Decolonizing Canadian Disaster Response
Through A Harm Reduction Lens

Dean Young, MPS

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Introduction - Context & Problem

Current HR Application: Applied to addiction and drug use to reduce fatalities, stigma, and promote healing.

Article's Intent: Construct a conceptual framework by applying existing harm reduction strategies to emergency management (EM).

Goal: Reduce harm, trauma, and adverse experiences for Indigenous communities in disasters.

Canadian EM Landscape:

- Relatively new professional practice.
- Primary focus often on response and recovery.
- Need for continuation of decolonization in EM, given impact on Indigenous well-being.

Introduction - The Gap & The Approach

Feature	Addresses the Human Equation	Mitigates Trauma	Promotes a Broader View
Emergency Management	Focus on infrastructure and logistical needs.	Acknowledges trauma but lacks a formal framework for addressing it.	Traditional, siloed approach to disaster planning and response.
Harm Reduction	Focus on individual needs, emotional well-being, and dignity.	Provides a framework to reduce stigma and negative experiences.	Encourages interdisciplinary collaboration and cross-sectoral solutions
Crossover (HEAM)	Prioritizes "building the people back better" by addressing emotional and psychological needs.	Uses a harm reduction lens to reduce the trauma evident in Indigenous communities during disaster response and recovery.	Applies a healthcare model to emergency management, creating a more integrated, holistic approach.

Harm Reduction Principles - Broad Context

National Harm Reduction Coalition (NHRC) - Principles (Summarized):

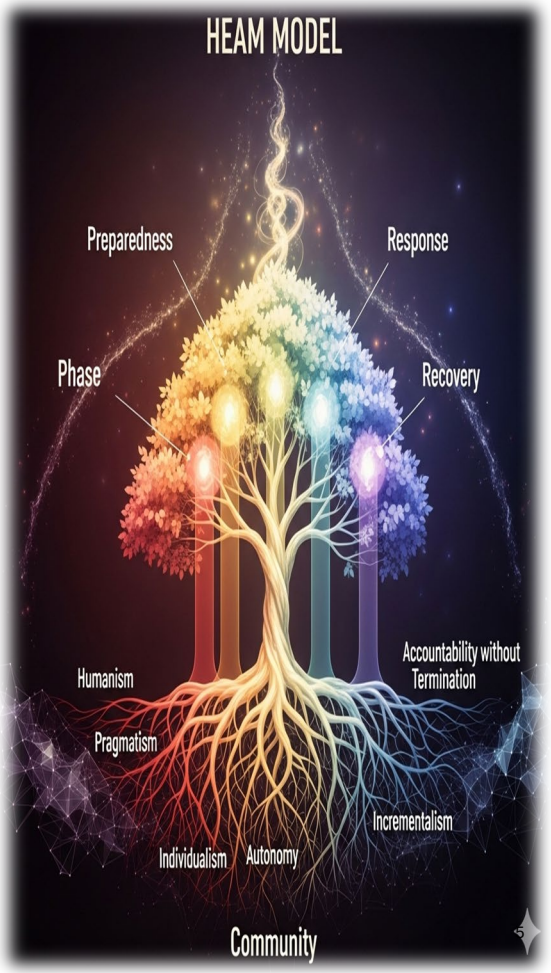
1. Accept inevitability of harmful effects.
2. Understand complexity of harms.
3. Embrace link between community life and well-being.
4. Non-judgmental, non-coercive action.
5. Affected individuals must have a voice in programs.
6. Recognize realities of poverty, racism, trauma, etc., affecting vulnerability.
7. Understand impact of minimizing real harm.*

The Hawk et al. Model (HEAM) Principles

Hawk, M., Coulter, R., Egan, J., Fisk, S., Friedman, M. R., Tula, M., & Kinsky, S. (2017). Harm reduction principles for healthcare settings. *Harm Reduction Journal*, *14*(70). https://doi.org/10.1186/s12954-017-0196-4

Six Principles of HEAM:

1. Humanism
2. Pragmatism
3. Individualism
4. Autonomy
5. Incrementalism
6. Accountability without Termination*



HEAM Principle 1: Humanism in EM

Value, care for, respect, and dignity *of and for individuals.*

HEAM Principle 2: Pragmatism in EM

Perfect results are never achievable; employ supportive approaches.

HEAM Principle 3: Individualism in EM

Each person has unique history, challenges, and goals; tailored plans.

HEAM Principle 4: Autonomy in EM

Individuals have power to make decisions; shared decision-making.

HEAM Principle 5: Incrementalism in EM

Acknowledge all positive changes; plan for setbacks; mitigate stigma of failure.

HEAM Principle 6: Accountability without Termination in EM

Acceptance of overall responsibility for choices; continued support despite setbacks.

EM Pillars & Harm Reduction - Prevention & Mitigation

Common Themes

- Lack of Information Sharing
- Criticism of Governance

Improving EM Programs

- Holistic EM
- Sendai Framework
- Local Government Responsibility
- Open Communication

EM Pillars & Harm Reduction - Preparedness

Common Themes

- Preparedness essential for "right to life with dignity" - WHO 2017
- Vulnerability
- Learned Helplessness

Improving EM Programs

- Promote Indigenous ways of knowing
- Educational programs for youth
- Community involvement in planning empowers members, reducing fear/trauma.
- Local Government Responsibility

EM Pillars & Harm Reduction - Response

Common Themes

- Fear for safety, loss of culturally significant items, uncertain destinations, family placement, access to substances, elder accommodation.
- Criticism of Governance
- Lack of coordination and communication.
- Trauma-inducing evacuation

Improving EM Programs

- Commitment to communication
- Identify appropriate evacuation locations with sufficient resources for diverse needs.

EM Pillars & Harm Reduction - Recovery

Common Themes

- Traditional Focus: Primarily on financial cost, infrastructure repair, "build back better" (environmentally/structurally).
- Criticism of Governance: Common during/after disaster, often unfairly. Post-event reports identify improvements.
- Long-term Impacts: Poorly managed response/lack of emergency management mimics long-term health-related healthcare issues.

Improving EM Programs

- Build back better
- Purposefully pursue harm reduction strategies in recovery efforts*

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Harm Reduction Application to EM Pillars

Principle	Mitigation	Preparedness	Response	Recovery
Humanism	Transparent, respectful communication.	Cultural safety and dignity in planning.	Culturally safe spaces and respects people's choices.	Building "the people back better," not just infrastructure.
Pragmaticism	Systemic racism and internal political challenges	A "perfect result" is not achievable in disaster planning.	Perfect coordination and communication are not possible.	Long-term impacts of disasters on people and social fabric.
Individualism	Individual needs to alleviate fear and demoralization.	Crisis communications and planning to individual members' needs.	People have different needs, such as youth and elders.	Individual trauma and recovery through tailored interventions.
Autonomy	Empowers through education and shared information.	Involves communities in creating their own EM programs.	Gives community members a sense of control over their choices	Supports community governance to develop sustainable programs.
Incrementalism	Conducts post-event reporting to identify areas for improvement without assigning blame.	Plans for setbacks and failures to mitigate stigma.	Looks at successes and failures to improve future responses.	Celebrates all achievements throughout the recovery process.
Accountability Without Termination	Fosters trust in governance through open communication.	Encourages community ownership of EM programs.	Avoids vilifying people for decisions made in the heat of the moment.	Accepts that people's decisions, even those that seem "questionable," are part of their recovery journey.

Final Thoughts:

Decolonizing Indigenous Emergency Management Using a Harm Reduction Approach:

- Accept that displacement and disruption of normal living due to disaster is part of our world.
- Understand disaster as complex, encompassing impact to total resilience.
- Establish quality of individual and community life—not cessation of all normal coping mechanisms—as criteria for successful evacuation/shelter in place/isolation responses.
- Call for non-judgmental provision of services to people who are displaced/affected.
- Ensure people who are displaced/affected have a voice in programs.
- Affirm people who are displaced/affected themselves as primary agents of reducing harms of their experience.
- Recognize that social inequalities affect vulnerability to and capacity for dealing with evacuation and long-term displacement.
- Do not minimize or ignore the real and tragic harm and danger of the impact of disaster.*

Thank You

Dean Young

587-225-6873

dypeaceman@gmail.com

www.peacemanconsulting.com

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