

**Guidance on communicating with the public to
increase knowledge of and support for harm
reduction and treatment policies and programs for
people who use drugs**

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Substance Use and Harms Committee

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Background

Effective communication strategies regarding harm reduction and treatment initiatives for people who use drugs (substances) are key to gaining public support for these life-saving services.

Substance use occurs along a continuum and can have varying effects, both beneficial and negative, on a person's health and life. At one end of the continuum a person may use a substance such as caffeine to help them focus. At the other end of the continuum are substance use-related harms and addiction (substance use disorder). Addiction is complex and people develop addictions because of many reasons including genetic, environmental and mental health factors. Substance use-related harms happen when a person uses drugs or alcohol in a way that has negative effects on their health and life. Not all people who use substances or who are experiencing harms related to substance use have an addiction.

There is a substantial body of evidence documenting the impact of stigma faced by people who use drugs. Stigma takes the form of negative attitudes, beliefs and behaviours and can lead people to use substances alone and avoid seeking support, care or services out of fear of judgement. Stigmatizing attitudes toward people who use drugs also act as a barrier to gaining public support for evidence-based services. Although Canadians generally support various harm reduction and treatment policies and programs, a phenomenon known as 'not in my backyard-ism' (NIMBYism), can occur when a new facility or service is proposed in a certain area. However, there are evidence-based approaches for reducing stigmatizing attitudes and potentially increasing support for such policies.

Stigma reduction is very important, but it's not the only consideration when communicating with the public about harm reduction and treatment policies and programs. Throughout this guidance, we summarize and link to available evidence on effective communication strategies, issues to be aware of, and evidence-supported facts about harm reduction that can be used when crafting public communications.

We encourage thoughtful and critical use of the guidance presented below as the evidence is limited, emerging and evolving. The guidance is intended to be evergreen and updated periodically to reflect changes in best practice and emerging evidence.

Effective communication strategies critically examine the intended goal and target audience and tailor the message to meet those objectives. No message or story will resonate with everyone or work across all contexts.

Please share articles and evidence to contribute to this guidance with Rebecca Brodmann at Rebecca.brodmann@canada.ca.

Overall Framing and Considerations:

- ☑ Emphasize that the overall goals of all harm reduction and treatment services are to improve the health, safety and wellness of Canadians. Recovery and treatment work together and look different for everybody.
- ☑ Addiction is a treatable medical condition and recovery is possible.
- ☑ Remove messages that blame or shame people who use drugs. The goal is to reframe the issue and take the onus off of the individual (i.e., factors related to willpower, discipline, etc.) to underscore the complex interaction of multiple factors that contribute to addiction or substance use harms, and impede recovery.
- ☑ Avoid depictions of people who use drugs that reinforce negative stereotypes and individual pathology. These obscure broader determinants and consequences.

Key principles of effective communication

Be concise and write simply

- Use simple, plain language that the intended audience can understand.
- Use short words and sentences.
- Use the active voice.

Be clear

- Use messages that are not ambiguous.
- Avoid technical jargon, idioms, and acronyms.

Use credible sources

- Ensure accuracy and consistency of the communications.

Know your audience

- Identify and understand the target audience and tailor the message to meet their needs.
- Understand the goals and objectives and stay on topic.
- Use the correct tone for the purpose of the communications.
- Focus test the communications with the intended audience

Strategies that show promise

- Meaningfully and equitably involve a diverse representation of [people with lived and living experience](#) of substance use at the outset of development, where appropriate and feasible.
- Use [person-first and medically accurate language](#).
- Always depict people in a respectful and dignified way and show them within the context of their life outside of substance use. Do not appeal to pity or sympathy.
- Be aware of your own biases and perspectives.
- Present accurate and evidence-based information about harm reduction and treatment programs to counter misinformation and misconceptions.
- Focus on benefits to people who use drugs and the community through a [harm reduction approach](#). For example, harm reduction programs can reduce overdose deaths and harms, reduce costs to the healthcare system and increase access to health and social services, including treatment.
- Pre-emptively refute potential concerns and common counter-arguments about harm reduction measures, such as supervised consumption sites and Naloxone distribution, including those about crime rates, disease transmission and costs.
- Use a variety of [personal narratives](#) that demonstrate the diverse life experiences and struggles faced by people who use drugs, specifically personal stories that show structural barriers to getting help and stories of recovery. Examples of structural barriers include: inadequate insurance coverage, stigma, provider shortages, challenges navigating a complex system, and lack of availability of comprehensive evidence-based services.
- Identify your target group (i.e., policy makers, business owners, general population, professional groups, etc.) and your desired outcomes (i.e., improved attitudes, increased knowledge, etc.) and tailor the message to the audience and goal.
- Conduct [community engagement](#), where reasonable and feasible. Well planned community engagement can provide valuable opportunities to gather input from and inform members of the public, dispel misconceptions, identify issues that are causing concern, and to identify potential advocates and critics of a harm reduction strategy.
- Pre-test messages with the intended audience; is the intended goal being achieved?
- Prioritize the use of local, context-specific, culturally-appropriate approaches.
- Frame messages in a positive way as much as possible - emphasize practical and actionable solutions, not just problems.

Issues to be aware of

- Language is a powerful tool for changing attitudes. Do not use [stigmatizing language](#) (i.e. avoid words like “addict” & “drug/substance abuse”) or [images](#) (i.e. avoid images that reinforce stereotypes such as photos of people using drugs in alleys or of discarded needles) in your public education or communications so as not to further stigmatize, marginalize or traumatize people who use drugs.
- Depictions of people with untreated and symptomatic mental health and addictions can increase public stigma. Portrayals of people experiencing successful treatment and recovery may decrease stigma and improve the general public’s support for treatment.
- Neurobiological explanations of addiction are important but alone do not reduce stigma; however, framing substance use as a treatable medical condition can help reduce blame, correct the misperception that it is a choice, and decrease social stigma. Care must be taken to frame addiction as a treatable condition from which recovery is possible.
- Be aware of the mood and tone of messages and images. The ‘crisis tone’ can have the effect of diminishing hope and causing people to think the problem is insurmountable.

Resources

- [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#)
- [Changing the Narrative Style Guide](#)
- [Fact Check: Dispelling Myths About Supervised Consumption Sites](#)
- [Frequently Asked Questions – Needle Distribution Programs](#)
- [Guidelines for Partnering with People with Lived and Living Experience of Substance Use and Their Families and Friends](#)
- [Guidance on Community Consultation and Engagement Related to Implementation of Supervised Consumption Service](#)
- [Harm Reduction Services: Information about safer substance use](#)
- [Overcoming Stigma Through Language: A Primer](#)
- [Peerology: A guide by and for people who use drugs on how to get involved](#)
- [So you want to reduce stigma towards people who use drugs?](#)
- [Talking About Addiction: A FrameWorks MessageMemo](#)
- [Talking about Early Childhood Development: A FrameWorks Communications Toolkit](#)
- [The Brain Story](#)
- [Towards the Heart: BCCDC Harm Reduction Services](#)
- [Understanding Harm Reduction: Substance Use](#)

Evidence-Supported Facts about Harm Reduction

- Increases referrals to support programs, treatment, and health and social services.
- Reduces costs to the healthcare system.
- Reduces stigma and increases access to health services.
- Reduces sharing of substance use equipment.
- Reduces hepatitis and HIV transmission.
- Reduces overdose deaths and other early deaths among people who use drugs.
- Increase knowledge around safer substance use.
- Harm reduction policies do not increase or encourage substance use. In fact, they can encourage people who use drugs to start treatment.

Gaps in Evidence & Ideas for Future Research

- Future research should prioritize development and evaluation of communication strategies to increase public support for evidence-based substance use disorder policies, including harm reduction-oriented policies such as [needle distribution programs](#), supervised consumption sites, and policies expanding medication-assisted treatment and safer supply.
- Further evaluation evidence of stigma reduction campaigns is necessary to better understand best practices for improving knowledge and attitudes related to substance use.
- Further research should investigate which types of messages are optimal for subgroups of the population (e.g., by age or education-level). These insights will be useful for tailoring messages to increase persuasiveness and ultimately support for public health-oriented policies.
- Disentangling the role of race, racism, gender and socioeconomic status in public stigma and substance use disorder policy support.
- Understanding policy feedback – how do perceptions of existing substance use disorder policies influence public stigma and support for further policy enactment?
- Testing the effects of rights-oriented messages on public stigma and substance use disorder policy preferences.

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