CANADIAN PUBLIC HEALTH ASSOCIATION
ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

CAPSA

Participant Workbook for

Challenging Structural Substance Use Stigma

Challenging Structural Substance Use Stigma Workshop

Land Acknowledgement

CPHA and CAPSA's offices are located on the traditional and unceded territory of the Algonquin Anishinaabeg People. We are grateful to be able to live, work, and learn on these lands. Acknowledging the peoples who have traditionally inhabited the land you are on is a practice that respects and recognizes past and present Indigenous communities, reminds us of Canada's history of colonialism and combats the erasure of Indigenous peoples from the land.

We would also like to acknowledge the disproportionate impact that substance use stigma and criminalization have on Indigenous People in Canada and emphasize the need for culturally safe, trauma informed substance use health care.

CANADIAN PUBLIC HEALTH ASSOCIATION
ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

Canadian Public Health Association (CPHA) is a non-governmental organization focused on public health, health equity, social justice, and evidence-informed decision-making.

CPHA has been funded by Health Canada for a project titled 'Normalizing Conversations: Engaging public health, public safety, and communities to build capacity for a public health approach to substance use'. After engaging communities and PWLLE across Canada, we have identified structural stigma as a major barrier to implementing a public health approach.

CAPSA

CAPSA is a national organization leading the discussion of stigma and its effects on people's Substance Use Health. We are an organization led by subject matter experts, researchers, and professionals, who are informed by our lived/living expertise. CAPSA creates system-level change by providing tangible solutions to address embedded structural stigma in organizations

MHRN MANITOBA HARM REDUCTION NETWORK

Mainline
NEEDLE EXCHANGE - NOVA SCOTIA EST 1992

Thank You

The project team would like to thank each of the Manitoba Harm Reduction Network (MHRN) and Mainline Needle Exchange Centre Peer Volunteers that openly shared their stories and perspectives with us in this workbook.

This workshop was developed as part of the Canadian Public Health Association's (CPHA) Normalizing Conversations project in partnership with CAPSA. This project was made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Workshop Background

Learning Objectives

By the end of this workshop, you will have a:

01. Strengthened understanding of the various forms of stigma and factors that contribute to substance use related stigma
02. Strengthened ability to assess stigmatizing policies, programs, or practices and engage in advocacy to reduce stigma
03. Strengthened understanding of why people with lived and living experience have an essential role in the healthcare system, including policy and program decisions

Content Overview

Getting Started

What would you like to get out of this workshop?

Answer goes here

Terminology

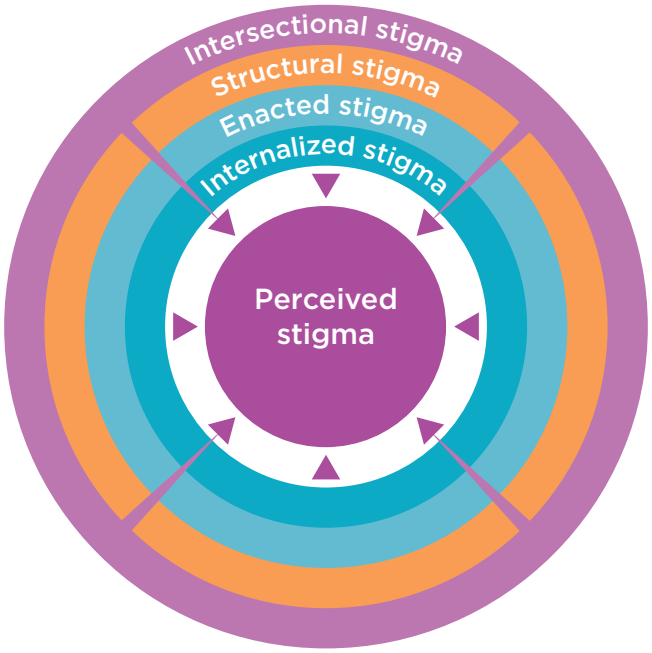
- **Substance Use Health:** an approach that supports all individuals on the substance use spectrum (from no use to substance use disorder) and offers a full spectrum of support and care, similar to the ways that we address physical health and mental health
- **Harm Reduction:** both a program response and a philosophy that aims to reduce harms associated with substance use, without requiring that people reduce or stop their substance use
- **People with lived and living experience (PWLLE):** people who currently use substances, as well as people who have lived experience of substance use
- **People who use drugs (PWUD):** people who currently use drugs
- **Meaningful partnership:** recognizing that PWLLE have both professional and personal expertise, and engaging with them at all levels of policy, program, or practice development

Word Cloud Activity

What words come to mind when you think of stigma?

Answer goes here

Levels of Stigma



Perceived: **Awareness of negative social attitudes, fear of discrimination and feelings of shame.**

- (e.g., not accessing healthcare services because of fear of judgement)

Internalized: **An individual's acceptance of negative beliefs, views and feelings toward the stigmatized group they belong to and themselves.**

- (e.g., feeling as though one is not deserving of help, feelings of shame, worthlessness, etc.)

Enacted: **Acts of discrimination, such as exclusion, or physical or emotional abuse.**

- (e.g., mistreatment from service providers, refusing care, labelling as "drug seeking")

Structural: **Polices, practices, programs and laws that perpetuate inequities and discrimination towards a group of people.**

- (e.g., removing services from people who do not "get well" within a program, abstinence-based requirements, blue lights in public bathrooms, etc.)

Intersectional: **The joint effects of an individual or group holding multiple stigmatized identities.**

- (e.g., racist stereotypes about substance use, such as assumptions about Indigenous People and alcohol consumption)

Individual Reflection

What messages did you receive about substance use growing up? Where did you hear them?

Answer goes here

Structural Substance Use Stigma

Polices, practices, programs and laws that perpetuate health inequities and discrimination towards people that use drugs.

Examples of Structural Stigma

Lack of access to services

e.g., Transportation costs, inaccessible hours of operation, requiring identification

Lack of harm reduction services

e.g., Abstinence-based requirements, “lack of supervised consumptions sites, difficulty accessing drug use equipment

Unclear referral pathways

e.g., Inability to meet client needs, lack of provider knowledge, difficulty referring/navigating

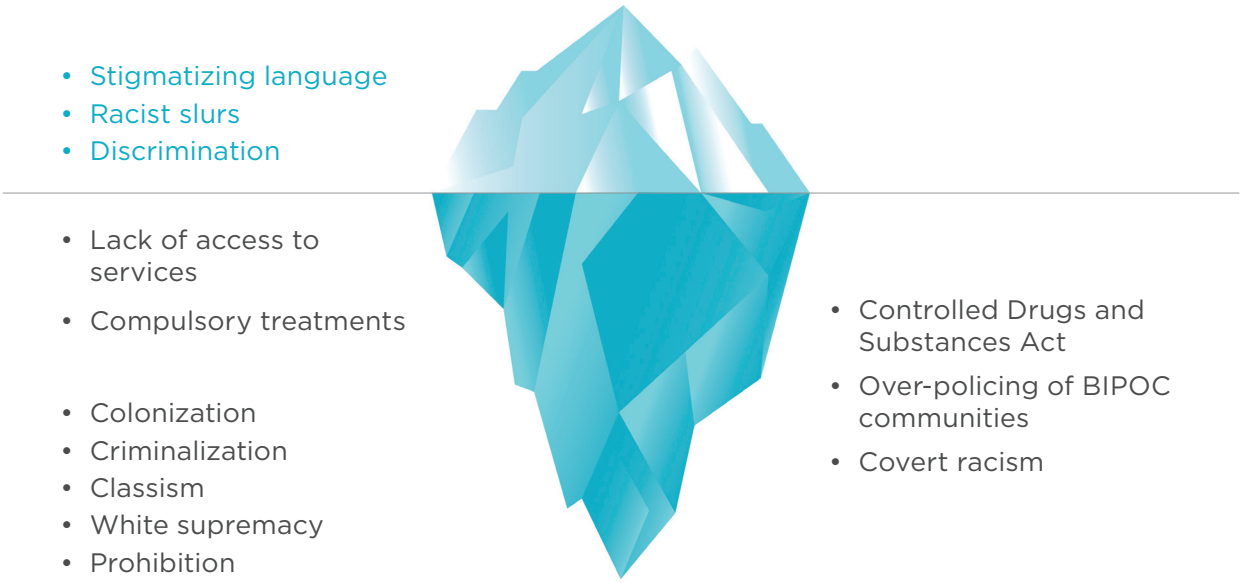
Discriminatory practices

e.g., Confiscating drug equipment, restricting bathroom use

Policies based on criminal or coercive principles

e.g., Having police on site, compulsory treatment

- This iceberg is used to illustrate the spectrum of substance use
- At the tip of the iceberg, we see the most overt, easily observable manifestations of substance use stigma (e.g., stigmatizing language).
- The root causes of substance use stigma are found at the bottom of the iceberg. These are generally invisible and unquestioned within health and social service systems.



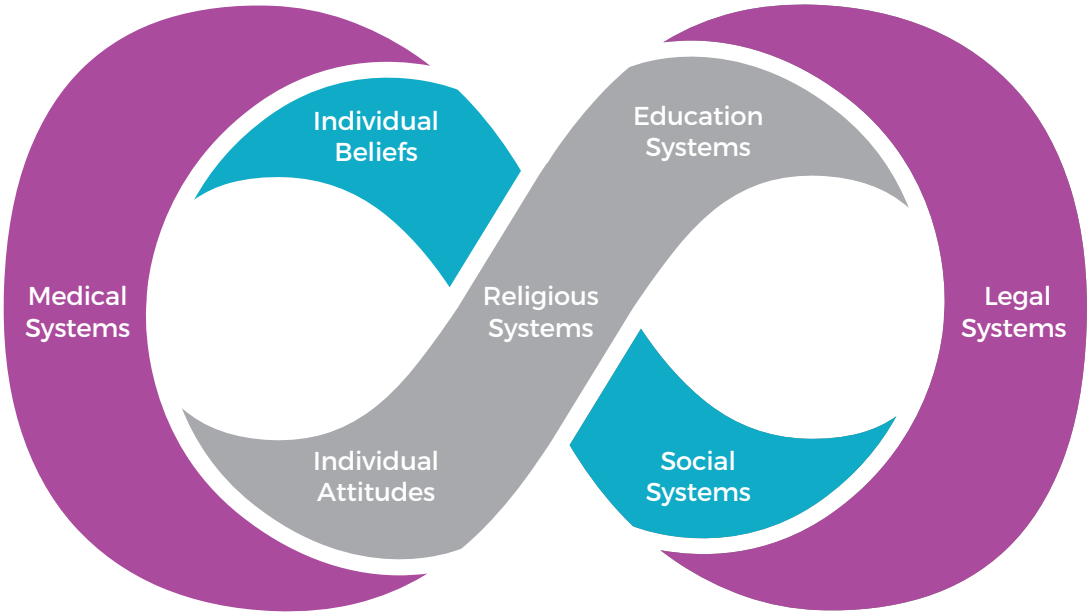
Impacts of Stigma on PWLLE

"I was on the bus. I was on the bus feeling shame cause I had my drum and I grew up being ashamed of being Aboriginal. Someone on the bus was drunk, and the way people looked at them was so full of stigma. In that moment I realized I was proud to have my drum, and it also meant people didn't look at me like that anymore."

"They only gave me T3 for a hysterectomy because of my history, so I had to be in pain. It's like I am blacklisted from anything that will actually help me with pain."

"People thinking I can't parent because I use drugs. My fear of [Children and Family Services] is every day."

Cycle of Harm



This image was created by the Canadian Public Health Association

This image shows how individual attitudes influence the creation of harmful policies and procedures in various systems, while these policies and procedures simultaneously reinforce the stigmatizing attitudes of individuals.

"All these addictions and alcoholism stem from trauma so we need to get help for that."

"Meaningful partnerships support us in doing the work we are already doing, no questions, red tape or bureaucracy."

Case Scenario 01

Case Scenario 01

You work in a treatment centre for substance use disorder. Your organization has a policy that staff are to discharge people who use drugs in the program. You know that many of the people who use this service have waited on a waitlist for months to get into the program and that recurrence of drug use for those experiencing substance use disorder is extremely common. Over the last week, you have lost several individuals from your caseload/patient registry because of drug use in the program. You have begun to feel unsure whether the treatment program is actually helping the people for whom the program was designed.

What are your initial reactions to this situation?

Answer goes here

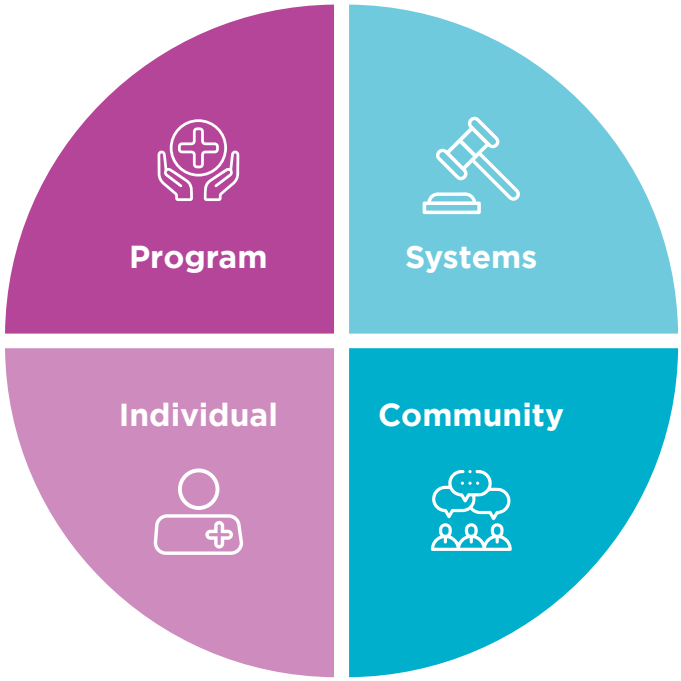
What are the assumptions present in this scenario?

Answer goes here

What could be done in this situation, considering the challenges or opportunities you might encounter?

Answer goes here

Levels of Advocacy



Individual: actions aimed at supporting individual autonomy

- Correcting a colleague who is using stigmatizing language
- Helping a PWLLE navigate the housing system
- Listening to the perspectives of PWUD regarding their values and goals, and incorporating them into any care plan, rather than assuming what they need

Program: implementing programs or making changes to existing programs

- Ensuring that PWLLE are included in program development and policy decision
- Having peer support roles in hospitals and other health care facilities

Community: interventions aimed at strengthening communities by building social cohesion

- Helping community members identify and address unmet needs
- Contacting local officials regarding policies or programs that impact PWUD

Systems: interventions that look at the causes of health inequities and work to promote healthy policies and procedures

- Building an alliance of community members, professionals, and other parties to influence policy change
- Using the political and legal systems to bring about systemic change

Features of Strong Advocacy

Partnering with PWLLE at all stages

Working collaboratively

Identifying and addressing health inequities

Starting with small actions and create momentum for sustainable change

Tips for Challenging Conversations

- Focus on the impact over intent
- Use neutral, non-judgemental language
- Look for areas of common ground
- Explain the importance of listening to and incorporating feedback from those accessing services
- Raise concerns collectively
- Bring the person in, rather than calling them out

> "Knowing that using shouldn't be shamed. Even using weed to help stop or cut down instead of doing nothing, it helps. People know it helps."

Case Scenario 02

Case Scenario 02

You are working on a program with the aim of making it easier for people who have a history of substance use to access safer supply programs within their regions. You are aware of the different groups of professionals that will be working together to develop the program and you notice that there is no mention of how PWUD will be involved in the program. Under the grant requirements for the program, your team has 18 months to develop and deliver the program.

What are your initial reactions to this situation?

Answer goes here

What are the assumptions present in this scenario?

Answer goes here

What could be done in this situation, considering the challenges or opportunities you might encounter?

Answer goes here

Meaningful Partnership with PWLLE

Meaningful partnership with PWLLE means that policies, programs, and practices are co-developed, evaluated, and revised with PWLLE. It means using a peer-led approach in order to better serve the communities who are accessing these services. The knowledge and expertise of PWLLE must be at the forefront of the conversation to reduce barriers to care and structural stigma.

Meaningful partnership involves:

- Recognize PWLLE as experts in the field and in their own health
- Disrupting power imbalances
- Centering the voices of PWLLE
- Co-developing policies and programs with PWLLE at all stages
- Fairly compensating PWLLE and giving them appropriate job titles
- Giving PWLLE visible leadership roles
- Prioritizing those most impacted by harmful systems

> "It takes someone experiential to have that meaningful partnership."

> "Alcohol is viewed as acceptable and drug addiction is not- but there is not a big difference."

PWLLE Want You to Know...

“Be critical about what is written in people’s files and how it may be framing your assumptions of them”

- Attend harm reduction and sensitivity training
- Understand people’s cultural backgrounds
- If your organization has a group of PWLLE, work with them to do an assessment of your organization
- If you don’t have a group of PWLLE, create one! Consult with other groups that are peer led.
- Get to know the people who use your services
- Supporting PWLE in meaningful leadership roles means not just creating the openings but building their capacity, skills, comfort and confidence
- Educate yourself on being anti-racist, and be inclusive of all people (e.g., use the pronouns a person provides)
- Tell police officers to remove their badge and resort to being a human being
- Explain terms of reference (e.g., tokenism) so that everyone can participate fully in discussions
- Understand stages of change theories and when someone is ready to do something
- Acknowledge that everyone has a different readiness for change, and this must be respected

“Stigma goes beyond substance use, all forms of discrimination are harmful to PWUD”

Case Scenario 03

Case Scenario 03

You work at an organization that provides health and social services from 9am-5pm. A policy prohibiting drug use on site has resulted in people who access your services having their syringes and other drug use equipment confiscated. People who use these services have expressed that they feel stigmatized and unsafe as a result of the organization's policies. Your coworkers have heard similar concerns from other people who access these services.

Taking on the role of either a service provider, a program manager, or a policy developer, reflect on the following questions.

What are your initial reactions to this situation?

Answer goes here

What are the assumptions present in this scenario?

Answer goes here

What could be done in this situation, considering the challenges or opportunities you might encounter?

Answer goes here

Tools for Future Work

Understanding Substance Use: A Matter of Equity (CAPSA)

Link: CAPSA. (2022). Understanding Substance Use: A Matter of Equity.

Description:

- This tool was developed by a leading national organization of PWLLE working to reduce stigma for people who use substances or have a substance use disorder.
- This tool introduces the concept of Substance Use Health, which aims to meet the needs of people where they are and end stigma
- Can help to inform conversations about destigmatizing substance use
- The approach outlined in this resource can be used to achieve equitable access to healthcare programs, services and supports and evidence-based information related to substance use and substance use disorder.

Organizational Assessment Tool (CPHA & CAPSA)

CAPSA & CPHA. (2023). Organizational Assessment Tool For Substance Use and Stigma.

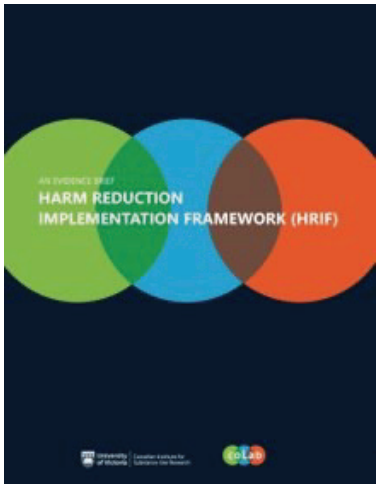
Description:

- Assists health and social service organizations to build policies and practices that will promote client safety
- Can be completed individually, and then discussed as a group to determine a rating for your organization and identify priority action areas.
- The tool includes assessment questions, an improvement plan template, and a self-reflection tool

Tools for Future Work

Harm Reduction Implementation Framework (Canadian Institute for Substance Use Research)

Canadian Institute for Substance Use Research. (2020). Harm Reduction Implementation Framework.



Description:

- A framework for organizations that want to implement harm reduction principles into their policies and procedures.
- This framework has been reviewed by a peer-led network, SOLID Outreach, based in Victoria, BC
- It includes 7 steps with an accompanying description and checklist for each step.
- Clearly outlines how to create the organizational culture and necessary conditions for implementation of successful harm reduction initiatives.

Harm Reduction Fundamentals: A Toolkit for Service Providers (CATIE)

CATIE (2022). Harm Reduction Fundamentals

HARM REDUCTION FUNDAMENTALS

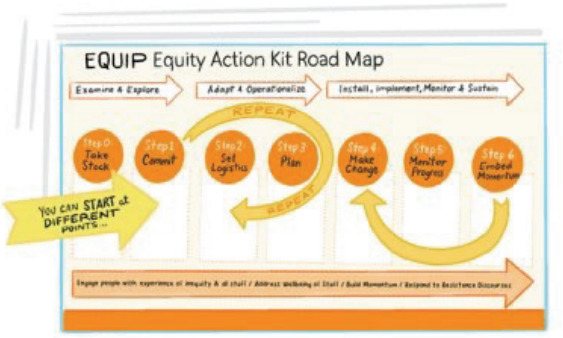
Description:

- A toolkit with 4 modules outlining best practices for service providers working in the field of harm reduction and substance use
- This toolkit was developed in collaboration with a number of peer-led, harm reduction advocacy organizations across Canada (including MHRN)

Tools for Future Work

Health Equity Toolkit (EQUIP)

EQUIP Health Care. (2022). EQUIP Equity Action Kit.



Description:

- This toolkit is for health and social service organizations that want to increase equity for service users through policy and procedure change.
- It addresses three areas: cultural safety, substance use health/harm reduction and trauma-informed care.
- Holistic tool that guides organizations from start to finish in terms of all steps that are involved in the change process.

Glossary of terms

Anti-oppression	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.[i] Oppression may be internalized, individual or institutional.[ii] 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.[1]
Anti-racism	Anti-racism describes "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."[2] Being anti-racist is to refuse racial inequities by actively working to challenge and ultimately eliminate these inequities.
Black, Indigenous and People of Colour	This acronym stands for Black Indigenous and People of Colour. It is used instead of people of colour to draw attention to the unique experiences of Black and Indigenous communities in Canada and recognize the specific inequities that these communities face.[3]
Classism	Classism is the systematic discrimination or oppression of individuals belonging to a subordinate socio-economic class. Classism can be observed through the artificial hierarchy of substances (i.e. alcohol is socially acceptable and commercialized). In contrast, methamphetamine, opioids, and other injectable drugs are associated with people who have less social standing who we "other" in various ways.
Colonialism	The process of making a People/Nation dependent and under political control of another nation for purposes of exploitation. Western countries have used drug control policies to advance colonialism in the Global South under the assumption that the policies would "civilize" these populations. It is important to note that Western countries saw no issue with drug use prior to their efforts to use drug control as a way to entrench colonial power structures in the Global South and the Americas in the early to mid twentieth century. Similarly, drug policy in Canada, specifically the Indian Act's prohibition of alcohol, was used as a way to assimilate and control Indigenous populations. This practice continued until the 1980s.[4]
Criminalization	The process of making certain activities/behaviours illegal. Criminalization encourages PWUD to hide their substance use as much as possible to avoid the negative judgements of others. The desire to hide substance use makes it more likely that PWUD will avoid seeking medical attention, more likely to contract an STBBI and more likely to experience an overdose.[5]
Cultural Safety	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.[7]

Glossary of terms

Gender Transformative	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.[8]
Harm Reduction	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.[iii] 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.[9]
Health Equity	Health equity is the absence of avoidable or remediable differences in health among groups of people, defined socially, economically, demographically, or geographically.[iv] Equity in health implies that everyone could attain their full health potential and that no one should be disadvantaged from achieving this potential because of his or her 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.[10]
Health Promotion	Health promotion[v] is the process of enabling people to increase control over, and to 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.[11]
Intersectional	Intersectionality was coined by civil rights advocate and legal scholar Kimberlé Williams Crenshaw in 1989. The term refers to the study and understanding of how overlapping or intersecting social identities impact oppression and discrimination. It recognizes that identities are not mutually exclusive, but instead are interconnected, and cannot be understood in isolation from each other. Intersectionality offers a framework for understanding how experiences of oppression are informed by the multiple parts of an individual's identity.[12]
Prohibition	The banning of substances under assumption that it will reduce substance use in the population (note that prohibition policies throughout history have had the opposite effect). Prohibition is closely related to criminalization and was a law forbidding the sale of all alcohol in the 1920s.[13]
Public Health	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 Canadians.[14]

Glossary of terms

Racism	Racism is a cultural and structural system that assigns value and grants opportunities and privileges to one racial group at the expense of others. Race is a social construct, meaning that it is a human invention rather than something that exists in objective reality. Although racism can exist between different racial groups, White Supremacy is the core of racism in the West. Racism can manifest as prejudices, stereotypes and discriminatory practices and laws against racialized groups (i.e. nonwhite groups). Racism intersects with classism and sexism resulting in criminalization, over-policing, and disproportionate child apprehensions. [15],[16]
Sexism	Sexism is a cultural and structural system that assigns value and grants opportunities and privileges based on sex. Sexism reinforces 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 produces gendered stereotypes and attitudes and intersects with race, age, identity, sexual orientation, and ability to produce sexual assault, violence and femicide, and enhanced stigma toward women and mothers who use substances.[17]
Sex and Gender Based Analysis (SGBA+)	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, 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.[18]
Social Determinants of Health	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. Examples of social determinants of health include housing, income, education, and access to food. The social determinants of health impact health inequities - the unfair and avoidable differences in health status seen within and between countries.[19]
Social Justice	A philosophy that everyone deserves equal rights as well as access to opportunities and resources needed to live fulfilling lives. Social justice ensures that the population as a whole has equitable access to all public health initiatives implemented to minimize preventable death and disability.[20]
Stigma	A process that devalues and discredits members of a group with one attribute in common. Stigma involves negative attitudes, beliefs and assumptions, or behaviours about or towards a stigmatized group, such as people who use drugs. It includes prejudice and stereotypes, which when acted upon, results in discrimination and isolation experienced by the stigmatized group.[21],[22]
Structural Violence	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.[23]

Glossary of terms

Substance Use	Substance use refers to the consumption of substances that are intended to alter a person's reality, increase pleasure, or deal with pain. Substances such as alcohol, nicotine and cannabis are legal in Canada and widely used. Other 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.[24]
Substance Use Disorder	A diagnostic term for an illness in which the use of one or more substances leads to clinically significant symptoms - including craving and inability to stop using despite negative consequences—that are detrimental to the individual's physical and mental health, or the welfare of others. The term substance use disorder is the preferred current medical term for what is more commonly known as drug addiction or dependence.[25]
Substance Use Health	A philosophy that supports all individuals on the substance use spectrum and offers a full spectrum of support and care, similar to the ways that we address physical or mental health. It offers lifelong support and does not presume illness.[26]
Supervised Consumption Site	Evidence-based health care services where people who use substances can use their own personally acquired illegal substances in a hygienic environment under the supervision of nurses, social workers and other medical staff and where people can access harm reduction supplies such as new syringes, needles and swabs, and safely dispose used needles. People can also receive health care, counseling and referral to social, health and substance use treatment services.[27]
Trauma- and Violence- informed Practice	Trauma and violence informed practice is a way of working and of 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.[28]
White Supremacy	The belief that White European societies are superior to all other societies/ Peoples. White supremacy manifests through social structures including education system, healthcare system, criminal justice system, etc. and reinforces health and social inequities that BIPOC communities experience. Canada's approach to substance use is a result of white supremacy because the first drug laws including the Opium Act of 1908 and subsequent acts which prohibited various substances were a response to anti-Chinese, anti-Black and anti-Indigenous sentiments driven by Protestant anti-opium reformers.[29]

Additional Resources

Advocacy:

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2. Winnipeg Regional Health Authority. (2017). Health Public Policy Toolkit: Advocacy. https://professionals.wrha.mb.ca/old/extranet/publichealth/files/HealthyPublicPolicyToolkitAdvocacy.pdf

Meaningful Partnership/Engagement:

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1. Canadian Drug Policy Coalition. History of Drug Policy in Canada. Summarized from *Busted: An Illustrated History of Drug Prohibition in Canada*. https://drugpolicy.ca/about/history/His

2. Canadian Drug Policy Coalition. (2020). Getting to Tomorrow Discussion Guide. https://gettingtotomorrow.ca/2020/10/07/getting-to-tomorrow-discussion-guide/

3. Jessemen, Rebecca & Payer, Dorris. (2018). Decriminalization: Options and Evidence. Canadian Centre for Substance Use and Addiction. https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Decriminalization-Controlled-Substances-Policy-Brief-2018-en.pdf

Trauma and Violence Informed Practice:

1. Equip Health Care (2017), Trauma –and-violence-informed care (TVIC): A tool for health and social service organizations and providers, Vancouver, BC: https://equiphealthcare.ca/resources/toolkit/trauma-and-violence-informed-care/

2. Canadian Public Health Association & Centre for Sexuality. (Updated 2021). Reducing stigma through trauma- and violence- informed care (TVIC). https://www.cpha.ca/workshops-reducing-stbbi-related-stigma. (Originally published in 2020).

3. Centre for Excellence in Women's Health. (2013). Trauma-Informed Practice Guide. https://cewh.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

Stigma Reduction:

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“Be aware of your bias, prejudice, assumptions and make sure they don’t impose on your work”

-Person of lived experience with substance use

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