

# WALKING THE **RED** PATH PROJECT



Bienvenue

Pìjàshìg

Weltasualul

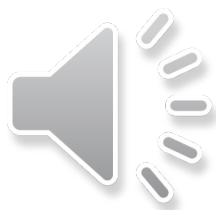
Tungasugit

Tansi

Bi-zhaazhig

WELCOME





# Strong Women's Song



Whey hey ya . . . . . Whey hey ya hey yo  
Whey hey ya . . . . . Whey hey ya hey yo

Whey hey ya way hiyo  
Whey hey ya, Whey hey ya, Whey hey ya  
Whey hiyo

Whey hey ya, Whey hey ya way hiyo  
Whey hey ya, Whey hey ya, Whey hey ya  
Whey hiyo

Repeat X4

# The Native Women's Association of Canada



## **NWAC's Mission Statement**

Advocate for and inspire Indigenous Women, Girls, Two-Spirit, Transgender, and Gender-Diverse People and families of many Indigenous Nations.

## **NWAC's Vision Statement**

We envision an inclusive world that understands and respects the diversity and uniqueness of all Indigenous Women, Girls, Two-Spirit, Transgender, and Gender-Diverse People and their families.

# What is Walking the RED Path?

**R**e-forging  
connections,  
**E**mpowering  
Indigenous women  
to heal, and  
**D**riving change for  
a healthy future



The project aims to increase your knowledge and awareness of STBBIs and prevent their transmission while improving your access to health, social and support services.



# Walking the RED Path Goals

1. Share information about sexually transmitted blood borne infections, HCV, HIV, healthy relationships, sexuality, addiction and Traditional Healing methods.
2. Work together to improve information and materials.
3. Identify needs, supports and services for you.

# Agenda

## Hour 1:

- Pre-workshop Survey
- **Part 1: Indigenous Histories and Healthy Relationships 101**
- \*Short Break\*
- **Part 2: HIV and HCV 101**
- \*Short Break\*

## Hour 2:

- **Part 3: STBBI Prevention and Harm Reduction 101**
- \*Short Break\*
- **Part 4: Traditional Healing and Supports 101**
- Post-Workshop Survey/Quiz

# Group Agreement

1. If the workshop upsets you in any way, you have the right to access an Elder for support or Staff to chat.
2. Listen actively, and don't talk over others.
3. Feel free to ask questions at any time, there is no wrong or silly questions.
4. Refrain from mocking or making fun of somebody else, we are all at different stages of our journey.
5. Respect each other's space and voice.
6. Have fun!

# Part 1:

## Indigenous Histories & Healthy Relationships 101



# Part 1: Learning Objectives

1. Explore the history of colonialism and its link to unhealthy relationships and STBBIs.
2. Develop an understanding of a healthy vs. unhealthy relationship and healthy sexuality.
3. Recognize and define consent.
4. Discuss stigma and its effect on sexual health education.



# Indigenous Womxn's Issues in Canada



# Indigenous

**First Nations People:** refers to both non-status and status People in the place of "band" or "Indian", who are neither Inuit or Métis People.

**Inuit People:** refers to the People who inhabit the North that are connected through language and culture.

**Métis People:** refers to the descendants of the children of the traders and Indigenous Womxn.

# Intergenerational Trauma



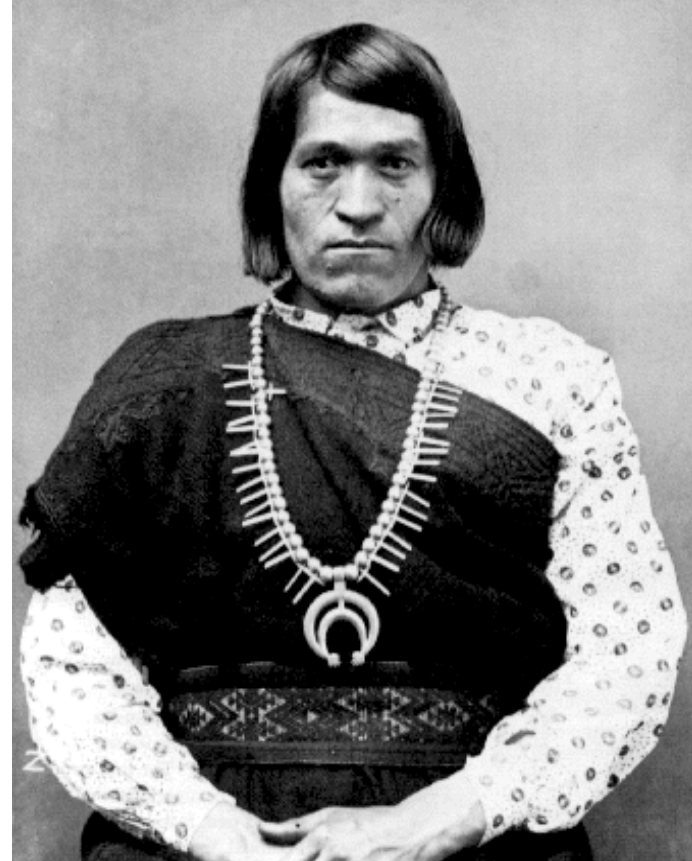
# Intergenerational Trauma

- Intergenerational Trauma is the compounding of *unresolved* and *unhealed trauma* that impacts present and future generations.
- Intergenerational trauma has harmful impacts and effects on individuals, families and communities.
- These impacts can consist of (but are not limited to): poverty, gender-based crime, MMWIG, family violence, family and kinship deterioration, continued separation from culture and language, and poor health outcomes.



# Two-Spirit People: Historically

- Two-Spirit identity was recognized and celebrated from a young age as gifts from the creator.
- Respected within communities for being able to see from the perspective of both a woman and man.
- Two Spirit People were often the visionaries, Healers and Medicine People.





# Two-Spirit: The term is exclusive to Indigenous Peoples



**Ayakwêw** (Cree)

**Ogokwe** (Ojibwe)

**Sipniq** (Inuit)

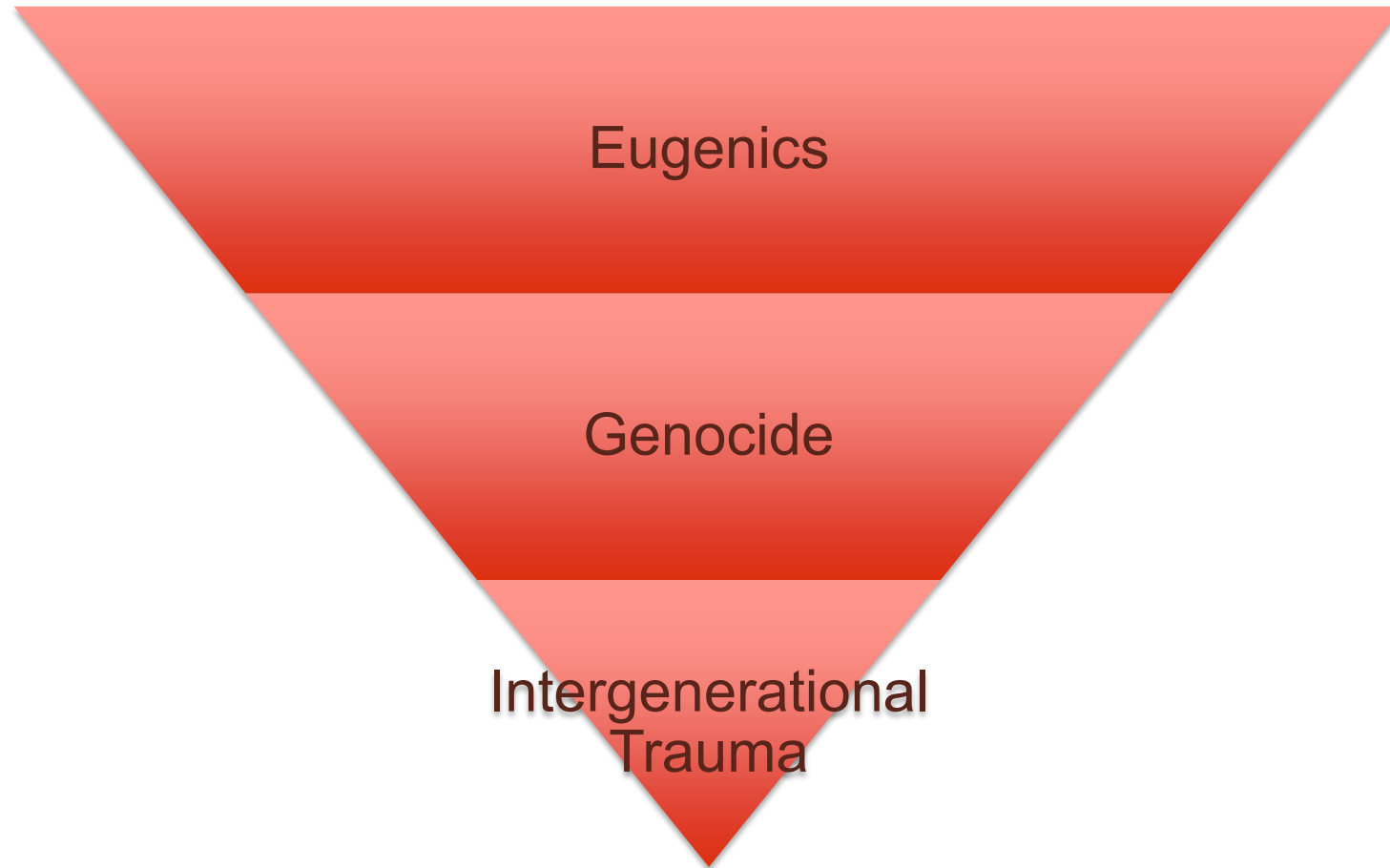
**Puoin** (Mi'kmaq)

**Sx'int** (Nuxalk)

# Indigenous Women and Two-Spirit People: Currently

- As a result of colonial policies, Indigenous womxn and Two-Spirit individuals lost their traditional roles and were viewed as less.
- Indigenous women, Two-Spirit and LGBTQQIA+ Indigenous individuals have been disrespected and displaced from their Communities, Languages and Cultures.
- This has resulted in unequal opportunities and poorer health outcomes.

# Connecting Complex Systems



# Eugenics

- Before a genocide can occur there needs to be a group that believes a collective idea of superiority
- Eugenics is a hegemony used to eliminate “undesired individuals,” including individuals living with disabilities, those living in poverty, historically excluded groups, with the idea to “better” future generations.
- Eugenics aims to use science for “human improvement” over generations

# Eugenics is

## 'Soft' Eugenics

- Promote the reproduction of the 'strong'
- Ensuring royalty marry one another
- 'Selective breeding' during times of slavery
- Financial Incentives to have children

## 'Hard' Eugenics

- Forced and coerced sterilization
- Marriage laws and loss of status
- Blood Bans on 2SLGBTQQAI+ people in Canada
- Testing of birth control on certain racial and ethnic groups



# Genocide

- The Truth and Reconciliation Commission (TRC) Report, published in 2015, found the Residential School System (and other activities) amounted to cultural genocide.
- The National Report into Missing and Murdered Indigenous Women and Girls, completed in 2019, found that the tragic violence that Indigenous women and girls have experienced amounts to genocide.
  - The Canadian government stated, “[w]e accept their findings, including that what happened amounts to genocide.”

# Genocide looks like

## Killing members of a group

- Death of Indigenous people at hands of government and crown
- Residential School System
- MMIWG (2STGDP)

## Causing Serious Bodily or Mental Harm

- Forced or coerced sterilization
- Physical, sexual, emotional and spiritual abuse
- Elevated rates of violence against Indigenous people

## Poor Living Conditions

- Reservations
- Residential School System
- Lack of safe, stable, adequate housing

## Preventing Births

- Indian Act
- Forced and Coerced sterilization

## Transferring of Children

- Child Welfare system
- 60's Scoop
- Residential School System
- Millennium Scoop

# Why are STBBI Rates Higher in Indigenous Populations?

Colonial acts and policies:

- Residential schools
  - 60s Scoop
  - Genocide & Eugenics
- Indian Act

Loss of  
Indigenous  
Culture,  
Languages and  
Land

Intergenerational  
Trauma

- negative impacts on Indigenous wellbeing

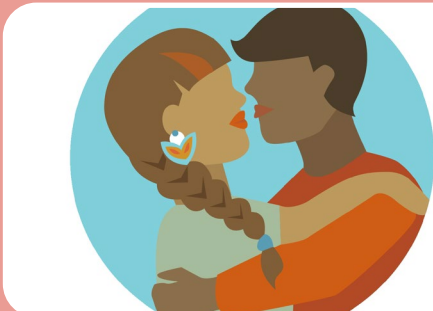


**Undealt trauma affects  
rates of STBBIs**

(“First Nations, Inuit, and Métis Women’s Sexual and Reproductive Health,” 2013)

# What does healthy sexuality mean to you?

# Characteristics of Healthy Sexuality



Honest,  
trusting  
accepting,  
nurturing and  
feels safe and  
secure.



Empowering,  
has boundaries,  
is private,  
responsible and  
enhances your  
self esteem and  
who you are.



Intimate,  
mutual, has  
communication  
and is an  
expression of  
love.



# Characteristics of Unhealthy Sexuality



Shameful,  
secretive,  
compromises  
your values,  
requires a  
double life.

**UNSAFE**

Addictive,  
hurtful, has  
no limits,  
and/or is  
unsafe.



Emotionally  
distant, has no  
communication,  
benefits only  
one person, is  
power over  
someone.

(The Society of  
Obstetricians and  
Gynaecologists of  
Canada, n.d.-a)



# Signs of Unhealthy Relationships

- They want to move too fast & constantly be with you.
- They constantly need to know where you are.
- They get angry/jealous when you socialize without them.
- They say disrespectful things/slurs about you/womxn.
- They find ways you make you feel guilty.
- They constantly call you/Blow up when you don't answer right away.
- Blames everyone, makes constant excuses makes you feel like everything is your fault.

(The Society of Obstetricians and Gynaecologists of Canada, n.d-a.)

# Taking back Healthy Relationships

- Discuss boundaries with your partner, tell them how you feel and find a common ground.
- If the boundaries aren't being respected, let them know.
- Once you give them space, tell them officially that you can't continue with your relationship.
- Cut them out, focus on yourself and let their life be theirs.



# What does consent mean to you?





# Consent

IF IT'S NOT  
**CLEAR**  
IT'S NOT  
**CONSENT**

- In relation to sex, consent refers to when one person gives the other permission for a sexual activity.
- Consent can be taken back at ANY time.

# Consent



**Ask**

Ask if you  
can



**Listen**

Listen to  
their  
boundaries



**Respect**

Do what  
they say,  
**even if they**  
**change**  
**their mind!**

# CONSENT

IT'S SIMPLE AS TEA

# Can substances influence a person's ability to make decisions?

# Capacity for Consent

When a person seems intoxicated by drugs or alcohol, they do not have the capacity to consent.



## What signs might indicate intoxication?

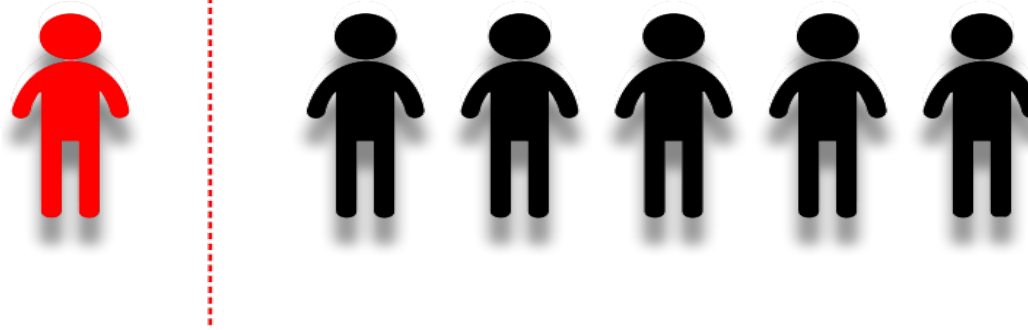


# alcohol and consent

**Do you have to get  
consent to have sex with  
your partner?**

**YES**

# What is Stigma?



- It is a negative stereotype.
- It can discredit an individual or a group of people in the eyes of others.
- Stigma is strongly affected by what society identifies as "wrong" or "bad".

# STBBIs are highly stigmatized



(MacLean, 2018)

# Why is Stigma surrounding STBBIs Harmful?



- Fear of testing leading to worsening infection and reduced sexual wellbeing.
- Mental health problems.
- Social withdrawal.
- Lack of knowledge.



# Coping and Addictions

- Trauma → Addiction
- Addiction → Risk of STBBIs
- Shame surrounding topics such as sexual health and addictions.
- Addictions such as those to substances or sex can be harmful to a person's health.



# Strength and Resiliency



- The barriers that Indigenous womxn and 2SLGBTQQAI+ face serve as reminders that we are resilient!
- It is seen every day through your strength, determination and success to survive and overcome.

# BREAK

# Part 2:

## HIV AND HCV 101



# Part 2 Learning Objectives

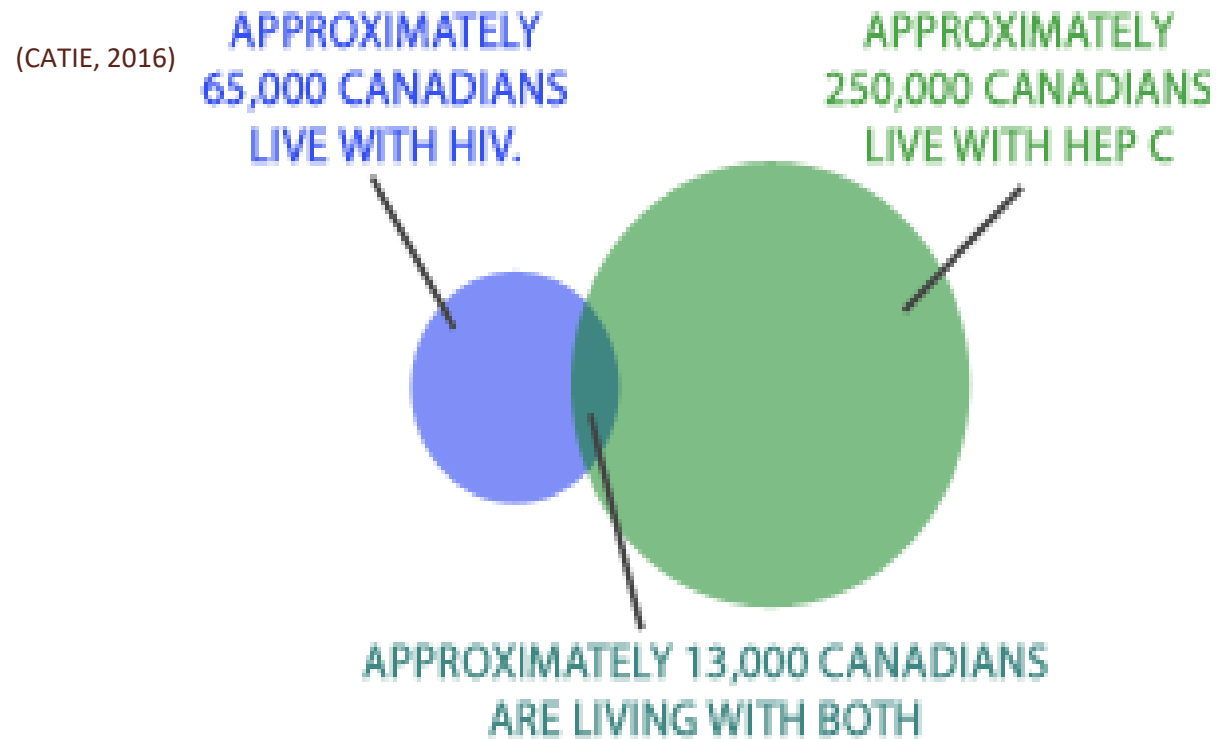
1. Learn the basics of HIV and HCV
2. Develop an understanding of laws around disclosure
3. Develop a well-rounded understanding of transmission, testing and treatment
4. Develop an understanding of HIV & HCV impacts on pregnancy & breastfeeding/chest feeding.

# HIV & HCV: Indigenous Populations

- First Nations, Inuit and Metis accounted for **11.3%** of all new HIV Infections in 2016. (Ontario HIV Network, 2019)
- Among people living with HIV, approximately **1 in 10** were Indigenous individuals. (Public Health Agency of Canada, 2021)
- The rate of HCV infection among Indigenous people in Canada has been estimated to be **5x** higher than the rest of the population. (Public Health Ontario, 2021)
- Of people living with chronic Hepatitis C (HCV), it is estimated that **1 in 30** Indigenous individuals are affected. (Public Health Agency of Canada, 2022)



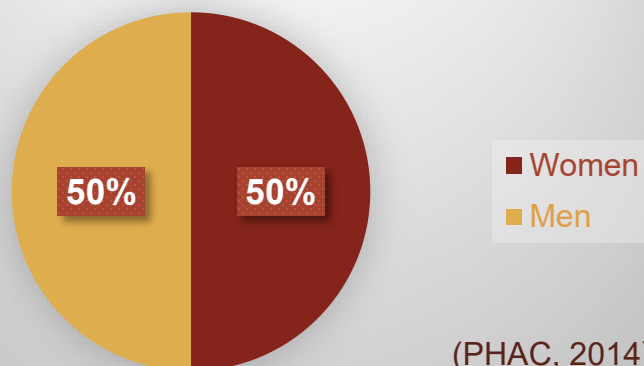
# HIV & HCV Co-infection



- **Co-infection:** living with more than one infection.
- Indigenous People are more likely to have an HIV and HCV Co-infection.

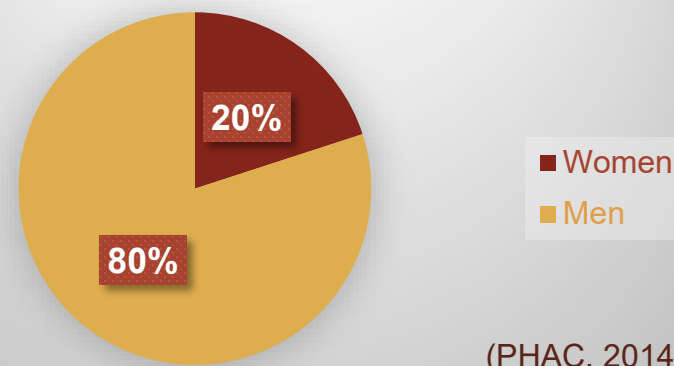
# HIV & HCV: Indigenous Womxn

## Indigenous HIV Diagnosis



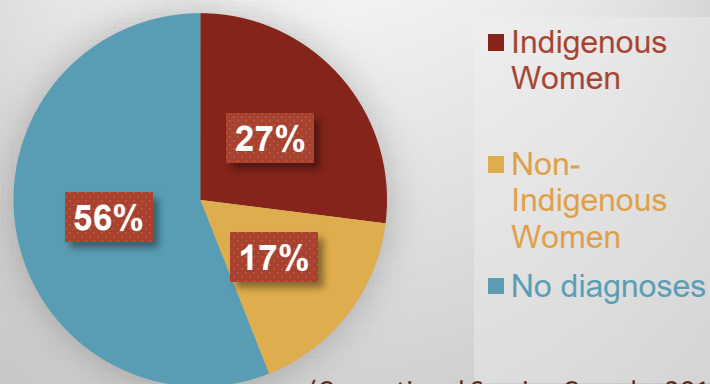
(PHAC, 2014)

## Non-Indigenous HIV Diagnosis



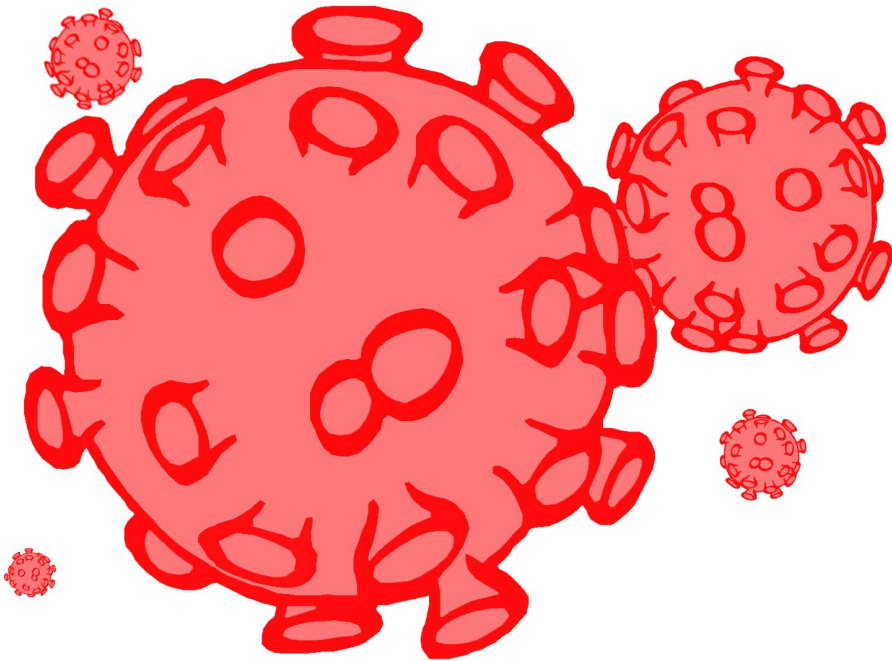
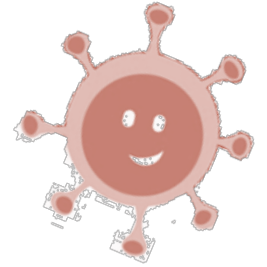
(PHAC, 2014)

## Incarcerated Women: HIV and HCV



(Correctional Service Canada, 2017)

# Human Immunodeficiency Virus



- Human Immunodeficiency Virus (HIV) weakens the immune system, the body's built-in defense against disease and illness.
- PrEP (pre-exposure prophylaxis) and PeP (post-exposure prophylaxis) are medicine that reduces your chances of getting HIV from sex or injection use.

(HIV:About PrEP, 2022)

# Who can get HIV?



**Anyone can get HIV, no matter...**

- Age
- Sex, gender, sexual orientation
- Race or ethnic origin

# HIV can only be passed by these five body fluids:

- Blood
- Semen (including pre-cum)
- Rectal fluid
- Vaginal fluid
- Breast milk



**HIV can live in dried blood up to 1 week outside the body.**



# How Can Someone Get HIV?



**Sex Without Protection**



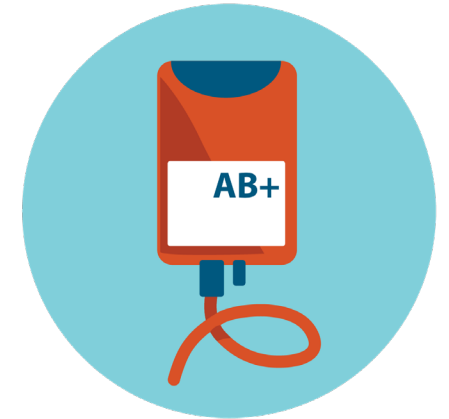
**Tattoos or Body Piercing with Unsterilized Needles**



**Sharing Injecting Equipment**



**Passed From Mother to Baby**



**Blood Transfusions & Organ/Tissue Transplants**



# HIV Cannot Spread With:



**Insect Bites**



**Sharing Cutlery**



**Toilet Sharing**



**Kissing**



**Touching**

# HIV: How do you know if you have it?

Most people do not have symptoms in the first 10-15 years of infection.

**Others experience:**



**fever**



**chills**



**rash**



**rapid weight loss**

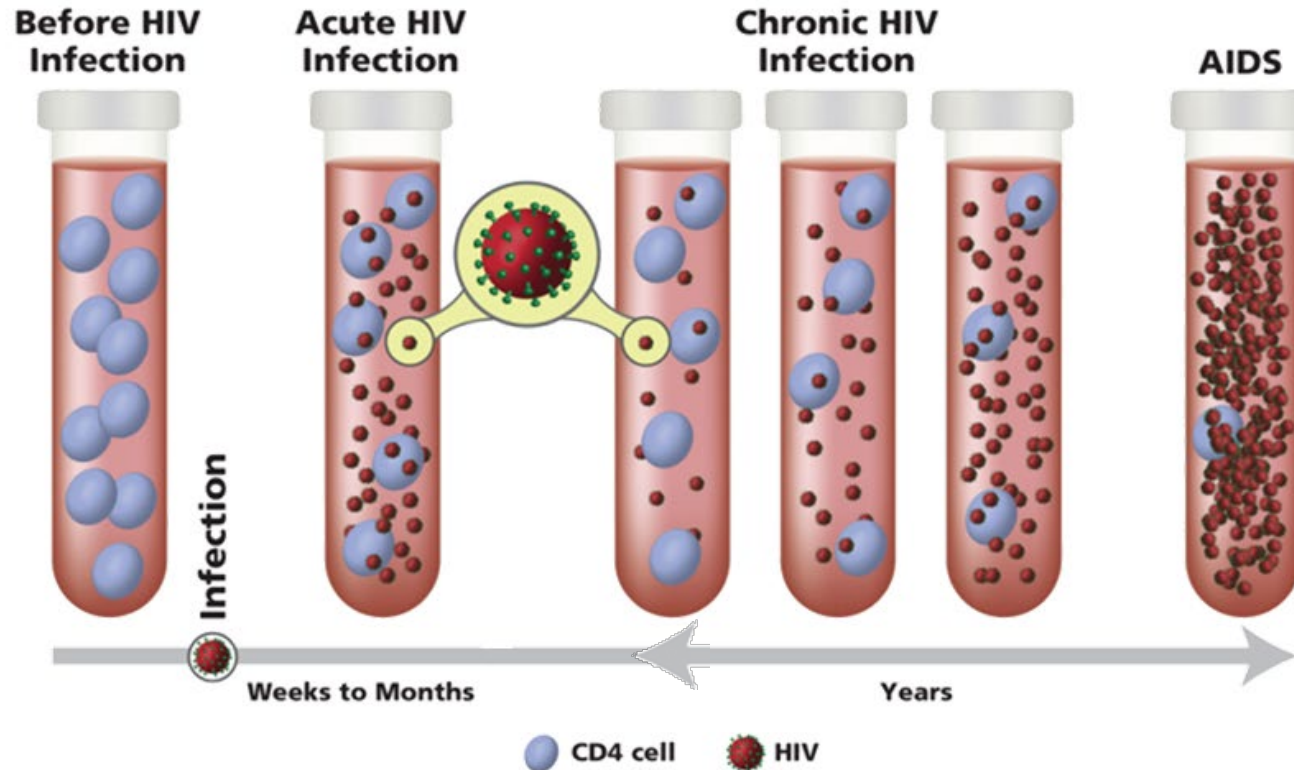


**headaches**



**not feeling hungry (1).**

# Stages of HIV



(AIDS Info & US Department of Health and Human Services, 2019)

## Can a person with AIDS go back to having Chronic HIV?

**“If a person engages in sexual activity that, in the eyes of the courts carries a ‘realistic possibility of HIV transmission,’ without disclosing first, they could be charged with a serious crime.”**

(HIV Legal Network, 2019)

# Disclosure and HIV

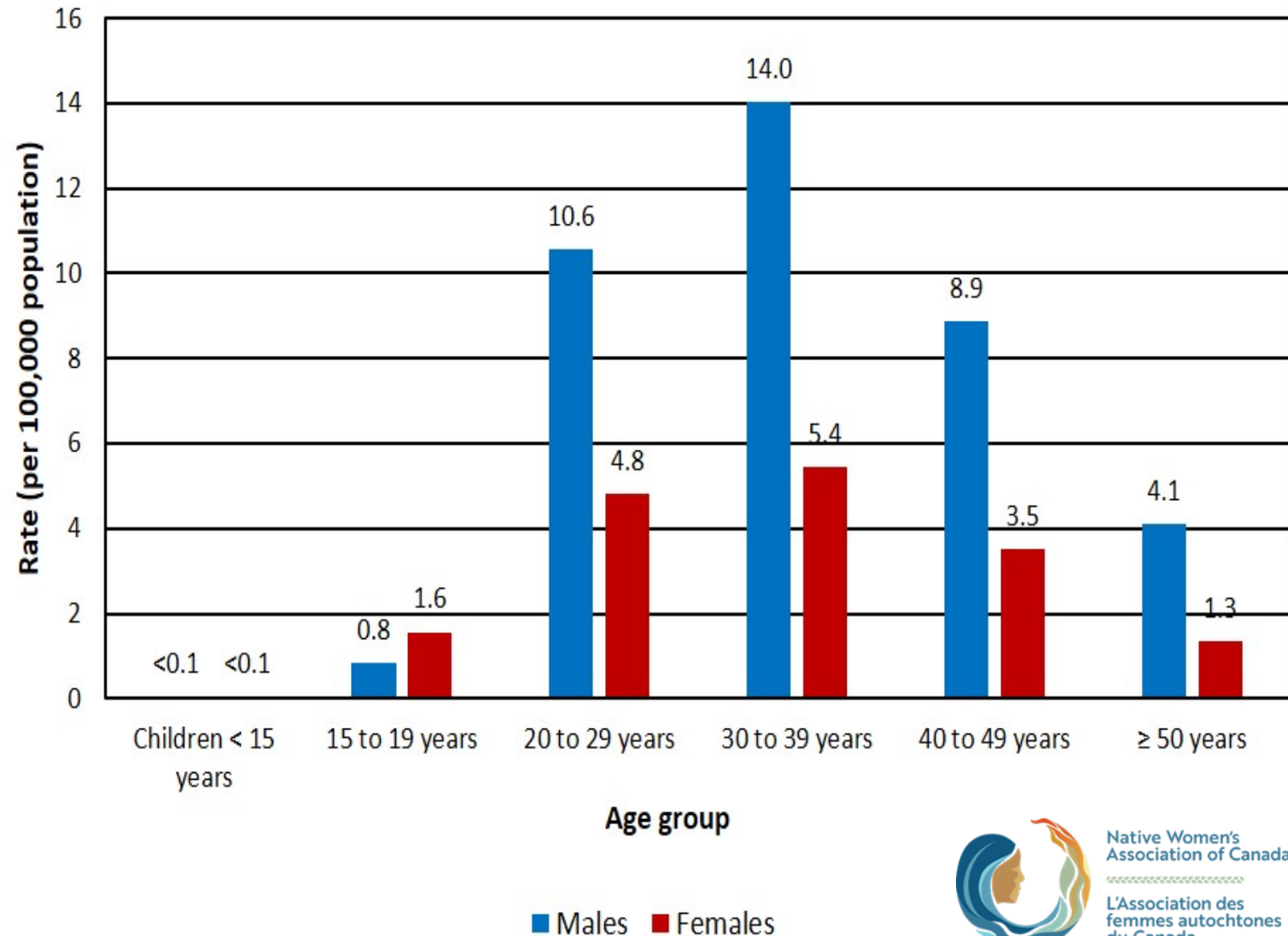
People living with HIV must disclose their HIV status to partners before any sexual activity that poses “a realistic possibility” of HIV transmission.

There is no realistic possibility of HIV transmission when a **condom** is used and the person with HIV has a **viral load of under 1,500 copies/ml of blood** and is **on treatment**.

(Government of Canada, 2017)

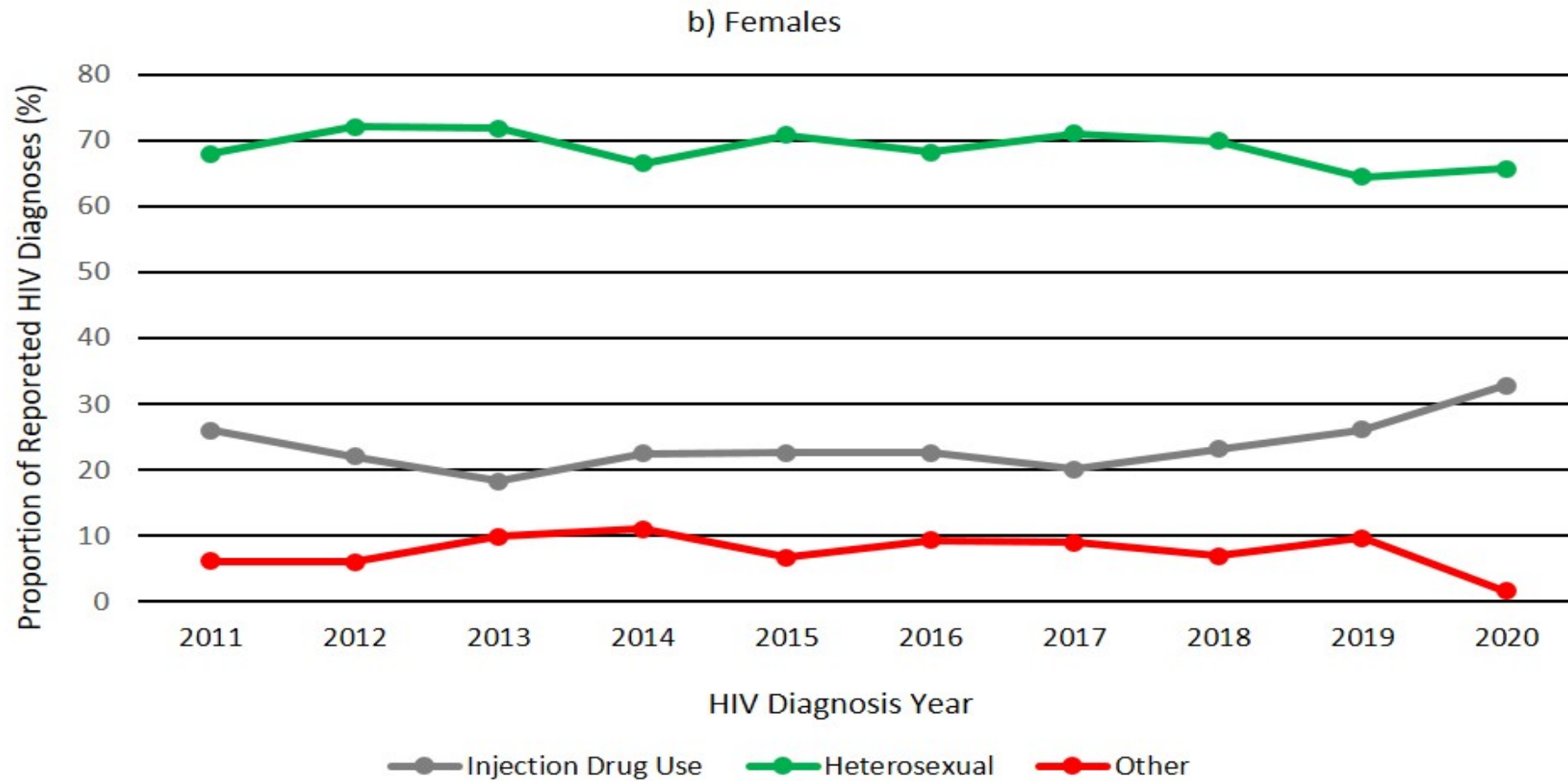
# HIV in Canada (2020)

- In 2020, there was **1639** newly diagnosed cases of HIV in Canada.
- Indigenous descent accounted for 19.5% of HIV diagnoses in females.
- The female category accounted for 28.6% of first time HIV diagnosis





# HIV in Canada (2020)



# HIV: Prevention

(CATIE, n.d.-b)



**Trust and  
Communication**



**Condoms**



**Dental Dams**



**Use new syringes or  
clean with Bleach**



**HIV Testing: Know  
your status**



**Treatment  
including PrEP  
and PEP**

# PrEP: Pre-Exposure Prophylaxis

What is it?	<ul style="list-style-type: none"><li>• Pre-Exposure Prophylaxis or PrEP is a medication you can take daily to protect yourself from HIV infection</li></ul>
When would you take it?	<ul style="list-style-type: none"><li>• <u>Before</u> HIV exposure</li></ul>
Why would you take it?	<ul style="list-style-type: none"><li>• If you have a sexual partner living with HIV</li><li>• If you don't know the status of your sexual partner(s)</li><li>• If you share drug injection equipment</li></ul>
How effective is it?	<ul style="list-style-type: none"><li>• If taken as prescribed, PrEP can reduce the chance of infection from sexual acts by 90% and from injection use by 70%</li></ul>

# PeP: Post-Exposure Prophylaxis

What is PeP?	<ul style="list-style-type: none"><li>• Post-Exposure Prophylaxis or PeP is a medication you can take to prevent infection of HIV</li></ul>
When would you take it?	<ul style="list-style-type: none"><li>• <u>After</u> HIV Exposure</li></ul>
Why would you take it?	<ul style="list-style-type: none"><li>• In emergency situations</li><li>• If you have experienced sexual assault</li><li>• If you don't know the status of the person you had sex with</li><li>• Shared injection equipment with someone</li></ul>
How effective is it?	<ul style="list-style-type: none"><li>• If taken properly, PeP can prevent HIV infection, but it is not always effective. The sooner you take PeP (within 72 hours), it has better chances of being effective</li></ul>

# HIV: Testing

Testing for HIV and other STBBI's is important.

This way you can make sure your healthy and that you can keep your partner(s) healthy.





# HIV: When to get Tested (Canadian AIDS Society, 2016)



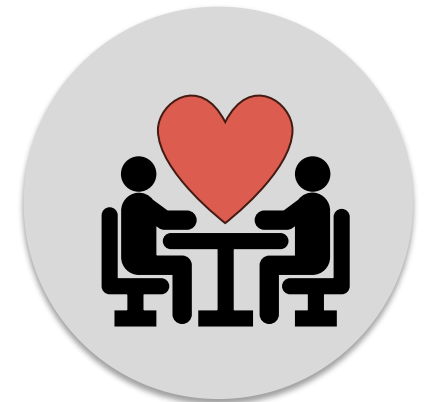
Had sex without a protective barrier



Had sex while under the influence of drugs or alcohol



Tested positive for another STBBI



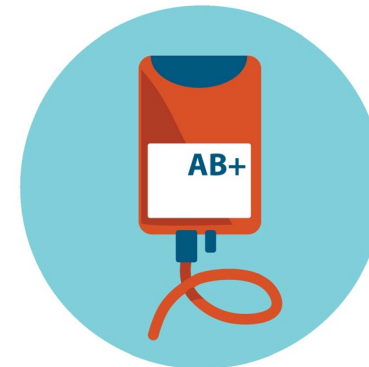
New Sexual Partner



Shared needles or other drug use equipment



Had tattooing, piercing or acupuncture with unsterilized equipment



Had a blood transfusion or received other blood products before 1986



# Methods for HIV testing

```
graph TD; A[Methods for HIV testing] --> B[Confirmatory Testing]; A --> C[Rapid Testing (Point-of-care testing & Self-testing)]; A --> D[Lab Testing];
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**Confirmatory Testing**

**Rapid Testing  
(Point-of-care testing  
& Self-testing)**

**Lab Testing**

# HIV Testing



Confirmatory Tests are secondary tests to confirm test results. This is used if a test is indeterminate.

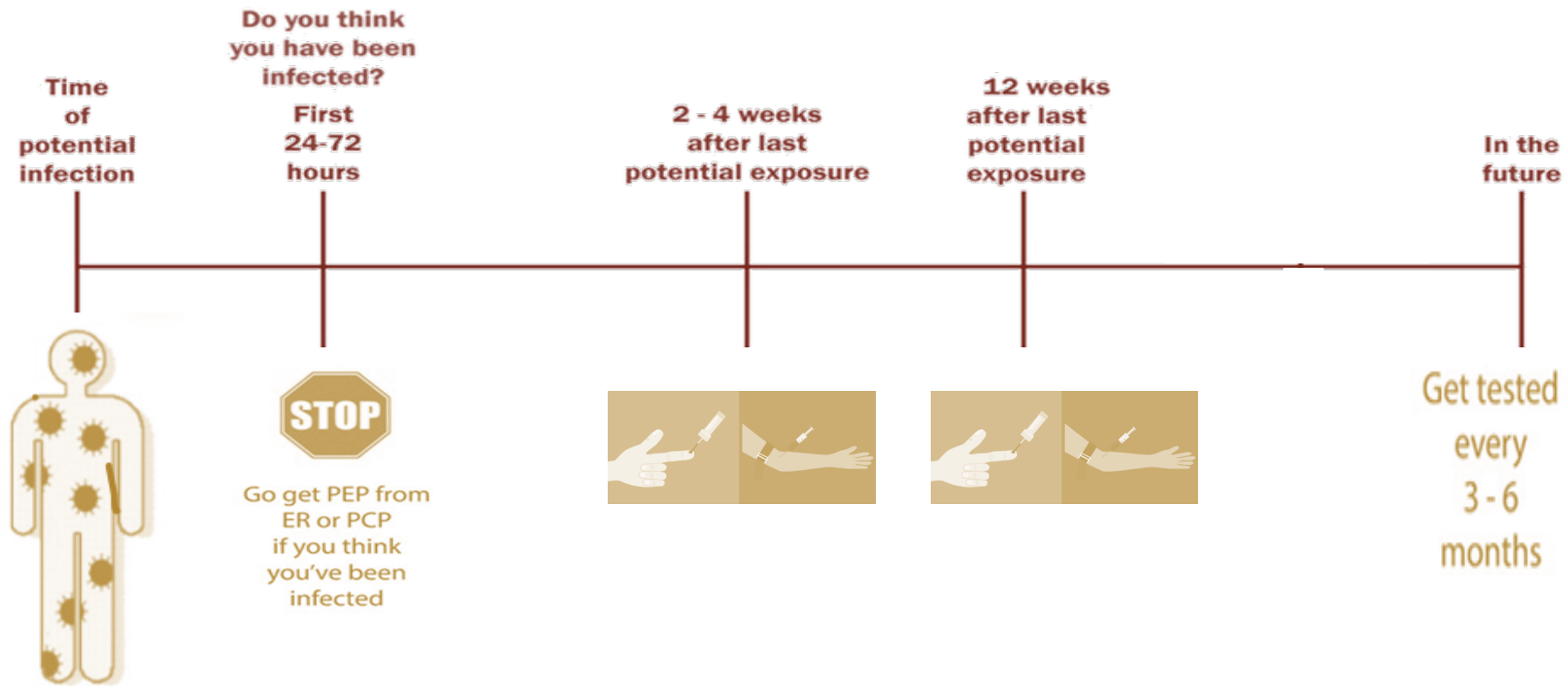


Rapid Testing includes Point-of-Care Testing. Results can be within minutes and uses a drop of blood. Self-testing provides results in minutes and uses the same technology as POC tests

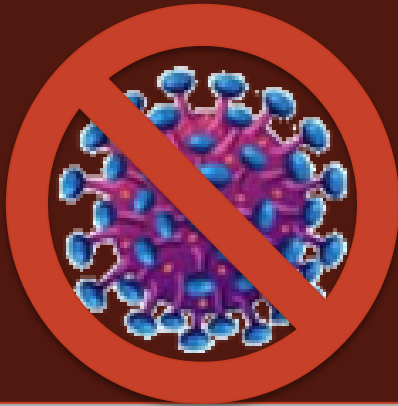


Laboratory tests or lab tests is when blood is drawn from the person and it is process in a public health lab.

# HIV Testing Timeline



# HIV Treatment



HIV medication cannot cure HIV; but they help people with HIV live longer, healthier lives and reduce the risk of HIV transmission.



People with HIV take a combination of medications, often in one pill, 1-2 times a day for the rest of their lives.

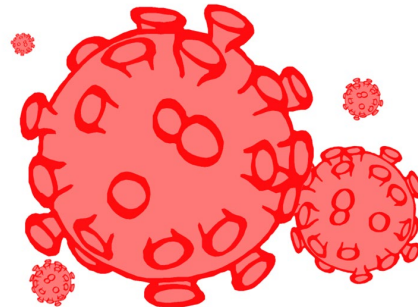
(CATIE, n.d.-c)

# Antibiotic (antimicrobial) resistance

- Antibiotic medicine is prescribed to slow the growth or kill bacteria that cause infections or illnesses
- Resistance happens when the bacteria becomes resistant to the medicine

Leading causes of resistance are:

- Taking antibiotics when not needed
- Sharing antibiotics
- Not taking medicine according to healthcare provider's orders
- Taking antibiotics not for a bacterial infection



# Antiretroviral Therapy (ART)

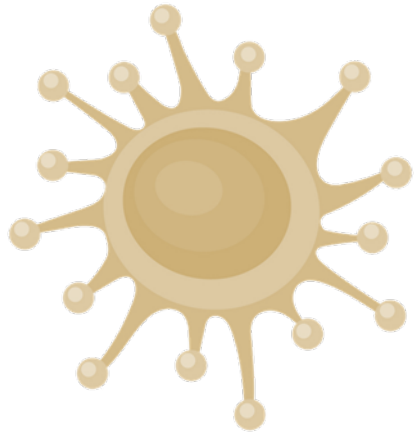
- ART is extremely effective in treating HIV+ individuals.
- Uses a combination of several medicines
- Goal is to reduce the amount of the virus in the body (viral load) so that it is undetectable in current blood tests

(MyHealth.Alberta, 2021)





# Antiretroviral Therapy (ART) Resistance



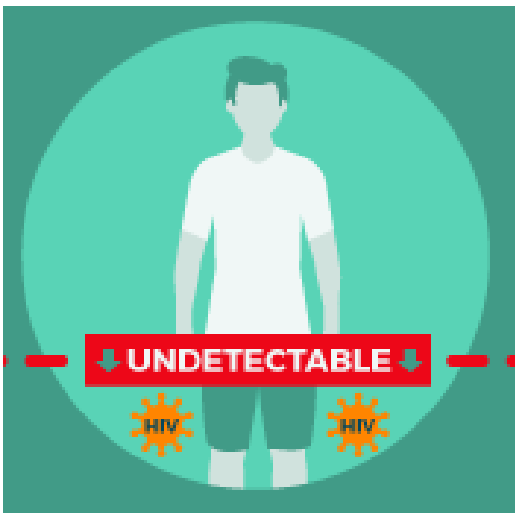
- HIV can mutate and change becoming resistant to medicine
- Drug resistance is more likely if a person does not or is unable to take the medicine regularly as prescribed
- When resistance happens the resistant strain can be transmitted from one person to another

(UNAIDS, 2016)

# HIV Treatment



No/Irregular Treatment → ↑ viral load = transmittable



Treatment → ↓ viral load = undetectable = un-transmittable

# Undetectable = Un-transmittable

- If you are HIV+ and take **treatment** you can maintain an undetectable viral load.
- Meaning HIV is not affecting your health and you can have sex knowing that you won't pass HIV to your sex partner.



(CATIE, 2017)

# Pregnancy and HIV

- If you are pregnant or thinking about getting pregnant, get tested for HIV.
- If you are HIV+ it is possible to have a baby without passing on the HIV to them.
- Without proper treatment, HIV can be passed from a pregnant person to their baby.

(CATIE, n.d.-b)

# Pregnancy Statistics

In 2020 in Canada,

- 250 infants were exposed to HIV in pregnancy
- Only 5 of these children were confirmed as HIV+
- 2 mothers had received ART therapies, 2 mothers had no therapies, and 1 mother was marked as unknown (not sure of status of treatment)



# HIV and Breastfeeding/Chest feeding

- There is a risk of transmission of HIV through chest feeding.
- If you are living with HIV, it is recommended to feed your baby formula instead of chest feeding them.



(CATIE, n.d.-b)



# Guidelines recommend:

1

Taking HIV treatment **BEFORE** you get pregnant, during pregnancy and labour.

2

Having vaginal/frontal delivery

3

Giving HIV medication to your child for a short time after birth

4

Baby formula instead of breast/chest feeding, still a risk even if you are undetectable

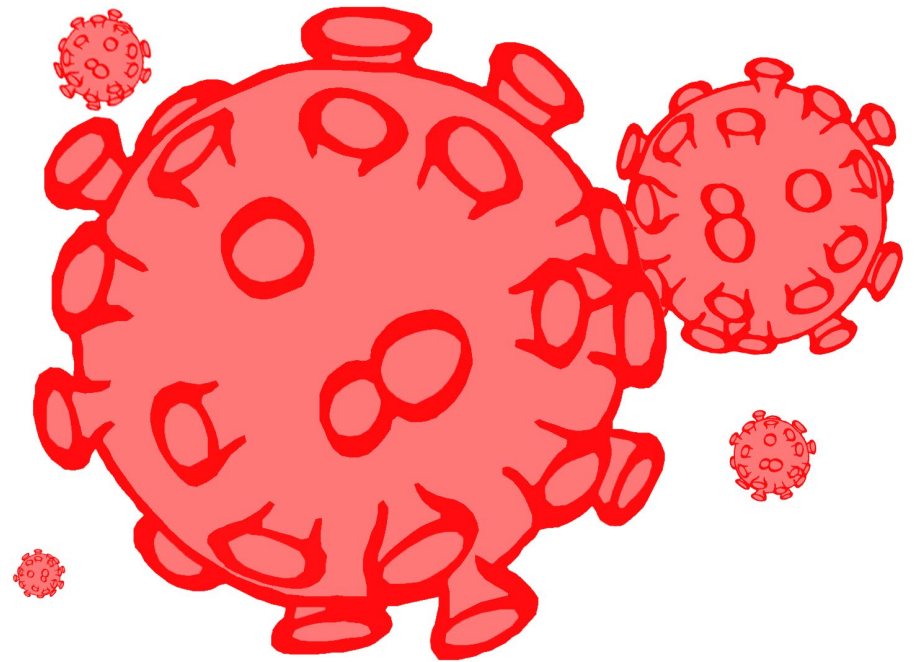
# HIV Summary



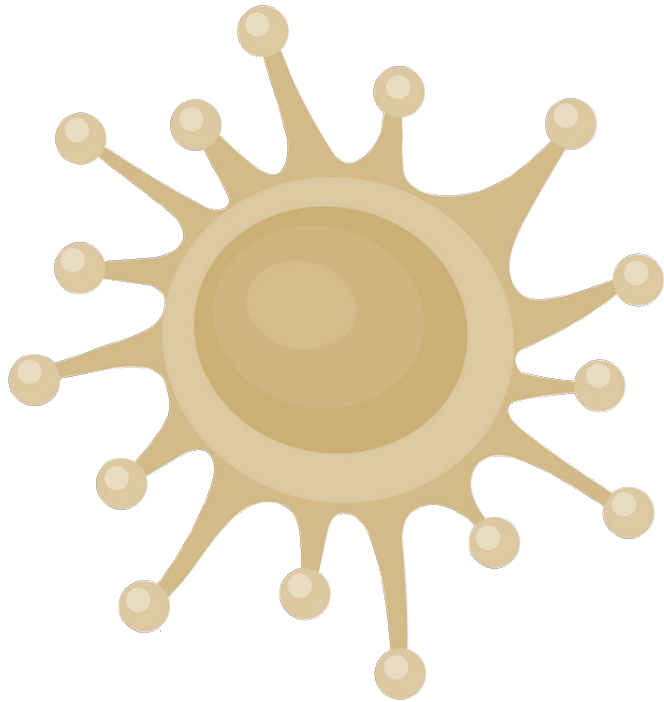
- HIV+ parents can have a HIV- baby.
- Getting tested is critical if you are pregnant or thinking about getting pregnant.
- Even if you are on proper treatment for HIV, it is recommended to use baby formula.

# HIV Summary

- There is preventative medicine such as PrEP or PeP to reduce risk of infection and transmission
- If infected, you can live a long and 'normal' healthy life due to medical advancements and treatments
- Disclosure is important to protect yourself and your partner(s)
- **Can be passed by:** Sex, Pregnancy, Sharing Needles and Blood Transfusion
- **Not passed by:** Kissing, toilet, touching, utensils



# Hepatitis C (HCV)



- Hepatitis C is a viral infection that causes your liver to swell.
- Hep C attacks the liver and can lead to a mild, short-term illness or a lifelong, life-threatening illness.

(CATIE, n.d.-a)

# Who can get Hepatitis C?



**Anyone can get HCV, no matter...**

- Age
- Sex, gender, sexual orientation
- Race or ethnic origin



# How Can Someone Get HCV?



**Sharing  
Injecting Equipment**



**Sex Without  
Protection**



**Tattoos or Body  
Piercing with  
Unsterilized Needles**



**Sharing Personal  
Hygiene Items**



**Pregnancy, Childbirth  
& Breastfeeding**



# HCV is NOT Passed By:



**Kissing**



**Toilet Sharing**



**Hugging**



**Sweat**



**Sharing Cutlery**



**Sneeze and  
Coughs**



**Insect Bites**



**Bathing**

***Unless blood is present***

# How do you know if you have HCV?

Some people do not have any symptoms and can live with hepatitis C without knowing it.

**Others experience:**



**fever**



**fatigue**



**poor appetite**



**yellowish discoloration of  
their eyes and skin**



**dark urine**



**weight loss (11).**

# Prevention

- Never share needles
- Avoid direct exposure to blood
- Don't share personal care items
- Don't share tattoo and piercing equipment
- Practice safe sex



# Use Safer Tools

- Make sure NEW equipment is used, this is safer
- Bring your own equipment if you can
- Use as many new items as you can including needles, ink, ink pots and jewelry
- Wash equipment before each use with hot and soapy water, if you can disinfect, this is **highly** recommended

# HCV: Prevention (CATIE, n.d.-a)



**Trust and  
Communication**



**Condoms**



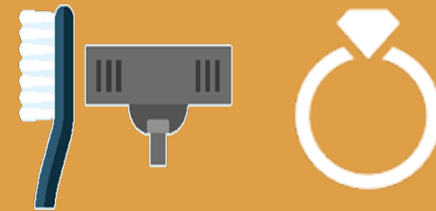
**Dental Dams**



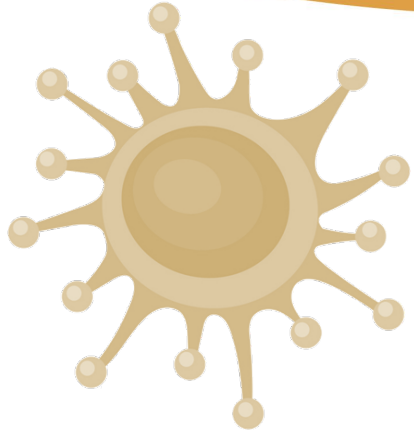
**Use new syringes or  
clean with Bleach**



**Don't use a needle  
or ink that other  
people have used**



**Don't share body  
jewelry or personal  
hygiene products**



**Did you know:  
Many people who get Hepatitis C  
don't know they have it.**



# Hepatitis C and Testing



- Testing is done 3-6 months after exposure.
- Takes 2 blood tests to confirm infection.

(CATIE, n.d.-a)

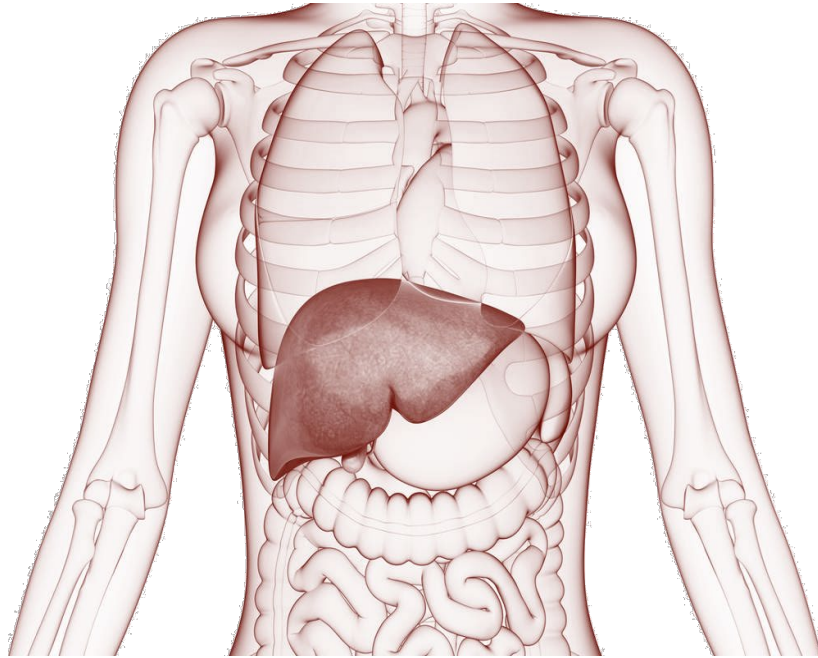
# How to get testing

If you want to be tested, ask to see a healthcare professional for testing

If you think you have been exposed to HIV/HCV, ask to see a healthcare professional for testing

If you do not know your status, ask to see a healthcare professional for testing

# Hepatitis C and Treatment



- Treatment **cures** almost all cases of Hepatitis C.
- 15 - 25% → cured from the virus on their own (**without treatment**).
- To treat HCV you take 1-2 pills a day for 8-12 weeks.
- Lifelong infection can lead to liver damage/failure, and death.

# HCV and Pregnancy

- HCV can be passed from the pregnant person to their baby – **in 5% of cases.**
- The risk of transmission is **higher** if the pregnant person is also living with HIV – **25% higher.**





# HCV and Breastfeeding/Chest feeding



- Chest feeding if you have HCV is generally **safe**.
- It is not advised to chest feed if you have cracked or bleeding nipples.

# HCV Summary

- There is no vaccine for HCV but there are ways to prevent it.
- With treatment most cases are **curable**.
- There is a 5% chance of a pregnant person passing HCV to their child.
- You need two tests to get an accurate result for HCV
- It is possible to have HCV without having symptoms.
- Some people can cure it on their own, but it is possible for them to get it again.



**BREAK**

# Part 3:

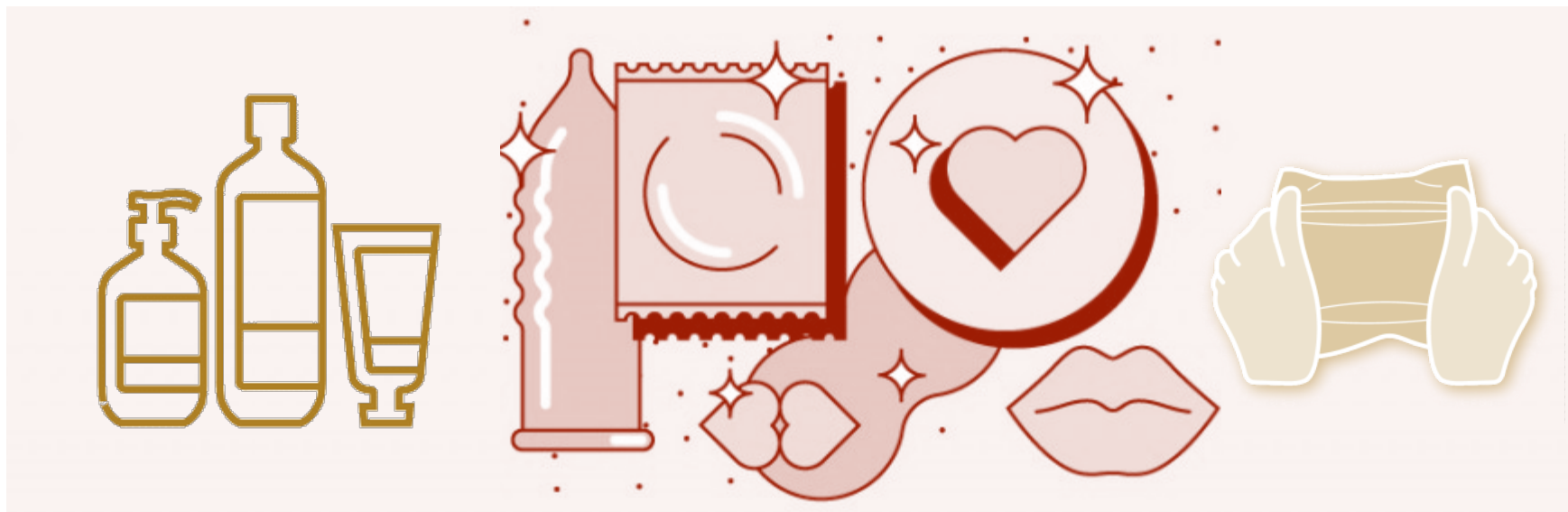
## STBBI Prevention and Harm Reduction 101



# Part 3: Learning Objectives

1. Develop an understanding of STBBI prevention techniques.
2. Recognize and define safer sex.
3. Recognize various harm reduction strategies, understand their importance and where to access them.

# What is Safer Sex?



Safer sex methods include using condoms, dental dams or outercourse (mutual masturbation and dry humping).

(Planned Parenthood, n.d.)

# Safer Sex Options

- Reach out to Health Services to access condoms, dental dams and gloves.
- Wash sex toys and hands thoroughly before and after engaging in sexual acts.
- If you think you have come into contact with an STBBI, seek treatment and **stop** sexual acts to stop spread
- Mutual masturbation (masturbating with your partner instead of touching your partner) is a safer sex option

# Womxn Who Have Sex With Womxn

Womxn who have sex with womxn may be at risk for STBBIs by having unprotected sex, oral sex, fingering or by sharing sex toys.





# Sharing Sex Toys

- Use condoms and change them when switching partners or penetrative acts.
- Clean your toys between use with toy cleaner or hot antibacterial soapy water.
- Porous toys can never be 100% cleaned.



(NHS, 2016)

# Tattooing & Piercings



Using unsterile equipment for tattooing/body piercing puts you at risk of STBBIs.



Don't use a needle or ink that other people have used.



Don't share body jewelry.

# Harm Reduction



- Focuses on ways of minimizing the potential for harm through non-judgmental strategies.
- Needle exchange programs, safe sex, opioid replacement therapy are all examples of harm reduction

# Indigenous Harm Reduction

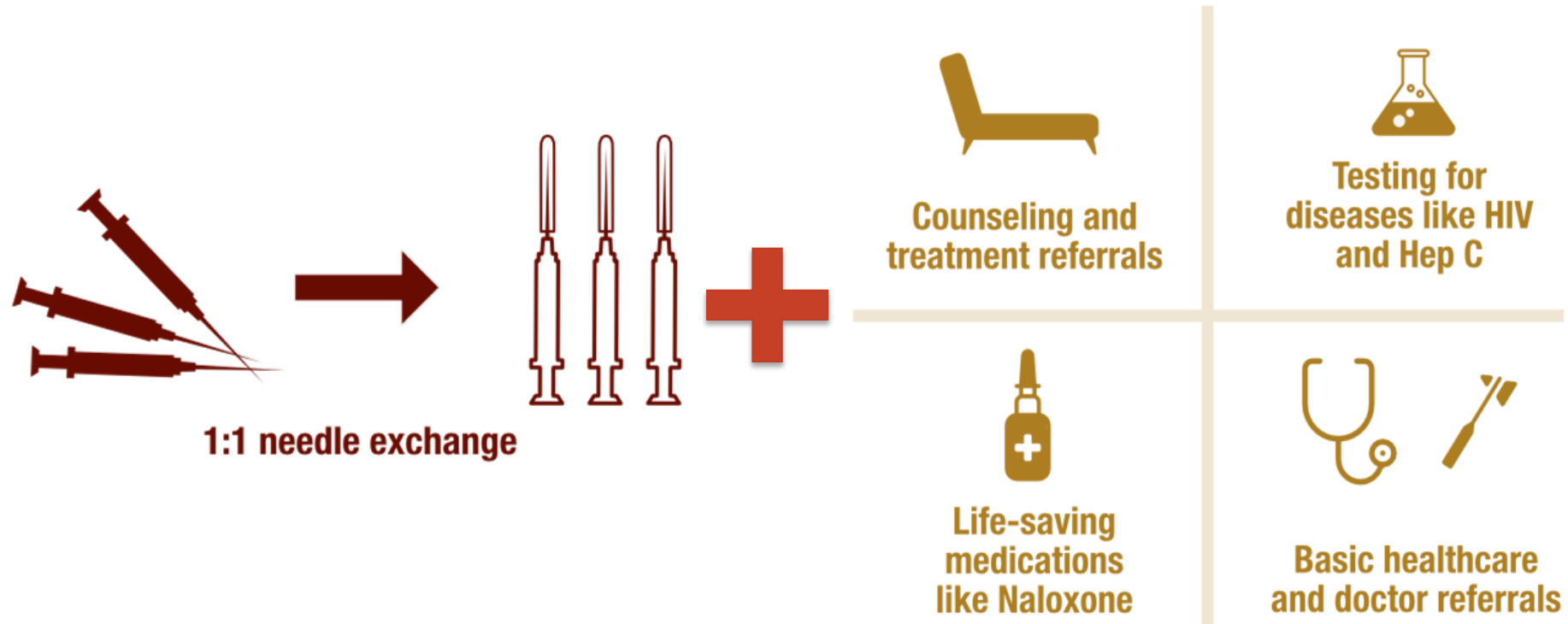
Indigenous harm reduction is a way of life rooted in Indigenous Ways of Knowing and Doing

For Indigenous women, girls, Two-Spirit, transgender, and gender-diverse people there are additional requirements for meaningful harm reduction services

Low barrier, non-medicalized, Indigenous women-centred, Two-Spirit, trans gender and gender diverse environments need to be available



# Needle Exchange Programs



(Kanik, 2017)

# Needle Exchange Program in CSC

- To access the Needle Exchange Program in CSC, you must meet with Health Services
- A healthcare professional will meet with you and provide information on substance use, safe consumption practises and other information regarding your health
- They will also be able to provide a referral to other services
- You have to undergo an assessment called a 'threat risk assessment' before beginning the program
- You have to sign a contract acknowledging that you accept the rules of the program before beginning the program

(Correctional Services Canada, 2019)



# Needle Exchange: Benefits



Improves health outcomes by:

- ↓ Drug overdoses
- ↓ Transmission rates of Blood Borne Infections
- ↑ Referrals to drug treatment programs

(World Health Organization, 2009)

# Needle Exchange DOES NOT



- Endanger the safety of others.
- ↑ substance use or rates of injecting drugs.

# Safe Consumption Sites



Connect people who use drugs to treatment and health services.



Reduces fatal overdoses.



Reduce the transmission of HIV and HCV.



Reduce public safety concerns such as public intoxication and discarded needles.

Alberta	British Columbia	Quebec	Ontario	Saskatchewan
<ul style="list-style-type: none"> <li>Sheldon M. Chumir Health Centre Calgary 1213 4<sup>th</sup> St SW</li> </ul>	<ul style="list-style-type: none"> <li>SafePoint Surrey 10681 135A St</li> </ul>	<ul style="list-style-type: none"> <li>Spectre de Rue Montreal 1278 Ontario St E</li> </ul>	<ul style="list-style-type: none"> <li>PATH525 Thunder Bay 525 Simpson St</li> </ul>	Prairie Harm Reduction (PHR) Saskatoon 1516 20 <sup>th</sup> St W
<ul style="list-style-type: none"> <li>Boyle McCauley Health Centre Edmonton 10628 96<sup>th</sup> St</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Peter Centre Vancouver 1110 Comox St</li> </ul>	<ul style="list-style-type: none"> <li>Anonyme Mobile Site Island of Montreal</li> </ul>	<ul style="list-style-type: none"> <li>Street Health Toronto 338 Dundas St E</li> </ul>	
<ul style="list-style-type: none"> <li>Royal Alexandra Hospital Edmonton 10240 Kingsway Ave</li> </ul>	<ul style="list-style-type: none"> <li>The Harbour Victoria 941A Pandora Ave</li> </ul>	<ul style="list-style-type: none"> <li>Dopamine Montreal 4205 Ontario St E</li> </ul>	<ul style="list-style-type: none"> <li>Peterborough CTS Peterborough 220 Simcoe St</li> </ul>	
<ul style="list-style-type: none"> <li>Northreach Mobile Grand Prairie 10101 97A ST</li> </ul>	<ul style="list-style-type: none"> <li>Hope 2 Health Vancouver 611 Powell St</li> </ul>	<ul style="list-style-type: none"> <li>CACTUS Montreal Montreal 1244 Berger St</li> </ul>	<ul style="list-style-type: none"> <li>StreetWorks St. Catharines 105 Queenston St</li> </ul>	

# Needle Bleaching

- It can lower the risk of HIV and HCV
- It is **NOT** 100% effective



(Arkell & Anderson, 2016)

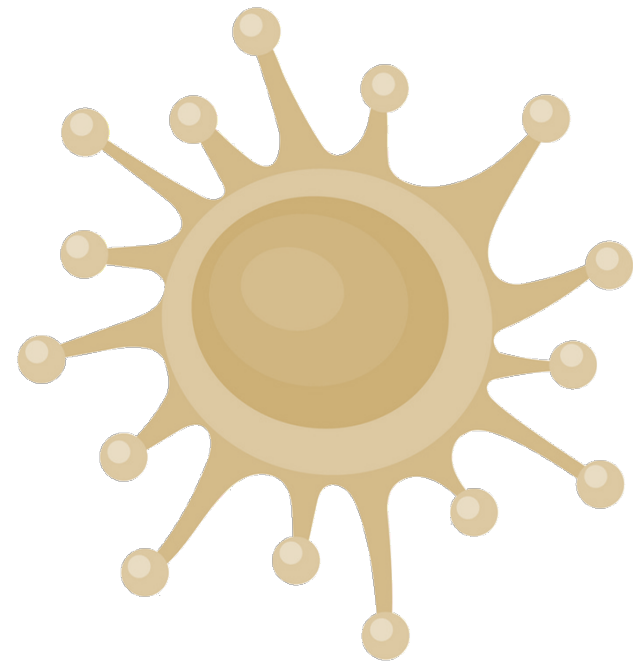
# Why Bleach?

**HIV** can live for up to:

- 1 week in dried blood
- 42 days inside a syringe

**HCV** can live for up to:

- 6 weeks in dried blood
- 63 days inside a syringe





# When to use Bleach

Sharing needles

- Tattooing
- Piercing
- Drug use

Sharing Inhalational  
Equipment

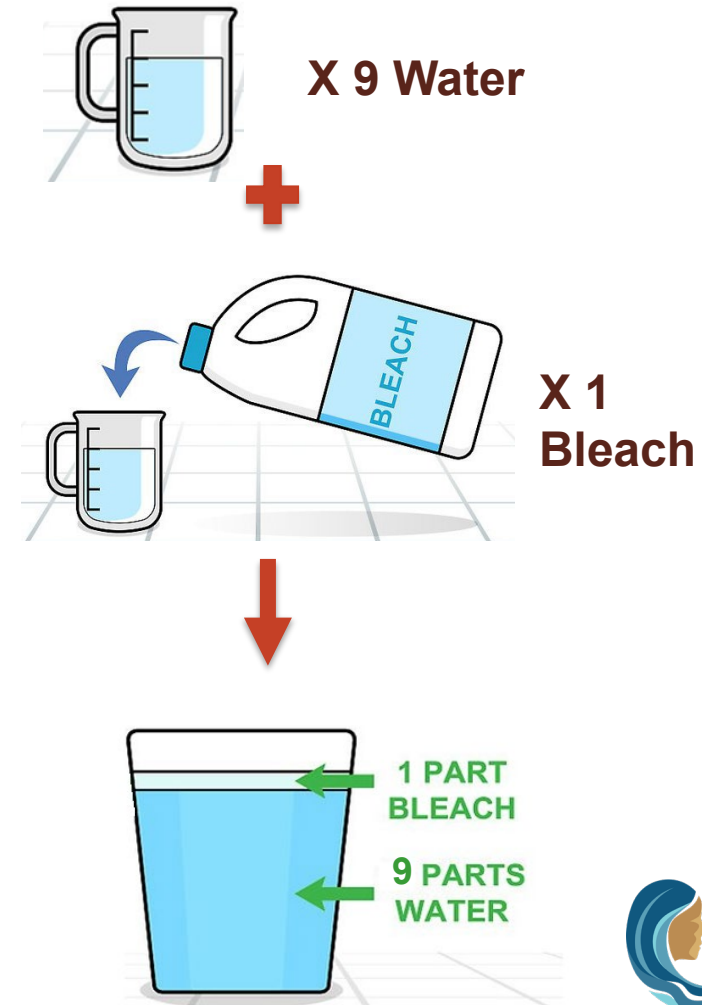


(Arkell & Anderson, 2016)

# How to Use the Bleach Kit

## Tattoo Machine

1. Take the tattoo machine apart (if possible)
2. Rinse with cold water
3. Use 1-part bleach to 9-parts water, wipe/rinse parts
4. Rinse again with cold water

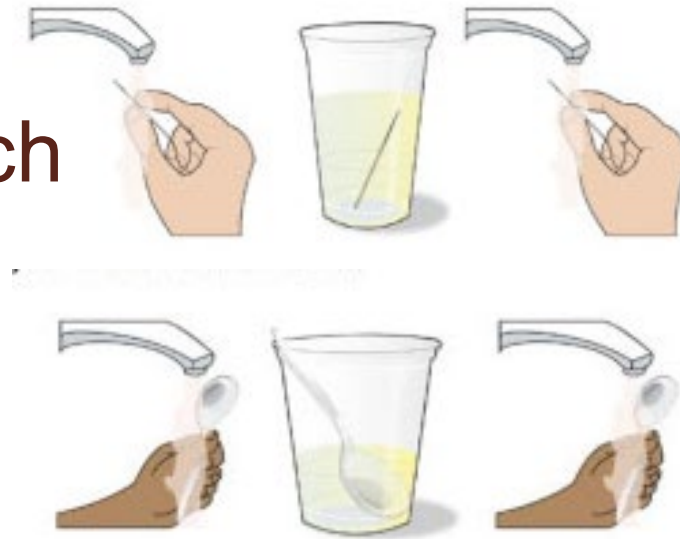


(Correctional Service Canada, 2017)

# How to Use the Bleach Kit

## Tattoo/Piercing Needle or Shared cooker (spoon, bottle cap)

1. Rinse under cold water
2. Soak in a glass of bleach for 2 minutes
3. Rinse again with cold water



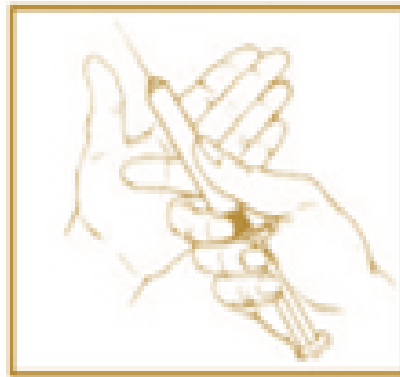
(Correctional Service Canada, 2017)

# How to Use the Bleach Kit

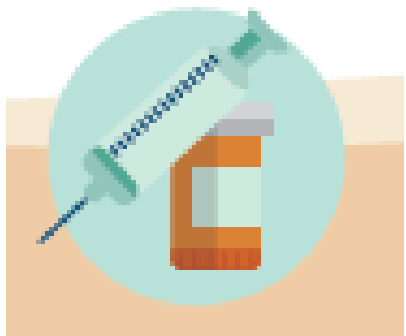
## Injection Syringe



Tap or shake the  
syringe for 30 seconds.



**x 2**



**HARM REDUCTION ↓ STBBI's**

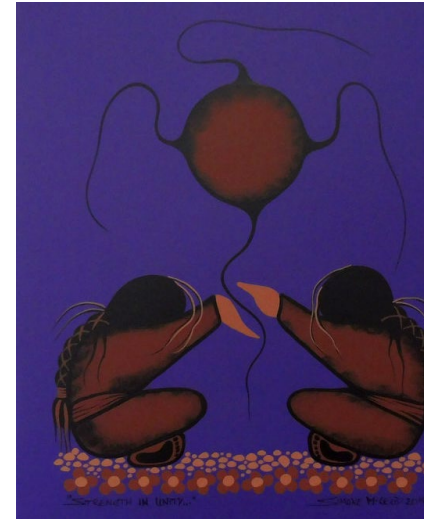
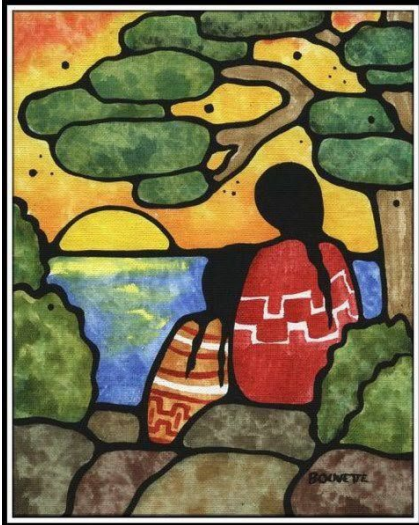


# BREAK



# Part 4:

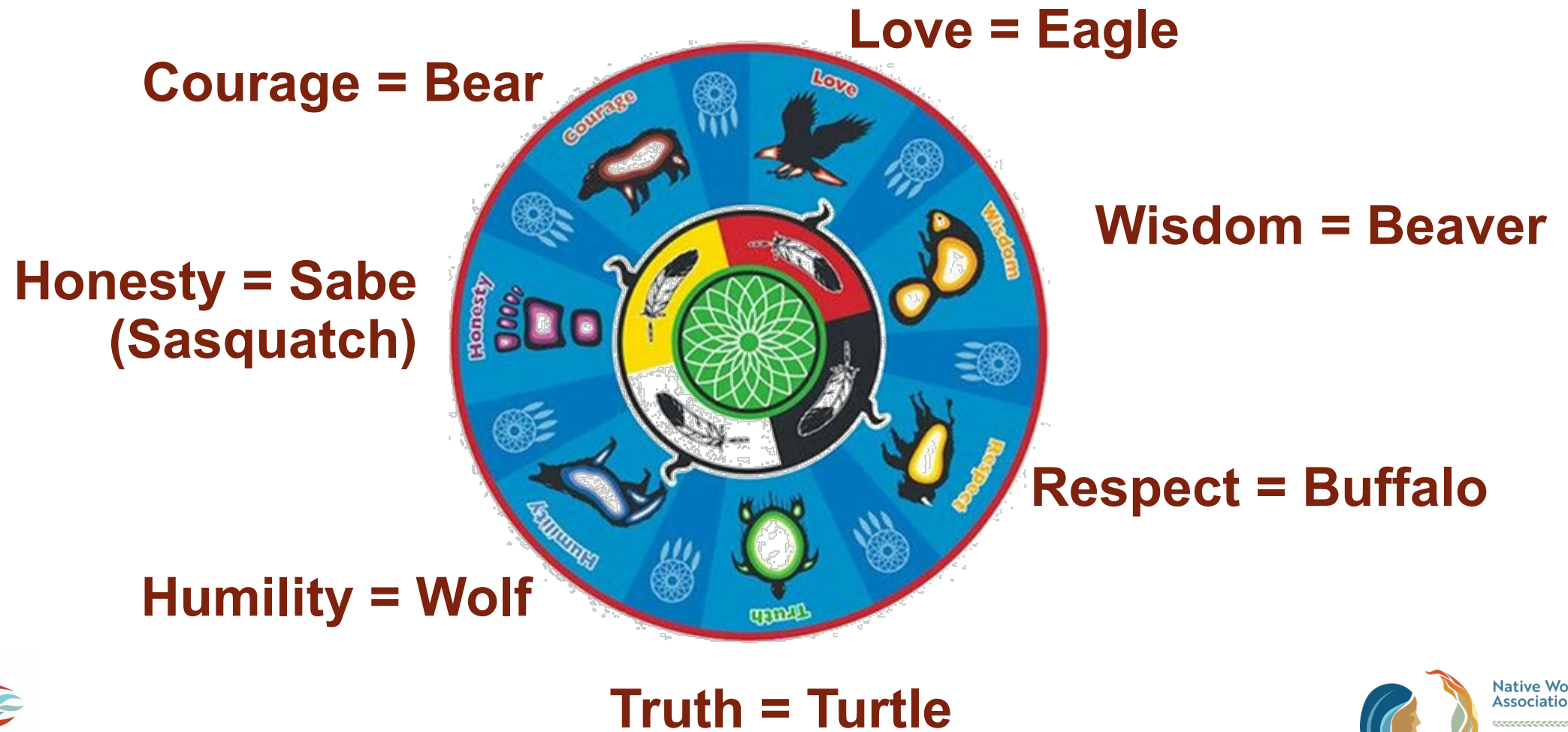
## Traditional Healing and Supports 101



# Part 4: Learning Objectives

1. Recognize the importance and impact of traditional healing practices on well-being.
2. Develop a deeper understanding of the distinct healing practices between First Nations, Inuit and Metis Womxn.
3. Recognize various support services available and improve capacity to access these services.

# First Nations Seven Sacred Teachings





# Inuit Societal Values

(Government of Nunavut, n.d.)



**ᐃᓂᖅᑎᕈᕐᕐᕐᕐᕐᕐᕐᕐ**  
**Inuuqatiglitlarniq**

Respecting others,  
relationships and  
caring for people.



**ᠲᠦᠨᠭᠠᠨᠠᠷᠨᠢᠴ**  
**Tunnganarniq**

Fostering good spirit by  
being open, welcoming  
and inclusive



**Pijitsirniq**

Serving and providing for family and/or community



**ՀԱՅԵՐԱՆՈՒԹՅԱՆ  
ԱԺԼԳԱՏԻԳԼՈՒԹՅՈՒՆ**

## Decision making through discussion and consensus

# Inuit Societal Values



ԱԵԼԵԿԵՐՆԵ/ԱՆՈՎԵԿԵՐՆԵ  
**Pilimmaksarniq /**  
**Pijariuqsarniq**

Development of skills through  
observation, mentoring,  
practise and effort



ԱԵՈՆԵՈՐՆԵՐՆԵ/ՃԵՆԵՈՐՆԵՐՆԵ  
**Piliriqatigiinniq /**  
**Ikajuqtigiinniq**

Working together for  
a common cause



ԳԵՄԵՃԵՐՆԵ  
**Qanuqtuurniq**

Being innovative and  
resourceful



ՎՋՈՐՈՐՆԵ ԵԼԵ/ՎԵՐՆԵ  
**Avatittinnik**  
**Kamatsiarniq**

Respect and care for the land,  
animals and the environment

# Métis Societal Values

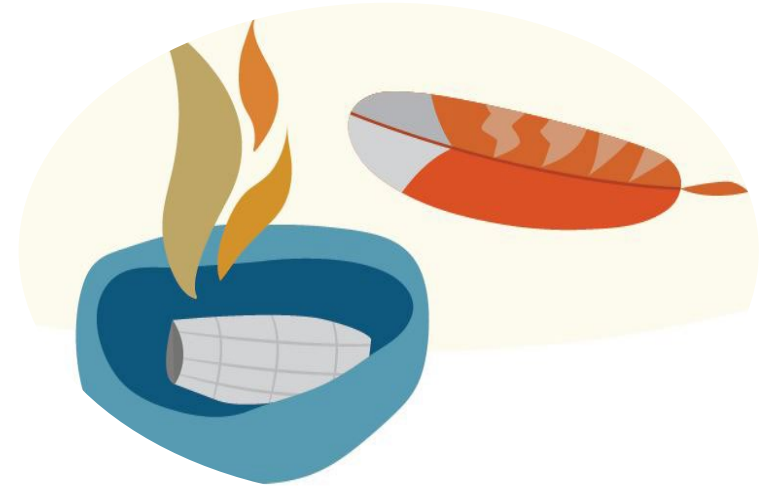


1. Honesty
2. Respect
3. Love
4. Caring
5. Courage
6. Balance
7. Patience
8. Tolerance

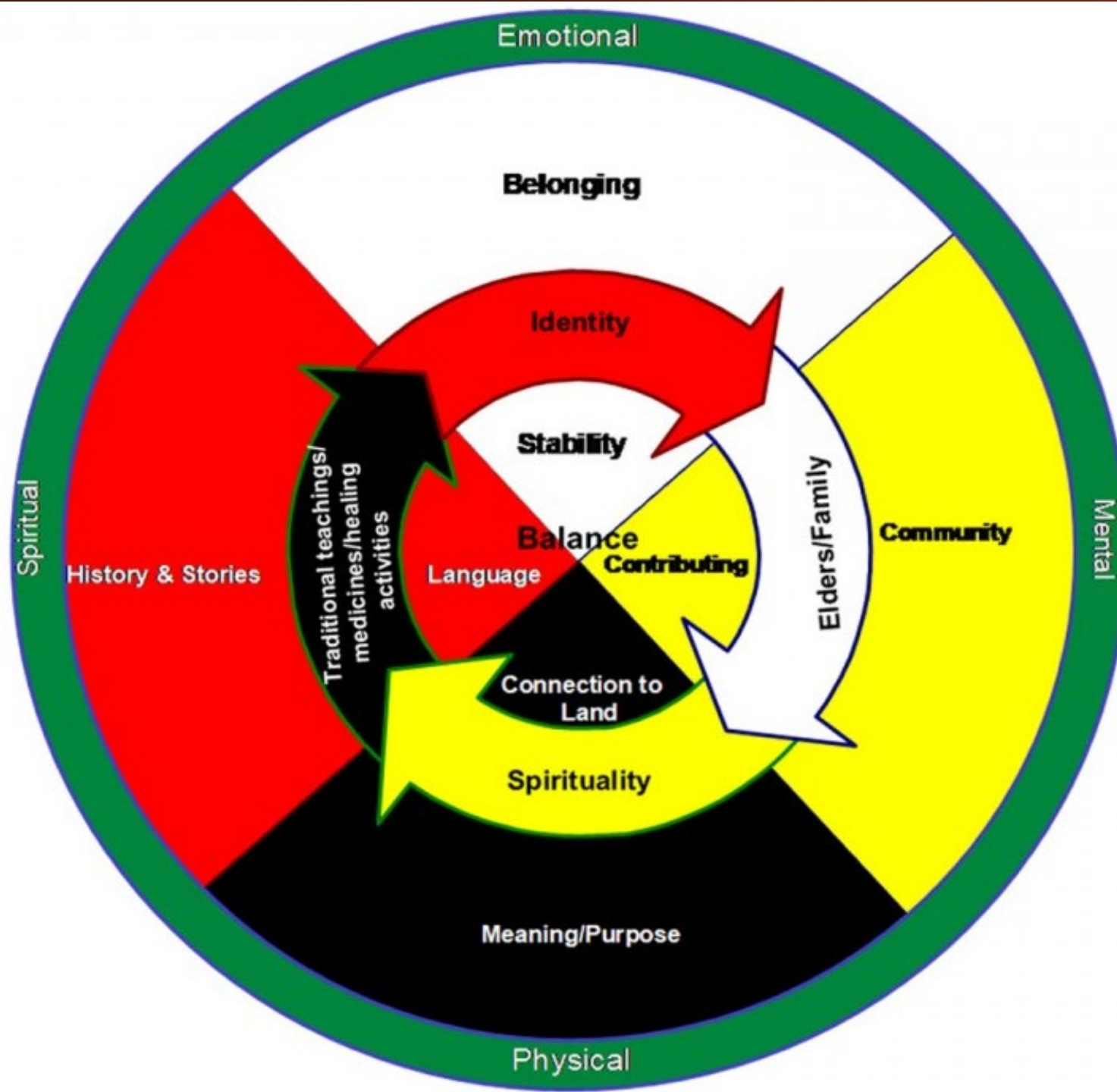


# Traditional Healing Methods

Traditional Healers are holistic and focus on the spiritual, mental, physical and emotional aspects of self and well-being.



# Medicine Wheel



# Traditional Healing Practices





# Self Care



(Canadian Aboriginal Aids Network & CATIE, n.d.-b)

# Trauma Care/After Care

**Your healing  
journey is unique  
to you!**

**Healing is lifelong!  
Healing can be achieved  
through commitment,  
self awareness and  
reflection.**

**Only you know what  
exactly you have gone  
through. Your  
experience is valid.**

# Importance of Support

- Not having to go through it alone.
- Have someone who can understand what you're going through.
- Knowing where to go and what resources are available.

“When I is replaced with **WE**  
illness turns into **wellness**”



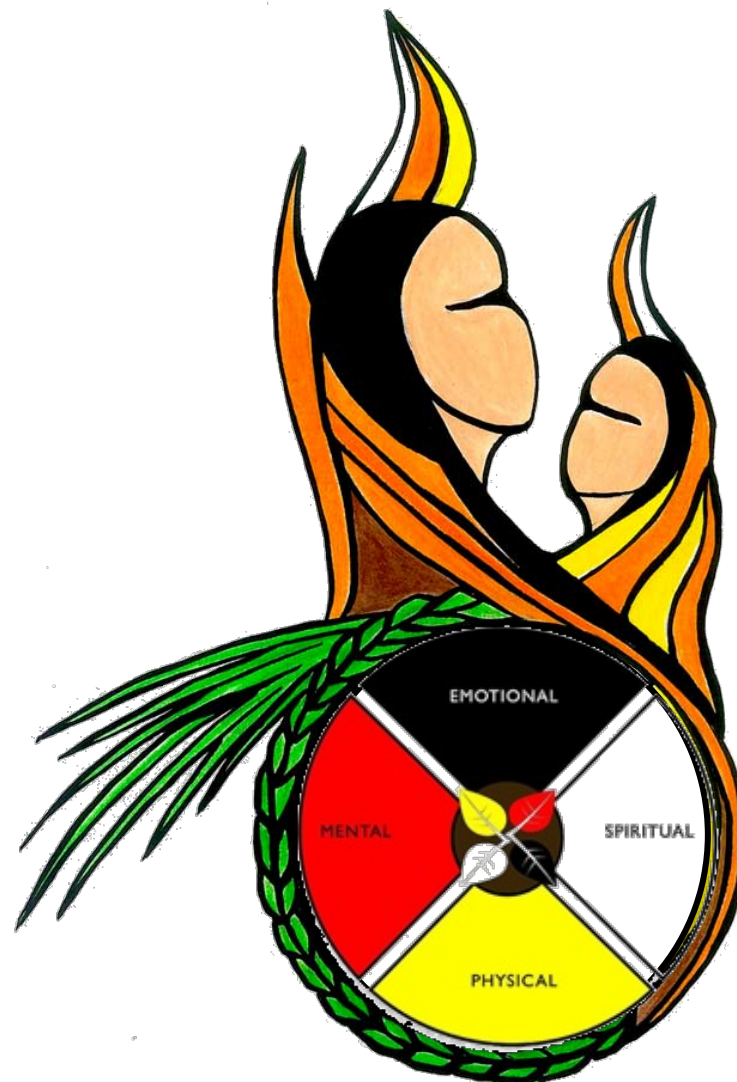
# Support

## Formal

Counsellors  
Support Groups  
Doctors  
Psychologists  
Nurses  
Pharmacists  
Social Workers

## Informal

Peer Support  
Family  
Friends  
Co-workers  
Elders  
Grandmothers  
Knowledge Keepers



# NWAC SUPPORT LINES

## Monday to Friday – 9:00am – Noon, 1:00pm – 4:00pm EST

- Grandmother Roberta Oshkawbewisens: 1-888-664-7808
- Elder Alma Brooks: 506-478-1256
- Elder Esther Ward: 1-833-652-1381
- Elder Isabelle Meawasige: 1-833-652-1382



Native Women's  
Association of Canada

L'Association des  
femmes autochtones  
du Canada

HOPE FOR WELLNESS HELPLINE

**1-855-242-3310**

**HOPEFORWELLNESS.CA**

- CONNECT TO CRISIS INTERVENTION COUNSELLORS 24/7, TOLL-FREE
- AVAILABLE IN ENGLISH, FRENCH, CREE, OJIBWAY, AND INUKTITUT.
- ONLINE CHAT SUPPORT ALSO AVAILABLE





**A helpline by Indigenous women for Indigenous women.**

- Free & Confidential
- 24-hours a day, 7-days-a-week
- Available in 14 Indigenous languages, English & French
- Now across Ontario

**1 855 554 4325**

**[www.talk4healing.com](http://www.talk4healing.com)**

# ninecircles

COMMUNITY HEALTH CENTRE

Nine Circles Community Health Centre  
answers questions about sexually transmitted  
and blood-borne infections to get the word  
out.

**ninecircles.ca**

Toll Free: 1-888-305-8647

After hours health questions: call Health Links at  
204-788-8200 or toll-free 1-888-315-9257

**SEX FRIENDLY**  
MANIT?BA





**ATLOHSA**  
FAMILY HEALING SERVICES

- **24-HOUR CRISIS  
LINE 1-800-605-7477**

# KUU-US

## CRISIS RESPONSE SERVICES

1-800-KUU-US17 | 1-800-588-8717

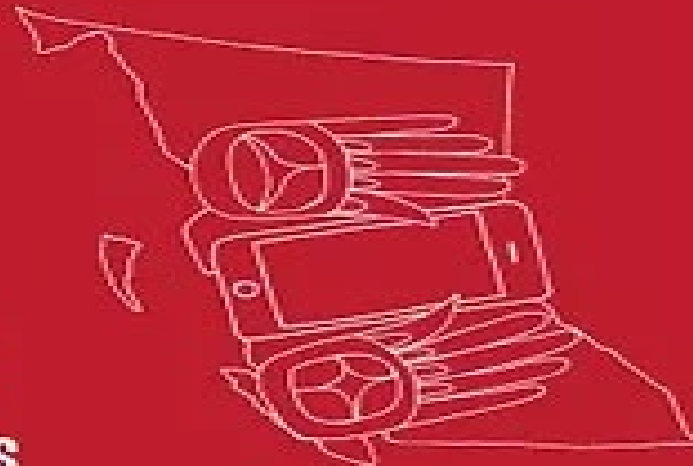
CHILD/YOUTH: 250.723.2040

ADULT/ELDER: 250.723.4050

**CULTURALLY SAFE  
HELP AVAILABLE**

**24 HOURS A DAY  
7 DAYS A WEEK**

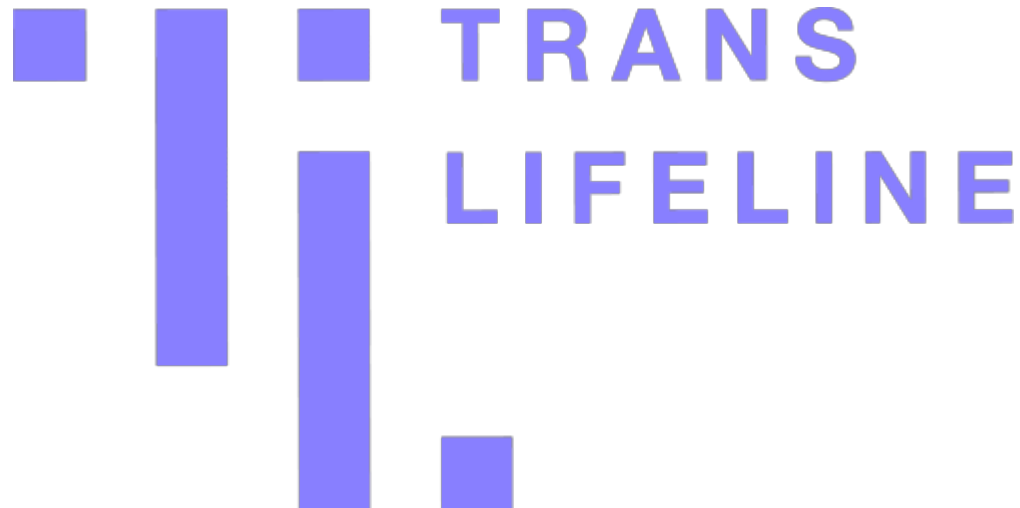
**FIRST NATIONS AND  
ABORIGINAL PEOPLES  
HELPING FIRST NATIONS  
AND ABORIGINAL PEOPLES**



Trans peer support; ran by Trans people for Trans  
People

If you need someone Trans to talk to, even if  
you're not in crisis or if you're not sure you're  
Trans.

1 (877) 330-6366  
[translifeline.org](https://translifeline.org)



# 2-Spirited People of the 1st Nations

Has counselling and Elder Supports available by request.

Email to request support.

[support@2spirits.org](mailto:support@2spirits.org)

[2spirits.org](http://2spirits.org)



## From Indigenous Services Canada:

The National Indian Residential School Crisis Line provides 24-hour crisis support to former Indian Residential School students and their families toll-free at **1-866-925-4419**.

Individuals impacted by the issue of Missing and Murdered Indigenous Women and Girls are encouraged to contact the MMIWG Crisis Line toll-free at **1-844-413-6649**.





**CASP** CANADIAN ASSOCIATION  
FOR SUICIDE PREVENTION

**ACPS** ASSOCIATION CANADIENNE POUR  
LA PRÉVENTION DU SUICIDE

- **In Crisis? Call Talk  
Suicide Canada 1-833-  
456-4566**

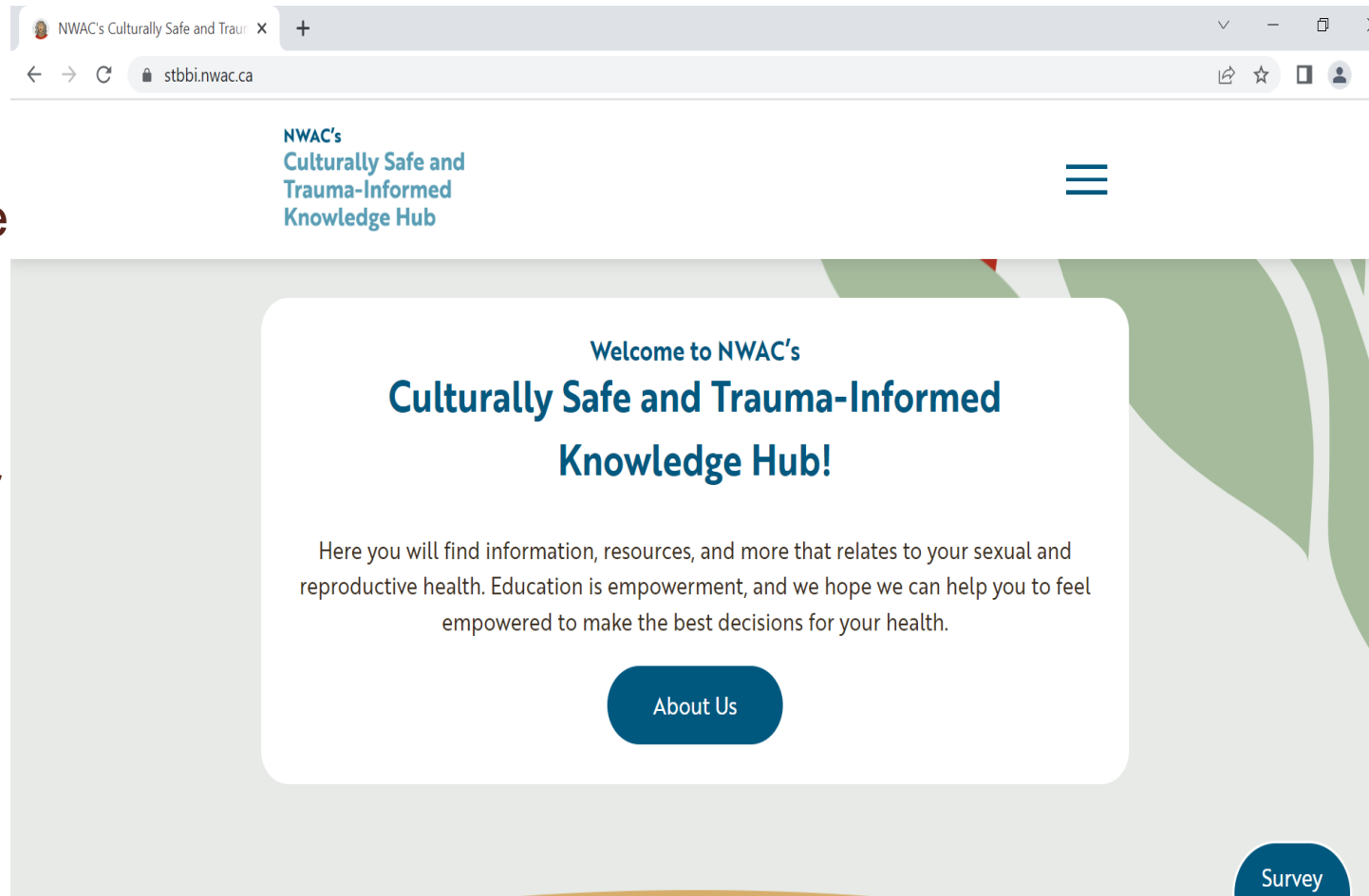


# Ask Auntie

You can ask questions on the online STBBI Knowledge Hub!

Questions we receive will be followed up with and included in our presentations to clarify!

<https://stbbi.nwac.ca/>





# Ask Auntie

**Some questions we have received  
in the past:**

1. Does boiling water clean needles?
2. Can you get HIV from menstrual blood?
3. Can you get HIV from fighting?
4. Is HIV a risk for lesbians?
5. Can you get HCV/HIV through sharing make up, plucking eyebrows/tweezers?

# Evaluation

## RED Path Evaluation Survey

Thank you for attending the RED Path Workshop, hosted by the Native Women's Association of Canada. We want to continue to improve the workshop material and continue to ensure that the material we present to you is relevant, humble, and respectful. Please help us by providing your feedback by answering the questions below. **Please keep in mind that your feedback remains anonymous, no identifying information will be collected.**

Holly Patterson  
[hpatterson@nwac.ca](mailto:hpatterson@nwac.ca)

Tamara-McCallum-Nadon  
[tMcCallum-Nadon@nwac.ca](mailto:tMcCallum-Nadon@nwac.ca)



**Thank you!**

**Haw'aa!**  
**Miigwetch!**  
**Merci!**

**Wel'alin!**  
**Qujannamiik!**  
**Nakurmiik!**



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