overdose emergency are essential to supporting community members through the crisis: It has been demonstrated that the imposition of outside approaches has often been ineffective and even created more harm (ICAD, 2019). While some approaches generated outside of the community have benefit, in order for these approaches to be successful and safe they must be responsive to the needs of the community and honour and acknowledge the wisdom, culture, strengths, and resiliencies that exist within the communities (Dell et al., 2010; Hall et al., 2015; Wardman & Quartz, 2006). It is our position that Indigenous overdose response and harm reduction services must be rooted in culture and tradition (Dell et al., 2010; FNHA, 2019b) and explore the commonalities that harm reduction has with First Nations culture and values. For example, the principles of respect, autonomy, inclusion, and "meeting people where they are" can be a means of addressing some of the aforementioned barriers that Indigenous people who use substances experience. A train-the-trainer approach offers opportunities to incorporate these values into community-based workshops, supporting First Nations and Indigenous community members who are involved in harm reduction work and are seeking further support and education to learn together and train their communities, friends, and families.

In response to community requests and with direction from FNHA leadership, the "Not Just Naloxone" (NJN) train-the-trainer workshops were created to foster community champions to advocate for harm reduction approaches, services, supplies, and resources, as well as to train the champions to provide harm reduction education within their communities. The NJN training is a First Nations community-driven response and focuses on training people in the community who work with Indigenous people that use substances—workers including health staff as well as community members (peers, Elders, and youth), collectively referred to as "community champions." Much of the training is created by and for Indigenous people, recognizing that many past public health initiatives have not meaningfully included the knowledge, wisdom, and experience of the community when working in and with community. That being said, because many staff are non-Indigenous, the curriculum also includes a video teaching tool on Indigenous harm reduction for use by First Nations people and non-Indigenous allies to share the voices of Indigenous people involved in Indigenous harm reduction.

The Not Just Naloxone Workshops

Program Description

NJN is a 3-day train-the-trainer workshop developed by the FNHA's Indigenous Wellness Team (IWT) to build community champions' capacities to hold conversations about overdose, harm reduction, substance use, and addiction in First Nations communities. In order to address the complexities of substance use and overdose, the curriculum prepares participants to facilitate five lesson plans:

- Overdose Public Health Emergency and Prohibition
- Decolonizing Addiction
- Indigenous Harm Reduction
- Take Home Naloxone/Overdose Response
- "Taking Care of Each Other" Indigenous Harm Reduction Video Series

In addition to the five lesson plans they will present to their communities, community champions are presented with four pieces of curriculum included to build their own knowledge and understanding of harm reduction and facilitation—information they are not expected to teach. These four components are facilitation skills, peer engagement, trauma- and violence-informed care, and low-barrier cultural activities.

Location and Participants

This article focuses on six NJN workshops held from December 2017 to October 2018. One workshop was held in each of the FNHA's five regions (Vancouver Coastal, Vancouver Island, Interior, Northern, Fraser Salish), and the sixth held for community champions working with urban Indigenous organizations in Vancouver. In order to accommodate the variety of travel needs, workshops were held in central cities within four of the five regions (Vancouver, Prince George, Victoria, Kamloops, Nanaimo). Participants at the regional trainings came from rural and urban First Nations communities throughout each region. During that time, 102 community champions from over 60 communities were trained.

NJN participants were all community health staff or harm reduction community champions—community members, Elders, youth, and peers—from First Nations communities or urban Indigenous organizations. Invitations to each workshop were sent out by the FNHA's regional offices to First Nations communities and health leadership. Invitations were also circulated through harm reduction champions and organizations in each region via the IWT's networks. Participants were asked to register in teams of two from each organization or community to support one another in implementing the trainings on their return. Participants were invited based on their interest and experience working in harm reduction, substance use, and addiction; their ability to implement training in their role (e.g., priority was given to frontline workers vs. management positions); and their geographic location (e.g., choosing a diversity of participants from varying subregions and Indigenous health organizations). Those who registered in pairs were prioritized.

Workshops were limited to 24 participants to ensure there was adequate time for discussion and to attend to participants' spiritual and learning needs. It is important to note that each workshop was widely sought after, with the number of applicants far exceeding the number of seats held for the workshop. Participants were expected to stay for the full 3 days of training in order to receive their certificate of completion. Implementing this expectation was important for both the participants and the workshop itself, as it helped to establish and maintain group safety and bonding. It also ensured that all participants received the same cumulative curriculum and had opportunities to participate in group discussions and practice, which are essential to the NJN training. Table 1 shows the roles of the participants who were trained at the six NJN workshops.

Table 1

Number of Participants in Different Roles at Six Not Just Naloxone Training Sessions, December 2017 to October 2018

Nurse	17
Community health or wellness worker	21
Peer worker	13
Mental health and substance use worker (includes counsellor, alcohol and drug worker)	18
Other (includes community engagement, fire chief, receptionist, manager, band councillor)	33
Total	**102**

Peer Participation

In addition to facilitators, each NJN workshop included a team of two peers working in overdose response. Peers are defined as people with lived or living experience of substance use (Greer et al., 2017). Peers were recruited through local peer and harm reduction organizations in each region and through the IWT's own networks. Typically, peers at NJN came from organizations in cities rather than smaller rural or on-reserve communities. Peers have expressed that stigma in small communities can prevent them from coming forward and identifying themselves as people who use substances. Peer empowerment and employment have been identified as essential strategies in the overdose crisis response in the province of BC (BC Government, 2017b). As a result, many peers are engaged in community-based overdose initiatives, including naloxone training and distribution. For example, the Western Aboriginal Harm Reduction Society is an organization of Indigenous peers who have been engaged in harm reduction research, activism, outreach, and training in Vancouver's Downtown Eastside (Goodman et al., 2017).

Including people with lived and living experiences of substance use in harm reduction conversations is vital to ensure the needs of peers are being heard and addressed, especially in rural and remote communities where the needs of peers are often unseen or even overlooked as a result of stigma and shame. It can be difficult for those in smaller, rural, and remote communities

to share living experiences of substance use, and it is essential for community champions to have an opportunity to hear the perspectives of those with current experiences of substance use. NJN seeks to ensure that abstinence-only perspectives do not continue to dominate the conversation on harm reduction by including those who are able to speak of their lived experiences of substance use, as well by ensuring that a variety of experiences and realities are represented within discussions at the workshops.

Peers are essential to NJN for a variety of reasons. First, peers at NJN facilitate the workshop session on peer engagement, in which they share their perspectives and lived or living experiences with substance use, challenging stigmas and marginalization, and highlight best practices when working with peers to address overdose. Second, peers who are engaged in the overdose response requested opportunities for education and training in these topic areas, so having peers trained via NJN demonstrates reciprocal learning. Lastly, the workshops are an opportunity for community health staff to network with peers: For example, several peers who participated in NJN have subsequently been invited by community champions to share their lived experience at community events and trainings.

In the six workshops, priority was given to self-identified Indigenous peers to attend NJN, but some peers identified as non-Indigenous. Non-Indigenous peers were mostly well received by the participants. Through the course of running the program, the IWT learned that it was critical to talk by phone with peers ahead of time to prepare them for the content and the focus on Indigenous communities in particular, and to clarify expectations for their roles in the workshop. Further, while the importance of full attendance for participants was emphasized, there was a lot of variation in how much peers were able to participate in the 3-day workshop. In order to include peers actively involved in current substance use or addictions, it was important to be flexible in accommodating what different peers were able to commit to.

Indigenous Wellness Team

The NJN program was created and facilitated by the IWT, which at the time of the six workshops included two Indigenous educators and four non-Indigenous nurse educators and nurse specialists. All members of the team had previous experience sharing harm reduction education with urban and rural Indigenous communities. Several nurses on the team had been sharing HIV harm reduction education with Indigenous communities for decades, and the entire IWT was experienced in providing standalone trainings on naloxone, decolonizing addiction, Indigenous harm reduction, and sexual well-being throughout the province beginning in 2016. The team was able to draw on previous relationships with colleagues, organizations, and communities, which bolstered the participation, reach, and relationship-building aspects of the workshop. The facilitation team was supported by an event coordinator who worked closely with the team to arrange travel and logistics for all participants. The event coordinator worked to ensure all participants were comfortable and cared for during the workshops, including communicating with venues to ensure they were culturally safe for Indigenous participants and peers.

In planning the first workshop, the IWT began working with an Elder, who is also culturally trained as a spiritual healer. The Elder/healer supported each workshop, which was necessary due to both the sensitive nature of the topics being discussed and the importance of spiritual support within many Indigenous communities. Such support was even more significantly needed given the levels of grief and loss in communities throughout the overdose crisis, grief that could be further triggered by the discussion of these sensitive topics. Further, it was vital to the team to work with an Elder who was understanding of and could speak to Indigenous harm reduction. Having an Elder speak to harm reduction is supportive of Indigenous knowledge sharing and a counter-narrative to the abstinence-only perspectives shared by many Elders. The team Elder supported anyone in the room feeling triggered, overwhelmed, or in need of support, and helped guide the conversation and energy of the workshop when needed. Including an Elder proved to be an imperative feature of the workshop, as several participants in each workshop sought out time with the healer to cope with grief, loss, and other feelings related to the topic of overdose.

Curriculum

For its curriculum design, FNHA workshop facilitators drew on the First Peoples Principles of Learning (First Nations Education Steering Committee, 2015), adult participatory learning principles (Day & ISW International Advisory Committee, 2005), and wise practices from existing programming, such as Around the Kitchen Table (Chee Mamuk Aboriginal Program, 2010). Each workshop began with participants sitting in a circle and a welcoming to territory by a local Elder from the territory that the workshop was held on. Local Elders were recruited through IWT's networks or through the FNHA's regional offices. Facilitators worked to create a safer space by making time for group introductions, icebreakers, and group agreements created for the workshop. With the group's agreement, a "parking lot" for ideas was created, as the topics of harm reduction, addiction, and substance use can bring up many thoughts, emotions, and questions for participants. This was created to "park" these thoughts and questions, to guarantee that they are addressed and also ensure that the discussion stayed on topic.

Workshop facilitators modelled five lesson plans that participants were expected to lead in their own communities. Participants were then given the lesson plans and materials needed to lead these sessions and had opportunities to practise leading sessions with one another. Two modules (Decolonizing Addiction and Indigenous Harm Reduction) were created by and for Indigenous facilitators only, with the knowledge that the "best practice is to privilege Indigenous voices" when describing the experience of Indigenous communities and people (Smith et al., p. 17). A video that serves as a teaching tool covered similar material, including Indigenous perspectives on harm reduction, for situations in which an appropriate facilitator was not available to lead Decolonizing Addiction or Indigenous Harm Reduction. The workshop also included guided discussions on planning and adapting workshops in participants' own communities, as well as content on peer engagement, facilitation skills, and trauma- and violence-informed care (Browne et al., 2015). The workshop concluded with a ceremony led by

the Elder who welcomed participants to their territory at the beginning of the workshop, and this ceremony was varied and unique depending on the traditional territory upon which the workshop was held. The ceremony honoured and upheld the participants' work and the roles they were taking up as trainers and leaders in their communities. See Table 2 for all lesson plans and objectives within the training. (For more information on the NJN training, see BC Ministry of Mental Health and Addictions, 2018; FNHA, 2018; FNHA, 2019b)

Table 2

Not Just Naloxone Curriculum and Objectives

Curriculum	**Objectives**
Opening	• Welcome to territory • Set guidelines and create a safe space for learning • Meet one another
Definitions, Overdose Public Health Emergency, Prohibition *	• Define: opioid, fentanyl, withdrawal, tolerance, opioid agonist, naloxone • Describe the impacts of the overdose public health emergency in BC • Discuss the history of prohibition and intersections between racism, the drug war, fentanyl contamination, and overdose
Decolonizing Addiction * *(by and for Indigenous facilitators only)*	• Create a collective understanding about sensitive and complex topics • Make clear linkages between colonialism, trauma, and addiction • Remove blame from people who are experiencing trauma • Respectfully balance the tone of conversations and move forward in a good way
Indigenous Harm Reduction * *(by and for Indigenous facilitators only)*	• Explore the intersections of Indigenous cultures and harm reduction, using the Indigenous harm reduction principles and practices (FNHA, n.d.-a) • Share and discuss examples of Indigenous harm reduction initiatives
Overdose Response (Take Home Naloxone) *	• Recognize and respond to opioid overdose using the SAVE ME steps, Take Home Naloxone, and/or nasal naloxone (BC Centre for Disease Control, 2019)
Taking Care of Each Other: Indigenous Harm Reduction Video Series *	• Reflect on Indigenous harm reduction perspectives, experiences, and approaches to harm reduction using short documentary video teaching tool and accompanying guide (FNHA, n.d.-b). • Provides an option for non-Indigenous facilitators to host conversations about Decolonizing Addiction and Indigenous Harm Reduction which centre Indigenous voices
Trauma- and Violence-Informed Care	• Define trauma and the health impacts of trauma • Describe trauma- and violence-informed care • Brainstorm ways to take a trauma- and violence-informed approach to overdose response work in communities
Low-Barrier Cultural Activities	• Guest presentation from Culture Saves Lives and/or local Indigenous organization that provides low-barrier cultural activities (Portland Hotel Society, 2019)

Table 2, cont.

Curriculum	Objectives
Peer Engagement in Harm Reduction	• Presentation from peers on their lived/living experiences of substance use, stigma, harm reduction, and overdose • Outline best practices in engaging with peers in overdose response work
Facilitation Skills	• Describe adult learning principles • List components of effective facilitation and lesson planning • Share challenges and best practices in facilitation
Practice	• Participants practice facilitation of one of the core components
Closing Ceremony	• Celebration of participants' work and commitment to their communities • Commitment to support one another going forward in this work

* Core "train-the-trainer" components; others are background for participants.

Follow-Up Support

FNHA facilitators provided ongoing support via phone and email and, where possible, supported in person the implementation of trainings facilitated in communities by NJN champions. Participants who completed the NJN workshop could apply for a $2,500 grant to implement trainings that covered the NJN curriculum in their own communities. All NJN champions were invited to a province-wide follow-up gathering in December 2018. The evaluation data described here were collected at the follow-up gathering.

Evaluation

In December 2018, a 2-day follow-up gathering was held with NJN trainees in Vancouver, BC. The purpose of the gathering was to bring trained harm reduction community champions together to share their experiences of bringing harm reduction knowledge and education back home to their communities and implementing the NJN trainings. The gathering also enabled participants to support and hear one another and renew energies to continue supporting communities through the crisis. Finally, the gathering provided the team with an opportunity to evaluate NJN.

Data Collection

Fifty-two participants attended the gathering. A survey was created to gather demographic information about participants and their roles in community, gauge their level of harm reduction training prior to NJN, gather feedback on NJN's design and implementation, and assess its impact (see Appendix for survey). The survey included 39 open-ended and Likert scale questions covering four different areas: (a) demographics, (b) NJN curriculum and implementation, (c) resources and supports, and (d) outcomes. The survey was administered after the gathering, both on paper and online. Thirty-seven of 52 participants (71%) filled out the survey. The results were collated and qualitative responses were thematically analyzed by hand, first on paper and then in a Microsoft Excel spreadsheet.

In addition, a 12-minute evaluation video was created by a local filmmaker in which participants at the provincial gathering and one regional training were interviewed. Participants

were invited to share their stories on film with the understanding that the video could be shared by NJN trainers and through Indigenous harm reduction networks. The filmmaker was given six questions or prompts:

1. Please tell us more about your role in the community, how you implement harm reduction (or how you want to implement harm reduction), and conversations around substance use, harm reduction, and addiction.
2. What was one of the highlights of the training? Any "aha" moments?
3. How would you describe harm reduction?
4. Was there anything you would change?
5. How does stigma affect your work?
6. How will you take the training forward?

NJN participants consented to the FNHA's use of evaluation data in order to share findings and information. All information collected was de-identified for the writing of this article. The NJN training and this evaluation adhered to Indigenous ethical standards that ensured balanced relationships between participants and FNHA staff.

Results

Demographics

Participants worked in diverse paid and volunteer positions, including in housing, outreach, nursing, community engagement, health care, facilitation, entertainment, community governance and organizing, and emergency response. Most attended as community members and workers, some through their professional roles. Many participants had some knowledge of harm reduction prior to NJN training, though the level of knowledge was varied. All but one participant had completed one prior NJN training.

Not Just Naloxone Curriculum Strengths

When asked about the strengths of the NJN training and its curriculum, participants overwhelmingly responded that the focus on decolonizing addiction and understanding the impacts of colonialism on substance use was a core foundational strength. This included using the concept of connection to reduce the harms of addiction and the challenging of dominant, Western approaches to stigma and substance use. One participant noted a shift in their understanding when introduced to the concept of substance use as a "medicine" in the healing journey—that is, that substances may be used out of necessity and in the absence of other healing modalities. The emphasis on integrating Indigenous knowledge and culture into harm reduction practice was critical for most participants:

> *That was one of the beautiful things I loved about Not Just Naloxone is that it's Indigenized. It really helps … make it more relatable to First Nations and Indigenous people.* (Participant in the film)

Participants also appreciated the inclusion of the history of drug prohibition—with multiple participants requesting more content in this area—as well as traditional harm reduction philosophy and practice.

Another core strength of the training was the confidence and skills it instilled in participants, who reported experiencing "calmness in crisis" and having "the tools and skills to … keep people alive through an overdose." Participants also identified making connections—sharing stories, successes, and failures and collaborating with others—as a positive outcome of the training. One participant stated: "Every moment was an opportunity to learn, grow, and connect. We shared our personal weaknesses and came out stronger human beings!"

One of the most significant findings for the team was how NJN instilled in participants a strong sense of preparedness and readiness not only to respond to overdoses but to facilitate and engage in tough conversations and apply trauma-informed practice. Participants also reported experiencing a significant increase in harm reduction knowledge and feeling more aware of the stigma around substance use (see Table 3). In addition, they reported a better understanding of capacity-building and an ability to identify leaders, or community champions.

Table 3

Self-Assessed Confidence After Completing Not Just Naloxone Training

As a Result of Not Just Naloxone	Number of Participant Responses						Total Number of Responses
	1 Not at all confident	2 Somewhat confident	3 Moderately confident	4 Very confident	5 Completely confident	Don't Know	
My knowledge regarding harm reduction has increased	0	1	1	15	15	3	35
I am more aware of the stigma around substance use	0	2	3	12	15	3	35
I consistently apply trauma-informed approaches in my work	0	1	5	9	17	3	35

Table 3 con't

As a Result of Not Just Naloxone	Number of Participant Responses						Total Number of Responses
	1 Not at all confident	2 Somewhat confident	3 Moderately confident	4 Very confident	5 Completely confident	Don't Know	
I am more confident facilitating group discussions regarding harm reduction	0	2	3	13	13	4	35
I feel prepared to respond to overdoses	0	1	1	11	19	3	35

Note. Participants were not required to answer every question, and thus the total number of responses may not equal the total number of evaluation participants.

Feedback and Ideas for Improvement

Participants provided feedback on the training and identified areas for improvement. One participant noted the difficulty with keeping NJN training materials up-to-date after receiving the training—difficult in the context of a rapidly evolving opioid public health emergency. Others requested more statistics (including beyond BC) in the curriculum, increased emphasis on wellness and self-care for trainers, and access to funds to hold trainings. Some participants reported their own personal challenges taking the NJN training, including triggers affecting their ability to learn or process. Another observed a gap in access to NJN training for youth and Elders.

Significant findings for our team included suggestions from participants about what they would like to have received in the training or see in the future. This included more information on destigmatization, different types of drugs, drug overdose in combination with alcohol use, and the history of drug prohibition, as well as greater emphasis on developing partnerships between Indigenous and non-Indigenous people and organizations. Another suggested the facilitators take an explicit social determinants of health approach to ensure trainees understand the "many reasons why people do what they do."

Implementing the Training

After taking the NJN training, participants themselves became NJN trainers, delivering the core training they learned and going on to distribute naloxone and conduct trainings in their communities. Of the 37 NJN survey respondents, 25 (68%) had already implemented their own trainings; these 25 respondents reported training 2,430 community members in total. The IWT was pleasantly surprised to see the diversity of ways in which participants implemented their training. Many conducted one-on-one trainings, including with close friends, Elders, and youth who were actively using substances. Others conducted group education sessions, including with

youth in schools, nurses, Chief and council, band staff, childcare and health centre staff, tradespeople, committees, community groups, town halls, homeless camps, community volunteer firefighters, other harm reduction organizations, healing circles, and drum groups. Some participants had even conducted "on the spot" training on the streets, in alleyways, bathrooms, and parks. One individual partnered with a health organization to provide cultural competency education. Another even offered harm reduction training at a soccer tournament.

However, implementing the training came with a host of challenges. Simply getting folks to attend, or communities and organizations to agree to host the training, was a challenge. Many NJN trainers connected this difficulty to stigma and its role upholding stereotypes, judgment, prejudice, and shame. Many also noted the challenge of abstinence-based beliefs and approaches to substance use, as well as resistance from some community members who perceived harm reduction as "enabling" of substance use. Logistical challenges included lack of funding and available space to host the trainings, with other programs and issues being prioritized over NJN. Difficulty with transportation and getting folks to the trainings was common. One trainer reported feeling burnout. Others reported personal challenges when implementing the training, including shyness and difficulty speaking to people about naloxone. For some, it was a challenge to locate and receive naloxone kits (at that time, access to nasal naloxone was reported as limited). One participant responded that, despite partnering with their local Regional Health Authority and Chief and council, when contacting communities about implementing the training they received zero response. In the urban context, one participant noted that street-entrenched participants did not have the time or energy to focus on the training.

Participants also remarked on wise practices for implementation, such as door prizes and providing food for participants. Other supports included partnerships; support from co-workers, community members, staff (e.g., health centre, FNHA), and fellow NJN trainers; willingness of agencies to collaborate; and cultural activities such as smudging and singing. Trainers themselves were motivated to continue providing the training due to the persistence of the opioid crisis and by placing themselves in participants' shoes, or as one trainer stated, "being present to what the person is experiencing." One trainer stated that sharing their own overdose story and culture with youth helped them to continue. Another stated:

> *It made a personal difference inside my heart, as far as seeing the realities. Being a former addict myself, I was really hard on myself for being an addict. … I wasn't judgmental, but I was closed as far as trying to understand other people, and [NJN] helped me to understand myself and look at how to help other people in a healthy way.* (Participant in the film)

When trainers were asked what additional resources and supports would help them to continue delivering NJN, a large number stated that increased funding was a priority. Others responded with more training materials (such as PowerPoint presentations, pamphlets, and posters on overdose), more naloxone kits, local resources, access to staff support in the region, and money for "swag" (banners, stickers, hats, shirts).

Implementation Outcomes

Trainers were asked if attitudes around substance use and harm reduction changed in their communities as a result of the training. A large number reported that slowly—or as one participated described, at a "snail's pace"—conversations had begun to open up. As a result, some reported a decrease in shame and "bad attitudes" and increased compassion when interacting with people who use substances. One participant stated:

> *There's people who want to help, but they have a view that sobriety is the only way, so it's breaking down those barriers. But we have to do it carefully and slowly, and take our time.* (Participant in the film)

Multiple participants reported that abstinence was no longer the only model for addiction management. Multiple participants noted their communities were eager for further training, with one explaining that "the thought of losing loved ones is frightening." The findings from one survey question on community impact (see Table 4) were overwhelmingly positive, with a majority of participants stating that stigma was decreasing, awareness was increasing, attitudes were changing, and the community was more prepared to respond to overdoses.

However, most were cautious to warn that while things seemed to be changing, they were changing very slowly, with one participant remarking that anger, finger pointing, and blame were still present. In the words of one participant, "We still have a lot of work to do."

Table 4

Self-Assessed Impact of Not Just Naloxone on Community

As a Result of Not Just Naloxone	Number of Participant Responses						Total Number of Responses
	1 Strongly disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly agree	Don't know	
Stigma around substance abuse use has begun to decrease	2	4	6	16	3	4	35
Awareness regarding harm reduction has increased	1	1	5	17	6	4	34
Attitudes regarding harm reduction have begun to change	1	1	10	14	5	4	35
My community is more prepared to respond to overdoses	3	1	9	12	6	4	35

Note. Participants were not required to answer every question, and thus the total number of responses may not equal the total number of evaluation participants.

Limitations

The evaluation data were collected from a small number of total NJN trainees (37 of 102) and only include information from those trained by the FNHA's Indigenous Wellness Team, not the trainees trained by NJN graduates. It is likely that those who took the training and returned to community to deliver it changed it to suit their own personal style and community need, perhaps resulting in different outcomes.

Discussion

NJN provides culturally safe, culturally relevant harm reduction education and training to community champions in order to facilitate conversations about overdose, harm reduction, and addiction. In doing so, NJN assists community champions to begin reducing stigma in their communities around substance use and increases opportunities for connection and relationship-building with community members who use substances. The train-the-trainer model is key to achieving these outcomes. Although NJN was designed by a small team located on Coast Salish territory, participants who take the NJN training are encouraged to modify the materials to suit their own cultural contexts and the needs of their community. As a result, this model not only builds capacity at the community level, empowering participants to engage in opioid response and health and wellness activities, but has the potential to be altered and tailored to respond to a rapidly evolving public health emergency.

The NJN model, adapted in part from Chee Mamuk's Around the Kitchen Table (CATIE, 2010; Chee Mamuk Aboriginal Program, 2010)—recognized by Accreditation Canada as a Leading Practice in 2016—utilizes Indigenous approaches, is rooted in holism, and comes from a foundation of care and support. This model also increases the FNHA's ability to respond to the public health emergency by expanding capacity beyond the IWT, to be led directly by the communities. Aside from the Chee Mamuk train-the-trainer workshop, at the time of writing, the team was not aware of nor was able to locate other train-the-trainer workshops that focused on harm reduction, substance use, and addiction from Indigenous-centred perspectives and approaches. While other Indigenous-centred programs and workshops discuss these topics (ICAD, 2019), the NJN workshop is unique and novel in terms of its structure, focus, and approach.

In keeping with wise practices in Indigenous allyship, the NJN curriculum was deliberately designed to centre Indigenous voices (Smith et al., 2015). This decision was taken with the understanding that non-Indigenous allies cannot speak from experience about the impacts of colonialism on Indigenous communities, and that having a non-Indigenous "expert" leading a conversation in an Indigenous community about Indigenous perspectives, cultures, and practices could in fact perpetuate inaccuracies, oppression, and harm. Similarly, the curriculum holds space for the voices of people with lived or living experience of substance use, in keeping with wise practices in harm reduction and resisting stigma (Greer et al., 2016). Lastly, the NJN workshops align with literature on equity and access to health care, by integrating critical concepts from cultural safety and trauma- and violence-informed care into overdose education

(Browne et al., 2015). Harm reduction education is enhanced by these concepts, and moves beyond safer supplies and naloxone kits to begin to address the stigma, pain, oppression, and barriers to accessing health care that underlie the overdose emergency. The team maintains that these choices contributed to the successful outcomes of the NJN workshops.

The NJN model—including the follow-up gathering held in December 2018—has enabled the IWT to respond to what trainers and communities were asking for. After hearing from NJN graduates that training designed especially for Elders and youth was needed, the team worked to tailor the curriculum and host population-specific gatherings. Since the follow-up gathering in December 2018, five additional regional trainings and three population-specific trainings have been held: one for youth, one for Elders, and one in Vancouver for Indigenous health service providers. Further, after hearing of and witnessing the innovative harm reduction programs and initiatives that NJN trainees had started, and receiving requests for new curriculum and content, the team began designing "NJN 2.0"—an updated curriculum designed to build on foundational NJN training. The IWT also responded to requests from community champions for more funding to implement community trainings, working with FNHA to open up a stream of community grants.

The network of harm reduction community champions created through NJN has enabled the team to better understand where gaps exist and where resources must be directed. As a result, one of the next steps for NJN—and Indigenous harm reduction in BC generally—is to create an Indigenous Harm Reduction Community, connected through a website and guided by a Council composed of Elders, people with lived and living experience, youth, and others with experience working in addiction, substance use, and harm reduction. This next step will further emphasize relationships, networking, and partnerships in Indigenous harm reduction, as many participants spoke of feeling isolated in the work and were appreciative of having space and time with other like-minded people. This work is currently underway.

Responses about the strengths of the NJN training suggest that the workshops truly are more than "just Naloxone" training—participants are profoundly impacted by the decolonizing addiction, Indigenous perspectives, and facilitation components of the curriculum, resulting in stark changes to the way participants view substance use and harm reduction within their own practice. This finding illustrates the value in taking an Indigenized and strength-based approach to harm reduction curriculum development and practice: A curriculum designed by Indigenous people with Indigenous values, approaches, and perspectives is more relevant and useful for participants.

Conclusions and Future Implications

Not Just Naloxone (NJN) is an Indigenous harm reduction and naloxone training model that has had a demonstrably positive impact on First Nations and Indigenous individuals and communities in BC. This train-the-trainer model, rooted in Indigenous approaches and perspectives, as well as cultural safety and trauma-informed practice, has applicability and relevance for other Indigenous communities—in Canada and elsewhere—struggling with the

overdose public health emergency and the stigma around the sensitive and personal topics of addiction, harm reduction, and substance use. With this in mind, the team recommends the following wise practices to those looking to implement their own Indigenous harm reduction training models:

1. Overdose response trainings should take the time to discuss the cultural, policy, and historical contexts for the overdose emergency in Indigenous communities. There is much to be gained from taking the time to train participants in more than just naloxone—even during an emergency. Delving into the context for illicit drug use in Indigenous communities gives trainers a depth of knowledge, skill, and judgment that goes far beyond just administering naloxone.
2. Trainings meant to improve the health of Indigenous communities should centre the voices and perspectives of Indigenous people. Trainings meant to reduce the harms of substance use should feature the voices and perspectives of people with lived and living experience of substance use.
3. Train-the-trainer workshops, like NJN, should be delivered by teams for teams. It is worth spending workshop time developing trust and networks, as it is not possible to do this work alone.
4. Networks are required to support implementation of similar trainings and keep folks connected. These networks require formal facilitation and organization to hold the group together and stay connected to the overdose response provincially and globally.

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Appendix: Not Just Naloxone Follow-up Survey

First Nations Health Authority thanks you for participating in Not Just Naloxone (NJN). We hope that you found the program valuable and that you are confident to apply your knowledge and skills in community.

We hope you will complete the short survey to help us understand your experience participating in the NJN training, implementing the training in your community, and some of the changes that may have resulted from the program. The results of this survey will be:

1. Non identifying, your personal information is not being requested and will not be shared
2. Responses will be compiled and shared with First Nations Health Authority and its partners in a final report
3. Used to make recommendations to FNHA regarding next steps including future training with other communities.

Please take a few minutes to complete the following survey questions. Thank you, your responses will help us to improve the training in the future!

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1. What is **your role** within your community or organization?

2. **When did you first complete** Not Just Naloxone (NJN) training?

3. Prior to completing NJN training, had you **previously completed overdose response or other harm reduction training**?

   ☐ Yes
   ☐ No
   ☐ Don't know

   a. If yes, what training did you complete?

4. How would you **rate your knowledge of harm reduction** prior to completing *Not Just Naloxone* training? (circle the best option below)

Very poor	Poor	Acceptable	Good	Very good	Don't Know

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5. Overall, what have been the **strengths** of the NJN training you received?

6. Overall, what were the **weaknesses** of the NJN training you received, if any?

7. Were there any **topics you would have liked to learn more about** that would have helped you provide NJN training or activities in your community?

   ☐ Yes
   ☐ No
   ☐ Don't know

   a. If "yes", please describe:

8. Have you provided NJN training or other NJN activities in your community?

   ☐ Yes
   ☐ No
   ☐ Don't know

9. Please tell us **how you have applied or implemented NJN in your community** (e.g. group education sessions, one-on-one training, incorporation of NJN materials into existing harm reduction or mental wellness activities):

10. **Approximately how many people have participated** in NJN training or activities in your community?

11. What have been **the barriers to** providing NJN training or activities in your community, if any?

12. What has **helped you provide NJN training or activities** in your community?

13. The core *Not Just Naloxone* curriculum includes modules on The Overdose Emergency and Prohibition, Decolonizing Addiction, Indigenous Harm Reduction, the Taking Care of Each Other Video Series, and Naloxone training. Were the NJN **curriculum and materials adaptable to your community's needs**?

No, not at all	to a small extent	to a moderate extent	to a great extent	to a very great extent	Don't Know

   a. If you **have not used** any of modules, please tell us why:

   b. Please describe **any changes you made to the curriculum**:

   c. Are there any **gaps in the curriculum**?

14. If applicable, please rate your confidence **facilitating discussions or training** on the core components of the NJN curriculum:

	Not at all confident	Somewhat confident	Moderately confident	Very confident	Completely confident	Not Applicable
	1	2	3	4	5	
Overdose emergency and Prohibition	1	2	3	4	5	
Decolonizing addiction	1	2	3	4	5	
Indigenous harm reduction	1	2	3	4	5	
Overdose response (Naloxone) training	1	2	3	4	5	
Taking Care of Each Other Videos	1	2	3	4	5	

Resources and Supports

15. Do you feel you have **access to the resources and supports** you need to deliver NJN training or activities in your community?

Not at all	to a small extent	to a moderate extent	to a great extent	to a very great extent	Don't Know

First Nations Health Authority
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16. What additional **resources, materials, or supports** would help you deliver NJN training or activities in your community, if any?
17. Do you know **who to contact within the FNHA and your regional health authority** with questions, concerns or to obtain support related to NJN?

    ☐ Yes
    ☐ No
    ☐ Don't know
18. Have you formed **new connections or relationships** through your experience with NJN that have helped you deliver NJN or other harm reduction activities in your community?

    ☐ Yes
    ☐ No
    ☐ Don't know

Outcomes

19. What have been the most significant changes in your community resulting from NJN, if any?
20. Please rate your agreement with the following statements **regarding your personal knowledge and capacity**.

As a result of Not Just Naloxone:	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly agree	Don't know
	1	2	3	4	5	
My knowledge regarding harm reduction has increased	1	2	3	4	5	
I am more aware of stigma around substance use	1	2	3	4	5	
I consistently apply trauma-informed approaches in my work	1	2	3	4	5	
I am more confident facilitating group discussions regarding harm reduction	1	2	3	4	5	
I feel prepared to respond to overdoses	1	2	3	4	5	

21. Please rate your agreement with the following statements regarding **changes in your community**.

As a result of Not Just Naloxone:	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly agree	Don't know
	1	2	3	4	5	
Stigma around substance use has begun to decrease	1	2	3	4	5	
Awareness regarding harm reduction has increased	1	2	3	4	5	
Attitudes regarding harm reduction have begun to change	1	2	3	4	5	
My community is more prepared to respond to overdoses	1	2	3	4	5	

22. How have attitudes around substance use or harm reduction changed in your community, if at all?
23. Is there anything else you want to share with us regarding NJN?

Thank you for your time and your commitment to the Not Just Naloxone Program. We truly appreciate your time, energy, and absence from your home.