

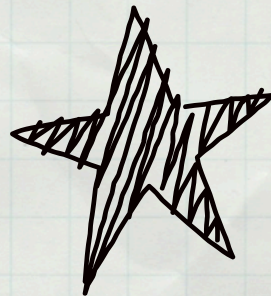
REFUSING SILENCE

HARM REDUCTION

THROUGH A KILLJOY LENS



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Land Acknowledgment

We would like to acknowledge that we are on Turtle Island, on Treaty 6 Territory; home of the Cree, Nakoda Sioux, Saulteaux, Blackfoot, and Metis peoples. I would like to honour my ancestors who have cared for and sustained these lands since time immemorial. We recognize the responsibilities we must carry forward today, especially as we walk in these spaces shaped by colonialism.

It is our presence, stories, and our ongoing relationships with this land that continue to transform these systems. These teachings on Indigenous values guide our understanding of the importance of harm reduction, rooted in compassion, love, and care. We would like to acknowledge that colonialism has disrupted Indigenous ways of knowing and has continuously contributed to the conditions that shape substance use and related harms. As a result, we must take care of each other and of this land as a form of decolonization.



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ESSENTIAL CONCEPTS *

Decolonization: The active process of dismantling colonial systems and using Indigenous knowledge and approaches

Decriminalization: Removing criminal penalties for possessing illicit drugs for personal use, and shifting the focus from punishment to health and human rights approaches

Harm Reduction: Policies and programs which aim to reduce the health, social, and economic costs of drug use without necessarily reducing drug consumption

Naloxone: Also known as Narcan, is a competitive opioid receptor antagonist used for the reversal of opioid overdose in an emergency or inpatient setting

Opioids: A class of drugs that includes prescription pain relievers, such as heroin and fentanyl

Stigma: A set of negative beliefs, stereotypes, and discriminatory actions directed toward people based on a health condition, such as substance use, which reduces access to care and worsens health outcomes





OUR

Our goal is to reach the individuals who lack access to honest, judgment-free information.

This is dedicated to the curious young adults who want to understand safety precautions, look out for their loved ones, or understand the importance of harm reduction. For the future helpers, allies, and killjoys of our world.



AUDIENCE

OPIOID CRISIS IN SASKATOON

Since early 2025, the Saskatoon fire department has responded to an average of 19 overdoses per day, and in March, there were over 500 overdose calls.

The Saskatchewan Public Safety Agency's Provincial Emergency Operational Centre (PEOC) states this is not a health issue but a public sector emergency.

Viewing from a place-thought lens, we shift our blame away from individual moral failings toward structural violence, colonial harm, and disrupted place-based belongings.

This isn't a drug crisis, but a crisis of the land, our belonging, and the interrupted relationships.



Place Thought

Land and thought are inseparable; land is alive and thinking. How people derive agency from land and how colonialism disrupted this gives rise to the vulnerabilities of today's society. The modern world treats drug users as disposable and the land as dead. However, as feminist 'killjoys, we can maintain that land is alive and people are connected to place. Additionally, survival is a relationship, not an individualistic endeavour.



LAND BACK



SIGNS OF OVERDOSE

A person will usually exhibit the following physical symptoms:

- slow or stopped breathing
- blue or grey skin and/or lips
- unresponsive or unable to respond
- gurgling or snoring (death rattle)
- pinpoint pupils
- cold, clammy skin

What To Do

1. Call 911
2. Shake, shout and perform a sternal rub
3. Administer Naloxone: one spray in the nostril OR injection into the thigh/arm
4. Perform Rescue Breathing: one breath every 5 seconds
5. Move the individual into the recovery position
6. Administer a second dose of Naloxone dose within 2-3 minutes if needed

OPIOID AGONIST THERAPY (OAT)

Provides safer, regulated opioids like Methadone, Suboxone, or Sublocade that help to:

- Prevent withdrawals
 - Reduce cravings
 - Stabilize the brain
 - Lower the risk of overdose
- OAT works to restore dignity and autonomy

A GUIDE ON THE IMPORTANCE
KNOWING:

HOW AND WHEN TO USE NALOXONE

NARCAN (NALOXONE)



- To administer an injection of Naloxone:
1. Snap the plastic cap off the vial.
 2. Invert the vial and insert the needle through the rubber stopper.
 3. Draw fluid by pulling the plunger until the marked line.
 4. Ensure there are no air bubbles.
 5. When ready, administer the injection into a large muscle, such as the arm or thigh.



The injection should begin to take effect in approximately 2-5 minutes. If the individual remains nonresponsive, administer a second dose.



Naloxone is an opioid antagonist that works to reverse the effects of an overdose due to other opioids like heroin, morphine, fentanyl, etc.



Naloxone works to block and repair the affected receptors in the brain. Quickly restoring an individual's ability to breathe normally again.



It is important to be mindful that the individual may become agitated or aggressive upon coming to. This is common as a result of sudden acute opioid withdrawal.



To use the nasal spray, simply insert the nozzle into the individual's nostril and spray once. This should come into effect after approximately 2-3 minutes.



WHY CALL 911?

Even if the individual becomes responsive after receiving Naloxone, it is vital that you call 911. In the event that the effects of the opioids reoccur and the individual needs medical care.



Myth Busters

Myth 1 Harm reduction means encouraging or enabling drug use.
Harm reduction isn't a green light for drug use. It's a practical, non-judgmental public-health approach that recognizes some people will use drugs. The goal is to reduce harms like overdose, disease, and death – not to promote use!

Myth 2 Providing sterile needles or syringes increases drug use in the community.
Research shows the opposite. Needle & syringe programs reduce risky injection practices and the spread of blood-borne diseases. There is no evidence that they increase overall drug use.

Myth 3 Safe or supervised consumption sites increase crime or public nuisance.
These sites actually reduce overdose deaths, support safer use, improve access to health care, and do not increase crime. Many studies show they may even decrease public disorder.

Myth 4 There's no solid evidence that harm reduction is cost-effective or ethical.
Ethical analyses show harm reduction promotes autonomy, dignity, and justice. Economic studies confirm it saves significant health-care costs by preventing disease and overdose.

Myth 5 Harm reduction increases the overall number of people using drugs.
Evidence does not support this idea. Harm reduction does not create new drug users but instead focuses on safety for people already using.

Myth 6 Needle and syringe programs do not reduce HIV infections
Research shows that these programs dramatically reduce HIV and hepatitis C transmission and are actually cost-effective public-health interventions.

Myth 7 Distributing naloxone through harm reduction programs doesn't matter.
Naloxone is a widely recognized, life-saving medication. Making it accessible through harm reduction programs directly prevents overdose deaths.

Myth 8 In 2024, Canada did not see thousands of opioid-related deaths.
Unfortunately, in 2024 Canada recorded over 7,150 opioid-related deaths.

Myth 9 Canada has only a handful of supervised consumption sites.
As of 2023, Canada had nearly 40 federally approved supervised consumption/harm reduction sites.

DETOX & OTHER SUPPORTS IN SASKATOON

Where To Go, When To Call, & What Helps

- Prairie Harm Reduction
- Safe consumption sites
- Naloxone Kits
- Drop-in Support
- Cultural Care
- Counselling

- SHA Addiction Services
- Withdrawal Management
- Detox
- O.A.T
- Referrals

- 24/7 Mobile Crisis
- Mental health & substance use support anytime

- Other Supports
- MACSI
- OUT Saskatoon
- YWCA Crisis Shelter
- STC Wellness Center
- Pharmacies (Free Naloxone)



WHAT ARE WE

KILLJOYING?



Our project became a means of killjoying by our refusal to accept the colonial narratives that criminalize drug use, separate people from the land, and treat overdose deaths as an individual failure or choice instead of a result of structural harm.

We are killjoying:

- The false notion that addiction is a moral failing
- The idea that people who use drugs "choose" their suffering
- The policies that treat drug use as a crime
- The stigma that prevents people from accessing care
- Anti-Indigenous racism in healthcare
- The belief that people who use do not deserve compassion
- The assumption that abstinence is the only real recovery

Through harm reduction, we may rebuild communities, restore agency, and refuse colonial narratives of shame and disposability. We work to disrupt the comfort of the opposition by echoing the truths most prefer to ignore and creating space for a more just and accepting future.

SCAN ME!

A collection of supports, programs, and educational resources designed to help you or someone you care about!

