## Research Snapshot: A Public Health Approach to Substance Use



Survey of Public Health, Public Safety, Health and Social Service Professionals

### Survey background and goals

In 2020, the Canadian Public Health Association (CPHA) launched its project, Normalizing conversations: Engaging public health, public safety and communities to build capacity for a public health approach to substance use. The key goal of this project is to enhance knowledge and capacity among diverse professional sectors to implement a public health approach to substance use. As part of this project, CPHA conducted a national cross-sectional survey of public health and public safety professionals to better understand key stakeholder beliefs, knowledge, individual and organizational capacity, and access to information, resources and training related to substance use. We acknowledge

and thank Dr. Tara Marie Watson for her extensive work and expertise in the development and analysis of this survey, and authoring of this report. This *Research Snapshot* provides an overview of select findings.

The national survey defined a public health approach to substance use as follows:

A non-judgmental approach that seeks to maintain and improve the health of populations based on principles of social justice, attention to human rights and equity, evidence-informed policy and practice, and addressing the underlying determinants of health.

#### **Methods**

The survey audience included a variety of professionals including those from the following groups:

- Public health professionals (e.g., health promoters, public health program planners)
- Health and social service and care providers (e.g., peer support workers, physicians, nurses, social workers)
- Public safety professionals (e.g., police officers, correctional officers)
- Other community-based professionals and practitioners who interact with and/or impact the lives of people who use substances

Closed- and open-ended survey questions assessed knowledge, values and capacity about a public health approach to substance use. The survey questions were reviewed by an Expert Reference Group that included people with lived and living experience of substance use, representatives from the survey's target audience and researchers. The final survey was designed and piloted using online survey software.

Survey recruitment and participation were active between May 13 and July 28, 2021.

Data from completed surveys was cleaned and de-identified upon download from the online survey software and entered into other software programs for analysis. Initial analyses were conducted using descriptive statistics and frequency distributions. The research team then focused on developing visual representations for the quantitative data. Responses to open-ended survey questions were closely read and coded multiple times to establish agreement on key themes and subthemes of interest.

This study received ethics approval from the Health Canada and Public Health Agency of Canada Research Ethics Board.

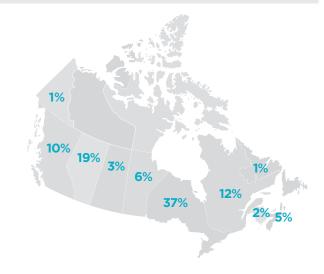
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## **Highlights of survey findings**

#### Sample characteristics

A total of 1041 surveys were completed, primarily by professionals in Ontario, followed by Alberta, Quebec and British Columbia (Figure 1).

Figure 1: Province or territory location of work



The largest proportions of the sample listed health care, public health, non-governmental organization and social services as their main sector of work (Figure 2). Respondents could select more than one sector.

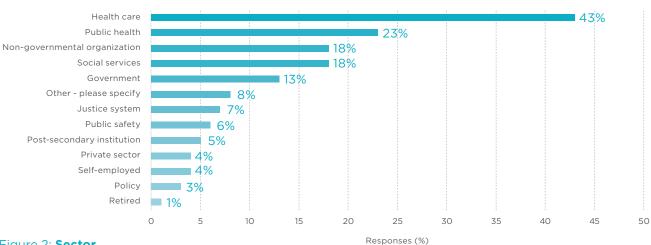


Figure 2: Sector

To understand the kinds of personal experience relative to substance use, respondents were asked to select which ever statement(s) best described their experiences. (Multiple choices were allowed.) (Figure 3).



Figure 3: Personal experiences related to substance use



#### Beliefs regarding why people use psychoactive substances

Respondents were asked why, in their view, people use psychoactive substances. A list of options representing various core beliefs about substance use was provided and respondents could select all that apply (Figure 4). Over 90% of the sample selected "stress (e.g., physical, psychological, economic)", "response to trauma or violence", "social or recreational purposes", "pleasure" and "dependence/addiction".

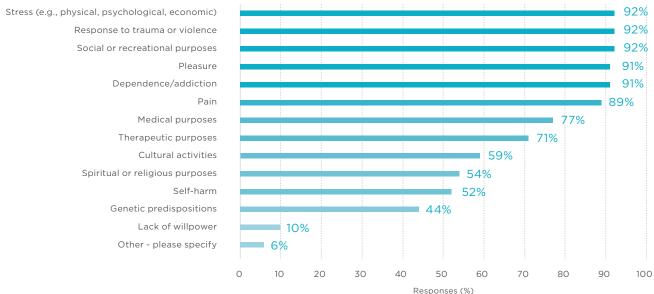


Figure 4: Beliefs regarding substance use

When asked to provide further information about their beliefs, many respondents stated that substance use is complex and therefore multiple motivations are possible. They often mentioned they believed people use substances to cope with physical and/or emotional pain and as a response to trauma. However, many also noted it is important to recognize pleasure and fun as key reasons why people use substances.

"I think pain and trauma is the greatest reason for substance use. Also wanting to maintain social connection." (Social services sector)

"Drugs are used for many coping strategies, but people often forget drugs are also used for pleasure and fun." (Government sector)

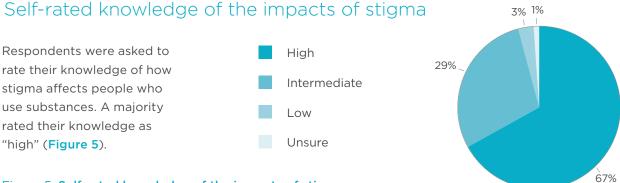


Figure 5: Self-rated knowledge of the impacts of stigma



#### Familiarity and comfort with a public health approach to substance use

Respondents were asked if they were aware of a public health approach to substance use as defined in the survey. A majority (76%) said yes and a relatively small number said no (13%) or were unsure (11%). Over half the sample (54%) indicated a high level of comfort with applying this type of approach within the context of their work, whereas nearly a third (32%) reported an intermediate level of comfort. A lower proportion indicated they had a low level of comfort (7%) or were unsure (6%).

Many respondents who expressed a high level of comfort felt a public health approach to substance use aligned with their organizational or programmatic mandates and goals. "In my experience substance use is a public health issue. I am in law enforcement and have repeatedly seen firsthand how potentially harmful a criminalization and enforcement approach is. (Public safety sector)

"My organization and myself work from an antioppression lens where inclusion is prioritized overall. This means listening and meaningfully including people who use drugs to any health approach." (Health care/non-governmental organization sectors)

Respondents with an intermediate level of comfort applying a public health approach to substance use noted concerns and made observations regarding the lack of support for such an approach from colleagues, organizations and/or agency partners. These respondents also mentioned challenges regarding having conversations about a public health approach to substance use especially when faced with organizational resistance.

"While I believe this is likely the framework to use going forward, governments are not there yet." (Government/private sectors)

"I am very comfortable with the approach but have limited ability to affect the social determinants of health or to implement a broad range of strategies due to the nature of the setting." (Justice system)

# Implementation of and barriers to a public health approach to substance use

Respondents were asked how likely their organization was to implement a public health approach to substance use. Considerable proportions of the sample said "very likely" (42%) and "somewhat likely" (30%); few indicated "somewhat unlikely" (7%) or "very unlikely" (6%).

Respondents were also explicitly asked about existing barriers within their organization or community to implementing a public health approach to substance use. Respondents selected all that applied from a list of options. (Figure 6).

Funding/ financial resources	Information/knowledge gaps	51% Training	45%  Compassion fatigue/ staff burnout	Availability of culturally sensitive resources
Time constraints	Access to data	Other - please specify	Infrastructure (telecommunications, internet, roads, water, power)	Access to technology
	<b>7%</b> Unsure	<b>4%</b> Not applicable	1% Prefer not to say	

Figure 6: Barriers to implementing a public health approach to substance use

#### Suggested changes to the definition of a public health approach

Respondents highlighted several general themes and areas for improvement to the survey's definition of a public health approach to substance use.

· Greater inclusion of people with lived and living experience of substance use

"I would like to see inclusion added to this definition. Something that speaks to the importance of including the validity of people with lived/living experience and expertise." (Public health sector)

• Incorporate trauma-informed approaches and compassion

"[I]nclude trauma-informed as trauma is so often an underlying cause and contributor to substance use. It is still not integrated into many addiction programs." (Social services sector)

• Emphasize inclusion of decolonizing and anti-racist approaches

"[The definition] absolutely needs to recognize the impacts of white supremacy, capitalism and settler-colonial violence that states/institutions have on people who use drugs. Substance use related harms are a SYSTEMS FAILING." (Non-governmental organization)

Consider different approaches and terms

"I worry about a public health approach shaming drug use, as it has cigarette smoking, to push people toward abstinence." (Social services sector)

"[I]mplementation needs to embrace and value the role of treatment." (Health care/post-secondary institution sectors)

"The term 'social justice' does not tend to be well-received by key community partners, including police services, who are essential in providing coordinated community public health responses related to substance use." (Government)



#### Limitations

This study used selective sampling procedures that likely contributed to uneven geographic and sector representation. Survey findings are therefore not transferable to all public health and public safety professionals across Canada. Future CPHA national survey dissemination should include greater efforts to reach respondents across all jurisdictions, especially in the territories and Atlantic provinces and from a wider array of sectors.

Many survey questions allowed for multiple selections. This approach can be efficient in online surveys, but compared to forced-choice question formats, it can cause analytical challenges and different estimates.

#### Conclusions and next steps

Efforts to normalize conversations about substance use and to reduce associated stigma would benefit from a comprehensive understanding of how professionals interpret and implement a public health approach to substance use.



For more in-depth and comprehensive results from CPHA's national survey, please review the full final report available in English at the following link:

https://substanceuse.ca/final-report-public-health-approach-substance-use-survey-public-health-public-safety-health-and

This study represents an important component of CPHA's multi-year project to engage professionals and communities across Canada to enhance the knowledge and capacity needed to implement a public health approach to substance use. CPHA will continue to conduct work as part of these efforts.

#### Resources



<u>Canadian Substance Use Resource and Knowledge Exchange Centre</u> (SURE): A curated compilation of webinars, tools and resources to support a public health approach to substance use. All tools, learning opportunities and project updates can be found on the <u>CPHA website</u> or the <u>SURE Newsletter</u>.



<u>Organizational Assessment Tool for Substance Use Stigma</u>: This tool can help organizations identify policies and factors that contribute to stigma and discrimination related to substance use and facilitate the development of strategies to promote safer and more supportive environments for people who use substances.



Challenging Structural Substance Use Stigma Workshop: A workshop designed to help health and social service providers across Canada identify and reduce structural substance use stigma. Resources for delivering this workshop will be published on SURE in late 2023.