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FOCUS GROUP REPORT

Ottawa, Ontario | July - August 2021

BUILDING CAPACITY FOR A PUBLIC HEALTH APPROACH TO SUBSTANCE USE

About Somerset West Community Health Centre (SWCHC)

SWCHC is a non-profit, community-governed organization that provides health and social services to support their community based in Ottawa, Ontario. SWCHC supports people and communities to enjoy the best possible health and well-being by providing health and social services. They do this by removing barriers to accessing services for people who are vulnerable because of their age, income, ability, sexual orientation or gender identity, and language or culture.

SWCHC staff involved in the project:
Hana Haines, Manager, Operations, Harm Reduction
Elsa Philp, Practice Facilitator

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 person-first language to reduce stigma and discrimination.

CAPSA staff involved in the project:
Ashleigh Hyland, Systems Stigma Navigator

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, wide ranging 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
Karin Moen, Senior Project Officer
Sophie Chochla, Project Officer
Kelsey MacIntosh, Project Officer
Hailey Morton, Project Officer

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In July and August of 2021, CAPSA, CPHA, and Somerset West Community Health Centre facilitated several focus groups with people who access substance use care to gain their perspectives on how their health needs and goals are addressed. We recognize the past and present harms of colonization on Indigenous People and acknowledge that each of these focus groups were facilitated on unceded and unsurrendered Algonquin Anishinaabe territory, with participants joining from across Turtle Island. We are grateful to be able to come together to learn on this land.

Additionally, we want to thank each person with lived or living experience from across the country who shared their experiences and knowledge with us through these focus groups. We recognize and value the expertise that each of these individuals hold and appreciate the range of perspectives they have contributed.

Please note that the original language used in participant responses has not been changed, and that some of the language contained in these quotes may be stigmatizing and not aligned with person-first language. We respect the right of People Who Use Drugs (PWUD) to use language that allows them to describe their experiences and identities in a way that is most authentic for them while simultaneously acknowledging that using these terms as service providers and allies to PWUD can reinforce stigma.

1.0

What should the overall goal be in approaching substance use as a community?

Implementing a Public Health Approach to Substance Use: An Overall Goal

Participants of the focus groups stated that the overall goal to approaching substance use should emphasize stigma reduction and uphold social determinants of health. They want to remove barriers that reinforce health inequities, such as poverty, lack of affordable housing, and lack of access to non-stigmatizing health care. Additionally, they want the community to focus on educating the general public, health care and social service professionals and elementary and high school students about substance use as a means to normalize conversations and make it easier for people who experience difficulties with substance use to seek help. Participants mentioned the importance of treating substance use disorder as a diagnosable medical condition and ensuring that educational programs and campaigns emphasize that people from all walks of life can experience harms related to substance use. Stigma can be more effectively addressed by acknowledging the diversity of people that use substances and creating support systems that recognize the prevalence of substance use in Canada and that it takes place along a spectrum.

Participants noted that they had experienced instances of discrimination when trying to access substance use care from primary care physicians, family members, and others. It was suggested that a way to address stigma and discrimination is by opening conversations regarding substance use, through discussing personal experience or sharing facts about substance use as allies. Focus group participants expressed these thoughts in the following quotes:

> **"I think the other thing is just - the only way we can end the stigma around it is to talk about it ourselves a little bit more freely and openly. If we're imposing - if I'm imposing the stigma on myself, then I'm helping to grow the stigma around other people as well."**

Ideally, approaches to substance use (within policy, treatment, etc.) would centre the perspectives of people with living experience, where the philosophy 'nothing about us without us' is adopted and they are involved in every phase of program and/or policy development. Participants identified peer support as key to managing substance use in a healthy way.

> **"I say meaningful involvement, because I was a former director down in the U.S. for one of the states for the peer folks for the peer support programs on the addiction and mental health side, and what we found is when we started developing peer support throughout the different clinics, residential programs, stabilization programs, and that was able to shift everything that we're talking about with more involvement. We have better advocacy."**

Stigma prevents people from talking about their substance use, however, people conversing openly about their substance use can encourage others to come forward and share their experiences. Several participants pointed out that the compassion and flexibility extended to people with other illnesses in workplace and community environments is not extended to people with substance use disorder. In an ideal world, substance use disorder would be approached the same way as any other ailment:

> **"I would - that would be a miracle, a dream come true that the community looks at this disease as it does diabetes... or cancer. Wouldn't that be great?"**

<u>Improved Substance Use Education for Students and the Ottawa Community</u>

Participants had the following suggestions to increase substance use education in communities:

- More public service announcements for the general public with evidence-based information about substance use disorders
- Education that addresses misinformation about substance use in the media and the general public, specifically the common misconception that substance use stems from a lack of character
- Increased overdose response training
- Education to normalize conversations about substance use and make it easier to talk about with friends and family
- Emphasize that people from all walks of life can experience substance use disorder
- Having a range of people with different identities sharing their experiences with addiction and recovery
- Educating about the importance of using non-stigmatizing language

"I think what would be really helpful would be public service announcements to the general public of course, and just kind of putting it out there. A lot of people don't understand what substance use disorders are, particularly when I speak of alcohol, because it is legal."

"It's basically public education. People still believe that people who use substances are weak and lack character or a backbone, and that's the furthest from the truth and only a small part of the community recognizes that. So, we really have to have people understand that substance use is a recognized disease by the American Medical Association."

"For community members, those who are not directly affected, are not aware that they're directly affected in some way, come to have a more thorough, broad, full understanding of what substance use is about. There are so few examples that make it into the news and there are so many people still, and I've been involved in all of this world for a very long time personally and professionally, there is such stigmatizing language still and misinformation in the community, and so there's always a push-pull and a tension."

With regards to substance use education in schools, participants made the following suggestions for improvements:

- More education about substance use in later years of school and devote enough time to allow students to fully grasp an understanding of the information
- Include substance use information that is appropriate for all age categories and include information about all substances

"Not related to public safety, but I would love to see education in the later years of school. If people are going to use drugs, they will use drugs. It would be great for people to have better information about substance use."

"If there is education about substance use, it makes it less 'bad'"

"Absolutely, include substance use health in the curriculum in school age, include all of ages appropriate and include all substances... because people are going to use substances, and we need to talk about it openly and freely so that if anyone is struggling with substance use that they can seek the help they need and not feel the shame."

"You spend one or two weeks during a whole school year talking about that (substance use), the reality is you're missing so much that needs to be brought up with children and the teenagers in order for them to know what to look for and be understanding and caring and compassionate with people who actually do struggle with it."

Substance Use Education Improvements Needed for Healthcare and Social Workers

Participants mentioned the following issues regarding their quality of care and access to care:

- Healthcare workers downplay substance use over other health markers
- Healthcare workers downplaying other health issues because of substance use
- Lack of consistent policies within hospitals for supporting those with substance use disorder

- Difficulty creating systemic change within hospitals
- Lack of substance use education in medical schools that includes all substances
- Lack of classes on substance use and addictions for social work students

"I feel like all health care providers should be involved and have the [naloxone] training."

"I know for me I ended up in the hospital because of substance use and because of mental health, and they just basically said [inaudible] go home, it's drugs, which is a really fucked up thing to do."

"Just one final thing. I can't tell you the number of doctors who said, well your liver enzymes are fine, so you're not an alcoholic. Well, but I was drinking mouthwash, so probably I had a slight issue with substance abuse. Most normal people don't drink mouthwash, but they honed in on what the blood work said." *

Treatment standards and the importance of consistent policies in hospitals for supporting patients with substance use disorder were also mentioned:

"So, I've learned a lot and so one of the things that we need to do is get the professional community educated about what addiction is and what are appropriate techniques and way to resolve it, and what their role is and how it should be. For instance, today, we don't have a consistent policy in the emergency departments where a lot of this stuff is first of all, when people arrive, sometimes that's the first time they realize that I've got a problem here, and we don't have a consistent policy across the country of providing, for instance, someone with opioids, providing them with opioid agonist treatment starting in the emergency department."

"There should be standards for the treatment programs. For instance, there are some treatment programs that will not take people that are opioid agonist treatment, which is just ridiculous. I mean you want people that are kind of stabilized and able to function and yet some treatment programs will refuse people in admission and that should not be happening in this day and age."

Media Education

Participants identified that steps should be taken to improve the way in which the media covers issues of substance use:

- Spending money on a media engagement campaign on substance use
- Have the media be receptive to those that want to share their experiences with substance use to encourage collaborative discussions

"I'm in Ottawa, we've had people contacting the media and having problems. They have real stories, too, is what I'm trying to say. We want to be heard. We want to be collaborative and have mutual understanding. Like get real dialoguing where mutual collaborative discussion and understanding can occur because trying to make them understand us or understand me, it's like it's been a long war."

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"What bothers me a lot about the lack of education around here is that in the local media we have like one newspaper and I have approached them time and time again to write a column on recovery. Just put a column in, get somebody, be it a psychologist or an addictions counsellor or a pastor, I don't care who it is, but get the conversation going. And it's completed rejected. So I'd like to see the municipality start spending some money on a media engagement campaign of sorts. I was the editor of this paper here for a dozen years and the fact that I could not talk any publisher into running a column on it is extremely frustrating to me."

Trauma- and violence-informed approaches

Participants emphasized trauma-informed care as a key approach they would like communities to adopt to address substance use. They also emphasized that recovery should include both recovery from trauma and harms related to substance use simultaneously and that this should be supported by the medical system:

"Problematic substance use is but a symptom of underlying issues, hence the need for a developmentally informed trauma aware approach. Also need more supports in early childhood development."

"Anyway, the point is that when somebody is searching for recovery from whatever chaos or it's not always just recovery from substance, it's recovery from childhood traumas experiences, losses and things like that. The whole using thing is just a symptom of all of the rest of that. So, it's all about seeking that recovery where we can find our own little corner of happiness and stability. And we should be able to do that while we deal with our substance use how we see fit and especially if it's under the care of a doctor."

Flexible, accessible and multi-faceted approaches to substance use care

Participants stated that approaches to substance use that provide multiple support options, are accessible, and respect their agency are essential for the community to adopt and promote. They also emphasized that addressing the root causes of substance use was a priority.

"People want to get—they need the support, they want the support and they may have issues with the 12-step program with the spiritual aspect of it or whatever reasoning. So I think advertising. Once people know it's there, because as a practitioner I'm able to send them all this information about CAPSA… if they're not connecting to a 12-step program."

"I also like what [Speaker 5] said about the multiple paths. I mean in Ottawa, we have smart recovery of AA. We have [All] People All Pathways and the more, the better because one program does not suit one person. Everybody is different and whether you're spiritual or not, what you believe in and what's going to work for you have to be different alternatives. There isn't just one path for everybody."

"[Speaker 4] has stated that there should be a broader range of accessible support groups, programs such as NA, NAA have helped many. But the faith-based underpinning of programs does not resonate with everyone and can act as a deterrent for some."

"When we are trying to help people recover, they don't only need a roof over their head; they need to know what they're going to do next. And often times, you've been out of work or you didn't finish school, dropped out of school, caught up in your active addiction. Setting some goals and having supports around that is very important."

"I was thinking easy accessibility to various community-based treatment programs for people who are suffering from substance use disorders and make this easily accessible. And like you said, there are many pathways, perhaps get all these community-based treatment programs in one place and the people who are suffering can easily access these programs."

Harm Reduction

Participants emphasized the importance of harm reduction approaches in keeping people who use substances safe. Specifically, several individuals highlighted the need for expanded access to safe supply services. It was noted that people who access prescribed safe supply can be removed or barred from treatment programs for violating abstinence-only-based policies, and that this may prevent people from accessing a full range of substance use health services. Another participant indicated that there is stigma associated with accessing harm reduction programs as well as with individuals who choose not to pursue an abstinence-based approach to recovery. The importance of providing access to harm reduction supplies such as sterile needles and other supplies was also mentioned.

"A safe supply has got to be the way to go because first off, everybody deserves to live, whatever their choice is or situation is at the moment."

Support for Parents

Participants identified that there is limited support offered to parents experiencing substance use disorder and when they do receive services, these services are stigmatizing and potentially put parents' custody over their children at risk:

"When you do get help, probably you'll have CAS up your ass before you've left that appointment. I had CAS involved very quickly, and the reality is you can sit there and say, well, that should be motivation to get clean and sober, but the stress of CAS and the fear of losing your children is probably only going to cause somebody in active addiction to just simply increase their use."

One participant mentioned a promising practice where mothers can bring their children into rehabilitation for substance use disorder so they don't have to worry about childcare:

"It's in BC. It's a rehab facility where mothers can go with their young children so that they can - because a mother should never have to choose between going to rehab and leaving her children. I left rehab after a month, because I couldn't stand to be away from my daughter. Had I stayed two or three months, I might have stayed sober."

Affordable Housing and Housing First

Participants highlighted the importance of affordable housing and specifically assisted living facilities as key to addressing substance use disorders:

"I think the strategy down - where they wanted to build a multistory apartment building with supports and stuff like this, that actually staffs and keeps people off the streets, because you can't get your mental health in check, and you can't get your substance use in check if you don't have a safe place to go. It's just hierarchy of needs. I think that as a community, you also need to just - and it is working in that direction, but we need to be more open to the fact that this is a mental health thing, and this isn't a failure in character, and there are definitely ways for people to get better."

Participants noted that professionals need to commit to a Housing First approach to properly address substance use concerns. A Housing First approach focuses on housing people and does not mandate treatment prior to housing. Participants described the cycle of participating in treatment programs, only to return to shelters and use substances.

"Professionals need to get people housed, and then focus on substance use and mental health."

They emphasized the importance of having models of care where services are integrated and available all in one location:

"We also need to have the surrounding services that people also need so that they can focus on recovery. Common roof-type programs where people can access multiple services in one location, treatment options, harm reduction services, assistance in housing or ODSP. We need to stop making it so hard to access help. It's hard to focus on your recovery when you're homeless or without a consistent income source."

Addressing the Double Standard of Alcohol and Alcohol Marketing

Participants identified that a community approach to alcohol where it was not treated as a commodity but as a substance with risks, just like all other substances, would be helpful in promoting a public health approach to substance use. They also mentioned that it was a double standard that alcohol was promoted and advertised while being just as harmful, if not more so, than most other substances.

Some key points which came up for participants include:

- Teaching people that alcohol is an addictive substance despite its normalization in society
- Regulating alcohol marketing through restrictions on advertising

"The other piece, specifically around alcohol, I think there needs to be a lot more done on the marketing of alcohol and shifting away from it as being sort of this celebrated commodity, kind of what has been done with the public health approach to tobacco because we know it kills more people than all illicit drugs put together, yet it's still highly celebrated and particularly on campuses it just is extremely problematic and when people have a problem with it, it's like oh well, that's just your individual problem."

"It's important to teach people that alcohol is an addictive substance. Everyone knows that nicotine is addictive. Not everyone knows that alcohol is addictive. I think I read a stat that alcohol, despite being the most normalized substance, is the most dangerous substance. Yes, and it results in the most fatal deaths in substance use. Yeah."

"I just first of all want to support what [Speaker 4] said. I thought she made some really good points about the industry promoting drinking. There needs to be some sort of restrictions on advertising and also just pure labeling, there's proof now that drinking beyond a certain amount is a contributor to cancer and a bunch of other diseases."

2.0

What barriers currently exist to you accessing substance use care (e.g., treatment services, harm reduction, counselling) in your community?

Stigma Limits Access

Participants shared the following examples of stigma while attempting to access substance use care:

- Stigmatizing language used in substance use programs
- Programs that don't meet people where they are at and treat them poorly
- Turning people away because of substance use when they are seeking care for other health issues, particularly those who are already susceptible to health issues because of age or disabilities
- Professionals being unwilling to disclose personal experiences with addiction despite disclosing experiences with mental health challenges for fear of losing their jobs and professional reputations
- There is a stereotypical image of a person who uses drugs that is highly stigmatizing and prevents people from asking for help. People who still maintain their employment but are struggling are often bypassed by professionals working in rehabilitation
- There needs to be more focus on particular barriers that specific professions face in terms of substance use stigma

"When I was trying to get into rehab and stuff, it was like, "Well, you still have a job so you're not eligible" and this is kind of a grey area for people who seem to be doing okay but you're literally like dying inside is a huge barrier to actually access services."

"All these centres that are trying to treat you, but they are treating you bad. You need space where people can adjust to you, help you, listen to you, and support you when you decide on healing."

Accessibility and Difficulty Navigating Services

Lack of accessibility was noted as a significant barrier to receiving substance use care. Participants stated the following barriers that limit accessibility:

- Inaccessible virtual services, particularly when they are working to meet their basic needs like housing and nutrition
- Lack of clear pathways for accessing counselling
- Lack of safe locations for accessing harm reduction supplies
- Long wait times for accessing healthcare services – some have reported waiting for over 24 hours at hospitals to receive care
- Lack of support for transportation
- Online counselling services like Counselling Connect are difficult to navigate
- Cost of treatment services is a barrier to care as only a handful of treatment centre are covered by OHIP and waitlists for these are long.
- Difficulty knowing where to start when navigating substance use services

"You find the courage to ask and you're on the waiting list for two months"

"It (Counselling Connect) was not user friendly at all, and I'm not bad on the computer. I'm not like a whiz, but I'm not too bad. Honestly, it was a pain in the neck to go through, and if I was in really rough shape I would have given up."

"I went to Homewood Health Centre and I was lucky because my insurance company paid for some of it. I still had to pay $5,000 out of pocket and I was lucky, that's all I had to pay."

"Just from a personal experience, I had a sponsee, who was an addict and it took a while for him to realize and finally admit that he can't do this alone and he finally was willing to go to a treatment program, but we couldn't access it. It was so difficult to access that treatment program around even the Ottawa area. Even just nearby cities and he ended up overdosing and he passed away." *

<u>Lack of Support for Sex and Gender-Based Analysis+ and Intersectionality</u>

Participants noted that there are limited services available for cis and trans women in Ottawa, therefore putting their safety at risk. It was noted that there are frequently more beds available for men at Ottawa Withdrawal Management Centre and at other substance use services. There are even less services available for non-binary individuals. Participants also noted that recovery spaces tend be mostly white and not reflective of BIPOC communities:

"I am a recovered addict - alcoholic, and I've been trying to get better since I was 28 years old, so about 31 years of lived experience, and painstakingly I've been on waiting lists for detoxes and stabilization houses, and treatment centres, and sober houses for women. I can honestly say there is a barrier for women, I believe. There're more beds at Ottawa Withdrawal for men, way more beds than there are for women. When I was really desperate and needed the help, most times I was told maybe next week we'll have something for you. Keep calling back every hour. If I don't keep calling, then I'm done. I'm not on a wait list. They don't call me back" (shortened quote). *

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"and more equality for women I guess, for the beds offered at the treatment centres. There's not even a sobriety house for women in Ottawa. There's a stabilization house, that's while you're waiting for treatment, but there's so many sober houses for men in the Community of Ottawa, but there is not for women. I absolutely agree that it's time."

"Not having women's only spaces can be re-traumatizing accessing services where you are the only woman."

"And then also intersectionality, I think about it like how much privilege I did have to be able-bodied, to be able to go to meetings in the beginning, to have access to some therapy, and low-income people often don't or if you don't have a car, how are you supposed to get around? And just also representation, I think that a lot of recovery spaces are quite white and if we just look at our focus, I'm seeing lots of white presenting faces and I think that that's also, just from my experience, people, BIPOC, just having more representation from people from those communities and having safe spaces because I've also heard that those spaces are not always safe for people of colour."

Restrictive service requirements

Participants identified that the restrictive criteria applied to many substance use and mental health care services prevent them from getting the care they need. Specifically, participants mentioned that services tend to focus on those who are of "highest acuity" or those who are considered to be most at risk, leaving those who do not fit that identity to be left out of service delivery. It was also mentioned that participants had to meet a specific level of illness or need in order to receive care.

"I think that happens in a lot of services where they are low barrier – lots of places for people with HIV, at risk of HIV, street involved etc. And if you don't meet that anymore you can't access the service, so they become accessible and then aren't because they don't meet the criteria"

"There was a time when I didn't get a bed because I was too sober to be there"

"Right now, where they're at, is they're saying, well we're really taking people who've got liver - either failure or almost failure. Basically, he's being told you're not quite bad enough."

One participant also mentioned the challenge of having to continuously prove that they need to keep accessing a specific service:

"Once you are able to access a service, one barrier is having to prove you need that service over and over again. That can be very frustrating, so you end up not wanting to go to access services. Being believed is difficult."

Another issue raised by many participants is that certain services do not recognize the challenges and needs that come with experiencing substance use disorder and fail to normalize common experiences in recovery such as a recurrence, commonly known as 'relapse':

"Instead of understanding that relapse is part of recovery, they were kicked out [by the program] – so there is no middle ground, highly accessible place for people to get treatment." *

"Addiction's really a recurring thing, and it's - you can make three months of progress have two hours of a slip, and that's ruined your next four months, three months of living arrangements, and your chance at really getting better."

"So, if someone is getting kicked out of their long-awaited recovery program because they've taken cold medicine, because they have a sore throat, or they had a slip and had a cigarette, or they had a relapse one night, I think that's just counterproductive to providing a program."

"So there's a lot of things where there are barriers to people getting the specific help that they need, particularly if we're injection drug users, we have got mental health issues. So being a place where they tell us that relapse is because we're not compliant and we're bad people. That's not helpful."

Another issue stated was the difficulty that clients face when experiencing a dual diagnoses. One participant shared that they had family members who took their lives because they were unable to receive treatment for their substance use disorder and their mental illness simultaneously:

"I've had a brother and a nephew that committed suicide because they couldn't get the 12-step program. They couldn't get sober because they also had dual diagnoses, which means they were bipolar as well as alcohol. They both had sometimes a sobriety, however, when I was talking to the doctors about that at The Royal, I was told, "Well he has to get sober first before we can treat the bipolar." And then we'd get him into treatment and he needs help with his bipolar before, you know?"

Other barriers mentioned by participants:

- Lack of advertising of themed support groups with open invitations for community members
- The regulations and restrictions that were developed in response to COVID-19 pandemic make it difficult to access substance use care services, specifically the move from supports offered in-person to support offered only virtually
- Lack of training for staff who work in Supervised Consumption Sites as well as lack of enough staff at these sites
- Lack of government investment in social programs, including various types of therapy, physical and social activities

"They're all barriers. I mean the whole thing of education. The lack of standards and treatment, the lack of availability in treatment, the lack of appropriate harm reduction, the lack of safe supply, like every one of those is a barrier to someone looking for treatment and support. Every single one of those, you could put into that category. It's huge barriers, just huge ones."

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3.0

Where do professionals need more knowledge or capacity to provide safe and effective services to people who use/d psychoactive substances?

Meeting People Where They're At

The need to meet people where they are at was highlighted throughout the focus groups. Rather than trying to tell someone what they should do or forcing them into something they do not want, professionals should start by asking where they want to go. Participants stated that this approach, along with an understanding of the complexities of substance use, would allow healthcare providers to be more effective. To accomplish this, there needs to be more understanding that there are greater issues that contribute to the harms related to substance use and/or substance use disorder, rather than focusing only on treatment. Participants highlighted that professionals should be able to provide multiple approaches to substance use, rather than only treatment, and that these services should be available in a timely manner.

"Treat them as who they are and not who you want them to be."

"Finding a personalized balance for each person is key, as long as you're not causing yourself or anyone else harm, that's the place to be."

"That meeting people where they're at is so important and just to provide no matter where people are on their journey that they're still worthy of love, care and support"

"This has got to get treated with the same kind of focus that COVID-19 was dealt with. It's just a shame that there are more people that have died from opioids than have died through COVID and it's totally unacceptable"

Respecting Living Experience

To provide safe and effective services, professionals must respect the value of living experience. People with lived/living experience of substance use should be included in providing services, developing policies, and making key decisions. Examples of having peers working in hospitals were noted as effective examples of bridging this gap between healthcare providers and people with living experience.

"Sometimes people get treated less than human, they need to actually listen to them [people who use drugs]."

"The peer support groups are amazingly safe and provide a great deal of understanding myself and my daily feelings. With the groups I am able to relate, and share."

Substance Use Training Needs for Health Care Providers

Many healthcare providers have stigmatizing views of substance use, often because of a lack of understanding. Healthcare providers require more education regarding substance use, specifically in the following areas:

- Understanding that people may continue to use substances on their path to increased wellness, and that they are entitled to the same level of care as someone who doesn't use substances
- The urgency of service requests, specifically mental health
- The importance of having trusting relationships with people who use drugs
- Harm reduction that is delivered in a friendly and relatable way
- Training on how to deliver kind, compassionate care with collaborative communication
- A better understanding of concurrent disorders and how they are interlinked, including the ways that anxiety, depression, or eating disorders are often managed using substances
- Knowledge of mental health, and the most recent research available
- Stages of change
- Sensitivity and anti-stigma training
- Education specifically for family doctors
- Motivational interviewing
- Knowledge of community services and how to connect people with them
- Changes to policies/procedures:
- Standardized approaches to caring for people using substances
- More follow up with people who use substances when they are released from hospital
- More training for healthcare professionals on substance use in school and continued education

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"The importance of asking the right questions for doctors... I had repeated emergency room visits, and nobody ever really put the pieces together... I looked like I had it all – I was married to a professor, I have a Master's degree, I have money. I had all the things, right? I was appearing in emergency rooms. I was a mess. I wasn't coping. Nobody seemed to put it together."

"People with lived experience are expected to be 100% transparent, and there is not the same expectation for people without lived experience."

"If they don't have the right understanding of stigma and their role in that, it's not going to make a huge amount of difference."

"There seems to be a real disconnect between the medical professionals and the mental health professionals, when in reality it's all part of - it should be part of a healthcare unit, right?"

"I think all professionals should know people are going to use [drugs], or don't want to stop using, or can't stop, and they are entitled to no less than someone who doesn't have a substance [use] problem." *

"So if I don't know enough about harm reduction, then that's on me. Get in there and learn about it. If I don't understand how someone can say they are moderating alcohol and still in recovery, then it's on me to understand that"

"Professionals need to know that many of us had never had a voice, that many things happened to many of us that resulted in us not having the ability to speak, to trust our instincts, to ask for what we need, to know how to get along in the world"

Decriminalization

In order for healthcare professionals to deliver safe, effective care, decriminalization is needed. Participants noted that decriminalization is the best way to shift substance use from a criminal issue to a health issue. One participant discussed the positive impact that approaches like Drug Treatment Court (DTC) have had in addressing substance use disorder. Another participant described the way that policies such as background checks contribute to stigma, when drug possession charges and violence charges are grouped together when they are not the same. In addition to the need for decriminalization, public education on what decriminalization is and how it can help create healthy communities is needed.

"It's been proven that punitive approaches don't work."

"Every time I've been incarcerated it's with people with drug charges and stuff related to alcohol. And I was still getting high in jail. I want to go back to DTC [Drug Treatment Court], it's the best thing that's ever happened to me. They dealt with the criminal mind and substance use disorder."

"Decriminalization occurs on a continuum. But for it to be successful, it needs to be supported with a variety of options that meet the needs of individuals"

Addressing Substance Use Stigma and Discrimination

Safe, effective care must be free of stigma and discrimination. Participants discussed how the intersectionality of stigma and discrimination, including racism and transphobia, are perpetuated by police and healthcare providers.

Some ways that were mentioned to help combat this include:

- Establishing rapport with clients
- Having easier access to information
- More public education to help reduce stigma and shame
- Using less stigmatizing language
- Funding, especially for safe places

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> "We have some people saying, "Oh, you know all these politically correct ways of saying things" has nothing to do with political correctness, it has to do with changing the perceptions of people on a deeper level and the less language that we use that supports that kind of crap, the better off everybody's going to be."

4.0

How can public safety professionals, institutions, and/or organizations implement a public health approach to substance use?

Participants recommended different methods for how public safety professionals and organizations can implement a public health approach to substance use. These suggestions range from providing more training to police officers to changing policies within public safety institutions. Additionally, many participants discussed ways that public safety, more specifically police, must change the ways they view and interact with people who use drugs.

Knowledge/training that public safety professionals should be provided with include:

- Mandatory harm reduction and anti-stigma training
- Medical knowledge specifically on alcohol and medications
- Increased naloxone training
- A better understanding of the drug supply
- Training on trauma-and-violence informed care approaches
- De-escalation training (for public safety and health care)
- Training to help police officers develop an understanding of how to work with, respect, and value people with lived experience, especially when asking them to work in roles as support workers or mediators
- Listening to the expertise of people who use drugs and providing them with paid opportunities to deliver training to police officers
- Ability for police/public safety to reflect on their actions and make change

Suggestions for how public safety professionals can approach situations with people who use drugs:

- Involving people with lived/living experience in delivering harm reduction programs and decision-making
- Using active listening - asking people what their needs are rather than assuming

- Being more supportive of people in crisis
- Using a trauma-and-violence informed care approach
- Treating people with compassion, respect, and dignity
- Treat substance use the same way they do physical health conditions
- Being more transparent about their own substance use and experiences of stigma
- Using different approaches depending on the situation or person, rather than only arresting or criminally charging someone

Changes to policies at the organizational/institutional level:

- Ensuring that naloxone is carried by all first responders
- Implementing harm reduction programming for people who are incarcerated (ex: having a safe place to smoke, providing post-incarceration counseling)
- Creating more partnerships between mental health and public safety
- Have trained mental health/healthcare professionals attending crisis situations, not just police
- Expansion of existing crisis intervention teams and clarity on who should respond to what situations
- More upstream and harm reduction interventions rather than only incarcerating people who use substances
- More regulation on the alcohol industry (ex: location of stores, etc.)
- Re-work the drug court model into an alternative diversion program that does not criminalize people for substance use
- Having more mental health services available to public safety/first responders

Comments and suggestions from police officers and people who use drugs included:

"Asking people what their needs are and considering how they can facilitate that"

"Call us up or implement training programs in these institutions so its mandatory to understand harm reduction and language that creates space for people of all genders, to be kind and respectful"

"We need to go from punitive to restorative"

"I read about this incredible project, and I think it was Saskatchewan where they're sending mental health nurses to sit with 911 dispatchers, and having the nurses coach the dispatchers through calls where it's appropriate, and they've had this incredible reduction in crime and escalation and all the rest of it, because the nurses understand what's going on, and there are ways to de-escalate and diffuse"

"So I think that education piece where individuals can learn that substance use disorder looks like a variety of different things for different people and therefore, the help needs to look like a variety of different things for different people, could really support the community in moving forward and kind of getting out of this rut that we're stuck in, in terms of treating the person as a criminal as opposed to someone who is calling out for help."

"I had a terrible battle with alcoholism that I almost lost. The last night of my drinking involved four police cars, and a police officer got out of the car and said we're here to help you tonight. What do you need? Had he been punitive and aggressive and all of that, I probably would have acted up and been arrested. As it was, for about a second and a half, I contemplated acting up and mouthing off, because that's what I did, but because of that question, I just - all the fight went out of me, and I literally raised my hands over my head, and I said I'm done. I need help. I need to go to the hospital, and I did. I went to the hospital, and I stayed there, and I've been sober ever since. That single question, what do you need tonight? That one question, I just - it was like a pin popping a balloon. That kind of training - and I actually sent - have since - I got that officer's email, and I emailed him, and I said you helped change the course of my life, because I was so drunk, and I was so angry, and I was just so sick on so many levels. If you handle - if you go at people softly, and you make them feel that they're there to listen, you really can change - and there's science behind that." *

Conclusion

This report serves to inform CPHA's work on the *Normalizing Conversations: Engaging public health, public safety, and communities to build capacity for a public health approach to substance use* project, as well as contribute to the broader conversation about accessing substance use related healthcare services. The experiences shared through this report can assist public health and public safety professionals in implementing a public health approach to substance use.

The project team would like to thank every individual that openly shared their stories and perspectives with us through these focus groups, as well as our partners at Somerset West Community Health Centre and CAPSA.

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