Harm Reduction Acceptability and Feasibility on a Rural North American Indigenous Reserve
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BACKGROUND
Despite lower alcohol use compared to whites, North American Indigenous (NAI) adults experience disproportionate alcohol-related harm (Brindis et al., 2013; Loden et al., 2014; SANDAG, 2016, SANDAG, 2016)

Harm-reduction approaches:
- Strategies to minimize substance-related harm and enhance quality of life without requiring abstinence (Collins et al., 2011; Marlatt & Wilson, 2010)
- May align well with traditional NAI values (Daly et al., 1998; Landau, 1996)

The current study aims to:
- Assess the acceptability and feasibility of harm reduction treatment approaches for an NAI Reserve community.
- Elicit perceptions on culturally specific alcohol-related harm

METHODS
PARTICIPANTS
- Health care workers (n = 8, 75% NAI), and community members (N=9, 100% NAI) living or working on a First Nations reserve in Eastern Canada
  - Age: M = 45 years, SD = 16 (range: 20 - 72)
  - Sex: 63% female

PROCEDURE
- CBPR (Wallenstein & Duran, 2010)
- All procedures approved by appropriate tribal authority and University IRB
- Focus groups were conducted in an Eastern Canada First Nation reserve community in Spring 2020.

MEASURES
- Sociodemographic Measures: single-item questions assessed participant age, gender, and race.
- Harm Reduction Acceptability and Feasibility Ruler:
  - 14-items, attitudes towards harm reduction. (7 questions: 1 = not at all true; 10 = totally true; 7 questions: 1 = abstinence; 10 = harm reduction).
  - Means assessed: <5 preference for abstinence-only approaches and >5 preference for harm reduction-only approaches.

RESULTS
- Health care workers: harm reduction approaches more acceptable:
  - But may contrast with traditional methods of healing
- Community members: harm reduction acceptable when considered in tandem with goals of sobriety
- Loss of culture reported as alcohol-related harm, aligning with findings that high rates of alcohol use among NAI result indirectly from historical trauma. (Lane & Simon, 2011; Myhra, 2011; Whitesell et al., 2015)

DISCUSSION
- Harm reduction strategies may provide opportunities to connect to Indigenous culture and traditions
  - e.g. allowing people who drink to connect more to traditional ceremonies.
- Mixed consensus on whether harm reduction (versus abstinence only) was consistent with Indigenous cultural traditions and values.
  - Perhaps the Firewater myth explains community members reluctance towards a harm reduction approach (Gonzalez & Skewes, 2018; Garcia-Anrade et al., 1997; Ennis & Alleven, 2017)
- Interventionists should pay special attention to culturally specific alcohol-related harm identified in this study.
- Caution needed when implementing harm reduction strategies in NAI communities in order to integrate properly with traditional cultural healing.
- Limitations include:
  - Restricted geographic representation, thus may not be generalizable to other Indigenous groups

Cultural and Community Specific Alcohol-Related Harm

<table>
<thead>
<tr>
<th>Culture</th>
<th>Emotional</th>
<th>Health</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of culture</td>
<td>Trauma</td>
<td>Limited access to health care</td>
<td>Lack of resources (e.g., housing instability/money issues)</td>
</tr>
<tr>
<td>Disconnecting oneself from culture</td>
<td>Death</td>
<td>Physical/mental health Issues</td>
<td>Isolation</td>
</tr>
<tr>
<td>Not engaging in cultural activities due to drinking</td>
<td>Emotional difficulties</td>
<td>Family stress</td>
<td>Boredom</td>
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</tbody>
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This work was supported by the Society of Addiction Psychology APA: Division 50 student awarded to Silvi Goldstein, M.A.