CANADIAN PUBLIC HEALTH ASSOCIATION
ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

CAPSA

# Challenging Structural Substance Use Stigma

## Online Workshop Facilitator Manual

# About CAPSA

CAPSA (Community Addictions Peer Support Association) is a charitable organization of people affected by substance use disorder based in Ottawa, Ontario.

CAPSA is a national leader on the topic of stigma, its impacts on individuals who use substances or have a substance use disorder and on identifying and correcting instances of systemic stigma imbedded in organizations. Employing subject matter experts, with living experience, CAPSA works with organizations to provide education around substance use, stigma related to substance use disorder and the use of personfirst language to reduce stigma and discrimination.

**CAPSA Staff involved in the project:**
Ashleigh Hyland, Program Manager

# About CPHA

The Canadian Public Health Association (CPHA) is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

We champion health equity, social justice and evidence-informed decision-making. We leverage knowledge, identify and address emerging public health issues, and connect diverse communities of practice.

We promote the public health perspective and evidence to government leaders and policy-makers. We are a catalyst for change that improves health and well-being for all.

We support the passion, knowledge and perspectives of our diverse membership through collaboration, wideranging discussions and information sharing. We inspire organizations and governments to implement a range of public health policies and programs that improve health outcomes for populations in need.

# Our Vision

A healthy and just world

# Our Mission

To enhance the health of people in Canada and to contribute to a healthier and more equitable world.

**CPHA Staff involved in the project:**
Greg Penney, Director of Programs
Kelsey MacIntosh, Senior Project Officer
Sophie Chochla, Project Officer
Alexie Kim, Project Officer

We acknowledge the expert guidance and support provided by the project's Expert Reference Group throughout the various stages of this tool, and thank them for their contributions.

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.

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CAPSA

# Notes

This icon represents an important point or note that facilitators should emphasize to participants.

This icon represents questions that the facilitators can ask participants or use as prompts to guide discussion.

This icon represents a point in the workshop where participants may reference their workbook to complete an activity or review material.

This icon represents a slide that has animations. Facilitators should familiarize themselves with the order in which content is presented on these slides.

This icon represents a slide that has an audio clip of experiences shared by PWLLE.

This icon represents a slide that facilitators may customize.

**Potential responses:** These are examples of answers participants may provide during discussion, some of which include commonly held stigmatizing beliefs about substance use.

- While these do not represent all potential responses, they can help facilitators guide discussion and give examples as needed.

**Accessibility:** Ensure closed captioning is activated when sharing videos and on video conference platform if possible.

# Before You Facilitate:

**Facilitator Preparation:**

- Read and familiarize yourself with the materials in the following folders:
  1. Planning This Workshop
  2. Promoting This Workshop
  3. Delivering This Workshop

- Determine workshop format and dates, review the agenda, and input times.

- Finalize slides by inputting relevant details and local examples. Remove highlight when complete.
  - This is required on slides: **2, 3, 7, 8, 40, 41, 69**
  - This is optional on slides: **6, 29, 44-47, 59**

- Divide up sections and responsibilities between co-facilitators (if applicable)
  - The text provided in this manual is intended to guide preparation and facilitation, rather than to serve as a script.
  - Preparation should include taking notes, paraphrasing, and adding examples where applicable.

# Facilitator Expectations

### Be confident

- Facilitation requires leadership. Participants will look to you for structure and guidance as they work to achieve the learning objectives.

### Be an active listener

- Listen actively to participants. Take notes and paraphrase points to help support or summarize discussions.

### Be engaged and curious

- Utilize prompts and ask questions. Draw on energy from the group.

### Be comfortable with silence

- Allow space for reflection.

### Be comfortable with co-facilitation (if applicable)

- Rely on your co-facilitator for support, practice together, and seek their assistance or input before, during, and after the session.

### Be prepared

- Familiarize yourself with the workshop content and activities.
- Prepare your space and set aside distractions before facilitating.

# Agenda

Determine the start and end times for your workshop delivery

Fill in the agenda with the times that each section will begin

**Two-day** workshops will take approximately **3 hours** per day

**One-day** workshops will take approximately **6 hours**

10:00 | **GETTING STARTED** | 35 minutes

Introductions, public health approach, learning objectives

10:00 | **UNPACKING STIGMA** | 40 minutes

What is stigma, forms of stigma, individual reflection

10:00 | **BREAK** | 15 minutes

10:00 | **UNPACKING STIGMA** (continued) | 45 minutes

Structural stigma, group discussion

10:00 | **CASE SCENARIO 1** | 45 minutes

Case scenario on policy, breakout rooms, group discussion

10:00 | **LUNCH** | 30 minutes **OR End of Day 1**

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10:00 | **ADVOCACY** | 30 minutes

Levels of advocacy, examples, features of strong advocacy

10:00 | **CASE SCENARIO 2** | 30 minutes

Case scenario on meaningful partnership, breakout rooms, group discussion

10:00 | **BREAK** | 15 minutes

10:00 | **MEANINGFUL PARTNERSHIP WITH PWLLE** | 30 minutes

Meaningful partnership, best practices, examples

10:00 | **CASE SCENARIO 3** | 30 minutes

Case scenario on policy, group discussion

10:00 | **CLOSING** | 15 minutes

Thank you, questions, final reflection

10:00 | **END**

# Getting Started (35 minutes)

## 01 | Challenging Structural Substance Use Stigma | 1 min

Facilitator: Facilitator Name

- Welcome participants and begin workshop


## 02 | Land Acknowledgement | 1 min

Facilitator: Facilitator Name

- Open the workshop with a land acknowledgement
  - Deliver land acknowledgement with sincerity
  - Option to add comment on your organization's work towards reconciliation
- To identify what territory you are joining from and more information on writing a land acknowledgement, visit: https://native-land.ca/resources/territory-acknowledgement/

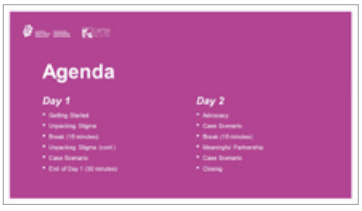

*Note: update this slide with your acknowledgement*

## 03 | Agenda | 1 min

Facilitator: Facilitator Name

**Reminder: Edit this slide based on workshop format**

- Give a summary of the day(s)
- Note when breaks and/or lunch will take place



## 04 | **Zoom Overview** | 2 min

Facilitator: Facilitator Name


- Review instructions for Zoom or other video conferencing platform:
    - Video, unmuting, raising hand, reaction functions, chat box and breakout rooms

*Note: update this slide if using another video conferencing platform*

## 05 | **Workshop Materials** | 2 min

Facilitator: Facilitator Name


- Provide overview of participant workbook (i.e., participants can follow along, write notes, find resources and glossary of terms)
    - Post workbook in the chat

**Give overview of workbook sections:**

- Content and activities **pages 3-16**
- Tools **pages 17-19**
- Glossary of terms **pages 20-23**

## 06 | **Tools for Future Work** | 3 min

Facilitator: Facilitator Name


- Familiarize yourself with the tools[1,2,3,4,5] presented on the slide. These tools will be discussed and referenced throughout the workshop
    - These are examples of tools that can be used in your work for continued learning and stigma reduction
- All of these are free to use and can be found on The Canadian Substance Use Research and Knowledge Exchange Centre (SURE) at substanceuse.ca
- Facilitators may choose to include a tool from their own community.

**Encourage participants to reference their participant workbook to find more information and links to each of these tools (page 17)**

## 07 | **Facilitator Introductions** | 2 min

Facilitator: Facilitator Name

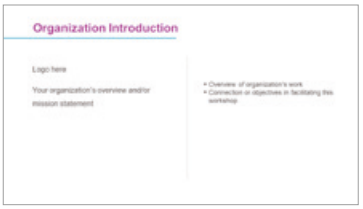

- Each facilitator gives an introduction with their name, pronouns, organization, and any other relevant information they would like to provide
- Facilitators are encouraged to recognize their role in guiding discussions and reflections, rather than assuming the role of experts.

*Note: update this slide with your introductions*

[1] CAPSA. (2022). Understanding Substance Use: A Matter of Equity.
[2] CAPSA & CPHA. (2023). Organizational Assessment Tool For Substance Use and Stigma.
[3] Canadian Institute for Substance Use Research. (2020). Harm Reduction Implementation Framework.
[4] EQUIP Health Care. (2022). EQUIP Equity Action Kit.
[5] CATIE. (2022). Harm Reduction Fundamentals.

## 08 | **Organization(s) Introduction** | 1 min

Facilitator: Facilitator Name




- Give an overview of your organization's mission statement along with relevant information
- Provide your objectives in facilitating this workshop

*Note: update this slide with your organization's mission statement/relevant information*

## 09 | **CPHA Introduction** | 1 min

Facilitator: Facilitator Name


- The Canadian Public Health Association (CPHA) is a non-governmental organization focused on public health, health equity, social justice, and evidence-informed decision-making.
- Health Canada funded CPHA's project titled 'Normalizing Conversations: Engaging public health, public safety, and communities to build capacity for a public health approach to substance use'.
    - The project's definition of a public health approach includes focusing on suppporting determinants of health, working to end stigma, and collaborating with PWLLE

**Reference page 3 in workbook to learn more about a public health approach**

    - As part of this project, communities and PWLLE across Canada were engaged and structural stigma was identified as a major barrier to implementing a public health approach to substance use, resulting in the development of this workshop.
- This workshop was pilot tested with professionals working in the field of substance use from across Canada and revised in partnership with communities to ensure that it reflects the lived experiences of people who use drugs and is responsive to the learning needs of these professionals.

## 10 | **Participant Introductions** | 15 min

Facilitator: Facilitator Name


- Invite participants to introduce themselves.
- Invite participants to share where they are joining from

## 11 | **Discussion Guidelines** | 3 min

Facilitator: Facilitator Name


- The objective of these guidelines is to create a welcoming, open and safe space where participants can share
- Familiarize yourself with the discussion guidelines that ask participants to be:
  - Present
  - Mindful of Privacy
  - Mindful of Participation
  - Respectful
  - Curious
- Remind participants of these guidelines as needed throughout the workshop.
- Facilitators may choose to post these guidelines in the chat so they are visible throughout the session.

**Anything to add to these guidelines?**

## 12 | **Learning Objectives** | 3 min

Facilitator: Facilitator Name


- Familiarize yourself with the learning objectives

**Refer to these learning objectives when relevant**

# Unpacking Stigma (40 minutes)

## 13 | Unpacking Stigma | <1 min

Facilitator: Facilitator Name


- Introduce Unpacking Stigma section

## 14 | Terminology | 3 min

Facilitator: Facilitator Name


- Familiarize yourself with these terms and definitions on the slide:
  - Substance Use Health[6]
  - Harm Reduction[7]
  - People with lived and living experience (PWLLE)
  - People who use drugs (PWUD)
    - *Note: PWLLE and PWUD will be used interchangeably*
  - Meaningful partnership
    - *Note: can be summarized by the phrase "nothing about us, without us"*

**Refer participants to the glossary (starts on page 20) in their participant workbook to find additional terms**

## 15 | Frequently Used Terms | 4 min

Facilitator: Facilitator Name


- Present participants with the terms listed on the slide

**Are there any terms we should define to ensure we have a shared understanding? Are there any questions about the terms listed?**

- Can include a poll so participants can select terms to define anonymously.
- Provide definitions for the terms that participants selected.

**Note that all of these terms are defined in the glossary of the workbook**

[6] CAPSA. (2022). Understanding Substance Use Health: A Matter of Equity.
[7] Canadian Drug Policy Coalition. (2021). What is harm reduction?

## 15 | Frequently Used Terms

Facilitator: Facilitator Name


Definitions of terms listed:

**Anti-oppression:** 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.

**Colonialism:** The process of making a People/Nation dependent and under political control of another nation for purposes of exploitation. Drug policy in Canada has been used to advance the systemic exploitation of people, land and resources and maintain racial hierarchies.

**Criminalization:** The process of making certain activities/behaviours illegal. Criminalization deters PWUD from accessing substance use health services and increases associated harms (e.g., overdose).

**Health Equity:** Health equity is the absence of avoidable or remediable differences in health among groups of people, defined socially, economically, demographically, or geographically

**Intersectionality:** 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 inter-connected, and cannot be understood in isolation from each other

**Person-first language:** wording that introduces a person first and then follows with a descriptor (e.g., people who use drugs as opposed to ‘drug user’)

**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

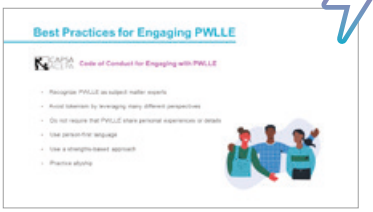
**Social Determinants of Health:** The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.

**Substance Use:** Substance use refers to the consumption of substances that are intended to alter reality, increase pleasure, or deal with pain.

**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.

## 16 | **Best Practices for Engaging PWLLE** | 4 min

Facilitator: Facilitator Name




- This slide provides actions individuals or organizations can take when engaging PWLLE.

- Present a summary of CAPSA's Code of Conduct for Engaging with PWLLE:

  - **Recognize PWLLE as subject matter experts**
    - PWLLE should be recognized for their professional expertise, informed by, and independent of their living experience (e.g., a person can be a researcher who also has lived/living experience).
    - PWLLE should not be separated or "othered" based on their experience of substance use (I.e., not separating those deemed "professionals" from PWLLE).
  - **Avoid tokenism by leveraging many different perspectives**
    - Collect and consider a range of opinions and perspectives before generalizing.
      - A few people are not representative of the needs of all PWLLE, especially those with less privilege.
  - **Do not require that PWLLE share personal experiences or details**
    - To foster safety, PWLLE should not be asked or expected to share anything personal - experiences can be traumatizing to relive.
  - **Use person-first language for everyone**
    - Using person-first language means putting the individual first, recognizing that they are a person before anything else.
      - When we only speak about substances and behaviours, we can no longer see the person
      - Note that while professionals should use person-first language, PWUD may choose other labels for themselves that may not be person-first (e.g. drug user).
    - Studies[8,9,10] show that stigmatizing language affects the individual and perpetuates stigmatizing societal views and attitudes about people who use substances.

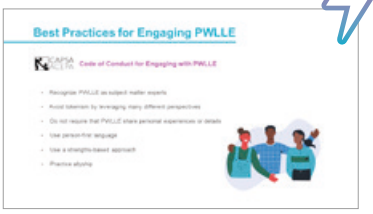
[8] Biancarelli, D., et al. (2019). Strategies used by people who inject drugs to avoid stigma in healthcare settings. Drug and alcohol dependence, 198, 80-86.

[9] Simon, R., Snow, R., & S. Wakeman. (2020). Understanding why patients with substance use disorders leave the hospital against medical advice: A qualitative study.

[10] Kelly, J., Saitz, R., & S. Wakeman. (2016). Language, Substance Use Disorders, and Policy: The Need to Reach Consensus on an "Addiction-ary". Alcoholism Treatment Quarterly 34(1).

## 16 | Best Practices for Engaging PWLLE

Facilitator: Facilitator Name




- **Use a strengths-based approach**
  - Work with PWLLE to build on their strengths to achieve self-determined goals, rather than focusing only on issues.

- **Practice allyship**
  - Stand beside PWLLE, rather than in front of them or speaking for them.
  - Shift power dynamics, consider impact over intent, and admit when mistakes are made.

**Connect this discussion to learning objective 3**: *Strengthened understanding of why people with lived and living experience have an essential role in the healthcare system, including policy and program decisions*

## 17 | **Activity: What is Stigma?** | 5 min

Facilitator: Facilitator Name


This activity aims to help participants reflect on stigma and use a word cloud to provide a visual representation.
Follow instructions below if using Mentimeter (*can use alternative Word Cloud generator of choice*).

Setting up a Mentimeter word cloud activity:

1. Create a free Mentimeter account
2. Select "New Presentation" on Mentimeter
3. Select question type "Word Cloud" and enter the following prompt:

   **"What words come to mind when you think of stigma?"**

4. Open your preferred web conferencing tool and share your screen with your audience
   a. You can also check out Mentimeter integrations with Zoom and Microsoft Teams to use it directly within these tools.
5. Click "Present" on your Mentimeter presentation in the browser
   a. Participants can see your presentation and can start interacting by going to menti.com and entering the code shown on your screen. You can also share the QR code or direct voting link in the chat for faster access.
6. Ask participants to enter 3 or more words and give a few minutes to complete this activity
7. Tell participants that the word cloud image can be downloaded after the activity
8. Continue sharing word cloud image while discussing the following prompt

- Point out words that were repeated (i.e., biggest words on the word cloud)

**What was the tone of the words that came up?**

*Note: update this slide with the Mentimeter code or instructions to your Word Cloud generator of choice.*

## 18 | **Activity Reflection** | 4 min

Facilitator: Facilitator Name


- Read quote from the slide and connect to the word cloud activity to emphasize the impact of stigma on individuals.
    - This quote and audio clip were shared by PWLLE of substance use from the Manitoba Harm Reduction Network.
    - Play the audio clip in the bottom right corner of the slide

## 19 | **What is Stigma?** | 3 min

Facilitator: Facilitator Name


- Acknowledge that there are many definitions of stigma and provide the definition on the slide[11]
- Familiarize yourself with other points and present them using the animations on the slide.
    1. Stigma is a negative stereotype
    2. Discrimination is the behaviour that results[12]
    3. These attitudes maintain inequities

**Encourage participants to reference their participant workbook (page 5) to write any reflections about this activity**

**Provide examples of characteristics/behaviors that society views as undesirable (e.g., sex work, fatness, unemployment, sexually transmitted and blood borne infections) and connect to slide content.**

- Acknowledge that while being a witness and not speaking up can contribute to stigma, speaking up is not always safe, easy, or possible.
    - Strategies that can be used in these situations will be discussed throughout the workshop.

**Connect this definition to the words that were in the word cloud**

[11] CAPSA. (2020). Definition of Stigma.

[12] BC Mental Health & Substance Use Services. (2021). Challenging stigma through storytelling.

## 20 | **Individual Reflection** | 4 min

Facilitator: Facilitator Name


- This activity aims to help participants reflect individually on the messages they've received about substance use

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

Give examples of places these messages might come from including school, work, media, etc.

**Refer participants to workbook page 7 to find a dedicated space to complete this activity**

- Prompt participants with this question and give them a few minutes to reflect or write down their answer. Ask participants to react or confirm when they are done.

- Ask participants to share the messages they received and remind them that there will be a larger discussion after the break

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**Potential messages/responses include:**

- Avoid substance use at all costs
- Substances are highly addictive ("slippery slope")
- Substance use makes it difficult to obtain employment, housing, maintain relationships, etc.
- Public awareness campaigns (e.g., D.A.R.E., "This is your brain on drugs")

**Link individual reflection to learning objective 1: Strengthened understanding of the various forms of stigma and factors that contribute to substance use related stigma**

## 21 | Stigma: Stories of Experience (Video Introduction) | 1 min

Facilitator: Facilitator Name


- Introduce this video with information provided on slide

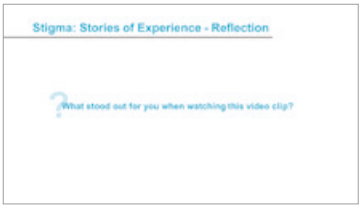
## 22 | Stigma: Stories of Experience (Video) | 2 min

Facilitator: Facilitator Name

- Play this video
  - If you are short on time, show clip from **0:29 – 1:55**
- Link: https://www.youtube.com/watch?v=Wn2odA_QSxo
  - Share in chat in case of technical difficulties
  - If there are audio issues, check that computer sound is being shared

## 23 | Stigma: Stories of Experience (Reflection) | 3 min

Facilitator: Facilitator Name

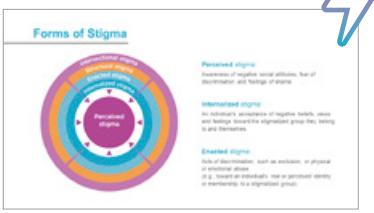



**What stood out for you when watching this video clip?**

- Ask participants to consider how stigma, and the feelings associated with it, are described in the video.

## 24 | **Forms of Stigma** [15,16] | 3 min

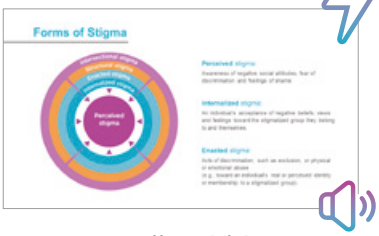
Facilitator: Facilitator Name




- Familiarize yourself with the definitions on this slide and the next
- Reference diagram on the slide and provide definition of each form of stigma, with examples where applicable:
  - **Perceived** (e.g., not accessing healthcare services because of fear of judgement)
  - **Internalized** (e.g., feeling as though one is not deserving of help, feelings of shame, worthlessness, etc.)
  - **Enacted** (e.g., mistreatment from service providers, refusing care, labelling as "drug seeking")

## 25 | **Forms of Stigma** [17,18] | 3 min

Facilitator: Facilitator Name




- Familiarize yourself with the definitions on the slide
- Reference diagram on the slide and provide definition of each form of stigma, with examples where applicable:
  - **Structural** (e.g., removing services from people who do not "get well" within a program, abstinence-based requirements, blue lights in public bathrooms, etc.)
  - **Intersectional** (e.g., racist stereotypes about substance use, such as assumptions about Indigenous People and alcohol consumption)
    - Reference that on the diagram, intersectional stigma is on the outer layer and impacts all other forms of stigma (I.e., holding multiple identities can change one's experiences of stigma at all levels
- Play audio clip in the bottom right corner of the slide.
  - This audio clip was shared by a PWLLE from the Manitoba Harm Reduction Network. This clip describes their experiences with stigma.

# Health Break (15 minutes) Return at: time

[13] Canadian Public Health Association & Centre for Sexuality. (2021). Challenging organizational stigma: Providing safer and more inclusive sexual health, harm reduction and STBBI-related services.

[14] Chief Public Health Officer of Canada. (2019). Addressing Stigma: Towards a More Inclusive Health System: Chapter 3.

[15] Canadian Public Health Association & Centre for Sexuality. (2021). Challenging organizational stigma: Providing safer and more inclusive sexual health, harm reduction and STBBI-related services.

[16] Chief Public Health Officer of Canada. (2019). Addressing Stigma: Towards a More Inclusive Health System: Chapter 3.

## 27 | **Group Discussion** | 15 min

Facilitator: Facilitator Name


- Welcome participants back from break

**Potential messages/responses include:**

- *Avoid substance use at all costs*
- *Substances are highly addictive ("slippery slope")*
- *Substance use makes it difficult to obtain employment, housing, maintain relationships, etc.*
- *Public awareness campaigns (e.g., D.A.R.E., "This is your brain on drugs")*

### What influences these messages

- Education: having abstinence focused programs in schools, not having harm reduction or anti-stigma education within post-secondary programs/education
- Healthcare: abstinence focus from healthcare providers, or no discussion of substance use health
- Law enforcement: DARE programs presented by police, criminalization perpetuates fear around substance use/abstinence focus

### Do these messages still exist or have they changed over time?

- Changed from 1980s-2000s messaging that was fear-based/abstinence focused
- Now Government of Canada messaging is more harm reduction focused
- Certain stigmatizing messages have improved in some communities, but not in others.

### How do these messages or systems influence your individual beliefs or actions?

- Open group discussion by asking participants to look back on their answers from the individual reflection about stigmatizing messages.
- Focus is to understand individual role in systems (not to place blame)
- Some policies/systems restrict what you can do (having to work within system)
- Messages received growing up can influence individual beliefs/actions
- Can be positive or negative (individual actions can be taken to break cycles/make change)

### How could your individuals actions or beliefs potentially contribute to these systems?

### Connect discussion to learning objective 1: Strengthened understanding of the various forms of stigma and factors that contribute to substance use related stigma

- Summarize conversation to lead into content on structural stigma and emphasize the impact these messages have on PWUD.

## 28 | Structural Substance Use Stigma[19] | 1 min

- Provide the definition on the slide

Facilitator: Facilitator Name


## 29 | Examples of Structural Stigma | 8 min

- Familiarize yourself with the examples on the slide
  - These examples were shared in focus groups and are supported by a Mental Health Commission of Canada (MHCC) report on experiences of PWLLE in the healthcare system.

Facilitator: Facilitator Name


**Does anyone have other examples of structural stigma to share?**

**Can you think of experiences you've had in your work, education, or other spaces?**

[17] Mental Health Commission of Canada. (n.d.). Structural Stigma.

## 30 | **Systems that Create Structural Stigma** | 8 min

Facilitator: Facilitator Name


**Many approaches to substance use are not rooted in science, logic, or evidence. Rather, they are based on stereotypes and assumptions that are upheld by the systems outlined in this iceberg.**

- Explain the iceberg analogy
    - This iceberg is used to illustrate the spectrum of substance use stigma (root causes that are often invisible and unquestioned at the bottom of the iceberg, and more obvious forms of stigma at the top)
    - The systems shown at the bottom of the iceberg intersect to create health inequities.
    - Explain that structural substance use stigma does not only come from health institutions and that other social institutions, organizations and policies contribute to this stigma.
        - Connect back to examples on the previous slide

- Follow the animations on the slide and provide examples from the slide at each level
    - Top: stigmatizing language, racist slurs
    - Middle: compulsory treatments, over-policing of BIPOC communities, lack of access to services
    - Bottom: colonization, criminalization, classism, prohibition

**Are there any questions about this analogy, or terms that require definition? (see definitions below and in participant workbook)**

- Option to add a poll with terms that should be defined

## 30 | Systems that Create Structural Stigma

Facilitator: Facilitator Name


**Criminalization:** process of making certain activities/ behaviours illegal[18]. Criminalization deters PWUD from accessing substance use health services and increases associated harms (e.g., overdose).

- Over-policing: residents of BIPOC communities, specifically Black and Indigenous communities, generally experience a higher number of police interactions compared with residents of predominantly White communities.

**Prohibition:** 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)[19]

**Colonialism:** 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, operating under the belief that these policies would "civilize" the affected populations.
- Drug policy in Canada has been used to advance the systemic exploitation of people, land and resources and maintain racial hierarchies.[20]

**White supremacy:** the belief that White European societies are superior to all other societies/Peoples.

- Canada's approach to substance use is a result of white supremacy. The first drug laws including the Opium Act of 1908 and subsequent acts prohibiting various substances were responses to anti-Chinese, anti-Black and anti-Indigenous sentiments.[21]

**Classism:** Classism is the systematic discrimination or oppression of individuals belonging to a subordinate socio-economic class.

- Classism is evident through the artificial hierarchy of substances (i.e., alcohol is socially acceptable and commercialized, methamphetamine, opioids, and other injectable drugs are associated with people who have less social standing)[22]

[18] Toronto Public Health. (2018). Discussion Paper: A Public Health Approach to Drugs.

[19] Boyd, Susan C. (2017). Busted: An Illustrated History of Drug Prohibition in Canada. Fernwood Publishing.

[20] Campbell, Robert A. (2008). Making Sober Citizens: The Legacy of Indigenous Alcohol Regulation in Canada, 1777-1985. Journal of Canadian Studies, vol 41(1) University of Toronto Press.

[21] Boyd, Susan C. (2017). Busted: An Illustrated History of Drug Prohibition in Canada. Fernwood Publishing.

[22] Tiger, Rebecca. (Fall 2017). Race, Class and the Framing of Drug Epidemics. Contexts: Sociology for the Public.

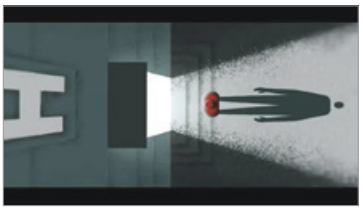
## 31 | Structural Substance Use Stigma (Video Introduction) | 1 min

Facilitator: Facilitator Name


- Introduce this video with information provided on slide

## 32 | Where Else am I Supposed to Go? (Video) | 3 min

Facilitator: Facilitator Name

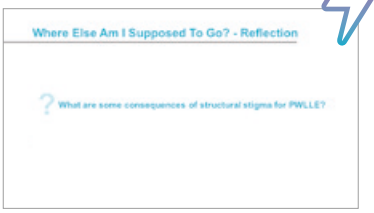


- Play video on slide

- Link: https://www.youtube.com/watch?v=ATUpklvz3kE
  - Share in chat in case of technical difficulties
  - If there are audio issues, check that computer sound is being shared

## 33 | Where Else am I Supposed to Go? (Video Reflection) | 5 min

Facilitator: Facilitator Name




**What are some consequences of structural stigma for PWLLE?**

- Consider how structural stigma influences PWUD's experiences when seeking services

**Leave a few minutes for participants to share comments and make connections to structural stigma.**

## 34 | Cycle of Harm | 2 min

Facilitator: Facilitator Name


- Present the image on the slide
    - This image shows how individual attitudes lead to the creation of harmful policies and procedures in various systems, while these policies and procedures simultaneously reinforce the stigmatizing attitudes of individuals
- Highlight the cyclical nature of this image: individuals impact systems, systems impact individuals

**Emphasize the role individuals can play in changing systems**

## 35 | Understand Substance Use Health: A Matter of Equity | 2 min

Facilitator: Facilitator Name

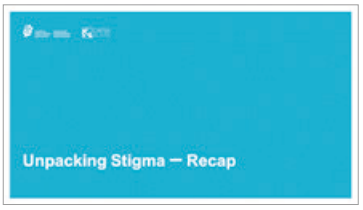

- Familiarize yourself with this resource from CAPSA, it can be accessed here.
- This is the first of 5 tools that will covered.
- This resource introduces the concept of Substance Use Health, which views substance use on a spectrum and aims to meet people where they are regarding their substance use.
    - This resource was developed by a leading national organization of PWLLE working to reduce system-level stigma for people who use substances or have a substance use disorder.
    - It can be used to promote equitable access to healthcare programs, services and supports and evidence-based information related to substance use and substance use disorder.

**All tools can be found starting on page 17 of the participant workbook**

**Link this to the cycle of harm:** substance use health can interrupt this cycle by breaking the assumption that all substance use is bad and/or disordered. Better self-determined health outcomes can be achieved when this model is integrated into personal beliefs/attitudes, policies, procedures, and systems.

## 36 | **Unpacking Stigma – Recap** | 1 min

Facilitator: Facilitator Name




- Reiterate the main content presented in this section (can exclude points that were just discussed as a group):

    1. The messages we receive about substance use come various systems and structures. Many are false beliefs or negative stereotypes
    2. Remind participants that many forms of stigma exist (perceived, enacted, internalized, intersectional, structural)
    3. Our individual actions and beliefs contribute to these systems and structures. We can influence change.

# Case Scenario 1 (45 minutes)

**Note about all case scenarios:**

**The purpose of these case scenarios is to encourage participants to think critically about how to apply harm reduction/substance use health principles in real life scenarios. These case scenarios are broad and do not include many details. This was done to allow participants to fill in details based on personal or professional experience.**

**These case scenarios were developed based on community engagement with PWLLE.**

## 37 | Case Scenario 01 | <1 min

Facilitator: Facilitator Name

- Transition to first case scenario activity


## 38 | Case Scenario 01 Instructions | 2 min

Facilitator: Facilitator Name

- Provide instructions and overview of the activity from the slides
    - Pause for participant questions


- Instructions for facilitators

1. Read the case scenario as a group (on the next slide)
2. Create breakout rooms (~5 participants in each room)
3. Open breakout rooms
4. Send a message to each room after ~10 minutes to see if there are any questions
5. After 20 minutes total, bring participants back to the larger group
6. Have group discussion

## 39 | **Case Scenario 01** | 3 min + 20 min (breakout rooms)

Facilitator: Facilitator Name


- Read the case scenario as a group or provide participants time to read the scenario

  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.

**Refer participants to page 10 to reference the case scenario, access the questions and take notes.**

**Does anyone have any questions about the scenario or the activity?**

## 39 | **Case Scenario 01 Discussion** | 20 min

Facilitator: Facilitator Name


- Bring participants back to the large group discussion, and present the questions on the slide

- The potential responses included below can be used to prompt participants, or ensure discussion is connected to workshop content

*slide continued on next page*

## 39 | Case Scenario 01 Discussion

Facilitator: Facilitator Name


**1. What are your initial reactions to this situation?**

- Potential responses include:
  - *Feeling: sad, overwhelmed, unsure what to do, having little control over situation*
  - *Acknowledging that this is a common occurrence*

**2. What are the stigmatizing assumptions present in this scenario?**

- Potential responses include:
  - *Abstinence is the goal for everyone*
  - *Recovery requires abstinence*
  - *Recurrence of drug use means failure*
  - *Harm reduction and treatment cannot coexist*
  - *Recurrence means the individual is not taking the program seriously*
  - *If someone uses drugs in the program, they are to blame or lack willpower*
  - *This policy is in the best interest of participants*

***Note that these are false and stigmatizing assumptions that should be challenged.***

**What message is the program, policy or practice sending to the service user (intentionally or unintentionally)?**

**Why does this problem exist? What factors contribute to and maintain the problem?**

*slide continued on next page*

## 39 | Case Scenario 01 Discussion

Facilitator: Facilitator Name


**3. What could be done in this situation? Consider the challenges or opportunities you might encounter.**

- Potential responses include (potential actions):
  - ***Build community connections:*** *partner with organizations to refer individuals to alternative services if you cannot serve them.*
  - ***Collect feedback from PWUD:*** *use this to inform policies and program delivery.*
  - ***Adapt or amend policies on drug use:*** *find alternative opportunities or spaces to provide services to people who experience a recurrence.*
  - ***Consider recurrence as an opportunity for dialogue:*** *discuss the factors that may contribute to their substance use (i.e., trauma, violence, life events) and identify supports.*
  - ***Raise concerns with decision makers:*** *discuss potential policy changes with management or funders (if abstinence is required for program funding).*

- Potential challenges:
  - *Lack of knowledge or support from staff, management, or organization*
  - *Possible repercussions for raising concerns*
  - *Connection to the criminal justice system (e.g., Drug Treatment Court programs)*
  - *Limited resources or alternative services available*
  - *Program funding requiring abstinence*

- Potential opportunities:
  - *Willingness from program participants to share their experiences*
  - *Existence of committees/groups to support change (e.g., communities of practice, patient partners, PWLLE committee)*
  - *Knowledge or support from staff, management, or organization on substance use health*
  - *Support from community organizations or service providers*
  - *Harm reduction implementation tools, resources, or training opportunities*

*slide continued on next page*

## 39 | Case Scenario 01 Discussion

Facilitator: Facilitator Name


**How might your approach change depending on the circumstances of your workplace/role?**
(e.g., if you were in a management position compared to staff, if you had organizational support to implement change)

**Have you considered the following factors:**

- knowledge of substance use health
- level of organizational readiness
- current policies related to substance use
- opportunities for continuing education
- external factors (e.g., media)
- areas of common ground in the workplace

Summarize the discussion of the case scenario, leaving participants with concrete actions that could be taken in this situation (if none were mentioned, reference the potential responses of what could be done).

# Lunch / End of day 1 (30 minutes) Return at: 10:00

*Reminder: Edit this slide based on workshop format*


**1-day workshop:**

- Remind participants what time to return from lunch

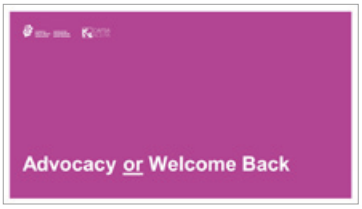
**2-day workshop:**

- Give short re-cap of session, and overview of what will be covered tomorrow: advocacy strategies, case scenarios, and meaningful partnership with PWLLE
- Remind participants what time session will begin tomorrow
- End workshop day 1

# Advocacy (30 minutes)

## 41 | Advocacy / Welcome Back | 1-2 min

Facilitator: Facilitator Name




*Reminder: Edit this slide based on workshop format*

**1-day workshop:**

- Welcome back from lunch
- Introduce advocacy section

**2-day workshop: Welcome participants back**

- Provide land acknowledgement
- Give short recap of day 1
    - Recap of day 1: unpacking stigma, case scenario
    - Agenda for day 2: advocacy & case scenario, break, meaningful partnership & case scenario
- Ice breaker/brief introductions

## 42 | Definition of Advocacy | 1 min

Facilitator: Facilitator Name


- Provide the definition on the slide[25]
- Purpose of this section is to provide tools and examples that participants can apply in their own work and lives
    - Emphasize that there are various forms of advocacy, all of which involve working with PWLLE.
    - Advocacy is specific to each individual and will be based on what is feasible and accessible for them.

[23] National Collaborating Centre for Determinants of Health. (2015). Let's Talk: Advocacy and Health Equity.

## 43 | Levels of Advocacy | 3 min

Facilitator: Facilitator Name


- Familiarize yourself with the levels of advocacy

- Present the levels on the slide:
  - **Individual:** actions aimed at supporting individual autonomy
  - **Program:** implementing programs or making changes to existing programs
  - **Community:** interventions aimed at strengthening communities by building social cohesion
  - **Systems:** interventions that look at the causes of health inequities and work to promote healthy policies and procedures

**Emphasize that while policy change is often central to advocacy, this is not the only way that we can meaningfully advocate. Connect back to content about the influence that individuals have on systems.**

### Note about all levels of advocacy examples:

Examples presented at each level are more general, while real-world applications demonstrate how these levels of advocacy have been implemented across Canada. Real-world applications have been informed by focus groups of PWLLE and community partners.

## 44 | Individual Level Advocacy | 3 min

Facilitator: Facilitator Name


- Familiarize yourself with the examples and real-world applications at the individual level

- Present the examples of advocacy on the slide and then display the real-world applications

**Emphasize that individual level advocacy is an essential first step in reducing stigma and creating change.**

## 45 | **Program Level Advocacy** | 3 min

Facilitator: Facilitator Name


- Familiarize yourself with the examples and real-world applications at the program level
    - **ARCH Program:** reduced structural stigma by embedding ongoing education and training for staff, creating a PWUD advisory committee, and utilizing a substance use health approach[26]

- Present the examples of advocacy on the slide and then display the real-world applications

## 46 | **Community Level Advocacy** | 3 min

Facilitator: Facilitator Name


- Familiarize yourself with the examples and real-world applications at the community level
    - **Background on Overdose Prevention Sites (OPS):** a community response to the drug poisoning crisis that were implemented across Canada prior to receiving government funding
    - **MHRN OPS:** a year after this advocacy effort led by PWUD and allies, Winnipeg now has a peer-run mobile overdose prevention RV with federal government support[27]

- Present the examples of advocacy on the slide and then display the real-world applications

[24] Alberta Health Services. (n.d.). Addiction Recovery and Community Health Program.

[25] Manitoba Harm Reduction Network. (2021). Detailed Pop-Up SCS Press Release.

## 47 | **Systems Level Advocacy** | 3 min

Facilitator: Facilitator Name


- Familiarize yourself with the examples and real-world applications at the systems level
    - **BC Decriminalization:** this occurred as a result of over 30 years of work, along with a large coalition of people from various communities/organizations coming together[28]
    - **Substance Use Health:** integrating substance use health can be done at various levels (e.g., requiring safe consumption areas on site during a conference)[29]
- Present the examples of advocacy on the slide and then display the real-world applications

**Reinforce that system level changes are often the result of years of individual and community level advocacy. Encourage participants to advocate at a level that is feasible, appropriate and accessible to them.**

**Does anyone have an advocacy experience they'd like to share?**

[26] Government of British Columbia. (2022). Decriminalizing people who use drugs in B.C.

[27] CAPSA. (2022). Understanding Substance Use Health: A Matter of Equity.

## 48 | **Features of Strong Advocacy** | 3 min

Facilitator: Facilitator Name


**Ask before showing slide content:** Are there common features you noticed in the examples of advocacy presented in the previous slides?

- Familiarize yourself with the features of strong advocacy on the slide:
  - Partnering with PWLLE at all stages: PWUD are at the center of all these strategies. The examples provided involve taking the lead from PWUD and prioritizing the needs they have identified.
  - Working collaboratively: Collaboration is needed to create change, which can look different depending on the level of advocacy.
  - Identifying and addressing health inequities: Barriers are identified and work is done at various levels to address them.
  - Starting with small actions that create momentum for sustainable change: All the different levels build upon one another and create momentum for sustainable change.

**Connect this discussion to learning objective 2**: Strengthened ability to assess stigmatizing policies, programs, or practices and engage in advocacy to reduce stigma

**Remind participants that these features may be helpful to keep in mind as they work through the next case scenarios.**

**Refer participants to page 14 to reference these features.**

## 49 | Tips for Challenging Conversations | 5 min

Facilitator: Facilitator Name


- Introduce this slide by noting that many advocacy efforts include engagement in conversation that can be difficult at times.

- Present the tips on the slide:
  - **Focus on impact over intent**
    - Assume good intentions, but recognize that policies and practices may unintentionally cause harm
  - **Use neutral, non-judgmental language**
    - Avoid language that lays blame when raising questions and concerns.
  - **Look for areas of common ground**
    - Find common goals between management and staff when raising concerns (e.g., being proud of their workplace, wanting to provide the best quality care possible)
  - **Explain the importance of listening to and incorporating feedback from those accessing services**
    - PWUD who access services have the best understanding of their needs
    - Incorporating their feedback ensures that programs, policies, and practices are relevant and appropriate
  - **Raise concerns collectively**
    - Find support in those who share your concerns and raise issues as a group when possible.
  - **Bring the person in, rather than calling them out**
    - Call people into conversation rather than focusing on what they have done wrong
    - Noting your own biases and discussing ways that you have changed your actions can be helpful in calling people in.

**Can anyone think of other strategies or tips to have productive conversations? These might be strategies you have used, or seen other people use.**

## 50 | Organizational Assessment Tool | 2 min

Facilitator: Facilitator Name


- Familiarize yourself with this resource from CPHA and CAPSA, it can be accessed here.

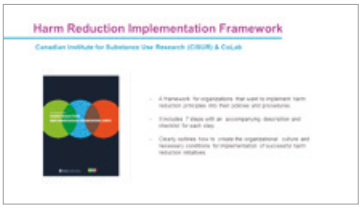
**This resource aims to help health and social service organizations in building policies and practices that promote client health and safety**

- It includes 3 sections
    1. The first will give an overview of what the tool is and how it can be used
    2. The second includes assessment questions and a rating scale that can be used to identity strengths and challenges
    3. The third will help your organization develop an improvement action plan
- Anyone participating in the organizational assessment process can start by completing the self reflection tool
- The group can then discuss responses, give an average rating to the organization and identify priority areas for actions
- The goal of this resource is that it will be used in regular quality improvement practices

**All tools can be found starting on page 17 of the participant workbook**

## 51 | Harm Reduction Implementation Framework | 2 min

Facilitator: Facilitator Name




- Familiarize yourself with this resource from CISUR and CoLab, it can be accessed here.

**This framework aims to help organizations and staff working in health and social services to reduce stigma and fully and effectively implement harm reduction in programs, services, and organizations**

- The 7 steps are:
    1. Create shared understanding of structural determinants of substance use and related harms
    2. Ensure meaningful inclusion
    3. Promote a culture of harm reduction
    4. Align policies with principles of harm reduction
    5. Resource harm reduction programs and services
    6. Base programs/services on the needs of PWUD
    7. Ensure equitable and accessible services

**All tools can be found starting on page 17 of the participant workbook**

**Note that this resource can be used as a system level advocacy tool and may be helpful to consider as participants work through the case scenarios.**

# Case Scenario 2 (30 minutes)

**Note about all case scenarios:**

**The purpose of these case scenarios is to encourage participants to think critically about how to apply harm reduction/substance use health principles in real life scenarios. These case scenarios are broad and do not include many details. This was done to allow participants to fill in details based on personal or professional experience.**

**These case scenarios were developed based on community engagement with PWLLE.**

## 52 | Case Scenario 02 | <1 min

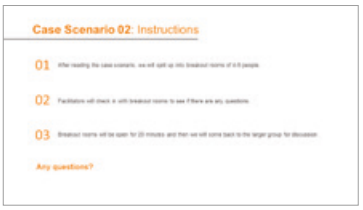
Facilitator: Facilitator Name

- Transition to second case scenario activity


## 53 | Case Scenario 02 Instructions | 2 min

Facilitator: Facilitator Name

- Provide instructions and overview of the activity from the slides
    - Pause for participant questions




- Instructions for facilitators

1. Read the case scenario as a group (on the next slide)
2. Create breakout rooms (~5 participants in each room)
3. Open breakout rooms
4. Send a message to each room after ~10 minutes to see if there are any questions
5. After 20 minutes total, bring participants back to the larger group
6. Have group discussion

## 54 | **Case Scenario 02** | 3 min + 15 min (breakout rooms)

Facilitator: Facilitator Name


- Read the case scenario as a group or provide participants time to read the scenario

  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.

**Refer participants to page 13 to reference the case scenario, access the questions and take notes.**

**Does anyone have any questions about the scenario or the activity?**

## 54 | **Case Scenario 02 Discussion** | 10 min

Facilitator: Facilitator Name


- Bring participants back to the large group discussion, and present the questions on the slide

- The potential responses included below can be used to prompt participants, or ensure discussion is connected to workshop content

**Draw connections to content presented including: levels of advocacy, tips for challenging conversations, features of strong advocacy, and tools.**

*slide continued on next page*

## 54 | Case Scenario 02 Discussion

Facilitator: Facilitator Name


**1. What are your initial reactions to this situation?**

- Potential responses include:
  - *Feeling: sad, frustrated, not knowing where to begin*
  - *Fearing that PWUD will feel tokenized*
  - *Worried about making mistakes when engaging PWLLE*

**2. What are the stigmatizing assumptions present in this scenario?**

- Potential responses include:
  - *Health professionals know best and can speak for PWLLE*
  - *There is not enough time or resources to include PWLLE*
  - *PWLLE's perspectives are not essential to the program*
  - *No one currently working on the project has lived/living experience of substance use*

***Note that these are false and stigmatizing assumptions that should be challenged.***

**Why does this problem exist? What factors contribute to and maintain the problem?**

*slide continued on next page*

## 54 | Case Scenario 02 Discussion

Facilitator: Facilitator Name


**3. What could be done in this situation? Consider the challenges or opportunities you might encounter.**

- Potential actions:
  - ***Raise concerns with decision makers:*** *discuss ways PWLLE can be included with management and funder*
  - ***Partner with PWLLE-led organizations***
  - ***Give visible leadership roles to PWLLE:*** *hire PWLLE at all stages of development, implementation, and evaluation*
  - ***Create opportunities to learn from PWLLE:*** *(e.g., advisory committee of PWLLE, communities of practice)*
  - ***Being selective about funding applications:*** *tchoosing not to apply for funding that does not require or compensate lived experience*

- Potential challenges:
  - *Limited time frame and financial resources*
  - *Lack of knowledge and support from staff, management, or organization*
  - *Limited understanding of meaningful partnership and its benefits*

- Potential opportunities:
  - *Willingness from PWLLE or PWLLE-led organizations to work on this program*
  - *Knowledge or support from staff, management, or organization on meaningful partnership of PWLLE*
  - *Tools, resources, or training opportunities on meaningful partnership of PWLLE*

**How might your approach change depending on the circumstances of your role?**
(e.g., grant writer, program planner, program facilitator, project manager)

Summarize the discussion of the case scenario, leaving participants with concrete actions that could be taken in this situation (*if none were mentioned, reference the potential responses of what could be done*).

# Health Break (15 minutes) Return at: time

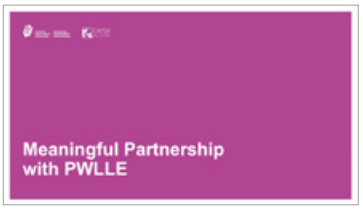
# Meaningful Partnership With PWLLE

(30 minutes)

## 56 | **Meaningful Partnership with PWLLE** | <1 min

Facilitator: Facilitator Name

- Introduce Meaningful Partnership section




## 57 | **What is Meaningful Partnership?** | 3 min

Facilitator: Facilitator Name

- The purpose of this activity is to encourage participants to brainstorm their definition of meaningful partnership before showing next slide


**What does meaningful partnership mean to you?**
**What thoughts come up when you hear this team?**

- Have short discussion with participants about their answers before presenting next slide

## 58 | **Meaningful Partnership Involves:** | 5 min

Facilitator: Facilitator Name

- Familiarize yourself with the points on the slide

- Present each point as part of the definition of meaningful partnership:


*slide continued on next page*

## 58 | Meaningful Partnership Involves:

Facilitator: Facilitator Name


- **Recognizing PWLLE as experts in the field and their own health**
  - People without lived experience of substance use are not able to identify all barriers or stigmatizing practices. The expertise of PWLLE is needed to identify these blind spots.

- **Disrupting power imbalances to address stigma and improve health outcomes**
  - Power imbalances often exist between people in positions of power (e.g., doctors, police, government) and PWLLE.

- **Centre the voices of PWLLE**
  - This is to ensure a fair and partnered approach

- **Co-developing policies and programs with PWLLE of various identities and backgrounds at all stages**
  - Meaningful engagement must be present at all levels of work and this involves taking the lead from PWUD (considering diversity in age, race, socioeconomic status, etc.) about how best to meet their unique needs.

- **Fairly compensating PWLLE, acknowledging their contributions, and giving appropriate job titles**[30]
  - Fair compensation means that PWLLE are given a living wage that is equitable to other forms of expertise.

- **Giving PWLLE visible leadership roles**
  - Inclusion should not be symbolic – PWLLE must be given leadership roles within programs and institutions that provide authentic and meaningful representation.

- **Prioritizing the people who are most impacted by harmful systems**
  - Not all people who use drugs are experts on stigma or experience stigma in the same way - people who are most impacted by harmful systems must be prioritized, specifically Black and Indigenous people.

[28] Touesnard, Natasha, Patten, San, McCrindle, Jenn, Nurse, MIchael, Vanderschaeghe, Shay, Noel, Wyatt, Edward, Joshua, & Blanchet- Gagnon, Marie-Anik. (2021). Hear Us, See Us, Respect Us: Respecting the Expertise of People who Use Drugs.

## 59 | Examples of Meaningful Partnership | 2 min

Facilitator: Facilitator Name


- Familiarize yourself with the programs and initiatives discussed on the slide that have demonstrated meaningful partnership:
    1. Health Justice: a non-profit organization that advocates for legislative reforms to BC's Mental Health Act to address the high rates of involuntary hospitalization
    2. Health Canada Funding: PWLLE of substance use were involved in the review process under the Substance Use and Addictions Program
    3. Canadian Resident Matching Service (CaRMS) Service User Committee Initiative: a committee of PWLE provided input on the admissions process for the University of Toronto Medical School
- Facilitators may choose to replace these with local examples relevant to the audience

**If you have an additional example of meaningful partnership, you can share it with participants here.**

**Does anyone have an example or experience of meaningful partnership they'd like to share?**

## 60 | Benefits of Partnering with PWLLE | 4 min

Facilitator: Facilitator Name


- Familiarize yourself with the benefits listed on the slide
- Present a summary of these benefits of meaningful partnership:

*slide continued on next page*

## 60 | Benefits of Partnering with PWLLE

Facilitator: Facilitator Name


- **Promotes equity and accessibility**
  - PWLLE can recognize and identify specific service needs and barriers to services, which can support real and impactful system-level changes.
  - PWLLE are more inclined to use services that involve or are run by peers[31]

- **Builds capacity to respond to people's needs**
  - The knowledge and expertise of lived experience can be used across sectors.
  - This allows continued support of individuals in a non-stigmatizing, compassionate way, rather than perpetuating stigmatizing practices

- **Improves system navigation for supports and services**
  - PWLE can identify barriers they've faced when accessing services - this knowledge can support improvements to system navigation.

- **Empowers individuals to lead the conversation around their own substance use health goals**
  - Shifting to a strengths-based, person-led approach, allows for individuals to be met where they're at, and identify their own self-determined goals, rather than expectations or deadlines imposed on them by the health-care system

- **Allows clients to experience support from someone who understands them**
  - Power imbalances are reduced when there are visible roles for PWLLE, and the benefits of being heard and understood by peers are recognized.
  - Peer support is an invaluable part of our health and social service systems.

- **Provides current understanding of the drug landscape**
  - PWUD can give an accurate picture of the current drug landscape, including the potency of specific drugs that are circulating

- **Improves the health and wellness of people living in Canada**
  - All the benefits listed here result in improved health and wellness for PWLLE.

[29] Public Health Agency of Canada. (2020). A Primer to Reduce Substance Use Stigma in the Canadian Health System.

## 61 | PWLLE Want Service Providers to Know | 6 min

Facilitator: Facilitator Name

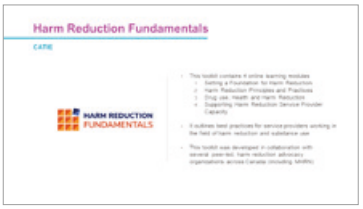

- The points presented on this slide come from peer engagement sessions with PWLLE
- Summarize the points and quotes on the slide
- Play audio clip in the bottom right corner of the slide.
    - This audio clip was shared by a person of lived or living experience with substance use about their experiences of stigma
- The project team would like to thank each of the Manitoba Harm Reduction Network (MHRN) and Mainline Needle Exchange Peer Volunteers that contributed to the development of this workshop, and openly shared their stories and perspectives.

**These suggestions can be found in the participant workbook on page 15.**

**Does anyone have any questions or comments about meaningful partnership?**

## 62 | Harm Reduction Fundamentals | 2 min

Facilitator: Facilitator Name




- Familiarize yourself with this resource by CATIE, it can be accessed here.

**This free online toolkit provides foundational information on harm reduction for service providers working with people who use drugs.**

**All tools can be found starting on page 17 of the participant workbook**

- It is made up of 4 units which can be accessed individually or completed together for personal or organizational training.
- Each unit takes one hour to complete, for a total of 4 hours.

**Note that this is the last of the tools that will be highlighted**

## 63 | EQUIP Equity Action Kit | 2 min

Facilitator: Facilitator Name


- Familiarize yourself with this resource by EQUIP Healthcare, it can be accessed here.

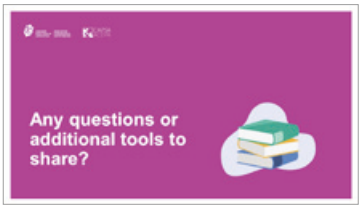
**This tool helps fill a gap as there are few resources that focus on the implementation aspect of equity focused care.**

**All tools can be found starting on page 17 of the participant workbook**

- It can be completed by individual teams or by an organization as a whole
- It outlines the steps needed to create organizational change, and contains reflection questions that teams can use to assess their current policies, practices, and space to increase equity

## 64 | Any questions or additional tools to share? | 5 min

Facilitator: Facilitator Name




**Does anyone have any questions about the tools we've shared or have additional tools to share?**

- Tools included throughout workshop:
    1. Substance Use Health: A Matter of Equity (CAPSA)
    2. Organizational Assessment Tool (CPHA & CAPSA)
    3. Harm Reduction Implementation Framework (CISUR & CoLab)
    4. Harm Reduction Fundamentals (CATIE)
    5. Equity Action Toolkit (EQUIP Healthcare)

**Remind participants that all tools discussed can be found in the participant workbook on page 17-19.**

**Prompt participants to share any other tools they have used or their organization have published.**

# Case Scenario 3 (30 minutes)

**Note about all case scenarios:**

**The purpose of these case scenarios is to encourage participants to think critically about how to apply harm reduction/substance use health principles in real life scenarios. These case scenarios are broad and do not include many details. This was done to allow participants to fill in details based on personal or professional experience.**

**These case scenarios were developed based on community engagement with PWLLE.**

**Note that this case scenario is completed in a large group, rather than breakout rooms**

## 65 | Case Scenario 03 | <1 min

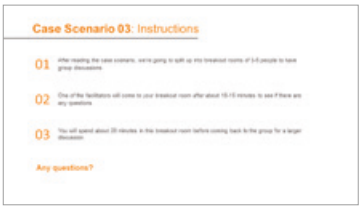
- Transition to third case scenario activity
- Note that this is the last activity of the day, be mindful of energy levels and try to keep participants engaged

Facilitator: Facilitator Name


## 66 | Case Scenario 03 Instructions | 2 min

- Provide instructions and overview of the activity from the slides (*note that instructions are different from the first two scenarios*)
    - Pause for participant questions
- Instructions for facilitators *(same as Case Scenario 01)*
    - Read the case scenario as a group (on the next slide)
    - Give everyone 5 minutes to write down their thoughts on this scenario
    - Begin group discussion

Facilitator: Facilitator Name



## 67 | **Case Scenario 03 Discussion** | 8 min

Facilitator: Facilitator Name


Case Scenario 03

- Read the case scenario as a group:

  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, answer the following questions:

**Refer participants to page 16 to reference the case scenario, access the questions and take notes.**

**Does anyone have any questions about the scenario or the activity?**

## 67 | **Case Scenario 03 Discussion** | 20 min

Facilitator: Facilitator Name


- The potential responses included below can be used to prompt participants, or ensure discussion is connected to workshop content

**Draw connections to content presented including: meaningful partnership with PWLLE, best practices for engaging PWLLE, and tools.**

**1. What are your initial reactions to this situation?**

- Potential responses include:
  - *Feeling: sad, overwhelmed, angry with the system, unsure what to do, having little control over the situation*
  - *Acknowledging this is a common occurrence*
  - *Concern that this practice furthers distrust in the medical system or creates additional harms*

**2. What are the stigmatizing assumptions present in this scenario?**

- Potential responses include:
  - *Standard business hours are sufficient*
  - *Taking away needles increases safety*
  - *Confiscating equipment will stop people from using drugs*
  - *PWUD have no self control and will use drugs anywhere*

***Note that these are false and stigmatizing assumptions that should be challenged.***

**What factors contribute to and maintain this problem? How might different perceptions of safety between service providers and PWUD impact this situation?**

*slide continued on next page*

## 67 | Case Scenario 03 Discussion

Facilitator: Facilitator Name


**3. What could be done in this situation? Consider the challenges or opportunities you might encounter.**

- Potential responses include (what could be done):
  - *Raise concerns using the feedback you have received from people accessing services*
  - *Provide education to colleagues and management about common substance use misinformation*
    - *E.g., best practices for harm reduction, risks associated with using in unsafe settings, etc.*
  - *Partner with local organizations to ensure services/supplies are available outside of these hours*
  - *Hire PWLLE to identify solutions to this issue*

- Potential responses include (challenges):
  - *Biases among professionals working on the program*
  - *Lack of knowledge/support from staff, management, and/or organization on harm reduction best practices*
    - *E.g., preventing STBBIs, reducing risk of overdose, importance of new equipment, etc.*
  - *Organization being connected to the criminal justice system*
  - *Limited financial resources, staffing shortages, and long wait lists*
  - *Lack of understanding about what safety means for PWUD*

- Potential responses include (opportunities):
  - *PWLLE and/or peer-led community organizations who want to work on improving service delivery*
  - *Knowledge/support from staff, management, and/or organization on the principles of substance use health*
  - *Organizations who have dealt with similar challenges and can offer support/guidance*

*slide continued on next page*

## 67 | Case Scenario 03 Discussion

Facilitator: Facilitator Name


### What factors would impact your advocacy strategy in this situation?

### Have you considered the following factors:

- knowledge of substance use health
- level of organizational readiness
- current policies related to substance use
- other organizations who have found solutions to similar issues
- other innovative ways that services can be delivered

Summarize the discussion of the case scenario, leaving participants with concrete actions that could be taken in this situation (*if none were mentioned, reference the potential responses of what could be done*).

- Keep conclusion of case scenario brief to keep participants engaged at the end of the session

# Closing (15 minutes)

## 68 | Key Takeaways | 2 min

Facilitator: Facilitator Name


- Present the key takeaways on the slide to summarize the workshop

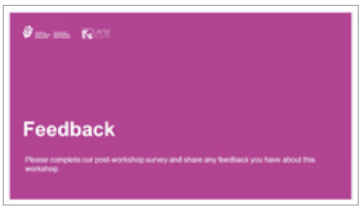
- Reference the learning objectives that have been achieved:

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

**Reminder:** If you are not collecting feedback, this slide can be removed

## 69 | Feedback | 10 min

Facilitator: Facilitator Name



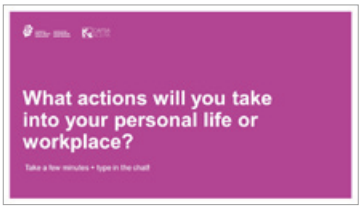

- If you have a post workshop survey or feedback form, provide it here.

- Give participants clear instructions on how to access the survey (e.g., through their email, a link posted in the chat, or a poll in Zoom)

**Provide 5-10 minutes for participants to complete the survey (or signal when they have finished it)**

## 70 | What actions will you take into your personal life or workplace? | 3 min

Facilitator: Facilitator Name




- Provide participants an opportunity to reflect on what they have learned with the following prompt:

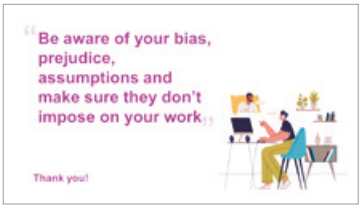
**What actions will you take into your personal life or workplace?**

**Encourage participants to think of the case scenarios and examples provided throughout the workshop to draw on actions they could implement.**

**Allow 3-5 minutes for reflection, encourage participants to unmute and share or post in the chat.**

## 71 | Ending Quote | 1 min

Facilitator: Facilitator Name




- Conclude the workshop by reading the quote from a person of lived experience on the slide
- Thank participants for their engagement and let them know that the session is complete.
- Facilitators may wish to stay behind for a few minutes for anyone who has questions or provide an email where they can be reached.

# End