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# A Public Health Approach to Substance Use

## Handbook

# A Public Health Approach to Substance Use Handbook

This resource was developed jointly by Lorraine Greaves and Nancy Poole of the Centre of Excellence for Women’s Health, and Karin Moen, Hailey Morton, Sophie Chochla, Alexie Kim and Kelsey MacIntosh of the Canadian Public Health Association in 2021-2023.



The Centre of Excellence for Women’s Health is a virtual research and knowledge exchange centre, collaborating with researchers, service providers, policy makers and community-based advocates across Canada and internationally. We encourage the use of sex and gender-based analysis plus, the development of sex and gender science, and health programs that increase gender equity.

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## Who is this handbook for?

This handbook is for multiple audiences. Those in one (or more) of the following roles may find it useful: people with lived or living experience of substance use; community advocates; harm reduction providers; public health professionals; substance use prevention and treatment providers; program and policy developers; social service and anti-violence service providers; health care practitioners; first responders, and public safety professionals.

## How do you use this handbook?

This handbook can be used alone as a self-guided workbook, or in a small group with or without facilitation. It can support self-reflection, community coordination, and the important cross-agency and system-wide conversations about how to widen and improve the response to substance use. It can also inspire respectful and destigmatizing conversations with people who use substances and engage with peer support networks.

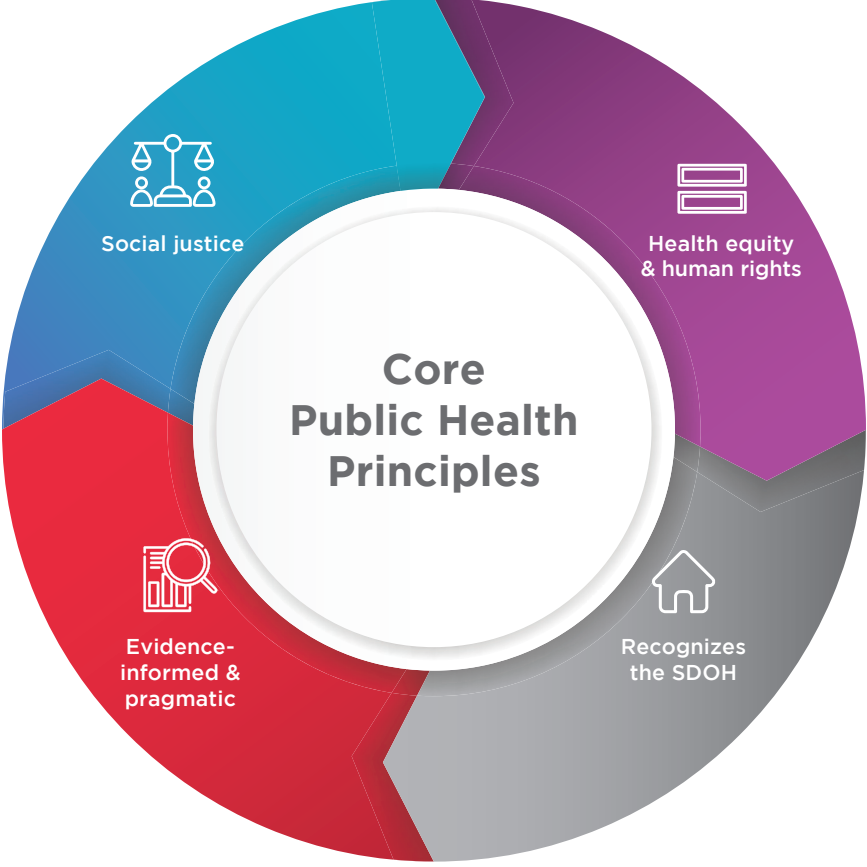
# Before we get started . . .

## Opening Activity:

01. What comes to mind when you think about a public health approach to substance use?

02. What are you hoping to learn by using this workbook?

# What is a public health approach to substance use?



A public health approach aims to inform programs, services and policies to better protect and promote the health of all Canadians<sup>1</sup>.

A public health approach to substance use seeks to maintain and improve the health of populations based on the principles of social justice, attention to human rights and equity, evidence-informed policy, and practice, and addressing the underlying social determinants of health (SDOH)<sup>2</sup>.

A public health approach should be visible, trustworthy, and equitable; collaborative within and across communities; accessible and accountable; as well as flexible, resilient, and innovative.<sup>3</sup> In 2021, Canada's Chief Public Health Officer outlined multiple system-level elements required for an effective public health system, and priorities for change. These included the following needs and priorities: clearly communicate the value of public health, ensure clear accountability mechanisms, increased coordination, coherence, collaboration and linkages across jurisdictions and sectors; address mis- and dis-information; etc.

# What is a public health approach to substance use?

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## What strategies and approaches are required?

The strategies and approaches generally included in a public health approach to substance use are:

- Health promotion and protection
- Prevention of harm
- Prevention of discrimination
- Recognizing benefits
- Data collection
- Population health assessment
- Evidence-based services
- Ongoing surveillance and evaluation
- Ensuring a range of harm reduction and treatment programs and services are available

## How Does a Public Health Approach Apply to Substance Use?

The persistence of health and social inequities and related harms for people who use substances clearly demonstrates the need for an integrated approach to substance use policies and programs that upholds the principles of public health.

Current approaches to substance use in Canada vary by substance, jurisdiction, service, and many other factors. There is a range of regulatory approaches to psychoactive substances in Canada, ranging from commercialization (e.g. tobacco, cannabis), state control (e.g. alcohol) and prescription (eg. pharmaceutical drugs, OAT), to prohibition and criminalization (eg. methamphetamine, LSD, heroin).

Canada's overall approach to substance use often relies on criminalization, punishment, and the justice system. Canada's current approach sees significant resources invested in criminalization, and less so on education, housing, community-based health and social services, prevention, treatment, and harm reduction programming.<sup>4</sup>

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Many drug policies are based on prohibition and criminalization, which cause further harms, especially for marginalized populations. Indigenous people and Black Canadians are disproportionately criminalized despite the fact that substance use occurs across the entire population.<sup>4</sup> Many of these harms could be alleviated by focusing on health promotion, health protection, voluntary treatment, and harm reduction instead of punitive approaches.<sup>5,6</sup> Criminalization and punitive approaches to substance use aggravate existing inequities and exacerbate harms, while proving ineffective in reducing the use and availability of illegal drugs. Criminalization negatively impacts access to emergency care, health, and social services, increases risk of overdose, entrenches significant stigma towards people who use substances, and can cause intergenerational harm.<sup>7</sup>

Although a public health approach to substance use is not yet widely used, it can and should be. It is important to address underlying determinants of health, reduce stigma and discrimination, concentrate on prevention and health promotion, and to reduce harms and appreciate the benefits associated with substance use. This approach applies to all levels of the healthcare and social services system and requires a supportive public health policy to work. Developing practices and policies using a public health approach is a multi-sectoral effort.

# What is a public health approach to substance use?

## A public health approach to substance use calls upon all of us to:

- Protect and promote the rights, health, wellness, and safety of people who use substances
- Reduce stigma and replace criminal and commercial approaches with a health and human rights lens that de-emphasizes biomedical models of addiction<sup>9</sup>
- Better understand the harms and benefits of substance use
- Ensure our practices and approaches are evidence-informed, and recognize the expertise of people with lived and living experience of substance use
- Co-create tailored responses to substance use that are person-centred, trauma- and violence-informed, sex and gender-sensitive, anti-oppressive and culturally appropriate
- Improve equity by changing policies on income, housing, education, and other determinants of health for people who use substances, improving mental health and substance use services and taking an evidence-based approach to the regulation of substances



### A point of reflection

We acknowledge that public health has not always abided by the principles outlined in this workbook, and that much of the progress made in implementing a public health approach to substance use to date is due to extensive and sustained advocacy by people who use substances.<sup>10,11</sup>

In working to implement a public health approach to substance use, it is important to recognize the expertise inherent in those with lived and living experiences of substance use.



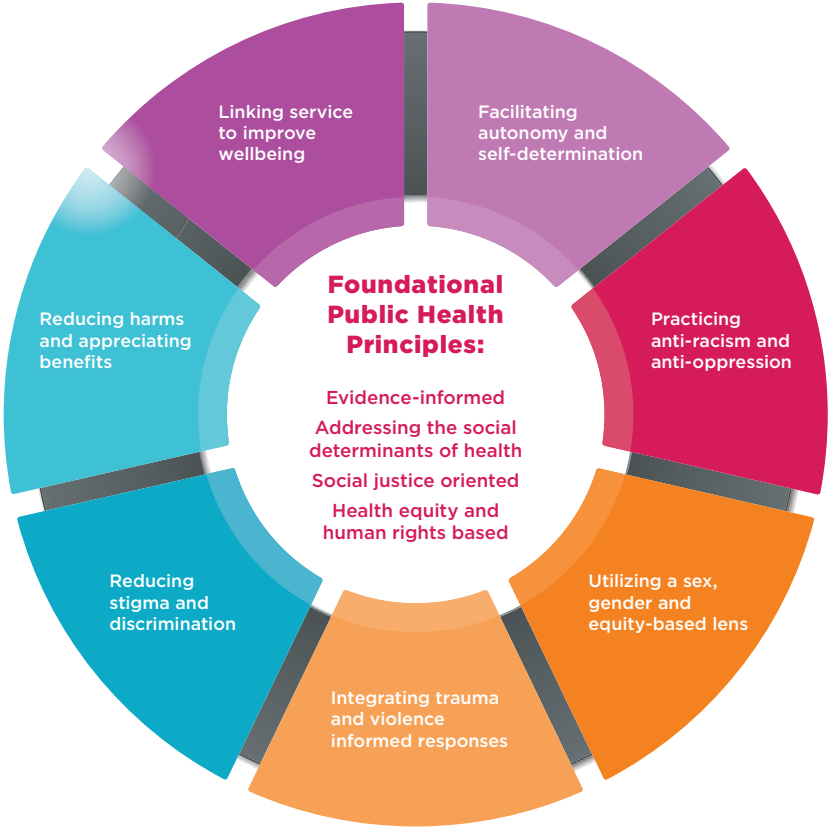
# Discussion Questions:

01. How are you currently applying these principles in your work?

02. What could you do to further these principles in your work?

03. How could your personal experience and/or community be improved with a sharper focus on these principles?

# A public health approach to substance use works to protect and promote the health, wellness, and safety of people who use substances



The core public health principles outlined previously are elaborated on in the following key approaches, which will be unpacked in more detail throughout the workbook.

The definition of a public health approach presented in this workbook was developed in 2021. It will continue to evolve based on input from people with lived and living experience of substance use, professionals in health and social services, and relevant literature.

- **Facilitating autonomy and self-determination** of people who use substances and their communities.
- **Linking services to improve wellbeing** of those who use substances, such as income, anti-violence and food security supports.
- **Reducing harms and maximizing benefits** by expanding harm reduction options and increasing understanding of the benefits experienced by people who use substances.
- **Reducing stigma and discrimination** by acknowledging and changing negative attitudes, stereotypes, discriminatory practices, and intersecting forms of interpersonal, internalized, and structural stigma.
- **Integrating trauma- and violence- informed responses** that recognize the links between substance use and past and current trauma and offer choice, collaboration, and safety in services.
- **Utilizing a sex, gender and equity-based lens** that generates intersectional, sex and gender sensitive information, programs and policies that respond to substance use.
- **Practicing anti-racism and anti-oppression**, including creating anti-racist and anti-oppressive processes and systems that actively address all forms of intersecting racism, colonialism, classism, sexism, ableism, exclusion, and marginalization.

# Discussion Questions:

01. Which of these approaches are you already using in your work?

02. Which of these needs more action in your work?

03. How could more attention to, and action on these approaches improve your personal experience and/or your community?

	<b>What I'm already doing</b>	<b>What needs more attention or action</b>
Facilitating autonomy and self-determination		
Linking services to improve wellbeing		
Reducing harms and maximizing benefits		
Reducing stigma and discrimination		
Integrating trauma- and violence- informed responses		
Utilizing a sex, gender, and equity-based lens		
Practicing anti-racism and anti-oppression		

# Facilitating autonomy and self-determination

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**A public health approach to substance use treats people in a non-judgmental way that recognizes, respects, and promotes the human rights of people who use substances.**

People who use substances have a right to life, to health, and to freedom from discrimination, arbitrary detention, and other forms of ill treatment.<sup>12</sup> The principle of respecting rights, autonomy and self-determination relates to trauma and violence informed care as this approach gives back control to those who may have had their autonomy compromised in the past. This principle is realized through policy approaches including decriminalization and legalization and through ensuring that a continuum of programs and services are available, including safe supply.

Attempts to reduce substance use related harms may cause further harm when they are not grounded in evidence, principles of consent, or respect of autonomy and human rights. Punitive and coercive approaches to substance use (such as incarceration and mandatory treatment) can infringe on an individual's right to autonomy and self-determination by removing their choice, undermining their ability to make decisions, and limiting their freedoms. For example, involuntary stabilization care may "greatly reduce youth's liberty and autonomy to consent via highly restrictive and coercive actions."<sup>13</sup>

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**Here are some resources that illustrate this principle in action:**

["Nothing About Us Without Us" - Greater, Meaningful Involvement of People Who Use Illegal Drugs: A Public Health, Ethical, and Human Rights Imperative](#)

#### **HIV Legal Network**

This booklet explains why people who use illegal drugs must be meaningfully involved in Canada's response to HIV/AIDS, hepatitis C (HCV), and injection drug use, and the benefits of greater involvement. The booklet also contains a manifesto written by people who use drugs and describes the achievements of two organizations of people who use drugs, the Vancouver Area Network of Drug Users, and the Thai Drug Users' Network.

[Hear Us, See Us, Respect Us: Respecting the Expertise of People Who Use Drugs](#)

#### **Canadian Association of People Who Use Drugs (CAPUD)**

This report addresses a significant gap in resources and best practice guidelines in Canada by identifying existing and emerging best practices in respecting the expertise of people who use(d) drugs (PWUD).

[Decriminalizing People Who Use Drugs: A primer for municipal and provincial governments](#)

#### **HIV Legal Network**

This resource offers evidence and advice to organizations and governments on asking for exemptions from the federal government in order to decriminalize drug possession. It argues that decriminalization is health promotion and life-saving.

# Prompts for individual reflection or small group discussion:



**01. Why are autonomy and self-determination important?**

**02. How do you currently facilitate the autonomy and self-determination of people who use drugs in your work or community?**

**03. How does your organization or broader community facilitate the autonomy and self-determination of people who use drugs?**

**04. How could you further this principle in your work?**

# Linking services to improve well-being

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**A public health approach to substance use recognizes and responds to the full context of a person’s life, through providing collaborative and integrated services that meet peoples’ self-identified needs.**

Enacting this principle requires an understanding of the social determinants of health, which act as key protective or risk factors for people who use substances. The social determinants of health are defined as “the conditions in which people are born, grow, live, work and age”.<sup>14</sup> These determinants of health are often systemic, and include income, education, gender, culture, physical environment, social inclusion, racism, discrimination, access to health services, early childhood experiences, housing, and food security. The distribution of money, power and resources influence the determinants of health, which in turn contribute to health inequities. The influence of certain determinants of health, along with inequitable drug policies can exacerbate the risk of harm, experiences of stigma and discrimination, and the likelihood of experiencing criminalization.<sup>15,16</sup>

Approaches to substance use in Canada are often disconnected and fragmented by jurisdiction, discipline or profession, and lack of co-ordination among services and systems.<sup>10</sup> Without collaboration and coordination, contradictory approaches may cause division, particularly when various sectors approach substance use with different philosophies. Comprehensive and collaborative services, approaches and policies are required to address the underlying determinants of health. These include income support, anti-violence initiatives and food and housing security. This collaboration and integration can be bolstered by a regional or local drug strategy.

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**Here are some resources that illustrate this principle in action:**

[Co-Creating Evidence Evaluation Report: Stories and Outcomes of Wraparound Program Reaching Pregnant and Parenting Women at Risk](#)

**Nota Bene Consulting Group and Centre of Excellence for Women’s Health (2021)**

This report describes the remarkable outcomes achieved by women in “one-stop” or wraparound multi-service programs that are grounded in trauma-informed, culturally safe, relationship-based, harm reducing, women-centred approaches. It includes an important diagram of the linked services offered by eight wraparound programs across Canada and how women utilized them.

[Action on the Social Determinants of Health](#)

**World Health Organization (2010)**

This high-level resource illustrates the importance of addressing all determinants of health to improve health equity and involving communities and civil society in reducing health inequities. It illustrates the principles of linking services and issues to increase well-being and increasing autonomy and self-determination among citizens.

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## Prompts for individual reflection or small group discussion:

- 01. Why is collaboration and linking/ integrating services important?**
- 02. How do you currently collaborate and/or link services in your work or community?**
- 03. How could you further this principle in your work?**

# Reducing harms and maximizing benefits

**A public health approach to substance use requires an understanding of why people use substances and focuses on reducing potential harms and appreciating potential benefits related to substance use.**

Substances have been used throughout human history for spiritual, medicinal, social, and pleasure purposes. There are both harms and benefits to substance use. Human interactions with substances may be understood on a spectrum, ranging from abstinence to the development of dependence and substance use disorders, with beneficial use, lower-risk use and higher-risk use occurring in between. People can be at different points on the continuum for different substances.

A public health approach is pragmatic. While acknowledging that substance use has a long history which will continue,<sup>18</sup> it ensures that interventions, policies, and programs that are implemented address both the potential benefits and harms of substance use.<sup>19,20</sup> Reducing harms related to substance use includes reducing subsequent harms created by criminalization and stigmatization. While it is important to prevent and address substance use disorders and all substance use related harms, it is also important to recognize the reasons why people consume substances, and that substance use can also bring benefits.

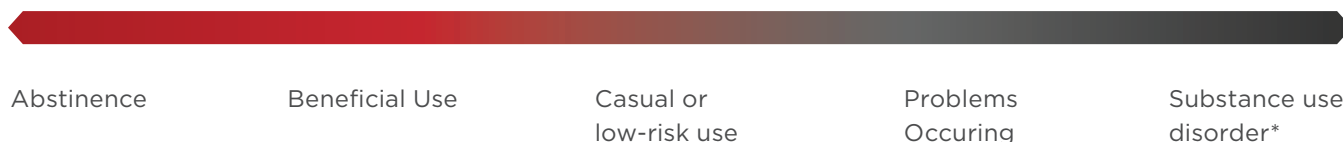
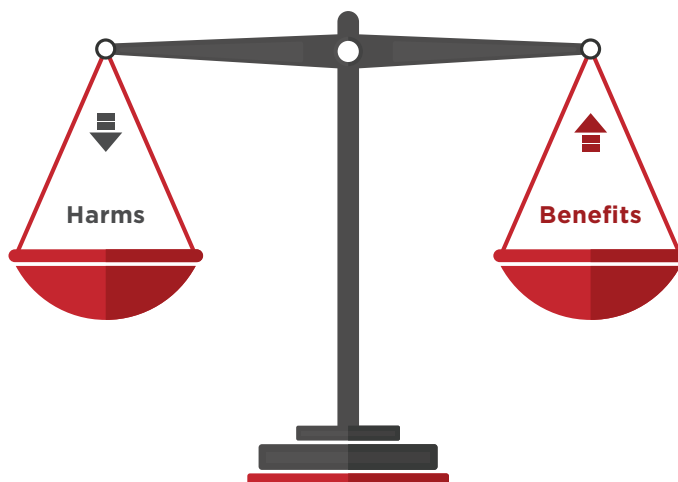


Figure 1 Adapted from Health Officers Council of British Columbia (2005), *A Public Health Approach to Drug Control in Canada*

\*The term substance use disorder is context-specific and refers to conditions diagnosed by health professionals. The majority of people who use substances do not have substance use disorder.

# Reducing harms and maximizing benefits

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Here are some resources that illustrate this principle in action:

[Harm Reduction: A British Columbia Community Action Guide](#)

**Government of British Columbia (2005)**

This classic document articulates key harm reduction principles and practices and was designed to assist municipalities in BC in taking a leadership role in reducing drug related harms.

[Indigenous Harm Reduction = Reducing the Harms of Colonialism](#)

**Canadian Aboriginal AIDS Network and ICAD (2019)**

This brief describes the human, health, and social benefits of harm reduction for Indigenous communities and the links between harm reduction and Indigenous Knowledges, cultures, and traditions. It offers thoughtful, in-depth descriptions of how Indigenous harm reduction can be decolonizing, Indigenizing, holistic, inclusive and innovative and evidence-based.

[Sex Work and Harm Reduction Discourse: A Reflection](#)

**Tara Santini, Alana Klein, Stella, l'amie de Maimie & Butterfly Asian and Migrant Sex Worker Support Network (2020)**

This resource for sex worker and harm reduction organizations unpacks the principles of harm reduction. It describes how sex workers' rights are often ignored and how these principles can become distorted in the broader public discourse on harm reduction.

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## Prompts for individual reflection or small group discussion:

- 01. What are some potential harms related to substance use?**
- 02. What are some potential benefits related to substance use?**
- 03. How could you further this principle in your work?**



# Reducing stigma and discrimination

**We can contribute to stigma and discrimination without realizing it or intending to. It is important to pay close attention to our words, actions, and biases, and proactively work to reduce and end stigma and discrimination.**

Stigma results from negative attitudes and stereotypes. Stigma relies on complex social processes involving labeling, devaluing, marginalizing, and discriminating. It occurs at multiple levels, including internal (self-stigma), interpersonal (relations with others) and structural levels (discriminatory or exclusionary policies, laws, and systems).<sup>21,22,23</sup> It is crucially important for those working in public health to examine their own attitudes and behaviours for stigmatizing attitudes, words, and practices.

Stigma linked to substance use is pervasive in Canada. In addition to causing harm to those who are stigmatized, it can support hierarchical, oppressive power structures by labeling those who use substances as “other” and diminishing their worth. Stigma can deter people who use drugs from seeking help, gaining recognition, and securing rights. It can also hinder effective service provision, perpetuate harmful policies, and create challenges to implementing a public health approach to substance use.<sup>24</sup>

<b>Type or layer of stigma</b>	<b>Stigma may appear as...</b>	<b>Stigma can be reduced through...</b>
<b>Internalized or self-stigma</b>	<ul style="list-style-type: none"> <li>• Feelings of anxiety, helplessness and fear which can lead to difficulty accessing services</li> </ul>	<ul style="list-style-type: none"> <li>• Support services and programs led by people with lived and living experience of substance use</li> <li>• Addressing interpersonal and institutional forms of stigma</li> </ul>
<b>Interpersonal or enacted stigma</b>	<ul style="list-style-type: none"> <li>• Stigmatizing and dehumanizing language</li> <li>• Unfair or discriminatory treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Using person-first language, non-stigmatizing imagery and guidelines on stigma reducing language</li> <li>• Contact-based education, experiential learning, and processing activities</li> <li>• Increased knowledge of substance use</li> </ul>
<b>Institutional stigma</b>	<ul style="list-style-type: none"> <li>• Harmful and discriminatory policies or practices</li> <li>• Lack of support for essential, evidence-based substance use programs and services (e.g. safe consumption sites)</li> <li>• Criminalization of people who use substances</li> </ul>	<ul style="list-style-type: none"> <li>• Creating safer, more inclusive spaces</li> <li>• Implementation of trauma- and violence-informed practice and cultural safety models</li> <li>• Decriminalization, legalization, and regulation of psychoactive substances</li> </ul>

Adapted from: Public Health Agency of Canada (2020) A Framework for Building an Inclusive Health System

# Reducing stigma and discrimination

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Here are some resources that illustrate this principle in action:

[Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#)

**Public Health Agency of Canada (2020)**

The purpose of this resource is to facilitate safer, more compassionate and non-stigmatizing language related to substance use within the health system. The primary intended audience is Canadian health professionals and health professional organizations.

[A Primer to Reduce Substance Use Stigma in the Canadian Health System](#)

**Public Health Agency of Canada (2020)**

This resource addresses various impacts of stigma surrounding substance use in the health care system, and suggests a range of evidence informed remedies for health care providers and health administrators to reduce substance use stigma and improve health equity. Advice and suggestions are made for reducing stigmatizing language, integrating trauma informed approaches, increasing awareness and education and weeding out implicit stigmatization in health care policies and procedures. holistic, inclusive and innovative and evidence-based.

[Combatting Mental Illness- and Substance Use- Related Structural Stigma in Health Care](#)

**Mental Health Commission of Canada (2020)**

This resource addresses the urgent need for stigma reduction among those serving people with both mental illness and substance use issues. It reviews the structural aspects of stigma and offers solutions that include more inclusive approaches to research, practice and policy making. It addresses the funding, processes and practices of organizations serving people with substance use and mental health issues. It illustrates stigma reduction and harm reduction principles, as well as inclusion of those with lived experiences.

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## Prompts for individual reflection or small group discussion:

- 01. How does substance use stigma affect you, people who use substances, professionals, and/or your community?**
- 02. What forms of stigma do you see in your community or organization?**
- 03. What efforts are your community or organization undertaking to reduce substance use stigma?**
- 04. How could you further this principle in your work?**

# Integrating trauma and violence informed responses

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**A public health approach to substance use needs to be trauma and violence informed in its philosophy, implementation, and practices, given the prevalence of structural violence and trauma and their links to substance use.**

There is a well-established relationship between trauma and substance use. A public health approach can work to ensure that all systems and services that impact the lives of people who use substances are trauma and violence informed. The goal of trauma-informed services is to “create an environment where service users do not experience further traumatization or re-traumatization (events that reflect earlier experiences of powerlessness and loss of control) and where they can make decisions about their treatment needs at a pace that feels safe to them.”<sup>25</sup> Trauma- and violence- informed practice (TVIP) acknowledges the broad social and structural conditions that impact people’s health, including institutional policies and practices.<sup>26</sup>

There are four principles of trauma-and violence-informed practice:<sup>25</sup>

1. Understand trauma, violence, and their impacts on people’s lives and behaviour
2. Create environments that promote emotional and physical safety
3. Foster opportunities for choice, collaboration, and connection
4. Build on strengths and skills

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**Here are some resources that illustrate this principle in action:**

[Trauma Informed Practice Guide](#)

**Centre of Excellence for Women’s Health and Government of BC (2013)**

This popular resource focuses on concrete ways to integrate trauma-informed principles and practices across mental health and substance use services and systems. The guide was developed in a collaborative process involving service providers, policy analysts, researchers, and experts in motivational interviewing practice.

[Trauma-Informed Practice and the Opioid Crisis: A Discussion Guide for Health and Social Service Providers](#)

**Centre of Excellence for Women’s Health (2018)**

This resource focuses on addressing one facet of the opioid crisis in Canada. Research has shown a correlation between substance use and current or past experiences of trauma and violence. This resource builds upon the Trauma-Informed Practice Guide listed above and will stimulate further conversation on “becoming trauma-informed” and assist health care and social service providers in considering additional ways of addressing the opioid crisis in their particular context.

[Organizational Assessment Tool for Substance Use and Stigma](#)

**Canadian Public Health Association (2023)**

This tool will help organizations identify their strengths and challenges related to stigma and discrimination, and increase awareness of policies, procedures, and programs that are stigmatizing to people accessing substance use health care. It will provide steps to develop strategies for decreasing stigma and promoting safer, more supportive environments for people who use drugs.

# Integrating trauma and violence informed responses

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Here are some resources that illustrate this principle in action:

[Trauma- and Violence- Informed Care Toolkit for reducing stigma related to sexually transmitted and blood-borne infections \(STBBIs\)](#)

**Centre for Sexuality and the Canadian Public Health Association (2020)**

This toolkit can help individuals and organizations apply the principles of TVIC and monitor and evaluate their progress. The toolkit consists of a Provider Self-Reflection Tool, an Organizational Assessment Tool, and a Monitoring and Evaluation Tool.

[Trauma and Violence Informed Care for the Homeless Sector](#)

**EQUIP (2019)**

This resource provides practical ideas for how to work in a trauma and violence informed way by creating a welcoming environment, emphasizing safety and trust, adapting language, building on strengths and resilience, acknowledging the barriers people face and taking a harm reduction approach.

[From the Roots of Trauma to the Flowering of Trauma-Informed Care](#)

**Texas Muslim Women's Foundation (2020)**

This report charts the Texas Muslim Women's Foundation's process of becoming a trauma-informed agency which included learning about types of trauma and trauma-informed care, assessing existing culturally-sensitive practices that enhanced trauma-informed care and identifying ones that need to be added, training staff, and working with researchers to document and build a body of evidence-based practice — all the while staying survivor-centered.

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## Prompts for individual reflection or small group discussion:

- 01. How do you currently implement trauma- and violence-informed practice in your work?**
- 02. How does your organization or broader community implement trauma-and violence-informed practice?**
- 03. How could you further this principle in your work?**

# Utilizing a sex, gender, and equity lens

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**A public health approach to substance use requires a sex, gender and equity-based lens that generates intersectional, sex and gender sensitive and specific information, programs, and policies in responding to substance use.**

A public health approach must take both sex and gender into account when responding to substance use. Sex-related biological factors affect how bodies react to substances, their effects on health and well-being, and speed to intoxication or dependence.<sup>27</sup> Gender related social factors affect how people start or stop using substances, responses to programs or policies responding to substances or how gendered power, roles, relations, and identities affect stigma, help-seeking, or prevalence. It is critical to understand how sex, gender, and many other factors such as race, age, ability, or income intersect to affect the impact of substance use on individuals, and how public health could respond with more precise and gender specific resources.

To identify these many impacts, it is important to use a sex, gender and diversity-based analysis (SGBA+) on a continuous basis. This means that all responses to substance use need to be assessed through a process that reveals how a policy, program or message might differentially affect groups of men, boys, women, girls, and gender diverse people. This is an iterative process that requires attention, monitoring evidence, inclusion in job competencies for service providers, and skill building among public health personnel and policy makers alike.

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## Here are some resources that illustrate this principle in action:

[Sex, Gender and Equity Analyses](#)

**Canadian Centre on Substance Use and Addiction (2020)**

This document describes the importance of SGBA+ to the substance use and addiction field and offers guidance on how to integrate SGBA+ into research, knowledge mobilization and policy-related activities. It illustrates utilization of a sex, gender and equity-based lens to substance use issues.

[Gendering the Scene: Women, Gender-Diverse People, and Harm Reduction in Canada](#)

**HIV Legal Network (2020)**

This report from the HIV Legal Network highlights the state of harm reduction services in Canada in the context of gender and reviews the impacts on women and gender-diverse people that have been largely ignored until now.

[Culturally Relevant Gender Based Analysis Framework](#)

**Native Women’s Association of Canada (2020)**

This resource blends an Indigenous, anti-oppressive, trauma informed approach to gender-based analysis. This considers colonization, the imposition of gendered racism, and human rights violations as they affect Indigenous women in Canada. It utilizes an intersectional gender informed, trauma informed approach to understanding substance use and other issues among Indigenous people.

# Utilizing a sex, gender, and equity lens

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Here are some resources that illustrate this principle in action:

## Métis-Specific GBA+ tool

**Women of the Métis Nation (2019)**

This document outlines a culturally relevant GBA+ framework. This tool was prepared to assist both Métis people, communities, and organizations, including self-governing bodies, as well as government and mainstream agencies with the application of Gender Based Analysis Plus from a Métis-specific lens. This tool is meant to be a useful resource in the development of Métis-specific 'gender informed' initiatives, and by others interested in improving policy and practice related to gender equity for Métis people.

## Health Equity Toolkit

**EQUIP Health Centre, University of British Columbia (2017)**

The Health Equity Toolkit contains a series of tools designed to break down equity-oriented care into useful ideas, approaches, and practices that any provider or organization can tailor to their own local context and needs. The toolkit includes many tools on trauma- and violence-informed practice, equity-oriented care, organizational readiness, and harm reduction.

## Integrating Sex and Gender Informed Evidence into Your Practices: 10 Key Questions on Sex, Gender and Substance Use

**Centre of Excellence for Women's Health (2020)**

This resource integrates both sex and gender into the continuum of responses to substance use including health promotion, prevention, harm reduction and treatment. Aimed at substance use service providers, it suggests actions based on principles such as being gender informed, trauma informed, harm reducing, evidence based, and uses various examples to answer ten key questions about sex, gender and substance use.

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## Prompts for individual reflection or small group discussion:

- 01. How do you currently use a sex, gender, and equity lens in your work?**
- 02. How does your organization or broader community implement a sex, gender, and equity lens?**
- 03. How could you further this principle in your work?**

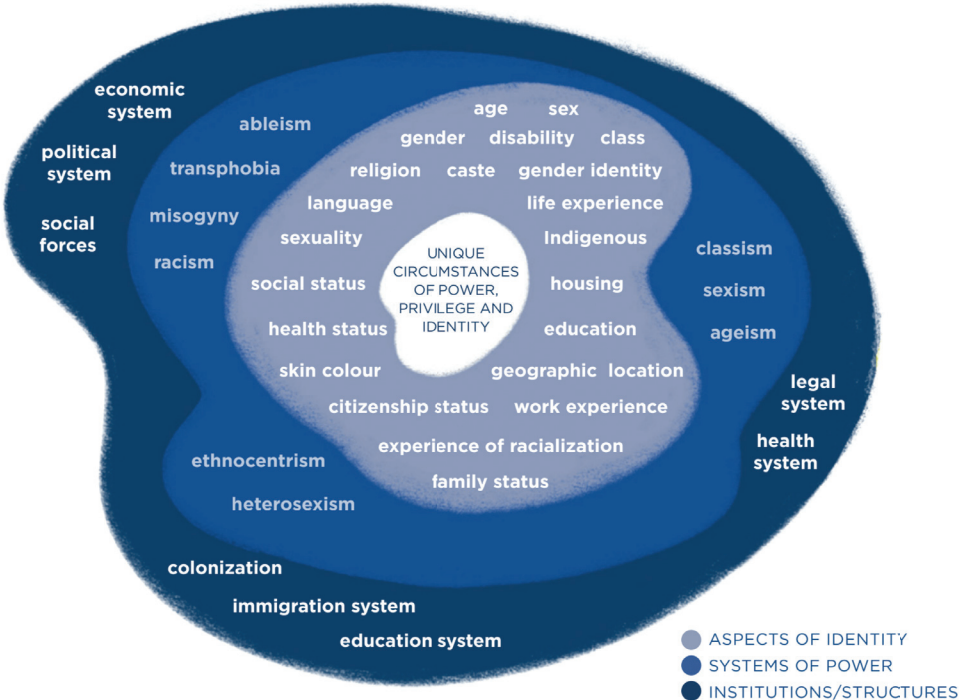
# Creating anti-racist and anti-oppressive processes, systems, and communities

A public health approach to substance use requires anti-racist and anti-oppressive processes and practices that account for and ameliorate historical and current systems of inequitable power distribution.

Oppression of various groups in society stems from systematic exclusion, discrimination and inequitable power between groups, categories, or classes of people. Oppression is rooted in prejudice, is supported by systems of sexism, racism, ethnocentrism, colonialism, ableism, heterosexism, and ageism and is maintained by attitudes such as misogyny, homophobia, and transphobia, among others. Creating anti-oppressive practices requires learning about historical systems, unlearning oppressive attitudes, rebalancing power, and being intentional about inclusion via culturally safe and gender-based programming.

A public health approach to substance use recognizes that health and social systems, institutions, and structures can perpetuate oppression and consciously seeks to change, improve or replace them. Oppressive structures and attitudes inflate the harms of substance use for particular groups by increasing stigma and vulnerability to criminalization and preventing equitable access to health. For example, the criminalization of substance use in Canada disproportionately impacts Black and Indigenous communities.<sup>4</sup> It is important to locate yourself and your organization in this system to articulate the source of your privilege and/or oppression and pinpoint where you can make change by supporting the inclusion of all voices.

The diagram below (CRIAW, 2021) illustrates how all individuals and groups have unique intersecting identities, strengths, and forms of oppression and privilege, existing in overarching systems of power.



# Creating anti-racist and anti-oppressive processes, systems, and communities

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Here are some resources that illustrate this principle in action:

[Let's Talk Racism and Health Equity](#)

National Collaborating Centre for Determinants of Health (2018)

This resource addresses historical and structural issues that support racism, and points out the impact on health equity. Its aim is to get public health to address racism as a structural determinant of health. It draws attention to internalized, institutional and structural racism, and the varied effects on health equity. It demonstrates anti-oppressive approaches and links to the social determinants of health.

[Understanding Indigenous Health Inequalities Through a Social Determinants Model](#)

National Collaborating Centre for Indigenous Health (2022)

This report utilizes a tree metaphor to explore the root causes of health inequalities among Indigenous Peoples, drawing on recent literature and research. It emphasizes the impact of social determinants across the life course and explains how structural, systemic, and immediate environments influence Indigenous health at various levels. The authors underscore the significance of Indigenous self-determination and cultural resurgence as essential avenues for achieving wellness.

[When it Comes to the War on Drugs, Abolition is the Only Option: End the War on Black Communities](#)

Robyn Maynard (2021)

This brief article unpacks the historic and contemporary relationship between racism and the criminalization of people who use substances and provides recommendations for realizing a public health approach to substance use.

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## Prompts for individual reflection or small group discussion:

- 01. What oppressive structures or attitudes impact the lives of people who use substances in your community?**
- 02. How do you currently challenge these oppressive structures or attitudes in your work?**
- 03. How do you currently challenge racism and oppression in your work?**
- 04. How could you further this principle in your work?**



# Bringing it all Together: How can you build on these principles and approaches?

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## Critical Thinking and Self-Reflection

Creating effective, inclusive practices for responding to substance use is a challenge. It is not enough to have principles to aspire to, and approaches to follow. These must be put into practice. Using these principles and approaches requires critical thinking, consultation, creativity, reflexivity and being open to developing new actions that help implement a public health approach to substance use.

## Practically Speaking

There is not a one-size-fits-all method to implement a public health approach to substance use. In practice, your approaches and actions should build upon the principles outlined in this workbook. However, these principles can be differentially applied, making the approaches uniquely suited to different populations, settings, or substances.

## Examples: Tools to Support Action

Each of the following tools exemplify one or more principles of a public health approach to substance use. Together, they illustrate the complexities and possibilities of utilizing a range of approaches with different populations, in different settings, or with different substances. They also illustrate the need for tailored approaches for addressing different issues, populations, and substances. We have highlighted the core principles emphasized in each example.

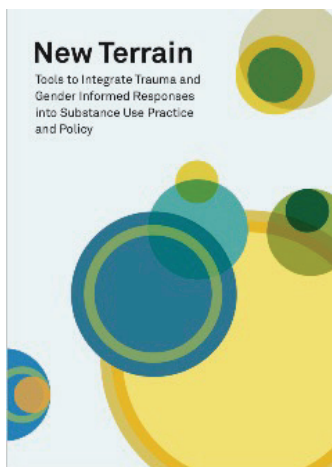
# Bringing it all Together: How can you build on these principles and approaches?

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## Examples: Tools to Support Action

### New Terrain: Tools to Integrate Gender Informed Responses into Substance Use Practice and Policy

Centre of Excellence for Women's Health



#### Description:

This resource for practitioners in the substance use response system illustrates how to integrate both gender- and trauma-informed principles. It highlights how gender-related factors such as roles, norms, or ideas about masculinities or femininities affect all people and how gender sensitive programs and policies can help take that into account. It also weaves in the trauma informed principles of safety, awareness, choice and strengths-based change into services and policies. Together, it creates a picture of how substance use affects people differently and therefore, how it is important to respond differently. This resource illustrates how to use gender informed, and trauma and violence informed principles in tailoring your work when responding to substance use.

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### Mothering and Opioids: Addressing Stigma, Acting Collaboratively

Centre of Excellence for Women's Health



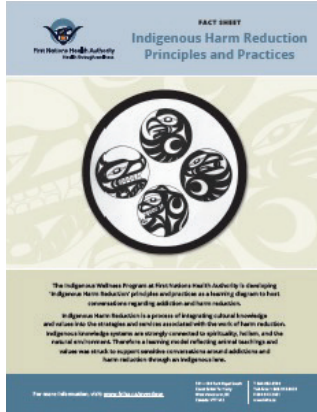
#### Description:

This resource addresses the gendered stigma affecting responses to mothers who are using opioids. Many mothers experience stigma derived from gender-specific societal assumptions about how women and mothers should act, including harsh treatment in courts, social services, and the media. It addresses the dynamics of internal and external stigma and offers tools for blending stigma reduction and sex and gender-based approaches, using the example of opioids. This resource illustrates how to reduce stigma and use gender informed principles.

# Bringing it all Together: How can you build on these principles and approaches? Examples: Tools to Support Action

## Indigenous Harm Reduction Principles and Practices

First Nations Health Authority



### Description:

This resource addresses Indigenous culture and harm reduction by integrating cultural understanding of four animal symbols (Wolf, Eagle, Bear and Raven) into information about harm reduction. This resource demonstrates the integration of several principles by being evidence based, culturally safe, harm reducing and trauma-informed in its messaging.

## From Stilettoes to Moccasins

Thunderbird Partnership Foundation, Canadian Centre on Substance Use and Addiction and the University of Saskatchewan (2009)

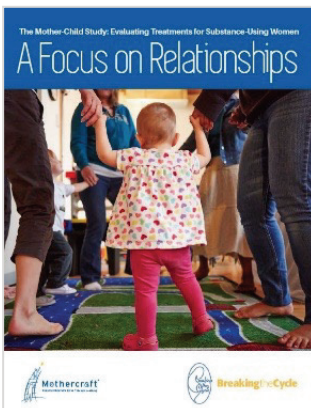


### Description:

A community-based research project with Indigenous women healing from substance use and problems with the law, created in 2009. This project led to the development of a song, video and a health intervention workshop that demonstrates understanding of culturally safe and stigma reducing approaches in Indigenous women's healing from substance use in Canada. You can watch the video on [YouTube](#).

## The Mother-Child Study: Evaluating Treatments for Substance-Using Women, A Focus on Relationships

Mothercraft (2014)



### Description:

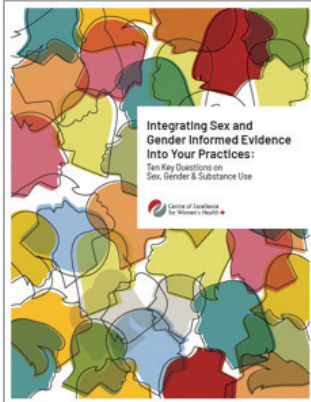
The Breaking the Cycle program shows how the use of four theoretical frameworks - developmental theory, attachment theory, trauma theory and relational theory - inform their work to support women who use substances in pregnancy and their children. This approach improved outcomes beyond those attained in traditional addiction treatment and demonstrates a gender specific, trauma-informed approach to substance use treatment.

## Bringing it all Together: How can you build on these principles and approaches? Examples: Tools to Support Action

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### Integrating Sex and Gender Informed Evidence into Your Practices: 10 Key Questions on Sex, Gender and Substance Use

Centre of Excellence for Women's Health



#### **Description:**

This resource integrates both sex and gender into the continuum of responses to substance use including health promotion, prevention, harm reduction and treatment. Aimed at substance use service providers, it suggests actions based on principles such as being gender informed, trauma informed, harm reducing, evidence based, and gender transformative, among others. It uses examples of various substances in answering ten key questions about sex, gender and substance use, and guides providers through several levels of response such as prevention, harm reduction, treatment, research, and policy.

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### Let's Talk: Racism and Health Equity

National Collaborating Centre for Determinants of Health (2018)



#### **Description:**

This resource is designed to encourage public health professionals to act on racism as a key structural determinant of health inequities. It discusses how racism within institutions and society influences health, and emphasizes the need to use a decolonizing, anti-racist approach to effect change in policies, practices, and views.

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### Pieces to Pathways

Breakaway Addiction Services



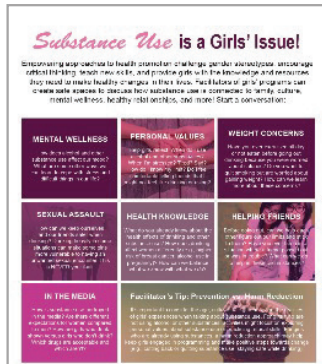
#### **Description:**

This resource integrates sexual orientation, gender identity, and BIPOC identities and peer-led support in its approach to harm reduction. This resource demonstrates harm-reducing, culturally safe, anti-oppressive and self-determination approaches in responding to substance use.

# Bringing it all Together: How can you build on these principles and approaches? Examples: Tools to Support Action

## Substance Use is a Girl's Issue

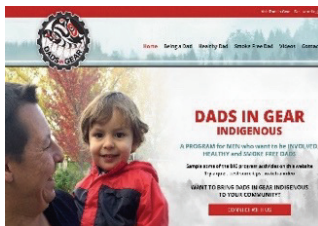
Girls Action Foundation



### Description:

This resource integrates advice on the prevention of substance use with a range of other health issues in the context of girls' empowerment groups. It illustrates the principles of sex and gender-based analysis and harm reduction, paying attention to erasing negative gender stereotypes, resulting in gender-specific health promotion advice for girls on a range of substances.

## Dads in Gear

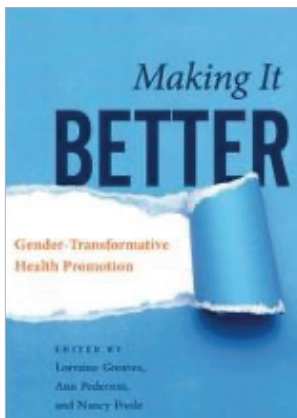


### Description:

This resource addresses the issues of fathering and masculinities in the context of reducing or eliminating tobacco use. It uses a gendered approach to the population of male smokers and builds a positive view of fathers as caregivers in the process. The program has a version developed with Indigenous men, building in culture and gender into reducing tobacco use. Both of these programs are gender transformative as they aim to change gender roles while reducing tobacco use.

## Making it Better – Gender Transformative Health Promotion

Lorraine Greaves, Ann Pederson, and Nancy Poole



### Description:

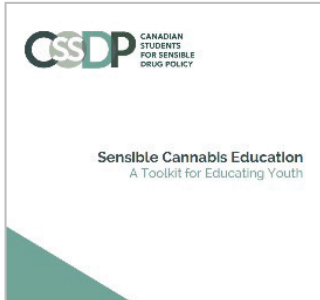
This resource is a book with examples of gender transformative public health responses to various issues. Gender transformative approaches have explicitly dual goals of addressing substance use and gender equity simultaneously. A chapter on quitting tobacco illustrates a gendered, harm reduction, equity-oriented approach to tobacco cessation that uses a critical analysis of tobacco cessation campaigns. Quitting for health, not for concerns such as facial wrinkling or sexual attractiveness is a preferred response, as it does not use negative gender stereotyping to advance health.

# Bringing it all Together: How can you build on these principles and approaches? Examples: Tools to Support Action

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## Sensible Cannabis Education Toolkit

Canadian Students for Sensible Drug Policy (2021)



### **Description:**

This toolkit responds to calls for the development of realistic and evidence-based cannabis education for youth. Created for educators and parents, this resource aims to support adults in having informed and non-judgmental conversations with young people about cannabis. It illustrates harm reduction, stigma reducing, anti oppressive and social justice approaches to cannabis use.

## SisterSpace



### **Description:**

SisterSpace is the world's first women-only community accessible overdose prevention site. This report and video describe the rationale and approach for this gender specific and gender informed, trauma and violence informed, harm reduction service.

Video: <https://youtu.be/UU-QwGwUJmg>

## Thunder Bay Drug Strategy Annual Report to the Community

City of Thunder Bay (2019)



### **Description:**

This report outlines the approach, initiatives and overall progress made through a collaborative, cross sectoral, harm reduction response in the city of Thunder Bay. It illustrates harm reduction, and linking services approaches to ensure better health for all citizens.

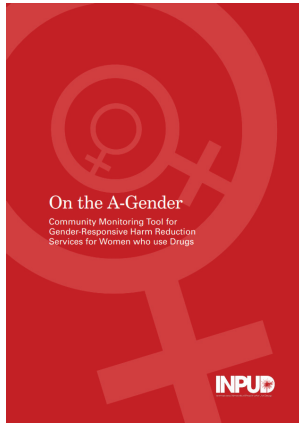


## Bringing it all Together: How can you build on these principles and approaches? Examples: Tools to Support Action

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### On the A-Gender: Community Monitoring Tool for Gender-Responsive Harm Reduction Services for Women who use Drugs

International Network of People Who Use Drugs (2020)



#### Description:

This resource was created by the International Network of People Who Use Drugs in 2020 to identify areas where gender-responsive services are severely lacking or identify services and programmes that can provide examples of good practice and be scaled up.

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### HIV/AIDS Campaign for World AIDS Day/ Indigenous Aids Awareness Week

Manitoba Harm Reduction Network (2019)



#### Description:

This illustrated poster series was created by the Thunder Bear Walkers of Flin Flon, Manitoba as part of MHRN's Remote Control Research Project. The poster series discusses principles of stigma reduction and respect for people who use drugs in relation to the Seven Grandfather Teachings.

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### Workshops on reducing STBBI-related stigma

Canadian Public Health Association (2022)



#### Description:

Since 2014, in collaboration with the Centre for Sexuality, the Canadian Public Health Association developed content for four workshops focused on equipping frontline health and social service providers with the attitudes, knowledge and skills needed to provide safer, more inclusive and ultimately less stigmatizing sexual health, harm reduction and sexually transmitted and blood-borne infection (STBBI)-related services. The turnkey workshop resources, including a facilitation manual, a participant workbook and the presentation slides, can help you facilitate a training session in your community.

## Bringing it all Together: How can you build on these principles and approaches? Examples: Tools to Support Action

### Language matters: Using respectful language in relation to sexual health, substance use, STBIs and intersecting sources of stigma

Canadian Public Health Association (2019)



#### **Description:**

This resource was created by the Centre for Sexuality and the Canadian Public Health Association. This guide aims to reduce stigma through the careful consideration of language associated with sexual health, substance use, and communities that might experience layered or intersectional stigma within these contexts. It is intended to help health and social service providers identify language that can facilitate safer and more respectful discussions about sexual health, substance use, and STBIs.

## Discussion Questions:

01. How do these examples align with your current work on substance use and public health?
02. How do you report on the sex, gender and equity-based factors affecting your work?
03. How are people who use drugs involved in the planning, delivery, leadership and evaluation of programs and services for people who use drugs in your work and/or community?
04. How do you integrate trauma informed, stigma reducing, and harm reduction approaches?
05. How might you collaborate or partner with other community resources and networks to bring more of these approaches into your agency and interagency work?
06. How could you use these tools alone for self reflection or in a group of peers or co-workers to spark discussion or make change?
07. How could you adapt the ideas from these examples to your context or practice?



# Where do we go from here?

## Recap

There is growing consensus in support of a public health approach to substance use in Canada. But developing such a comprehensive approach is challenging. It requires all of us, in our many different roles and sectors to critically reconsider our current work, learn new skills and adopt or create new approaches to addressing substance use in our communities. This definition will continue to evolve as it is informed by people with lived and living experience of substance use, professionals in health and social services, and emerging evidence.



## To support a public health approach to substance use, we must:


- Respect the human rights and autonomy of people who use drugs and take responsibility for how our actions may either facilitate or interfere with their rights and autonomy.
- Coordinate our efforts to link services to support all facets of health and wellbeing for those who use substances.
- Recognize that there are both benefits and harms related to substance use, and integrate a non-judgmental, consent-based harm reduction approach in all our work, services, and policies.
- Be aware of stigma, including our role in it, and act to reduce it and its impact.
- Ensure safety and prevent further trauma in the way we work.
- Be more inclusive in our work so that we are effectively and accurately responding to all bodies and genders in prevention, harm reduction, and treatment.
- Do our part to dismantle unequal power relations and counter the effects of oppressive power systems and deep-seated discriminatory attitudes and practices, including racism in all its forms.

# Where do we go from here?

## Practices and Tools for Action

### Create a (Shared) Vision

Work with people who use drugs and others in your profession, sector, organization, and community to create a shared vision of values, principles, desired outcomes, and commitments for a public health approach to substance use.



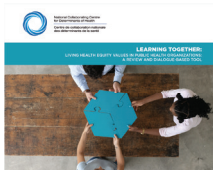
Suggested practices from the resource **Mothering and Opioids: Addressing stigma and acting collaboratively** may be helpful when creating a shared vision.

- Mutual respect, understanding and trust
- Common goals and expectations, developed in collaboration with PWUD
- Understanding that different values and mandates do not prevent collaboration
- Awareness that a “one-size-fits-all” approach is unlikely to be effective
- Open and frequent communication, with attention to confidentiality, consent, and transparency
- Support from leadership
- Sharing of resources and infrastructure
- Willingness to try things in a new way

### Create and Revisit Guidance for Action

Develop guidelines to better integrate these principles into your services, programs, and operations. Consciously revising plans, policies, or mandates with these principles in mind, can help move these ideas to action. This can set the stage for revising job competencies, service protocols, advocacy agendas, and more detailed changes necessary for organizations as they plan and deliver a public health response to substance use.

Developing an approach based on these principles serves as a basis for creating action, mobilizing support, organizing, creating information, and implementing systemic change efforts. These approaches set the stage for processes of inclusion and mutual aid.



**Living Health Equity Values in Public Health Organizations: A Review and Dialogue-Based Tool**

National Collaborating Centre for Determinants of Health (2018)

# Where do we go from here?

## Practices and Tools for Action

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### Foster Accountability

Create accountability structures to ensure consistent reflection and action on these principles in your work. Accountability can be facilitated through data collection, evaluation, and reporting.

You could start by determining a few key ways to weave accountability into your current practice on an individual level. At the organizational or institutional level, accountability could include annual reports or regular assessments and community engagement.

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## Prompts for individual reflection or small group discussion:

**01. What do you want your community to look like?**

**02. In an ideal world, how would people with lived and living experience of substance use be treated and supported in the community?**

# Closing Reflection

## Prompts for individual reflection or group discussion:

01. How has your understanding of a public health approach to substance use shifted since your response to the questions at the beginning of this workbook?

02. What are 3 concrete commitments you can make to implement a public health approach to substance use through learning, discussion, and action?

# Further Reading

More information on substance use, and implementing a public health approach to substance use is available on the websites of the following 5 organizations:



## Centre of Excellence for Women's Health (CEWH)

[cewh.ca](http://cewh.ca)

The CEWH is a virtual research and knowledge exchange centre, collaborating with researchers, service providers, policy makers and community-based advocates across Canada and internationally. The CEWH website contains many evidence-based knowledge products aimed at integrating sex and gender transformative thinking in substance use policy and practice, including manuals, tools, frameworks, guidance, fact sheets, backgrounders, and training modules.

### What you'll find at [cewh.ca](http://cewh.ca):

Webinars	Reports
Courses	Books
Toolkits	Academic articles

### Key subjects:

SGBA+; gender-transformative health promotion; trauma-informed practice; cannabis; opioids; alcohol; tobacco



## Canadian Substance Use Resource and Knowledge Exchange Centre (SURE)

[substanceuse.ca](http://substanceuse.ca)

SURE is an online learning and resource centre, which provides a curated series of tools and resources geared towards supporting you in implementing a public health approach to substance use in your community. SURE facilitates the learning of practitioners, policy-makers, program planners, peer workers and other professionals in relation to substance use, to inform practice transformation and build capacity in communities for a public health approach to substance use.

### What you'll find at [substanceuse.ca](http://substanceuse.ca):

Toolkits	Podcasts
Workshops	Webinars
Background information	Blog posts

### Key subjects:

Public health approach to substance use; harm reduction; treatment; health promotion; justice

# Further Reading



Canadian Centre  
on Substance Use  
and Addiction

Evidence. Engagement. Impact.

Centre canadien sur  
les dépendances et  
l'usage de substances

Données. Engagement. Résultats.

## Canadian Centre on Substance Use and Addiction (CCSA) [ccsa.ca](https://ccsa.ca)

CCSA is a pan-Canadian health organization that provides guidance to decision makers through harnessing the power of research, collecting, and organizing knowledge, and bringing together diverse perspectives. Since its creation by an Act of Parliament in 1988, CCSA has been a trusted and independent counsel on substance use and addiction. The organization holds a unique position through developing different partnerships with not-for-profit associations, government agencies — especially public health and law enforcement — and industry.

### What you'll find at [ccsa.ca](https://ccsa.ca):

Webinars      Reports  
Courses      Books  
Toolkits      Academic articles

### Key subjects:

Harm reduction; mental health; cannabis; opioids;  
alcohol; tobacco; data trends



Canadian Drug  
Policy Coalition

Coalition canadienne  
des politiques  
sur les drogues

## Canadian Drug Policy Coalition (CDPC)

[drugpolicy.ca](https://drugpolicy.ca)

The Canadian Drug Policy Coalition (CDPC) is a policy advocacy organization comprised of around 50 organizations and over 6,000 individuals striving to end the harms of drug prohibition. It operates as a project within Simon Fraser University in the Faculty of Health Sciences. The CDPC works to advance and realize drug policies grounded in compassion and guided by science and shift the public narrative on substance use and people who use drugs.

### What you'll find at [drugpolicy.ca](https://drugpolicy.ca):

Advocacy tools      Reports  
History of drug policy      Press releases  
Drug policy and racism      Videos

### Key subjects:

Policy; legislation; decriminalization; legalization;  
justice; harm reduction



**CRISM-ICRAS**

Canadian Research Initiative  
in Substance Misuse

Initiative Canadienne de  
Recherche en Abus de Substance

## Canadian Research Initiative in Substance Misuse

[crism.ca](https://crism.ca)

CRISM is a national network of researchers, service providers, policy makers and people with lived experience of substance use. CRISM's overall objective is to translate evidence-based interventions for substance use into clinical practice, community-based prevention, harm reduction, and health system changes.

### What you'll find at [crism.ca](https://crism.ca):

Academic articles  
Reports  
Guidelines  
Current projects

### Key subjects:

Evidence-based interventions; harm reduction;  
health systems; substance use interventions

# Glossary of key terms

<b>Anti-oppression</b>	As defined by the Anti-Oppression Network, oppression is “the use of power to disempower, marginalize, silence or otherwise subordinate one social group or category, often in order to further empower and/or privilege the oppressor. <sup>28</sup> Oppression may be internalized, individual or institutional. <sup>29</sup> Anti-oppression describes those actions or practices that confront individual or social forms of discrimination, violence, and oppression, as well as confronting and addressing our own role. As such, anti-oppression requires us to self-reflect on our own attitudes, assumptions, and behaviors. <sup>30</sup>
<b>Anti-racism</b>	Anti-racism describes the actions or practices which not only confront or oppose racism, but “the active process of identifying and eliminating racism by changing systems, organizational structures, policies and practices and attitudes, so that power is redistributed and shared equitably.” <sup>31</sup>
<b>Cultural Safety</b>	A term developed in the 1980s in New Zealand in response to the indigenous Maori people’s discontent with nursing care. Applying cultural safety in health and social services involves acknowledging and analyzing power imbalances, institutional discrimination, colonization, and relationships with colonizers. It focuses on establishing trust with clients by recognizing their knowledge and experiences as valid and valuable, and by empowering them to voice their concerns about the care and services they are receiving. Cultural safety necessitates meaningful engagement with Indigenous organizations and individuals. <sup>32</sup>
<b>Gender Transformative</b>	Gender transformative approaches focus on the dual goals of improving health, social or economic status as well as gender equity. Gender transformative approaches to substance use require the articulation of goals connected to reducing harms of substance use and others connected to erasing the root causes and gender inequities that underpin the harm. <sup>33,34</sup>
<b>Harm Reduction</b>	Harm reduction encompasses evidence-based policies, strategies and services which aim to assist people who use substances to live safer and healthier lives, and to reduce death, disease, and injury associated with substance use. Harm reduction acknowledges that a reduction in substance use and/or abstinence is not required in order to receive respect, compassion, or services. <sup>35</sup> Harm reduction centres the active participation of people who use substances in planning, implementing, and delivering programming. It involves a range of strategies, services, and policies to enhance the knowledge, skills, resources, and supports for individuals, families, and communities to be safer and healthier. <sup>36</sup>
<b>Health Equity</b>	Health equity is the absence of avoidable or remediable differences in health among groups of people, defined socially, economically, demographically, or geographically. <sup>37</sup> Equity in health implies that everyone can attain their full health potential and that no one should be disadvantaged from achieving this potential because of their social position or other socially determined circumstance. It involves the fair distribution of resources needed for health, fair access to the opportunities available, and fairness in the support offered to people when ill. <sup>38</sup>

# Glossary of key terms

<b>Health Promotion</b>	Health promotion <sup>39</sup> is the process of empowering people to take control of, and improve, their health. The Ottawa Charter identified five action areas for health promotion: developing personal skills, creating supportive environments, strengthening community action, reorienting health services, and building public policy. Within these action areas equity, participation, diversity, and other social justice goals are important.
<b>Public Health</b>	The organized efforts of society to keep populations healthy and prevent injury, illness, and premature death. It is a combination of programs, services and policies that protect and promote the health of all people and their communities. <sup>40</sup>
<b>Racism</b>	Racism is a cultural and structural system that assigns value and grants opportunities and privileges based on race, prejudices, stereotypes, and discriminatory practices. Racism rests on privileges accorded to race-based groups such as white people and intersects with factors such as gender and class to produce criminalization, over policing and disproportionate child apprehensions. Canada has histories of anti-Black and anti-Indigenous racism which continue today and are rooted in colonialism, displacement and discriminatory laws and practices. <sup>41,42</sup>
<b>Sexism</b>	Sexism is a cultural and structural system that assigns value and grants opportunities and privileges based on sex. Sexism reinforces patriarchal privileges of men and boys, and reinforces beliefs, prejudices and stereotypes that result in discriminatory practices against women and girls. There is a long pattern of sex-based discrimination in Canada in voting rights, political representation, legal rights, income gaps and occupational segregation. Sexism interacts with gendered stereotypes and attitudes and intersects with race, age, identity, and sexual orientation. Sexism increases the risk of violence and femicide, and enhanced stigma toward women, gender diverse people, and mothers who use substances.
<b>Sex and Gender Based Analysis (SGBA+)</b>	Sex, gender and diversity-based analysis is an ongoing analytic process that analyzes research, lived and living experience and perspectives of individuals and groups who differ by sex, gender, sexual orientation, gender identity, culture, age, race, ethnicity, ability and socioeconomic status; applies this understanding in a systematic way to developing and tailoring policy and programs; and thereby achieves equity rather than equal treatment, as treating everyone the same will not produce equitable results. <sup>43</sup>
<b>Social Determinants of Health</b>	The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. The social determinants of health impact health inequities - the unfair and avoidable differences in health status seen within and between countries. <sup>14</sup>
<b>Social Justice</b>	A set of institutions that enable people to lead fulfilling lives and be active contributors to their community. Social justice ensures that the population as a whole has equitable access to all public health initiatives implemented to minimize preventable death and disability. <sup>44</sup>



# Glossary of key terms

<b>Stigma</b>	An entrenched socio-cultural phenomenon that lies at the root of many human rights violations and results in entire groups being disadvantaged. Stigma is a process of dehumanizing, degrading, discrediting and devaluing people in certain population groups. <sup>45</sup> People who use substances are one such group. Stigma can be applied in many ways, through attitudes or shaming practices, stereotyping or language. It can be internalized, as well as manifesting in discrimination through structural policies and practices. Substance use stigma may be enacted in discriminatory policies, practices and actions which exclude or otherwise harm people who use drugs.
<b>Structural Violence</b>	Structural violence refers to pervasive and often invisible and normalized forms of violence that are built into social, political, and economic norms and institutions. Structural violence creates and maintains inequities within and between groups of people by removing their power and interfering with their ability to achieve full potential. <sup>46</sup>
<b>Substance Use</b>	Substance use refers to the consumption of substances that are intended to alter reality, increase pleasure, or deal with pain. Substances such as alcohol, nicotine and cannabis are legal in Canada and widely used. Substances such as opioids and amphetamines can be secured and used either legally or illegally, while others such as methamphetamines and cocaine are illegal. Substance use can be beneficial, non-problematic or it can lead to dependence and substance use disorders that impact overall health and wellbeing.
<b>Trauma- and Violence- informed Practice</b>	Trauma and violence informed practice is a way of working and designing programs, policies and service systems that recognize the prevalence and impact of trauma on the lives of those accessing health care and social services. Trauma and violence informed practices create emotionally and physically safe environments, support safety, choice, collaboration, and connection and use a strength-based approach to support coping and resilience with service users. Trauma and violence informed approaches recognize the ongoing and cumulative effects of violence and the intersection of individual and systemic/structural violence.

# Facilitation Guidelines

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Facilitation of dialogue on complex health and social justice issues is an art. Here are two examples of guidance:

## **The Canadian Drug Policy Coalition’s “Strategies for a Successful Dialogue” from the *Getting to Tomorrow Discussion Guide*:**

- Speak personally
- Treat everyone equally
- Listen to understand; speak to understand
- Challenge ideas, not people
- Be disciplined in your participation
- Ensure the safety of all participants
- Hold space for people

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## **The Family Safety Centre’s Toolkit for Trauma-Informed Facilitation**

**Before a workshop, consider the following general questions:**

- Am I the best person to give this training? Consider your own triggers, personal experiences, and bias.
- What topics will I cover that might be traumatic or triggering to someone?
- Am I equipped to handle a disclosure during this training? What would I need to be prepared?
- Whose help can I enlist in the case of someone responding negatively? Does the hosting agency have capacity for support? Do I need a co-facilitator?

**Who is in the audience?**

- What are their identities: visible and invisible? What historical trauma might I need to be aware of?
- What are their relationships to one another? Consider how this can benefit and complicate the learning experience.
- What dynamics already exist in the space? (Workplace culture, shared trauma histories, etc.)
- Is this training mandatory or voluntary? How does that impact power dynamics and safety in the space?

**Room set-up:**

- Do attendees have adequate physical space?
- How will you communicate logistics to attendees? Are restrooms and exits clearly labeled?
- Do you want to provide items for audience members to fidget with to aid in focus? Does the space allow for this?
- Is the space physically accessible?

**Beginning a training:**

- Give attendees permission to leave - this can take the form of a trigger warning, or just an acknowledgement that content may be difficult and that attendees are empowered to take care of their needs.
- Follow up with anyone who seems activated or needs to leave the space - check in after, provide resources.
- Be clear about your objectives and agenda so people know what to expect, and then follow them!
- Build in space for a break and communicate when it will take place.
- Clarify that attendees have choice about how they participate in training. (i.e., only share what they wish to, give an option to “pass” if needed during activities)

**Considerations**

- Implement variety: use a range of training methods to appeal to varied learning styles and personalities. Will introverts and extroverts be comfortable with this presentation?
- Recognize the expertise in the room: give opportunities for attendees to teach and lead when appropriate.
- Know the “why”: can you identify the purpose of each activity and then communicate that to the audience? Prepare how to introduce activities, give clear instructions, monitor, and debrief

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