

Building Capacity to Provide Culturally-Safe Care:

An Approach to Reducing Harm & Removing Barriers for Indigenous Women & Gender-Diverse People Who Use Cannabis



A COMMUNITY-INFORMED APPROACH TO
**CANNABIS PUBLIC EDUCATION
AND AWARENESS**



Native Women's
Association of Canada
~~~~~  
L'Association des  
femmes autochtones  
du Canada



# Agenda

- Background
- Understanding Indigenous Social Determinants of Health
- Trauma-Informed Care in Social Care Settings
- Navigating Cannabis Use with Clients
- Case Study
- Indigenous Cannabis Resources



The background of the slide is a close-up photograph of a cannabis plant, showing green serrated leaves and a developing bud. A dark green horizontal band is overlaid across the middle of the image, containing the main title and subtitle in white text. There are also some semi-transparent circular shapes in shades of green and brown on the left side of the slide.

# BACKGROUND

Project Overview, Learning Goals  
& Indigenous Learning Lenses



# About the Cannabis Project

## Goals:

- Facilitate knowledge-sharing of cannabis as a harm-reduction tool
- Reduce stigma and barriers and enhance HSCPs understanding of cannabis as a form of medicine
- Enhance culturally safe and destigmatized care for Indigenous women and gender-diverse people who use cannabis

Funded by Health  
Canada's Substance Use  
and Addictions Program

A continuation of  
NWAC's ongoing  
Cannabis Education work



AUDIENCE:

# Health & Social Service Providers

## Social Care Providers

Including (but not limited to): social workers, addiction support workers, community support workers, Indigenous support workers, and crisis intervention workers.

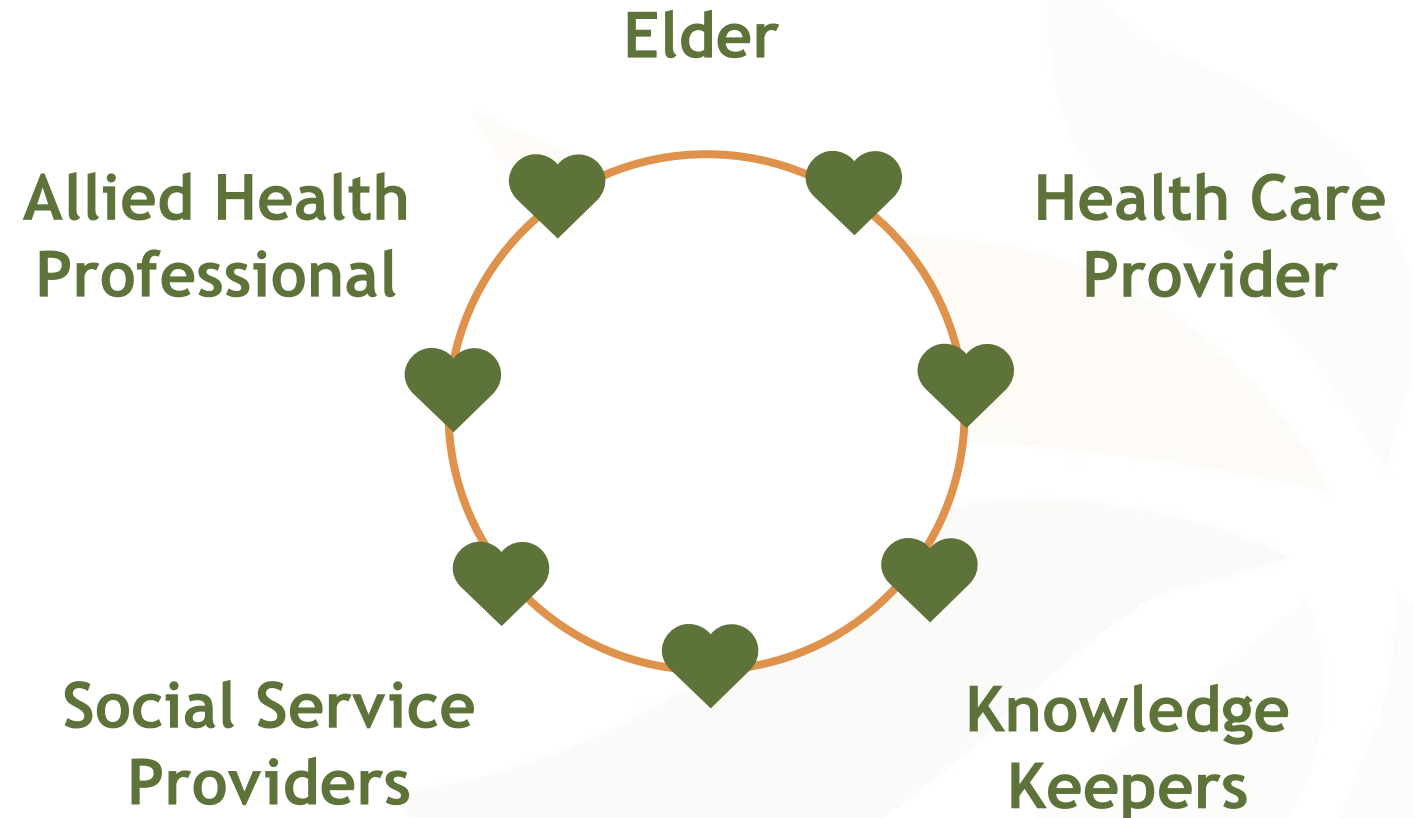




# Advisory Circle

## Purpose:

- Ensure all project activities and outputs are **meaningful, relevant, and responsive** to the needs of Indigenous women and gender-diverse people who use cannabis
- Provide insights grounded in lived and professional experience





# Learning Objectives

Developed through surveying 45 Health and Social Service Providers to identify gaps in training and knowledge.



**Understanding  
Problematic vs.  
Medicinal Cannabis**



**Address Stigma  
& Personal Views**



**Discuss Therapeutic  
Approaches**



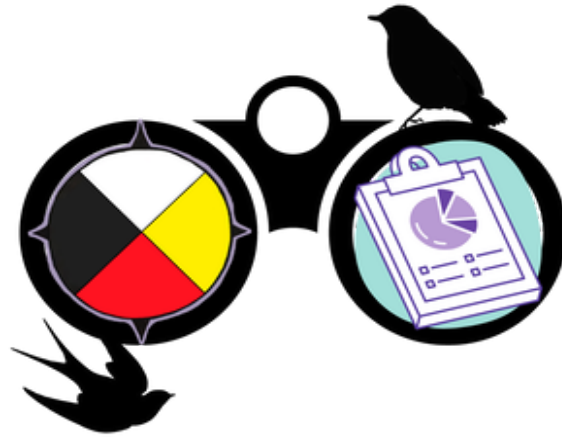
**Access Resources  
& Ongoing Education**



# Two-Eyed Seeing

A guiding principle that encourages viewing the world through two lenses:

One eye focused  
on Indigenous ways  
of knowing



The other eye  
focused on Western  
scientific knowledge

Fostering a balanced, respectful approach, drawing on the strengths of both knowledge systems for a fuller understanding of health and wellness!





# Holistic Health

Physical



Emotional

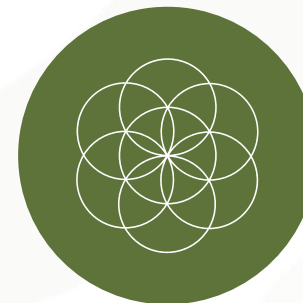


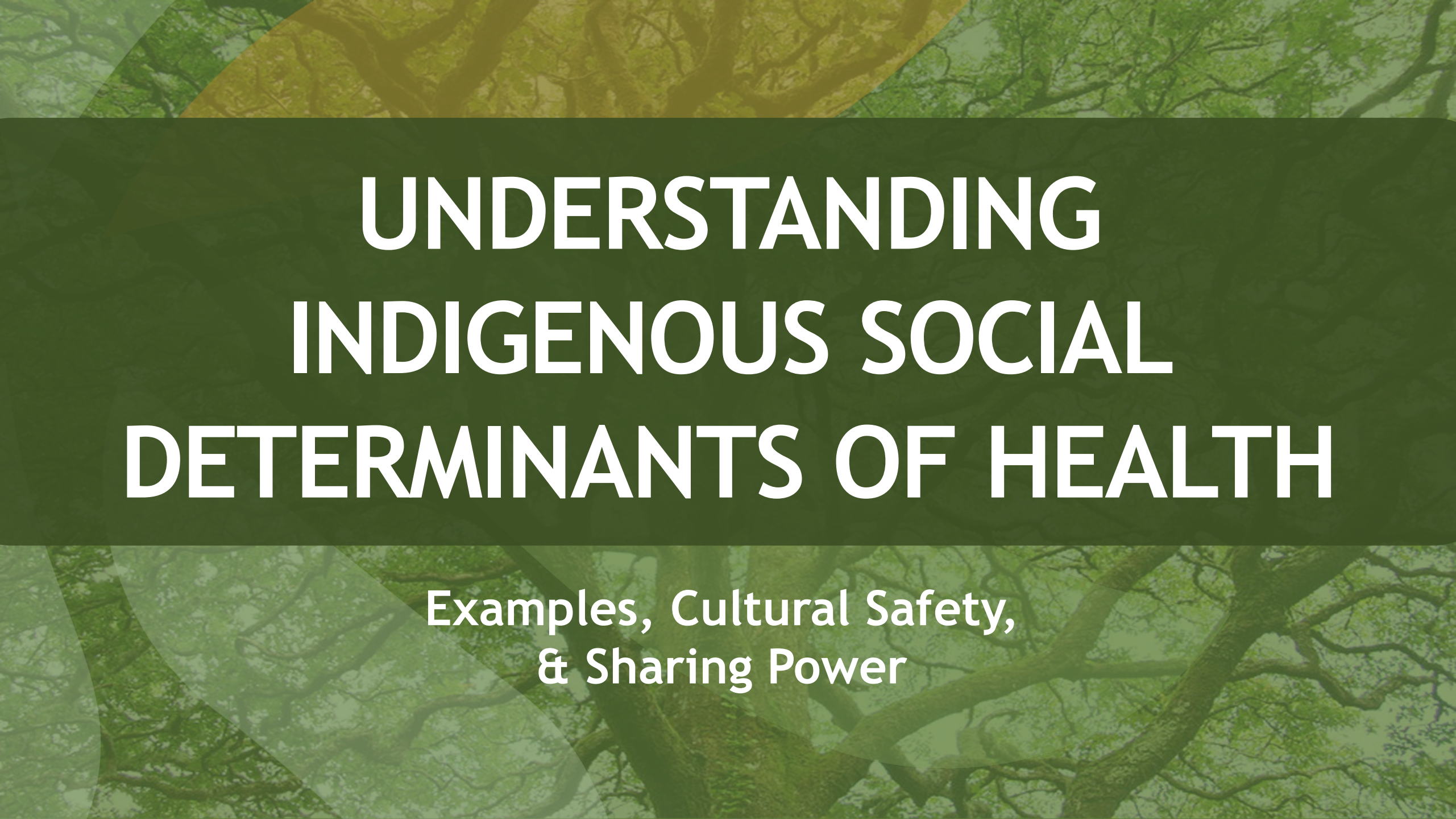
Balanced  
Health &  
Wellbeing

Mental



Spiritual





# UNDERSTANDING INDIGENOUS SOCIAL DETERMINANTS OF HEALTH

Examples, Cultural Safety,  
& Sharing Power



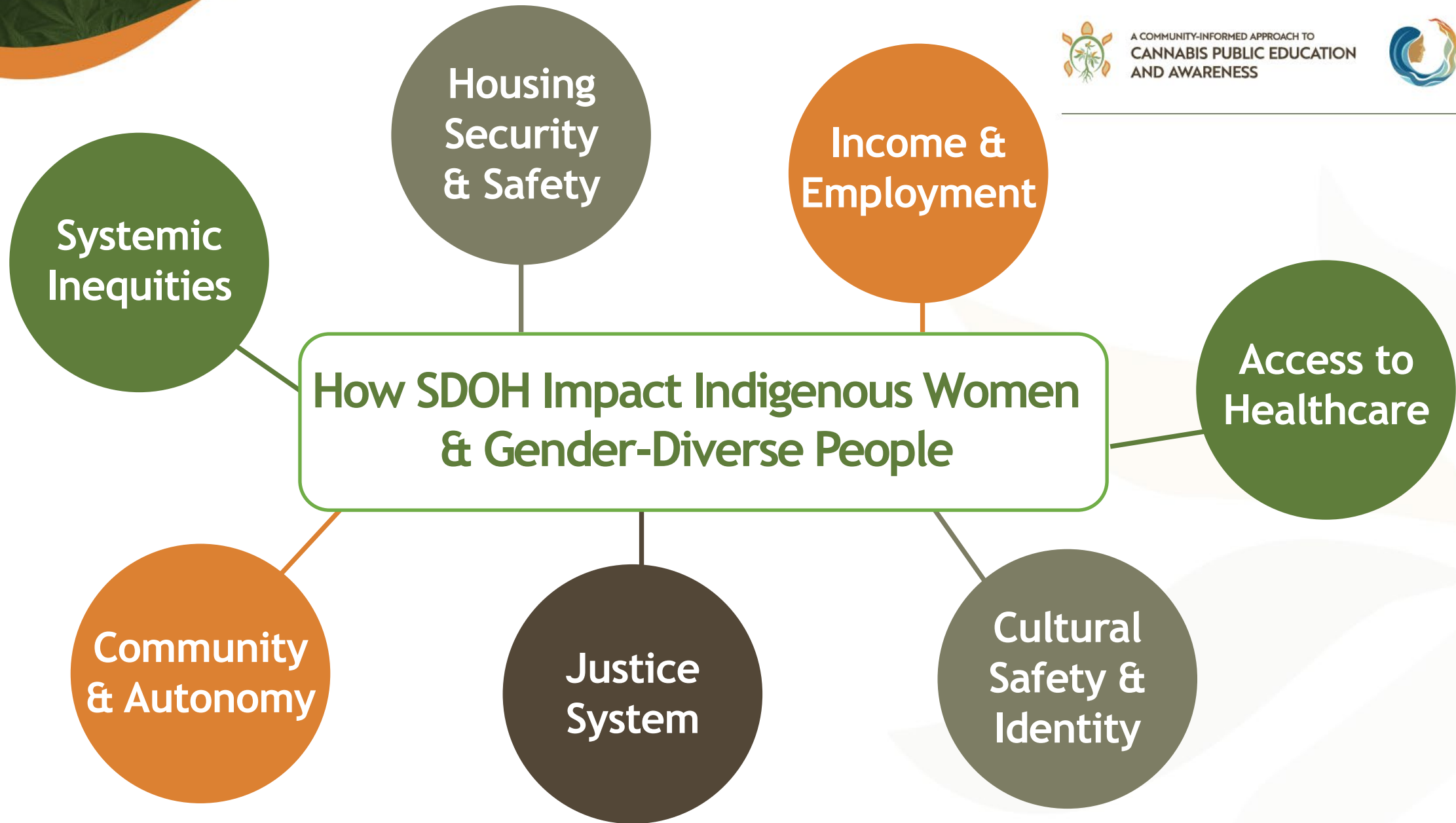
# Social Determinants of Health

The **social determinants of health (SDOH)** refer to the non-medical factors that influence an individual's health outcomes.

These include the holistic conditions in which people are born, grow, live, work, and age, shaped by **economic, social, and political** forces.

They play a critical role in determining the overall well-being and health equity of populations







# Cultural Safety

Cultural safety is a framework for delivering care that is free from discrimination, power imbalances, and stereotypes.

## Cultural Safety for Indigenous Clients

- Acknowledges ongoing effects of colonization, intergenerational trauma, and systemic racism
- Ensures Indigenous voices, knowledge systems, and cultural practices are centered in care
- Builds trust by fostering environments where clients feel respected, valued, and understood

## Reflections for Social Care Providers

- Consider the power dynamics in your client relationships
- Reflect on your own biases and actively work to challenge stereotypes and assumptions
- Ask yourself reflective questions:
  - *Am I a safe person to work with?*
  - *What would make me safer in the eyes of my clients?*



# Sharing Power with Indigenous Women & Gender-Diverse Clients

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Shift language away from the term “empowerment” which can imply a hierarchal dynamic where power is granted. Instead “sharing power” reflects collaboration and mutual respect.

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**“The medicine is already within us...  
we have the power to heal ourselves.”**

*- Advisory Circle Member*





# Key Steps for Sharing Power



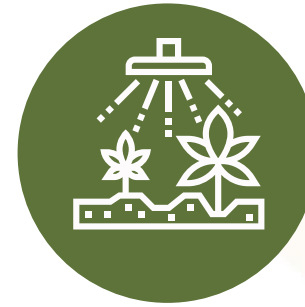
## Honour Traditional Roles

Recognize traditional roles as caregivers, leaders, and Knowledge Keepers



## Provide Tools

Offer resources, skills, and supports that allow clients to take the lead



## Cultivate Supportive Environments

Model respect, strength, and advocacy and guide clients



## Foster Shared Decision-Making

Recognize clients are experts on their lives and needs



# Minimizing Barriers



## Cultural Safety & Understanding

- Prioritize cultural safety in interactions
- Partake in additional trainings on Indigenous histories, traditions, and understandings
- Build trusting relationships



## Address Systemic Barriers

- Advocate for policy changes
- Connect clients to resources
- Help remove barriers like transportation, financial costs, and language
- Ensure services are designed to offer culturally safe care



## Collaboration in Care Planning

- Engage in holistic teamwork with diverse health and social care providers
- Actively connect clients to community supports and resources
- Coordinate services and referrals whenever possible





# TRAUMA-INFORMED CARE IN SOCIAL CARE SETTINGS

Definition, Recognizing & Responding,  
Building Trust



# Defining Trauma- Informed Care

## Understanding Trauma

- An emotional and physiological response to distressing events that overwhelm ability to cope
- Can result from a single event or ongoing exposure
- Impacts holistic health (physical, mental, emotional, and spiritual)

## Trauma-Informed Care

- Recognizes how trauma affects all aspects of people's lives
- Creates safe spaces
- Acknowledges how colonization impacts life experiences and SDOH
- Emphasizes strengths and resiliency
- Failure to implement can cause re-traumatization



# How to Provide Trauma-Informed Care

Recognize the impacts of colonialism on the lives of Indigenous women and gender diverse people

Reflect on how your personal values and beliefs influence your interactions with clients

Recognize and respect that traditional knowledge and biomedicine can coexist and can be integrated



# How to Provide Trauma-Informed Care

## Tips for Trauma-Informed Care

- You do not need to know what trauma a person has gone through to provide trauma-informed care
- Be aware of your positionality and privilege
- Practice empathetic listening with clients
- Help your people to make the best decision for their holistic health and wellbeing

To expand your understanding of trauma-informed care, consider further exploring concepts of **prohibition, intergenerational trauma, and cultural safety** as it pertains to Indigenous women and gender diverse people.



# Recognizing & Responding to Trauma Activation

As a note, this slide will utilize the term “**activate**” instead of “trigger” when referring to a stimulus that awakens a memory, feeling, or symptom.

## Common Stressors

- Particular **environmental, sensory, or interpersonal** stressors can activate a trauma response
  - Sounds, smells, specific places, confrontations, sensations, or even phrases
- Hard to predict what will activate someone!

## Signs & Symptoms

- **Physical signs**
  - increased heart rate, sweating, shaking, sweating
- **Emotional signs**
  - fear, anger, sadness, shame, numbness
- **Behaviourial signs**
  - avoidance, hypervigilance, outbursts, freezing
- **Cognitive signs**
  - flashbacks, intrusive thoughts, confusion, distorted thinking



# Recognizing & Responding to Trauma Activation

## Response Strategies

- Validate the experience
- Provide a safe and calm environment
- Offer grounding or coping techniques
- Be patient and avoid pushing the person further
- Let them guide the conversation
- Help ensure they feel in control of their experience





# Building Trusting Relationships

## Fostering Safety

- Create physical and emotional environments that promote feelings of safety and security

## Establishing Boundaries

- Set clear and consistent boundaries to build trust and predictability in the provider-client relationship

## Sharing Power

- Encourage autonomy and shared decision-making, ensuring clients have control over their healthcare

## Cultural Safety

- Honour the diversity of clients' experiences by incorporating culturally safe practices into care

## Openness in Care

- Provide multiple treatment options (when available) and allow clients to share their perspectives
- Ongoing, informed consent!

# NAVIGATING CANNABIS USE WITH CLIENTS

Cannabis basics, harm reduction practices,  
and supportive conversations





# What is Harm Reduction?

Harm reduction is an evidence-based, client-centered approach that aims to reduce the various health or social harms of any action that has risk.

## Why Harm Reduction?

- Reduces or minimizes potential harm through non-judgmental strategies
- Provides an opportunity to connect people to resources and services
- Allows for self-determination
- Meets people where they are at, not where we think they should

## Indigenous Considerations

- Indigenous folks continue to face barriers to accessing quality and culturally safe services
- Harm reduction resources and supports are lacking in many communities
- Reclaiming one's identity is key to healing from trauma



# Cannabis Basics

## What Are Cannabinoids?

- Active chemicals in cannabis plants that affect our brain and body when we consume them
- Interact with our Endocannabinoid System (ECS)
  - response to stress, mental health, immunity, and overall wellness
- There are over 100 cannabinoids but two most common types are:
  - tetrahydrocannabinol (THC)
  - cannabidiol (CBD)





# Cannabis Basics

## THC

- Is responsible for the way your brain and body respond to cannabis
- Includes the psychoactive effect or “**high**”
- Binds to our ECS and temporarily **replaces our body's endocannabinoids**

## CBD

- Does **not** produce a “high”
- Can block or lower effects of THC
- Interacts with ECS to **boost the effects** of our **body's own endocannabinoids**
- Generally thought of as the medical cannabinoid (although THC is also medicinal)



# Understanding Cannabis Products

## Three Main Types

### THC-dominant

- contains THC (over 7%) and minimal CBD (0-2%)
- Stronger “high” or euphoric effect
- Greatest chance for undesirable effects depending on dose

### CBD-dominant

- contains CBD (over 7%) and minimal THC (0-2%)
- Little to no “high” or euphoric effect
- Milder and more relaxing depending on dose

### Balanced

- ratio of THC to CBD that's either 1:1, 1:2, or 1:3
- The greater the CBD the more relaxing body-high and less stimulating “high”



# Understanding Cannabis Products

## Methods of Consumption

- Smoke Inhalation
- Vaping Inhalation
- Ingestion
- Sublingual
- Topical Applications
- Juicing
- Nasal Spray
- Suppositories
- Transdermal Patches

All methods have different effects, durations, and purposes.

Many factors are at play and this is why it can take trial-and-error to find the best product and dose for unique needs.



# Intention With Plant Medicines

## Cannabis as Plant Medicine

- Rooted in traditional teachings
- Used for healing, spiritual practices, and ceremonially in some communities
- Represents a connection to land and sustainability for some people

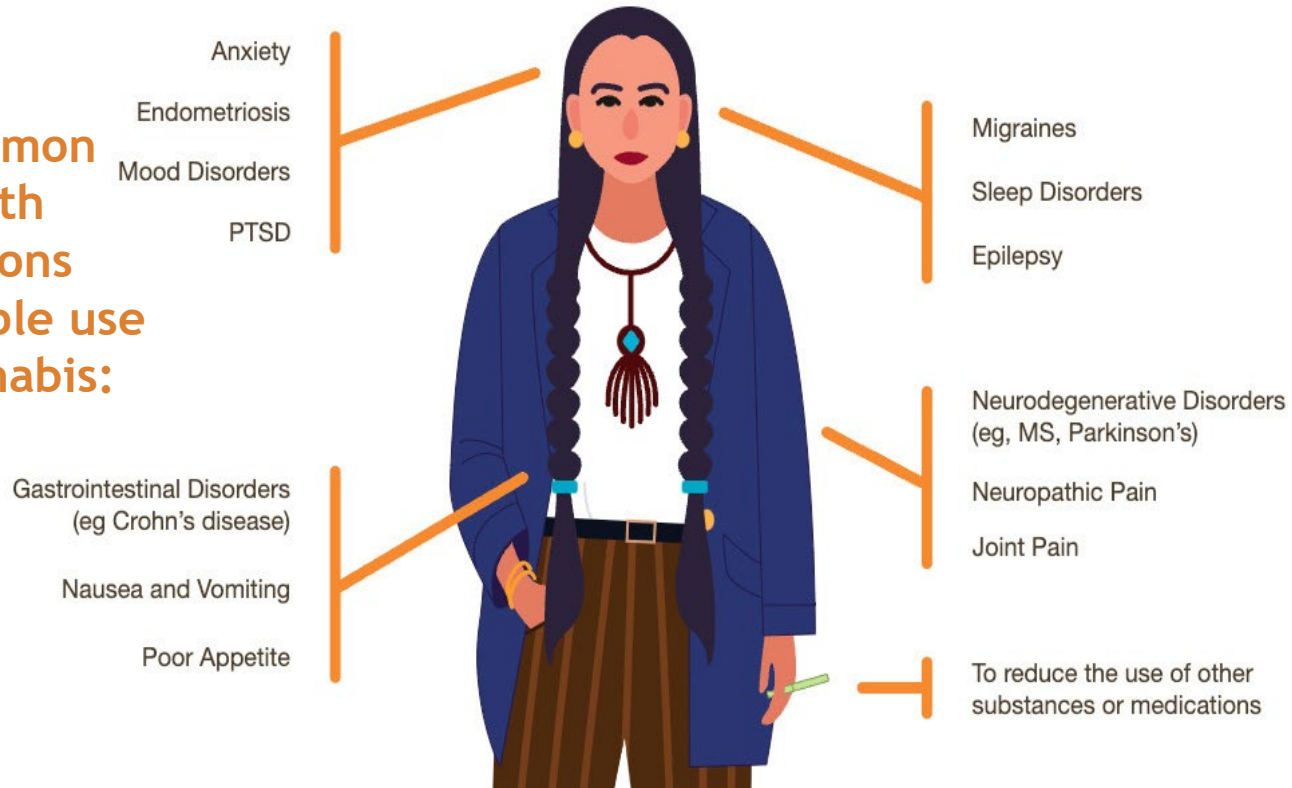
## Importance of Intention

- Mindful use tied to balance and respect for the plant
- Intention connects people with the plant's purpose
- Aligning use with traditional values fosters respect for Indigenous perspectives



# Why People Use Cannabis

## Common health reasons people use cannabis:



## Alternative to Substance Use

- Cannabis may serve as an alternative to other substances (such as alcohol and opioids)
- Can help withdrawal symptoms and serve as pain management
- Reduced risk of addiction and other health and social harms compared to other substance use
- **Especially relevant as Indigenous people are disproportionately impacted by the drug poisoning crisis!**



# Cannabis Use Disorder (CUD)

## What is CUD?

- Spectrum of patterns in cannabis use
  - Mild, moderate, or severe
- Must have **more than two symptoms** consistently present within a **12-month period**

**Not all people who use cannabis regularly will experience this!**

## Symptoms:

- Consuming cannabis in larger amounts and/or over a longer periods than intended
- Cannabis use is impacting social/recreational activities
- Unsuccessful attempts at reducing or controlling cannabis use
- Disrupting regular activities to obtain cannabis, use cannabis, or recover from its effects
- Cannabis use is getting in the way of fulfilling obligations at work, school, or home
- Use of cannabis in situations where it is physically dangerous
- Use of cannabis despite problems it may be causing physically, emotionally, or within relationships
- Having a strong urge to use cannabis





# Harm Reduction for Cannabis Use

## Tolerance Breaks

- Cannabis receptors stop reacting as strongly to THC over time (building tolerance)
- This is reversible!
- After 2-5 days, the body's cannabis receptors will start to reverse tolerance

CBD interacts with the body's cannabis receptors differently than THC. It is unlikely to develop tolerance to CBD.

If someone is unable to take a tolerance break, they can try:

Switching up  
the strain

Microdosing

Changing  
consumption  
routine

Using less



# Communication Strategies for Discussing Cannabis Use

## Basic Practices

- Prioritize culturally safe and trauma-informed care
- Recognize the diversity of identities
- Integrate traditional Indigenous practices with Western health approaches (Two-Eyed Seeing)
- Consider social determinants of health
- Use harm reduction principles

## When Supporting Cannabis Use

- Provide guidance on selecting appropriate strains and forms of cannabis
  - Consider experience levels (beginner vs. regular use)
- Offer practical advice that resonates with individuals' goals and contexts
- Focus on preferences, therapeutic needs, and underlying medical conditions



# Cannabis & Youth

Cannabis can be dangerous when used by youth for any period of time. **Before the age of 25**, the brain is still developing and cannabis use can cause negative health consequences.

## Physical Health

- Impacts on the brain can affect mental function throughout life
- Can develop dependency
- Higher risk of also smoking cigarettes
- Negative impacts on lungs and respiratory system

## Mental & Emotional Wellbeing

- With regular use, more likely to experience anxiety, depression, psychosis, and schizophrenia
- Difficulty with memory, concentration, and decision-making
- Potential withdrawal from peers and conflict with family



# Cannabis & Youth

## Talking to Youth About Cannabis

- Ensure conversations are ongoing and non-judgmental
- Include both **evidence-based risks AND benefits**
  - Prioritize their agency and decision-making capabilities
- Ask open-ended questions and use language that is accessible and straightforward
- Use **harm-reduction** messaging





# Addressing Stigma & Discrimination

Examine the  
History of  
Stigmas &  
Stereotypes

Understand  
Barriers &  
Intersectional  
Experiences

Use Non-  
Stigmatizing  
Language

Engage in Open,  
Non-Judgmental  
Conversations

Respect  
Cultural  
Practices &  
Knowledge

Recognize  
Diverse  
Perspectives on  
Cannabis Use

The background features a stylized illustration of two hands shaking in a firm handshake. The hands are rendered in a flat, graphic style with various shades of green, brown, and yellow. The background is composed of overlapping, semi-transparent geometric shapes in similar colors, creating a layered, abstract effect. A dark green horizontal band runs across the center of the image, containing the text.

# CASE STUDY



# Case Study

*\*\*\*This case study is fictional. However, it was developed by the Advisory Circle based on personal insights and real lived experiences of working in and interacting with social care settings.\*\*\**

## Scenario

Lyric (she/her) is a 28-year-old Indigenous mother of two young children. She has recently started working with a social care provider, Lisa, to access support services for housing and parenting resources. Lyric is hesitant to disclose her use of cannabis, which she relies on to manage anxiety and chronic pain. Her apprehension stems from worries of being judged, stereotyped, or even reported to child welfare services—a fear rooted in intergenerational trauma experienced in Lyric's family.

Lyric approaches the relationship cautiously, uncertain of Lisa's intentions and whether she can trust her. She feels the weight of previous negative experiences with healthcare and social service systems, which have often invalidated her experiences and reinforced harmful stereotypes.



# Case Study: Interaction Example

## Building Trust & Addressing Concerns

- Opening the conversation
- Allowing client to take the lead
- Creating safety around sensitive topics
- Validating & reassuring
- Addressing fears with transparency
- Collaborative problem solving

## Outcomes

- Increased trust in provider
- Shared power in decision-making
- Addressing fears
- Collaborative action
- Improved care outcomes





# Key Takeaways

**Trust in  
Provider  
Relationship is  
Crucial**

**Trauma-  
Informed Care  
is Essential**

**Allow  
Clients to  
Lead**

**Collaboration  
Enhances Client  
Outcomes**

**Create Safe  
Spaces for  
Sharing**

An illustration at the top of the page shows several indigenous women in traditional patterned dresses standing in a field of tall grass. A large, multi-colored rainbow arches over them against a light sky. The bottom of the page features a pattern of stylized green and blue plants with spiral motifs.

# INDIGENOUS CANNABIS RESOURCES



# NWAC: Cannabis Education Website

## **Cannabis Education for and by First Nations, Inuit and Métis Peoples**

This website is part of a larger NWAC project, funded by Health Canada's Substance Use and Addictions Program, titled A Community-Informed Approach to Cannabis Public Health Education and Awareness.

Through this project, NWAC engaged urban, rural and remote Indigenous communities, encompassing First Nations, Inuit and Métis to identify current awareness and priorities of Indigenous women and gender-diverse people around cannabis public health education.

[nwaccannabised.ca](http://nwaccannabised.ca)

- Cannabis in Canada
- Cannabis Basics
- History & Traditional Stories
- Cannabinoid Dose Calculator
- Cannabis & Health
- Cannabis for Medical Use
- Cannabis Use Disorder
- Resources



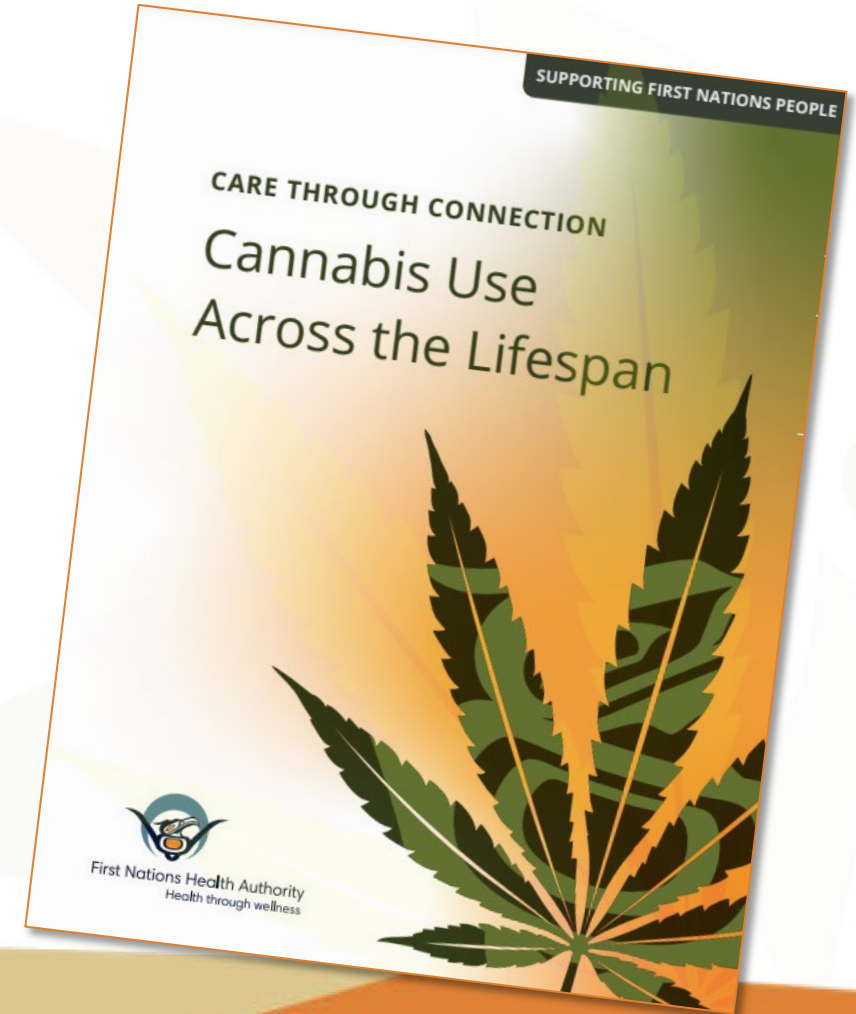


# First Nations Health Authority Resources

- Designed to support Health Care Providers in facilitating open, compassionate conversations
- Emphasizes harm reduction, trauma-informed, and culturally safe approaches
- Case Studies
- Guiding questions and considerations

## Website

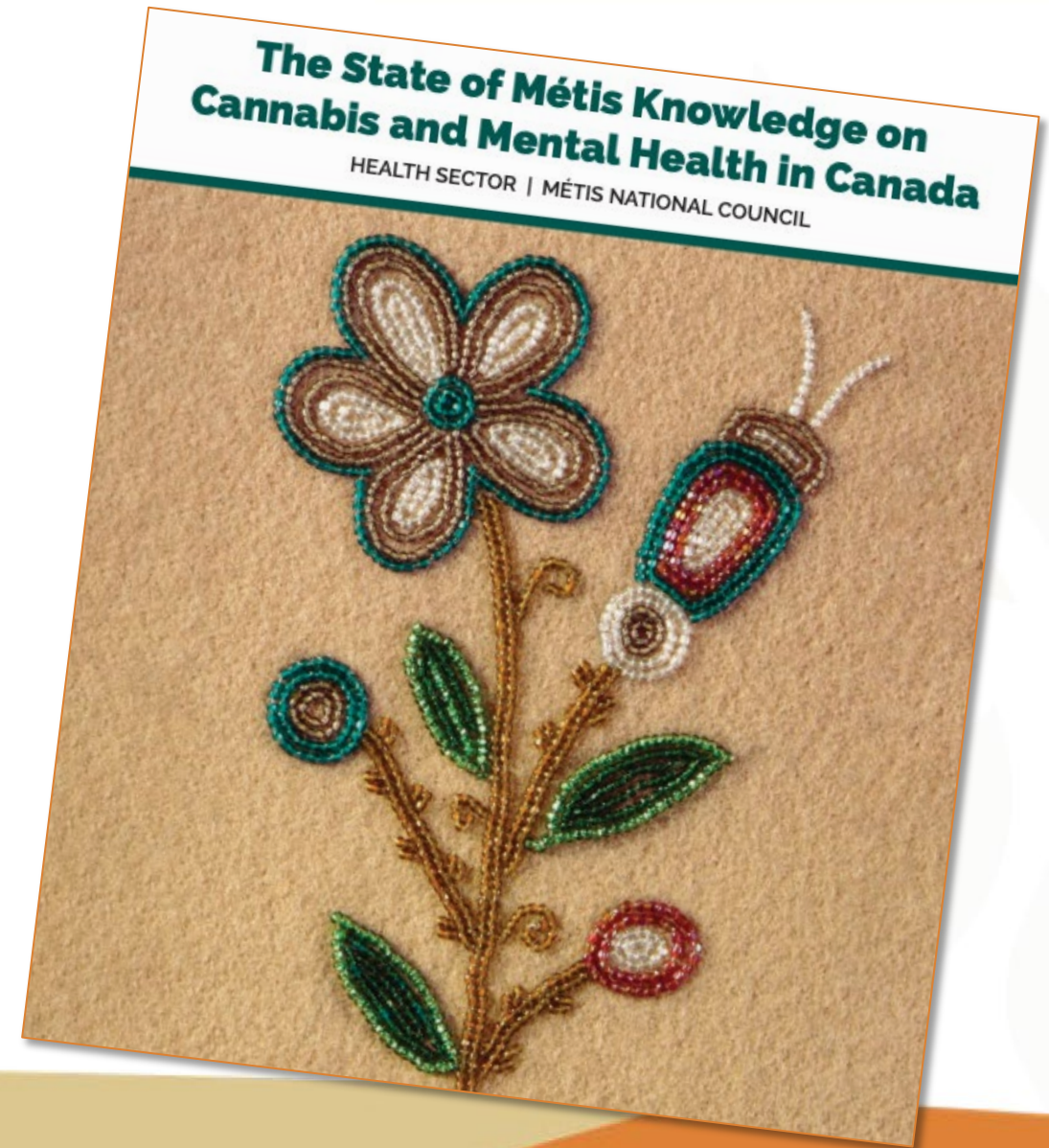
- Apps & Tools
- Cannabis Resources
- Maternal Health and Parenting
- Cannabis Education
- Safer Cannabis Use
- Support for Youth
- Harm Reduction Principles & Practices Fact Sheet





# Métis Nation Council

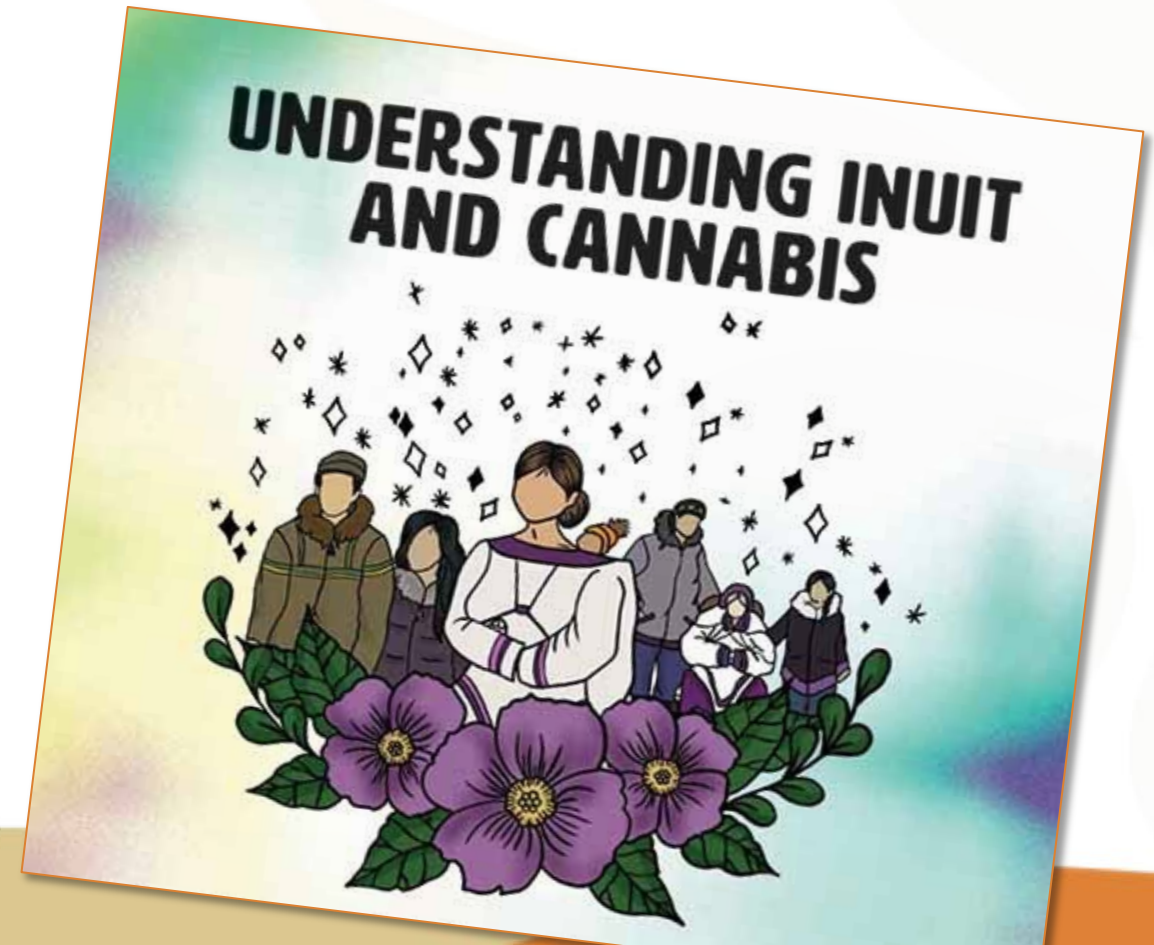
- High-level overview
- Cannabis Among Métis Youth
- Risk Factors
- Medical Use of Cannabis
- Mental Health & Social Determinants of Health
- Cannabis Use Disorder & Treatment
- Other Substance Use Among Métis





# Pauktuutit Inuit Women of Canada: Cannabis Harm Reduction Toolkit

- Discussion Guides for Starting Conversations
- Reflecting on Cannabis Use Tool
- Posters & Factsheets in Multiple Languages
- Resources for Parents & Youth



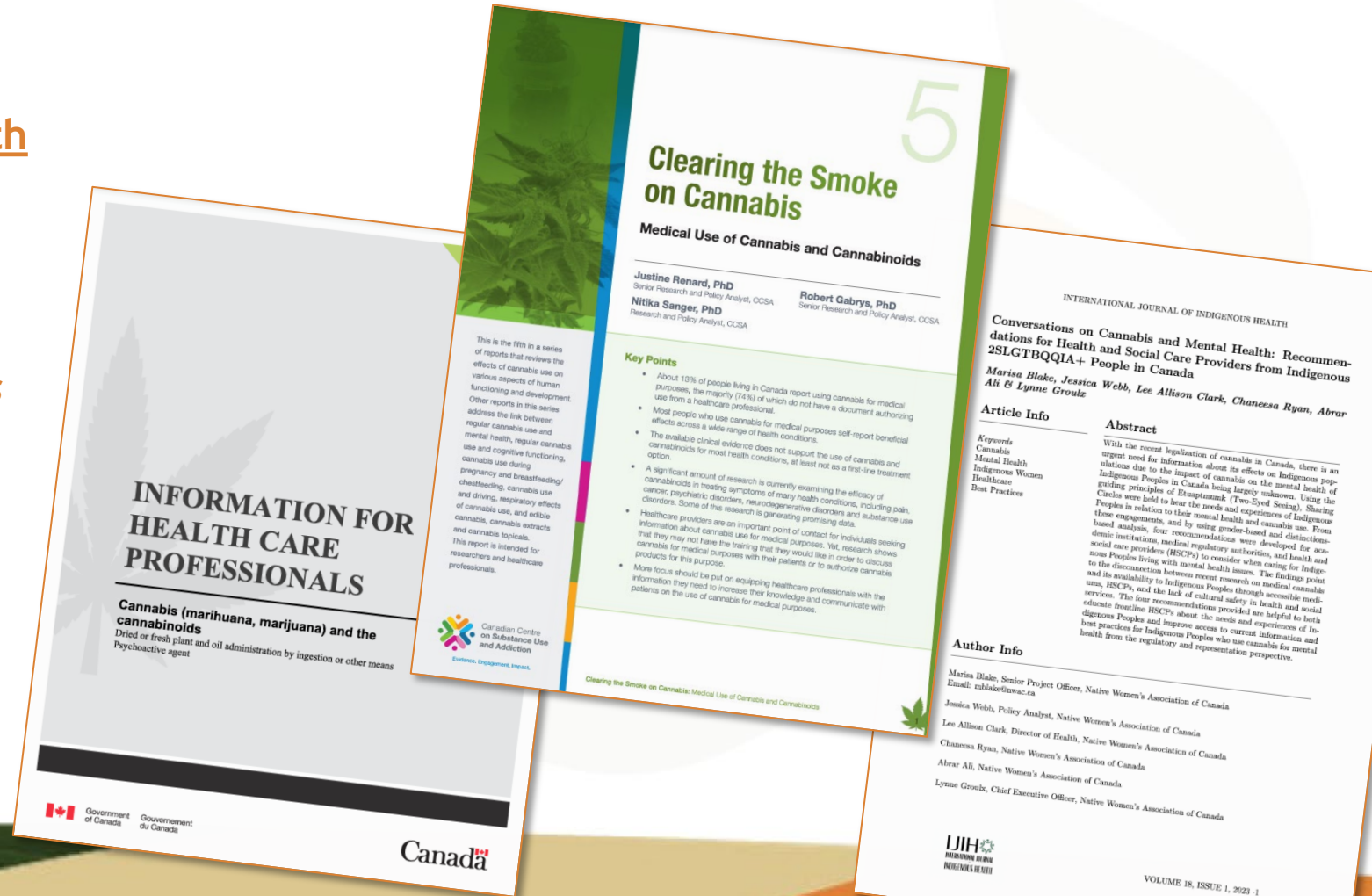


# Research Resources

[International Journal of Indigenous Health](#)  
*NWAC Conversations on Cannabis and  
Mental Health*

[Canadian Centre on Substance Use &  
Addiction](#) *Clearing the Smoke on Cannabis*

[Health Canada](#)  
*Information for Health Care Professionals*



5

## Clearing the Smoke on Cannabis

### Medical Use of Cannabis and Cannabinoids

Justine Renard, PhD  
Senior Research and Policy Analyst, CCSA  
Nitika Sanger, PhD  
Research and Policy Analyst, CCSA

Robert Gabrys, PhD  
Senior Research and Policy Analyst, CCSA

#### Key Points

- About 13% of people living in Canada report using cannabis for medical purposes, the majority (76%) of which do not have a document authorizing use from a healthcare professional.
- Most people who use cannabis for medical purposes self-report beneficial effects across a wide range of health conditions.
- The available clinical evidence does not support the use of cannabis and cannabinoids for most health conditions, at least not as a first-line treatment option.
- A significant amount of research is currently examining the efficacy of cannabinoids in treating symptoms of many health conditions, including pain, disorders. Some of this research is generating promising data.
- Healthcare providers are an important point of contact for individuals seeking information about cannabis use for medical purposes. Yet, research shows cannabis for medical purposes with their patients or to authorize cannabis products for this purpose.
- More focus should be put on equipping healthcare professionals with the information they need to increase their knowledge and communicate with patients on the use of cannabis for medical purposes.



Clearing the Smoke on Cannabis: Medical Use of Cannabis and Cannabinoids

INTERNATIONAL JOURNAL OF INDIGENOUS HEALTH

## Conversations on Cannabis and Mental Health: Recommendations for Health and Social Care Providers from Indigenous 2SLGTBQQIA+ People in Canada

Marisa Blake, Jessica Webb, Lee Allison Clark, Chanessa Ryan, Abrar Ali & Lynne Groulx

#### Article Info

**Keywords**  
Cannabis  
Mental Health  
Indigenous Women  
Healthcare  
Best Practices

#### Abstract

With the recent legalization of cannabis in Canada, there is an urgent need for information about its effects on Indigenous populations due to the impact of cannabis on the mental health of Indigenous Peoples in Canada being largely unknown. Using the guiding principles of Emapimunk (Two-Eyed Seeing), Sharing the Circle were held to hear the needs and experiences of Indigenous Peoples in relation to their mental health and cannabis use. Sharing these engagements, and by using gender-based and distinction-based analysis, four recommendations were developed for social care providers (HSCPs) to consider when caring for Indigenous Peoples living with mental health issues. The findings point to the disconnection between recent research on medical cannabis and its availability to Indigenous Peoples through accessible medical services. The four recommendations provided are helpful to both educate frontline HSCPs about the needs and experiences of Indigenous Peoples and improve access to current information and best practices for Indigenous Peoples who use cannabis for mental health from the regulatory and representation perspective.

#### Author Info

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- Chanessa Ryan, Native Women's Association of Canada
- Abrar Ali, Native Women's Association of Canada
- Lynne Groulx, Chief Executive Officer, Native Women's Association of Canada



VOLUME 18, ISSUE 1, 2023 - 1



# Additional Indigenous Cannabis Resources

[BC Assembly of First Nations \(BCAFN\)  
Cannabis Tool Kit](#)

[Mental Health Commission of Canada  
Closing Research Gaps on Cannabis and  
Mental Health](#)

[Thunderbird Partnership Foundation  
Cannabis Tool Kit](#)

[National Collaborating Centre for  
Indigenous Health \(NCCIH\)  
Literature Review on Cannabis](#)







# NWAC: Anti-Indigenous Racism Toolkit for Health & Social Care Providers

- Designed to support HSCPs in addressing and reducing racism in their daily practices
- Practical tools like post-visit surveys to collect feedback
- Guidance on understanding the needs of Indigenous clients





Thank you!

Questions?

Haw'aa!

Miigwetch!

Qujannamiik!

Wel'alin!

Nakurmiik!

Merci!

Maarsi!



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