

An Interview on Eating Disorder Harm Reduction: Transcript

Vincci: Well welcome everyone. Thank you so much for taking the time to kind of join us for this live interview with Gloria Lucas of Nalgona Positivity Pride. Just a few housekeeping things before we jump into I guess the meat of the presentation. So, you are all welcome to leave your cameras on, but please leave your audio muted if you're on Zoom until the Q & A portion of the presentation, just so that we don't get any weird kind of noises coming in. You can type any questions that you have in the chat. So I will be monitoring it on Zoom and on Facebook Live, so you'll probably see my eyes darting like, left and right kind of during the Q & A, so just to make sure that you know I'm capturing everything.

And I just want to start by acknowledging that most, if not all of us gathered here today, are settlers on a number of indigenous lands, many of which are unseeded. I personally am on Treaty 7 territory, which are the traditional lands of the Niitsitapi, or Blackfoot Confederacy, the Îyâxe Nakoda and the Tsuut'ina. This area is also home to the Métis Nation of Alberta, Region 3. As a dietitian in what is now known as Canada, I acknowledge that the nutrition field contributed to harms perpetrated in the residential schooling system and that we as a profession continue to cause harm overtly and covertly today. I share this land acknowledgement as a way to show my commitment toward mitigating this harm as much as I can, through learning indigenous history and values, unlearning racist and colonialist beliefs and practices, donating to Indigenous led causes, collaborating with Indigenous peoples, and advocating for Truth and Reconciliation.



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

Alright, so, again, I'm super excited to be hosting Gloria Lucas from Nalgona Positivity Pride. Gloria is an eating disorders awareness activist that specialises in intersectional eating disorders, education and resources that transform the lives of BIPOC individuals and expand eating disorder treatment models. Being the founder and CEO of Nalgona Positivity Pride, she is able to raise awareness through digital media, public speaking and grassroots activism, and she lives in Orange County, California.

And can I also say Gloria, I also think you're a Canva queen. I think your stuff is always so gorgeous! [laughs]

Gloria: Thank you. Thank you. All my friends know me as being very intentional in Canva, so I really appreciate that. [laughs] Thank you. Super excited to be here.

Vincci: Awesome. Alright. So I guess like, just to kick us off, what exactly is eating disorder harm reduction? How would you define eating disorder harm reduction?

Gloria: Yeah, so eating disorder harm reduction is really adopting other reduction framework models. Most people, especially within mental health, know about harm reduction. There we go. Um, so that's pretty much where it's coming from. And so when I explain it within an eating disorder context, I really see it as a paradigm shifting model from what we currently have. For me, the focus is more on safety than abstinence, unless the individual wants abstinence or wants behavioural reduction, but otherwise, when supporting within a harm reduction model, the focus is not so much, or just on behaviour reduction or abstinence. So, we look at that self harm behaviour, and we look at everything else around it. How do we keep this person safe? How do we provide empowering education so that they're able to risk assess, assess the risk, and be able to make better decisions



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

when it comes to safety and ultimately, helping people with eating disorders create a life that's worth living.

And I feel that the eating disorder field has been so rigidly focused on abstinence that it leaves the majority of people out. And so I don't think eating disorder harm reduction fits neatly within therapy rooms, or eating disorders, you know, what we have now with treatment. And that's because the true history of harm reduction is that it started in the streets. Later on, it was adopted by public health, because, you know, science, whatever we want to call it, evidence based studies, have proven over and over worldwide that harm reduction has been a model that has saved lives, made communities safer, improved the health of people who are engaging in self harm. And so, why wouldn't it work with eating disorders?

Vincci: Yeah, and I think like, you answered a lot of the things that I was about to ask you too, in terms of like, how is it different from current models. So I guess I'm curious, like, in case folks, don't really know who you are, and don't know about the work that you do, why is eating disorder harm reduction important to you, and how did you become involved in this work?

Gloria: So I have a background in organising and more, you would say more left politics, and everything that I know now about activism I learned through my small community from Inland Empire, which is in southern California. And so I really am in debt to all the folks at that time that provided me with such rich education that I don't think could even be found within ivory towers to be honest. But it was through anarchist people and people who were into punk rock that I first learned about harm reduction. And what I recall is a group of people organising for a syringe exchange program in my hometown, and all the barriers that we faced with that when it shouldn't be. And so that was, I believe, my first introduction to harm



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

reduction and since the inception of Nalgona Positivity Pride I always wanted to integrate harm reduction, however, I really feared that it would be rejected. And so I, at that time, in my journey with an eating disorder, I was somewhere else and so I was more interested in abstinence. So my focus did shift, however, I never denigrated, like, the importance of it. And it's not until more recently that I've been moved to do more of this work, regardless of how it is accepted or not. And so that's how I learned about harm reduction.

Vincci: Yeah, well tell me or us about what kind of caused that shift from, you know, maybe a focus on abstinence, to more eating disorder, harm reduction.

Gloria: Well, I've had an eating disorder for most of my life. And so I think there's this mainstream idea about how recovery is supposed to be and how it goes, but similar to substance use, it's not beginning to end, necessarily. It's more like a rollercoaster. And there's different needs at different times. And there have been moments in my journey where I did want abstinence, where I did want recovery. And about three, four years ago I relapsed, and I am not in the position where I am seeking abstinence from my behaviours. And so I was either left to accept this recovery road, or just wait to hit rock bottom and then want recovery, which I find that very problematic. And so, I needed harm reduction in my life. And so that is the reason why I was pushed to do more harm reduction work. And I can say that within the last two years, personally doing harm reduction is the reason why I'm still here.

And I cannot say that enough, you know? And why it's like, very emotional work for me, because if it weren't for this, I would not have enough energy to be doing this line of work. I would not be a good daughter, I would not be a good friend, you know? And I wouldn't have the life quality that I have now, even while living with



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

an eating disorder. And so I can't stress enough how it's really about compassion. And harm reduction is truly about community love, and keeping each other safe and being very understanding that look, as long as we have systems of oppression, eating disorders are going to exist. We could build another hundred treatment centres; we are still going to have eating disorders if we're not getting to the root cause. So this idea that you go to treatment, and you only need it once and then you're fine for the next decades of your life - it does happen, but there's a lot of us that aren't there. So what happens to us? Especially when treatment is not accessible.

Vincci: Yeah, yeah. And I think that like, sort of goes into my next question about like, how is eating disorder harm reduction different from current models of care? It sounds like right now, since we're so focused on like, the behaviour reduction, or abstinence model, like, when that's not possible, it's sort of like the next choice is that you have to hit rock bottom before you go into like, you know, current treatment. And it's almost like eating disorder harm reduction is offering another, and for you, like a life saving path.

Gloria: Yeah, yeah. I can say I've always had harm reduction. I can't say the same about treatment. And so, how harm reduction is different is that it's meant to be accessible. Two, it is created by the people themselves. And so I feel that there's so much power within the people. Any activist group, any group that's led by the people themselves is a powerful one, and that's not necessarily what we have currently with eating disorder treatment. I feel like there's still a lot of people who have eating disorders but are not out about that, or they think they are in recovery, but I'm like, your IG tells me something else. Like, the fact that it's so perfect - mhm, okay, like, yes, sure you're recovered, but if you say so, that's fine. You know? None of my business.



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

But I feel like yes, a lot of people who are still struggling with eating disorders are not out, or don't acknowledge that they're still struggling, because there's this push and this, this pressure to be in the recovery road right now, 'cause it's actually part of like this whole wellness industry, you know, famous thing that's going on. But anyways, going back to what I was saying. Harm reduction is powerful because it's led by people like me, you know, that has personal experience. And I'm not here waiting for an insurance company to tell me okay, yes, you're approved to get treatment like, no, it's like, now - what do we need right now, so that you are safe for today? What do you want? What do I want? Not what the treatment team wants. What do I want?

And so that's what's different within you know, traditional eating disorder treatment models and harm reduction, is that it's really people themselves designing what we need, instead of waiting for research to take place, instead of waiting for public health to think it's important and now time to adopt. Like, no, it's right now, and so harm reduction is made up of different strategies that you know, you could go get that tea, you can add more behaviours that might help reduce some of the symptoms related to the eating disorder. And so, that's what makes harm reduction different for me is that we are designing around the gaps that I don't have, that I currently don't have, that yeah, I don't have. And so, how do we get creative and support one another?

Vincci: Mhmm. Yeah, and I think that speaks to like, making eating disorder care more accessible as well as you're creating the things that you need to care for you, as someone with an eating disorder.



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

Gloria: Mhmm. And you know, harm reduction is not in opposition to remission or abstinence, necessarily. But, you know, it's not required to have those goals if you want to do harm reduction. And so I honestly feel that eating disorder harm reduction should be part of the education every provider provides for an individual, from beginning all the way to the end, because we know the high rates of relapse within eating disorders. Like, over the last fifty years of literature of eating disorder, research shows that less than 50% of people recover for more than five years.

So we know this information that we need to be providing education for people with eating disorders, such as do not brush your teeth after self induced vomiting - instead, rinse your mouth with baking soda. If I would have known that since day one, I would've prevented so much harm. And do you know how motivated people would actually really actually going to be if their teeth are falling off? Like, you need to really improve the life quality of individuals, to maybe get to a place where they might want recovery. But the truth is that whether they do or not, people deserve to be met where they are at. And so things such as esophageal care, for people who self induce vomiting. How about people with, you know, anorexia supplements that they can take for dental care, or oral care? Like, these are little things that people can do in their day to day that, you know, at the end of the day, it does make an impact. Things such as if you're taking medications, and then you're self induced vomiting, take them at night when you're less likely to self induce vomit. How about things such as hygiene for people who self induce vomit in public restrooms, right? Nobody talks about how do you make sure that, you know, you're, you know, engaging in these behaviours in the cleanest way possible so that you don't get sick, right? When you're dealing with mouth and maybe hands. And so all these little things that nobody really talks about, because oh, no,



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

no, no, we gotta get you to recovery. You know, well, that's not important, it's like, how are we going to help reduce your behaviours? And that's such a disservice.

And my thing is, for providers make oaths of do no harm. If you know the high rates of relapse, if you know that there's ways people can stay safe, you are doing a disservice by not providing that education. And so I think that that's the way we should see it. There's no time or room for harm reduction to be controversial. That's a luxury. There's no time for that. Like, I'm sorry, there's people like myself on the line. Like no, this is not an intellectual debate. It's not. It's not.

Vincci: Mhmm. Yeah, yeah. And I think that kind of touches on the next question that I had too, was I know, like, I've seen on the Nalgona Positivity Pride website, like, I'm part of your 10 days of EDHR course, which is so well done. And if you're not part of it, you can sign up it's only twenty bucks, I think, for the next few days. So, there's a disclaimer that says that eating disorder harm reduction is not evidence based. And so I don't know if you know this, but like, a lot of like, marketing of our profession as dieticians is that like, oh, we're evidence based. So, how would you respond to, you know, maybe discomfort from individual practitioners or maybe push back to implement eating disorder, harm reduction, because like, it's not evidence based?

Gloria: Excuse me. That's one of the most common questions and also the liability one. But to answer the evidence based question, first: we have to unpack what this evidence based means, and who is defining it. Because when I think about the group of people that's defining what's evidence based it is definitely not a non white group. [laughs] So who is fighting it, and for who?

Vincci: Mhmm.



Gloria: So that will be my first thing. I think that my question is, what if the community says it's evidence based? Is that valid? And so if you say it isn't, then I will find that elitist, right? So I think that in itself is debatable. And even with the best and well intentioned providers, there is still a gap in the effectiveness of treatment. So we can no longer afford to not be creative and do out of the box ways of supporting people with eating disorders. The fact that every hour someone dies from an eating disorder, the fact that eating disorders have high rates of suicide, the fact that you know, the alarming number of transgender folks have eating disorders; we don't have time to stop and continue doing what we're doing. What we currently have is not good enough.

And so this evidence based idea usually does not mean that it's evidence based for people who are Black, who are Indigenous and are people of colour. So, you know, as much as it could work for maybe more Western, more white middle class folks, like, that doesn't mean it's gonna work for BIPOC. And the truth is, the line of work that I do and being surrounded by so many BIPOC folks in eating disorders; it's not worth it. I'm personally one of those people that attempted treatment. I'm sorry, but it did more harm than good for me. And that's just my experience. And the idea that eating disorder harm reduction is not needed. I feel like it's really a delusion. Because, again, only one in ten people go to treatment. Out of that one person that goes, they are less than 50% likely to recover. So then what happens to all these people that are falling within the cracks? And what are we doing for them? Are we going to keep waiting for the insurance company to give the green light? I'm sorry, but I don't have that time.

Vincci: Yeah.



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

Gloria: And so that's what I would say. And so, there is an urgency that we just can't be sitting down and being like, oh, it might not work, it might work. I'm like, I feel like the people that say might not work are the folks that are people that don't look like me. You know? And it makes me think a lot about, you know, right now the path towards psychedelic assisted psychotherapy, cannabinoid prescription for people with anorexia, ketamine, you know? So that's accepted, and that itself has so many issues as well that that's a whole 'nother conversation that we can have. But so that's getting more accepted now, but somehow harm reduction isn't? Like, it doesn't make any sense to me. And so I just feel that if harm reduction has worldwide studies, like okay, if we really want to get back to the evidence based and work within that, if there's a worldwide studies of how harm reduction has helped drug users, people that abuse alcohol, sex workers, worldwide studies; why wouldn't it work also with harm reduction? You know? And if eating disorder treatment, what we had currently worked, there would be so many of us without eating disorders. So, it should be people first.

Vincci: Yeah.

Gloria: And it means when we put people first, that means truly listening to the ones that are living in it. And that means putting personal morals, positionalities of saviourism, and also visions of how the world should be; that needs to be put to the side. And ultimately, harm reduction is a lovable way to deal with the repercussions of colonialism. And so, again, the eating disorder treatment is broken, and we need as much types of different variety of approaches to help those that are struggling alone.

Vincci: Mhmm, yeah. And so to sort of piggyback on that, like, how can, you know, dieticians, like, assuming most of the audience here is dietitians, and including



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

those who don't work directly in eating disorder treatment, maybe implement harm reduction, like, with their clients who are struggling with eating disorders? And I know you already peppered some little tips throughout, so yeah.

Gloria: So, I feel that...maybe I could share what I have learned in my journey, in regards to what is it that BIPOC folks have been sharing and what they need. And some of this is also what I've thought about, things that I need. One of them is that treatment needs to be flexible. Meaning flexible in the different approaches to supporting those with an eating disorder, flexible in scheduling for people with eating disorders, exploring different strategies. So, a lot of times treatment centres have their philosophy. They do DBT, CBT, BLT - I made that one up-

Vincci: [laughs]

Gloria: You know? And that's like, that's their model. And that's it. And it's like, no, we need a comprehensive, interdisciplinary view of helping those with eating disorders. People want non-invasive support that does not remove them from their communities. Not everyone can afford to pause their life, their career, their family, to be separated and spend thirty, sixty days, ninety days, sometimes for some people, a year, you know, to go out and receive that help. Not everybody has that luxury, so people need non-invasive support. We deserve non-carceral eating disorder treatment support. And, you know, eating disorder treatment runs parallel to carceral mental health. Meaning for instance, the hyper vigilance. In treatment centres, involuntary treatment, losing rights while you're in eating disorder treatment, meaning that if you're not adherent to the treatment plan, and maybe you can't call your folks, maybe you can't have an outing, blah, blah, blah, right? Like, so it follows very similar patterns as prisons, and so we deserve better than that. We need community based treatment models. *Truly* community based. We



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

need accessible, slower paced models. And I think for dietitians, that would be my advice, is that y'all need to slow down. Um, you know, my experience, it was like boom! Here's your meal plan. I feel like there's no room for people who are going to experience culture shock in treatment to have that time to process.

Because nobody even thinks about that. For people like myself, who go to treatment, I experienced culture shock. I was like, and I'm in this damn field, right? But I was like, What is all of this? This feels so uncomfortable to my core. It's something that I have never experienced and I'm expected to go through this, this, this, this and that. And it was automatically assumed that I could bring in my own meals. No one stopped to ask them like, hey, can you afford, do you have access to food, to comply with your treatment plan, your meal plan? No one asked me that. No one told me about like, the discomforts that come into place with nutritional rehabilitation. So ya'll need to slow down, and start very slow. Because otherwise, again, people are gonna fall within the cracks.

And you know, a lot of treatment centres say their individualised care, but that's not what I am seeing. So we really need to be truly individualised. And what that means to me is that it's co designed with the individual. Treatment needs to be co designed with the individual. Otherwise then you create conflict in that relationship between provider and individual. It has to be what the individual wants, and helping them define what are their goals. Maybe it is abstinence, maybe it is reduction, maybe it's like, you know what, I'm not gonna stop these behaviours, but I want to learn how to be safer. Or, what type of medical checkups should I be doing more regularly, just to make sure that everything's okay, right?

We need more culturally centred and culturally affirming treatment that actually does not feel so alienating and again, people are not experiencing culture shock,



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

and that's very difficult in the field that's predominantly white. People really want ancestral, anti racist, anti colonial, liberation oriented treatment. And people want to reconnect to ancestral traditions. And I don't see that there's room for other worldviews, such as Indigenous worldviews in treatment. And how on earth – it amazes...just thinking about treatment, when we think about treatment; it's indoors. Four walls. Again, the carceral-like. Can we get some vitamin D? Can you have a therapy session under the tree? And can we go to a community garden and touch soil, and like, reconnect? Eating disorders are a product of disconnection. Disconnection to what has been natural for thousands of years. And I don't mean this in a hippy dippy kind of way. I mean just like, in an Indigenous way, right? This connection to land that we so badly need back this balance. So in close settings with AC and artificial light, like, go outside, for once in a while. I remember in one of my sessions I'm like, can we go for a walk. Can I have my session as we walk, so that I don't have a damn panic attack, so can I get some vitamin D? Oh, well confidentiality ... Well actually, I don't give a damn. You know?

So, thinking outside of what is institutionalised. We need fat dignified care. We don't need necessarily weight inclusive care, where like, oh maybe if a fat person comes, then we'll make the arrangement. No! It needs to be fat and dignified since day one.

How are you going to make your treatment model, your private practice, whatever it is that you're doing, so that fat people feel dignified? For some folks, they need genderless eating disorder treatment support. Right? And other folks need gender affirming care, especially for trans folks. Right? Gender is expansive, and it means different things to people. And I'm sorry, one LGBTQ training is not enough.

And again, people need to be up to par with racial trauma, intergenerational trauma. I don't know why, I've been doing my historical trauma talk for I don't know



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

how many years, presented it to I don't know how many people, but somehow it's still an afterthought. Like, it's an option. It's an elective. No! No, it's not. Because the truth is, in a lot of Indigenous societies worldwide, thousands of years, the worldviews, the identity of humans has been so intricately tied to land, and and having this connection and role within the whole earth, right? And so if we see Earth being mistreated the way that it is, when for thousands of years, like there was no division between Earth and self, people are going to internalise that. And that's part of the reason why we have eating disorders, right? Because how the Earth has been treated is how we are treating ourselves. And so, it has to be more than just CBT, BLT, FBT... like, I'm sorry, it has to go beyond that. We have to stop being so scared of thinking outside of what we currently have. We so desperately need it.

Vincci: Mhmm. Yeah, yeah. So I'm hearing what you're saying is that like, what we really need is a paradigm shift, and to really, you know, break out from kind of the existing paradigms and methods and frameworks that we have. In the short term, what we can do is like, really slow down, listen to our clients, work with our clients to individualise care. And yeah, like, try to move away from these like, structured frameworks that I think as practitioners, they make us feel safe and secure that we're doing something, but how much are we actually serving our clients?

Gloria: I feel that harm reduction is a beautiful opportunity to look at the complexities of human suffering. One, it is an opportunity to check our saviourism. And so it's really an opportunity to look at the very creative ways in which people have been surviving. And before we run into how do we get this person to abstinence is: what hurt you? You know? And how are we all contributing to those systems? So again, it's an opportunity. And to realise that there are no quick fixes, because there's so much undoing that still needs to take place. And so as we're



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

helping people with eating disorders, we should also be having a role of dismantling oppression you know? And eating disorder treatment has so much to catch up on, being that it is such a predominantly white field. There's so much to catch up on. And things are shifting, little by little, definitely since when I started. And so we've got to just keep doing the work and really reflecting. If we're truly here for abolishing eating disorders, how does that extend beyond what I provide in therapy rooms? Outside of Zoom?

Vincci: Yeah. Yeah, yeah. And I know as part of your work, like, you are launching a course on eating disorder harm reduction. So yeah, I'm curious, what will the course cover and who is it for?

Gloria: So, this is long in the making, my eating disorder harm reduction course. It is...is it eight modules, I believe? So it's going to be a really hefty course, but nonetheless very needed. And this is designed for providers themselves. So dietitians, nurses, therapists, etcetera, and many other mental health workers. So some of the things that I will cover is, what are actually the complications that come with eating disorders, health wise, and how do we provide that education to individuals? The amount of mind blowing experiences! I was reading literature about what happens to people with eating disorders, and there was a lot of weeping in some of those moments of doing my research, because no one had explained these things to me. But all this time, I thought it was a personal flaw. But it turns out that no, I just have an eating disorder brain; a brain that's impacted by malnutrition, and trauma. You know? But nobody broke this down to me, because everybody's so occupied on thinking about where I need to be instead of where I am right now.



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

And it kind of reminds me a lot of...I'm tired of recovery messages. I am. It doesn't do much for me. I want to be seen where I'm at. And so anyways, going back to what the course is going to be, 'cause I kind of went somewhere else with that.

Again, for me, harm reduction is about providing eating disorder literacy to the people struggling themselves. And there's such infantilization that happens with people who have eating disorders are perceived to be malnourished, and therefore not capable of being–

Vincci: Yes, I've heard that, for sure.

Gloria: ...and making autonomous decisions, and we need to stop that. Okay? And we truly need to give this education to individuals, especially with like, the neuroscience of eating disorders. What happens when somebody is struggling with binge eating. I also talked about pharmacotherapy of eating disorders. So, what are the medications that people have used? Because I do see pharmacotherapy as harm reduction, because we know antidepressants, or whatever FDA approved medications for eating disorders, which there aren't that many, don't cure eating disorders, but in my personal experience, I've seen such a shift in my life for the better. And so I do talk about that, and I also talk about if people don't want to use prescription medication I get, I totally get it. So then what are these other alternatives?

One doctor, I don't recall his name, but he talks about the amino acid diet for people struggling with binge eating disorder. So it's the supplements that help with the compulsiveness that comes with binge eating. And maybe that's a route somebody wants to take, right? So, that is part of harm reduction. I also talk about gastrointestinal care. So accessible, over the counter ways in which people can just,



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

you know, be more comfortable. Because there's so much discomfort that comes with an eating disorder and my goal is like, listen, if we could help somebody with their IBS, then we give them so much more room to be social, to build on relationships, to be out in community, right? So that is still key. And so we help them with those immediate things first, then maybe, you know, we create less noise to talk about the heavier things that comes with the eating disorder, right?

So I talk about gastrointestinal care, I talk about dental oral care, which all this information that is out there and like, nobody's talking about this. And lastly, how providers can work with clients within the harm reduction lens, and how to also promote if you are harm reductionist, like, how do you market yourself as that? Anyway, so that's part of the content for the EDHR course, which will be released in January. So folks can sign up to my email list to receive all the updates. Right now, like you mentioned earlier, we're doing ten days of eating disorder harm reduction in your inbox. Perfect for the holidays, I designed and selected ten strategies. Well actually, it's kind of more, 'cause each one ends up having a little bit more, but it's geared for people to navigate, you know, during this time of the season, end of year, which brings a lot of emotions for some folks. So yeah, so that's taking place, and I think I have it up for two more weeks. So, folks can still sign up for it.

Nat Q (They/lel), Kjipuktuk from the chat: could you share the link to the EDHR course? Thanks!

Vincci Tsui from the chat: Here is the link to the course: [EDHR Course](#)

Vincci: Awesome. Yeah. And I see a comment on Facebook. someone's already asking more about the course. So the details will come out in January, but I'll also



try to send out the link to sign up for Gloria's list, like, kind of with the recording for this interview.

Alright, so we have about fifteen minutes left and I was wondering if this might be a good time to take some questions from the audience? So if you do have a question, you can either raise your hand and unmute on Zoom, or type it in the chat and I will read it. I'll also be reading any comments that come on Facebook, and I'll try to like, alternate between the two so that we can see both.

I think everybody's still just taking everything that you said.

Gloria: [laughs] Yeah it was a lot [laughs]

Vincci: [laughs]

Gloria: I just threw a lot there, so I understand.

Vincci: Well, I know one question that's kind of come up within our group, that we've sort of been talking about is like, whether there are concerns that the concept of harm reduction will get sort of co-opted I guess like, in the weight centric field. Like similar to how you know, like, how client centred care has sort of gotten co-opted. You know, like, well, the clients want to lose weight, so we'll keep encouraging, you know, dieting behaviours or or eating disorder behaviours. Yeah, like so, I wonder if, you know, like, harm reduction will sort of be used like, oh, like, we're promoting weight loss, because like, that is what is reducing harm. If that makes sense.



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

Gloria: It probably will. You know? I feel like if it gets washed down, like, that's already happening within a lot of substance use harm reduction already, to public health. I would much rather people attempt weight loss and safer ways. I know that's very controversial, especially within the HAES community, that's usually very strict about never no weight loss. But the truth is, there are much more complexities to that. And you know, I had an event that talked about harm reduction in weight loss. And the truth is, whether harm reduction is there or not, the weight loss pressures are still there. So, I think the society already does enough of those pressures that does really matter if there's harm reduction or not. Like in the, you know, washed out version of it. So and again, there's valid reasons as to why some people seek weight loss, and for life affirming reasons, and who the hell am I to judge somebody else to not want that? And so being that I have been in a larger body, I know what that's like, and it's so powerful to see so many folks come out and come to these very radical self love, and I wish that was the case for everybody, but body politics are very complex matters, and I think we got to do more listening than just putting our own, say, into other people's lives.

And so anyway, so yeah, will it be co-opted? Probably. I already see harm reduction being co-opted in the eating disorder realm. I'm like, this isn't harm reduction, what you're talking about. Like, it's very vanilla, and still very recovery, and it's still behaviour reduction. And I feel that harm reduction should not be a way to trick people into abstinence, especially if that's not what they want.

Vincci: Mhmm. Thank you. Oh, Nat has a question. Nat, do you want to unmute yourself?

Nat: Sure. Hi, thank you for...um, I'm just like, spinning. All of this information has been incredible. And I really appreciate your discussion around, or your point



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

around access to land, and like, that our disconnect from the land. That's something I've been thinking about a lot and how it relates to eating disorders. I think a lot about harm reduction in my community, the trans community, and like, access to land, for example, is not financially accessible to a lot of folks in the trans community. But I know that people like, desperately want this like, myself included. Like, I live in a box. [laughs] So, and this is like, a huge question, but like, how do we build community, especially coming off of like such isolating, like, super isolating, like, last three years to like, make these harm reduction strategies possible, and like, viable in our communities? I hope I got my point across with that question.

Gloria: Thank you so much for asking that. And the truth is that the shift that we want is already happening. There's already people investing in that, in abolition work, in anti white supremacist work, in all these other reenvisioning of our society, right? Like, that's already happening. This right here, is it happening. So I feel like that provides a lot of like, hope and realisation that it's here. Like, movements are always always happening.

And so I think your question was maybe more two part, of like, the land acts, as the land reconnection. And I feel that this reconnecting to land is so much more than just like, a garden. And it's more of like, earth first movements and what do we need to do to act now on climate change? All of this is connected. All of this. This idea that you need to sort of single lived issues? Like, no. So, I feel like there's bigger pictures right, that also need to be part of this larger conversation, and actually it's something that I've been thinking a lot about in something of an upcoming event in talking about radical environmentalism and eating disorders, you know? Which I don't think it's talked about enough, like, the environmental impact of eating disorders, I mean, especially for people with bulimia, how much



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

water do we waste? You know? So, it's like, damn! Anyways, but I don't want, you know, people with orthorexia to get triggered by all of this. 'Cause you know, eating disorder BU's are best.

But going back to that, I've just really been more intentional about how do we protect Indigenous environmental activists. Our future children's lives depend on today's Indigenous environmental activists, which by the way, are one of the most killed groups in the world. And so, I feel playing a role in that and how do we protect our land protectors - how do we play a role? That's one way, I feel, of reconnecting because the truth is, it's like, if we go, so do the animals; we're part of the ecosystem. And like, western world has this way of separating us from the balance. So, I think that's one way of like, how do we...and then that comes with food justice movements, too, right? Reconnecting to land. How is it that we find time? And you know, one of the effects of historical trauma is disconnection from the natural world. So then how do we connect back? And I think that means different things to people. Maybe it's you know, for me it's there's this mountain area that I guess that's where I go, to talk to whoever I need to talk to, ground myself, and think bigger, right. You know, for other people, it could be indoor plants. It could be volunteering in your neighbourhoods, community garden. It could be as simple as like, cherishing my mom, like, grows chilies, tomatillos, like I don't know. Like, there's so much medicine even witnessing that. And you know, my grandfather grew a peach tree in our backyard, and so much writing has taken place under that tree, and just the gratitude of like, that knowledge that comes with hands that knows how to work the land. And I think just witnessing that, it's medicine.

So, anyways, I feel like all of us have ancestors that were more tied to the land than we may be. So looking into what does that mean? How did that take place? So, I



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

know that's a big question, and maybe I'm taking too much time answering, but yes, hopefully that answered something. [laughs]

Nat: Well, I really appreciate the expansiveness of your answer, and how it's not just like, necessarily directly that connection to like, me touching soil, but it's also like, how do I protect the people who are protecting the land? And how do I build community with them? And that is a connection to the land. And how do I build community with the folks in my community who know how to grow, you know, the foods that nourish me, right? So, I really appreciate that answer. It opened some thoughts and some doors in my mind. So thank you.

Gloria: I feel like too, the question is how do we put ourselves back in the ecosystem? You know? Rather than we dominate resources, we dominate land, the land is mine, right? Rather than no, land is ungovernable if we really think about it, so. Yeah, and it also comes to the animals, too. Like if you have a pet like, there's so much medicine in that. So there's always ways and it does feel like you have to fight to have that connection, and that's very sad. But it's worth it, you know?

Nat: Thank you.

Vincci: Alright. I see one question in the chat. Do you think we'll have time for it? I think it might be a long one, but.

Gloria: [nods yes]

Vincci: Okay. So Anna says:



Anna Fruscione from the chat: This was a very thought provoking discussion. Thank you so much for this. Any other suggestions for how to support patients where they are at in the practice of harm reduction, while helping them reach goals for re-nourishment (if that is their goal) or setting aside our own ideas and goals. In ED training, we hear so much about how dangerous EDs are and how we need to help clients to renourish their brain.

Gloria: So more on how to support them where they are at. Let's see. You know, for me, when you think about like, my first instances of treatment, which have been more than one experience, focusing on my other goals was very important to get to my eating disorder. So what I mean by that is that kind of going back to that disconnection piece, is that I needed to improve my relationships. And many times we're just so focused on the eating disorder that we forget about these other very crucial elements that also play a role within eating disorders. And so maybe the individual is not ready to go there. And I think you have to give time for that trust to build with your client. This assumption that okay, if you're in treatment, then that means you give up, you just give, and you have to. It's like, no, that individual has every right to build a trust relationship with you, and that takes time. And it doesn't work within thirty day frameworks. Like, it doesn't. And I feel bad for providers because they're...like, literally insurance companies are the daddies. Like, they're breathing down every provider's neck. And I feel like there's so much more organising that can take place in that and dismantling that.

But anyways, going back to like, how else can we support them it's like, how do we disrupt isolation for this individual? How do we get them back into the world in a way that's safer for them? What do we need to validate in them? I find that a lot of folks that I meet with eating disorders are some of the most intelligent, some of the most sensitive and creative people that I've met. And somewhere along the



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

line, that shine was removed from that. And so how do we nourish those things that they were maybe beat out of? You know? How do we...see, gender plays such a strong role, especially for I feel like, well, for anybody, but I think in my own experience with being raised a girl, being a cisgendered woman and like, there's so much that we could do with like, patriarchy in therapy rooms that does not take place, and really interrupting our own internalised patriarchy and the way we view bodies; there's so much work that can happen there.

So again, like, there's such a million directions. I think, for one is when you build that trust with your client, is how do you give them eating disorder literacy? How do you teach them like, look, when you're restricting, these are things that can happen to your body. And just giving them that knowledge, or maybe building a plan, how do you know when you're engaging in your behaviours too much? What does your body tell you? Right? Signs of okay, you need to go to the emergency room. If you see this, this, this and this, then you need to go to urgent care. Right? Even giving them that knowledge. And here's the thing too, why we need harm reduction so much in treatment; because eating disorders are not single lived issues. 50% of people with eating disorders also have substance use issues. So we don't only need harm reduction for the eating disorder, but we also need it for drugs, sex work. And that's another area that I don't think gets enough coverage is the level of of eating disorders among sex workers. But that's a whole 'nother conversation. Anyways. So we need it for alcohol. We need it for self harm, we need it for gambling, right?

So again, we need harm reduction in more than just eating disorders. So maybe right now the person's not open to talking about eating disorder, but maybe they want to not blackout too often. So, how do we get there, right? Little by little. So



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

again, I think it's the approach and the slowness and at the pace that the individual wants.

Anna Fruscione from the chat: Thank you!

Vincci: Perfect, thank you so much. And I think we're a little bit past time, Gloria, but did you want to yeah, I guess, share a little bit more about your course and how people can kind of get in touch with you, so that they'll know when it comes out in January?

Gloria: Yes! Please visit me and my website or go to my Instagram. Instagram is what I use more frequently. So I will just put it here.... if you just type, I know it's a mouthful, my name, but just Google it, and sign up for my email alerts.

Gloria Lucas from the chat: Nalgona Positivity Pride

And, you know, if you're really thinking, considering doing the course, this is going to be a bigger, larger course. So financially, maybe start saving up from now. Just being honest [laughs]. So, because it's gonna be a higher priced item than my other courses, but there's so much research that has gone into it, and I don't really see it being offered elsewhere. So yeah.

And I believe one of the add ons for the course is going to be the recording of the weight loss and harm reduction talk that we just did about a month ago with my friend, Em. So that's going to be part of it as well. So yeah, feel free to reach out.

Vincci: Yeah, yeah. And I know like, a number of people in this group went to that presentation. It was so well done and gave us so much to think about and this



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA

interview did too. Like, I know that I'll be going back to listen to it and take notes. So, thank you so much for your time and thank you everyone for attending. And yeah, I hope we'll stay in touch and I'm looking forward to talking more about eating disorder harm reduction, and how we can provide better care for everyone.

Gloria: Thank you so much for the opportunity. I really appreciate it.

Vincci: Thanks. Okay, well have a good night, everyone!

Nat Q (They/lel), Kjipuktuk from the chat: thank you/merci/wela'lin Gloria!!

Carolyn Barber from the chat: Thank you so much

Bronwyn Coyne from the chat: thank you!

Emilia Moulechkova from the chat: Thank you

Gloria: Thank you.



WIDIC
STRENGTHENING
weight-inclusive
PRACTICE IN CANADA