CANADIAN PUBLIC HEALTH ASSOCIATION
ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

KEY INFORMANT INTERVIEW REPORT

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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.

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1.0 Background

The Canadian Public Health Association (CPHA) is a national non-profit organization dedicated to public health. CPHA has been funded by Health Canada for a project titled “Normalizing conversations: Engaging public health, public safety and communities to build capacity for a public health approach to substance use.” The project will run for four years, from January 2020 to December 2023. This project builds on CPHA’s previous project work on cannabis.

The goal of this project is to build the knowledge and capacity of communities to implement a public health approach to substance use. Within communities we will focus on engagement with people who use/d psychoactive substances, public health, health and social service providers, public safety, decision-makers, and allied stakeholders. Recognizing the many intersections between public health and public safety, this project focuses on understanding and responding to the needs of both audiences in a way that respects the rights of, and protects and promotes the health and safety of people who use/d psychoactive substances.

2.0

Engagement for Informed Design

Throughout the project, community partners and key informants will be engaged to ensure the tools, resources, and learning opportunities developed work for diverse audiences, and to support any required adaptations of the tools, as necessary.

Between March of 2020 and January of 2021, CPHA interviewed 17 key informants involved in substance use-related work across Canada. These individuals represented:

- People who use/d substances
- Harm reduction and community organization employees
- Health system professionals (both public health and acute care)
- Public safety professionals
- Academics
- Non-governmental organization (NGO) employees and volunteers

The summary of findings is organized as follows:

- What is happening currently to support people who use/d substances
- What the community would like to see to support people who use/d substances
- Needs and next steps to close the gaps between the current and desired states for a public health approach to substance use

3.0

What is happening now to support people who use(d) substances?

Domains	The **current** state of support for people who use/d substances:
Access to services	• Services are often localized where needs are highest, which leaves entire communities without access to information & support, increasing overdose risk • In some provinces, services are concentrated in major cities, and people from smaller communities are required to travel great distances to access these services • While substance use programs now exist in many prisons, barriers to access often persist – such as restrictive eligibility criteria, understaffing, etc. • Governments often fund recovery/treatment services at the expense of harm reduction services
Harm Reduction	• Employment in harm reduction can foster a sense of purpose and community • The presence and success of harm reduction initiatives within a community (e.g. safe consumption sites) can function to increase professional knowledge about harm reduction, shift attitudes, & reduce stigma • When engaging in collaborative work with professionals in various roles, it is important to establish a common understanding of harm reduction, as there is often tension between harm reduction philosophy and practice • For certain professional organizations, public support/advocacy for safe supply or legalization can be seen as 'too political' • Support for safe supply has increased in recent years, but is still not universally accessible. The absence of safe supply is a major contributor to substance use-related harms • Current approaches to ensuring gender diversity within harm reduction are insufficient • Cuts to harm reduction services in certain jurisdictions have led to an increase in overdose deaths • After a long history of abstinence-focused approaches, prisons are beginning to incorporate harm reduction models, although there is some resistance

Domains	The **current** state of support for people who use/d substances:
Housing	• Access to safe housing can have positive impacts on someone's substance use, and a loss of housing can adversely impact someone's substance use
Legal Approaches	• Substance use criminalization is a significant contributor to stigma • While many substances are still criminalized, several police departments have committed to stop charging people for simple possession • The Good Samaritan Drug Overdose Act has been a positive development, but this act is not always upheld as it should be • At the local level, city councillors have the power to allocate funding and create bylaws related to substance use initiatives, and this often occurs to the detriment of people who use substances. (e.g. city councillors in some jurisdictions have decided to restrict the distribution of harm reduction supplies) • At the provincial level, substance use policy decisions are often not guided by evidence, but are instead driven by a desire to appease voters • While myths about cannabis persist, legalization has led to the emergence and dissemination of more robust and accurate information, and has contributed to stigma reduction and enabled more open conversations about cannabis • Policy developments (such as the legalization of cannabis) can enable organizations to pursue new projects and expand the scope of their work • People with cannabis-related convictions are now able to apply for pardons, but barriers to access exist, and charges/convictions remain on personal records, which can limit employment and educational opportunities
Professional training & education	• In recent years, harm reduction has become integrated into the training vocabulary for RCMP officers • Training police officers in the administration of naloxone has been a positive intervention, because it enables public safety actors to engage in harm reduction • In nursing education, students receive minimal substance use training, and depending on their instructor, what training they do receive can be abstinence-focused, serve to increase stigma, and lead to a poor quality of care for people who use substances • In the instances where nurses receive robust and trauma-informed substance use education, it is usually the result of faculty champions who are passionate about these topics

Domains	The **current** state of support for people who use/d substances:
Professional training & education	• Work within the substance use field requires ongoing development of clinical knowledge and practical expertise, but it is hard to allocate time for training when many professionals spend a large portion of their time fighting systems and structures that perpetuate harm against people who use substances
Recognizing benefits & contextualizing harms	• It is important to recognize that many people experience benefits from substance use. (e.g. the use of cannabis to mitigate anxiety) • Primary sources of substance use-related harms include stigma, inequities related to the social determinants of health, and substance use criminalization • Criminalization can act as a barrier to accessing care for people who use substances, which in turn can lead to negative health outcomes • Child apprehension as a result of parental substance use exacerbates harms for both parents and children, as children become disconnected from their culture and community, and parents can experience worse outcomes from their substance use as a result of child apprehension • An oversaturation of services in high-density locations (e.g. the downtown core in Toronto) leaves people in (often diverse) communities with few or no harm reduction services vulnerable to substance use-related harms • Public health practitioners can act as agents of harm by attributing framing substance use within a moral lens or a lens of personal responsibility • Understanding that there is a spectrum of substance use with a range of benefits and risks is important to providing individualized health care that does not assume all substance use is harmful
Role of public safety	• There is agreement among both public health and public safety actors that an enforcement approach to substance use is ineffective, and often harmful • Police officers are not best equipped to deal with substance use-related issues, but are often the first point of contact when these issues arise • Lack of harm reduction training and education for police officers may perpetuate enforcement approaches; officers may wish to address issues from a harm reduction approach but lack the skills necessary

Domains	The **current** state of support for people who use/d substances:
Role of public safety	• In recent years, the emphasis on mental health, substance use, and trauma-informed approaches within policing education has increased, although harm reduction training is still limited • Regional/municipal law enforcement approaches to substance use are often heavily influenced by the perspective of the police chief, who dictates the agenda • Arresting people who use substances creates barriers to health, as it interrupts routines and programs that people have established • The emergence of community paramedicine programs across the country has worked to improve relationships between paramedics and people who use substances • In response to the opioid crisis, many first responders are experiencing compassion fatigue, which can affect the quality of care they are able to provide • Collaboration between public health and public safety on substance use initiatives requires work within the community to establish connections, as mistrust of public safety persists, and people are often afraid to call 9-1-1
Collaboration & service integration	• While there are examples of strong collaborative relationships between public health and public safety, organizations in these sectors can often function as silos, particularly at higher (provincial & national) levels. Successful collaboration between these groups requires tangible goals and deliverables to keep progress on track • Transitional services for people being released from prison are disorganized and lacking, and often leave individuals having to navigate the healthcare system on their own in the face of various barriers (such as lack of ID upon release, etc.) • There is resistance within correctional services to the integration of community health programs within prisons, despite the fact that these programs could be greatly beneficial for people who are experiencing incarceration
Substance use stigma	• Socially negative views about criminalized substances has led to a lack of public compassion for people who use these substances • People may fear being ostracized by their community for accessing substance use services, particularly if they live in a small community • Substance use stigma can manifest in different ways within different cultural contexts

Domains	The **current** state of support for people who use/d substances:
Substance use stigma	• The language used by public health and safety professionals about substance use has improved in recent years, which has served to reduce stigmatizing views professionals have held about people who use substances. This change has mirrored progress that has been made in the field of mental health • Despite progress toward an understanding of the negative impacts of substance use stigma, misconceptions and misinformation about substance use persist, even among public health and public safety professionals. (e.g. that coming into contact with fentanyl poses a risk to first responders) • The use of stigmatizing language has persisted within the police force, where stigma reduction efforts could be beneficial • Leadership of people who use substances in the substance use field enhances stigma reduction because it demonstrates their expertise • People who are experiencing incarceration may be afraid to disclose their substance use for fear of stigmatization and negative repercussions related to security assessments • A lack of community support may increase risk of a recurrence upon release from prison for people who want to abstain from substance use

> *"Well, I feel like working in this field is like working with constant roadblocks. And so, unlike other fields that don't have to face these roadblocks, you're constantly fighting a system that doesn't necessarily want to provide the kind of care that we should be providing to people who use substances, that are very much coming at it from a punitive approach or abstinence-based framework, that are often low education on the topic with very high, strong ideas that are coming from a range of places around who uses substances."*

4.0

What would participants like to see to support people who use(d) substances?

Domains	The desired state of support for people who use(d) substances
Access to services	• Available services would include a balance of harm reduction and treatment services, which would be integrated and complement each other • Upon release from prison, people would receive additional support to help them navigate health and social service systems. (e.g. they could receive identification cards before release) • Within prisons, health services would be under the jurisdiction of the Ministry of Health and Long-Term Care, instead of the Ministry of Community Safety and Correctional Services
Harm Reduction	• Overdose prevention and response training would be mandatory in all places that serve people, including hotel and shelter settings • Everyone in the country would carry a Naloxone kit, regardless of profession • The process for submitting an application to operate a supervised consumption site would be more straightforward • Safe consumption sites would be safer for youth to access, or they would have access to their own age-specific harm reduction services • Service organizations would be able to be reflexive in responding to changing community needs that extend beyond substance use, as opposed to adhering to strict program deliverables or activities. (e.g. asking people what they need and connecting them with appropriate support, such as food banks and social workers) • Local communities would have the support necessary to adapt harm reduction resources to suit their needs • Harm reduction organizations would better reflect the communities they engage with, especially at the decision-making level • There would be more harm reduction messaging targeted to youth

Domains	The desired state of support for people who use(d) substances
Harm reduction	• Harm reduction organizations would engage in initiatives that are culturally responsive. (e.g. distribution of harm reduction supplies at cultural festivals) • Diverse and low-income communities would have improved access to harm reduction services • Harm reduction services would be more accessible to people whose first language is not English
Respecting the expertise of people with living experience	• People with living experience should be involved in resource, program, and policy design from the outset, and their involvement should be meaningful and non-tokenistic • People who use substances should have the opportunity to provide feedback on programs and policies that affect them, and see that feedback reflected in the work • People with living experience should be able to dictate their preferred level and capacity of involvement in projects/programs • People with living experience should receive adequate compensation for their work • Engagement would be responsive to demographic considerations. (e.g. when engaging youth, schedule activities outside of school hours)
Housing	• There would be a national housing strategy that is attuned to the needs of people experiencing housing insecurity • Everyone would have access to safe and stable housing
Legal Approaches	• Substances would be decriminalized, and the production, distribution, and use of drugs would be legalized, taxed and regulated to allow for the management of health and social harms • Decriminalization would reduce stigma and enable more open conversations about substance use • There would be reparative policies that address the harms of past substance use convictions, which have generally been racially and socioeconomically targeted

Domains	The desired state of support for people who use(d) substances
Public health approach	• Upstream methods would be used to prevent substance use-related harms, such as focusing on building resilient communities, and addressing the social determinants of health and health inequities • Substance use would be addressed using a trauma-informed, harm reduction approach that prioritizes health over capitalism or criminalization, and centres the voices of people with living experience • Public health practitioners would be reflexive and shift their practices away from focusing on individual and moral approaches that prioritize abstinence, toward understanding upstream prevention methods and the social determinants of health • A public health approach requires legal approaches that ensure safe supply and do not endorse prohibition
Professional training & education	• There would be improved consistency and standardization for substance use education among public safety professionals, as well as improved access to technology-enhanced learning • Trauma-informed care would be adopted as a philosophy of care among health professionals • The Canadian Association of Schools of Nursing would improve the standard substance use education provided in universities
Recognizing benefits & contextualizing harms	• Legalization/safe supply are necessary to reduce substance use-related harms, because unregulated production is a major source of harm • Families would have support to discuss substance use with their children in a productive way. I.e., Support for drug-positive parenting that mirrors the framework of sex-positive parenting • It would be widely acknowledged that substance use is not inherently bad or problematic
Role of public safety	• Public safety professionals would act as allies in harm reduction and community care, and take a backseat role to community organizations doing the work on the ground • First responders would be community-based and community-directed, and aware of their positionality

Domains	The desired state of support for people who use(d) substances
Role of public safety	• Public safety professionals would build trust with community through demonstrating a commitment to harm reduction. (e.g. respecting the operations of unsanctioned supervised consumption sites) • Alternative services would exist for mental health and substance use crisis management, which would not fall under the jurisdiction of law enforcement • Public safety would shift their focus from law enforcement to community-based approaches that seek to address the root causes of substance use concerns • Funds allocated for addressing substance use would be diverted from public safety to people with living experience who often act as first responders, and are most equipped to deescalate substance use-related crisis situations
Service integration	• Substance use should be addressed using a multidisciplinary approach that involves close collaboration between public health professionals, public safety professionals, and community organizations. • Recovery and harm reduction services would complement each other, and both would receive sufficient funding • The substance use and mental health fields would be further integrated to enhance service provision and increase knowledge sharing • Professionals would approach substance use from a holistic lens that considers a variety of factors that could affect substance use, such as housing, mental health, etc., and focus on both individual and community wellness
Substance use stigma	• There would be an increased focus on stigma reduction, as stigma is a primary factor driving substance use-related harms • Conversations about substance use would prioritize all substances equally, instead of focusing on criminalized substances (which can increase stigma surrounding use of those substances)

> *"Effectively immediate full-scale decriminalization with a specific plan to legalize. I think decriminalization without legalization, there are some benefits to it of course, particularly some benefits to not criminalizing people who are using drugs and there are really negative impacts to that, but also of course, it kind of sanctions the illicit market, which… enriches some nefarious actors. And so I think just decriminalization raises some concerns that are worth considering, but I think the benefits of it would justify decriminalization with a specific plan to legalize, tax, and regulate the production, distribution, and use of drugs. We've done it with alcohol, we've done it with nicotine."*

5.0

Needs and next steps to close the gaps between the current and desired states for a public health approach to substance use

Participants identified that ideally, they would have the following to support the work they are involved in:

- A standard framework for implementing community drug strategies
- Training for integrating trauma-informed care in crisis response
- Additional funding and support for community organizations who provide services that address the social determinants of health, such as affordable and safe housing, as well as mental and physical health care
- Improved access to Naloxone training, overdose prevention and response, and basic harm reduction training for the public
- Improved integration of mental health and substance use services at points of intersection
- Improved access to maintenance therapy
- Reparative drugs policies that address the historical and ongoing impacts of drug prohibition
- More research on population-specific experiences with various substances
- Improved education about substance use and stigma reduction within hospital settings to facilitate better treatment for people who have experienced an overdose
- Improved reflexivity/integration of evidence into programming and policy decisions
- Public safety leaders that do not view substance use through an enforcement lens
- Proactive, socially-beneficial approaches to drug policy that strive to eliminate harms associated with substance use, instead of reactionary policies that respond to harms as they become evident
- More accessible and engaging substance use training for public health and public safety, making use of engaging teaching methods such as the integration of interactive technology and use of case study formats
- Improved feedback mechanisms for work that involves community consultation so people have the opportunity to provide input on projects they are consulted for
- Outreach methods that are responsive to demographic considerations. (e.g. the use of social media to convey harm reduction messaging to youth)
- Research focused on potential benefits of substance use
- Cross-cultural training for service providers
- Harm reduction approaches that adapt to specific community needs
- Improved capacity and investment for outreach/harm reduction workers to address community needs that extend beyond substance use. E.g., providing food as needed, addressing housing concerns
- Decolonization of public health

Participants identified that ideally, they would have the following to support the work they are involved in:

- More robust engagement of people with living experience in resource and policy development
- Mechanisms to ensure harm reduction and outreach workers receive adequate compensation
- Paid time for health and safety professionals to engage in stigma reduction and other substance use training
- Campaigns to address harmful narratives and misinformation about substance use at individual and community levels, as well as within the spheres of policy and media. These campaigns should employ strategies that are effective at influencing policies and personal views, such as highlighting the perspectives of people with living experience and demonstrating the economic benefits of harm reduction interventions (e.g. housing first strategies)
- A standard framework/set of best practices for engagement with people who use substances in order to enhance service delivery and meet community needs
- Mandated continuing education about substance use, harm reduction, and trauma-informed care for nurses and other health professionals
- Development of robust public health pathways/systems to address needs that would emerge with decriminalization/legalization
- Procedures to protect participant confidentiality during engagement, as, especially for youth, disclosure of substance use can be risky. (e.g. university or college residences have policies against substance use and consequences for not adhering to policies)
- A shift in public opinion and support to pressure legislators to enact change and implement more progressive substance use policies
- Paid time for health and safety professionals to engage in stigma reduction and other substance use training
- Public safety leaders that do not view substance use through an enforcement lens
- Development of relationships between national stakeholders and local communities that are non-extractive and enhance community knowledge

> *"We need to be able to walk into spaces and give people meals and offer them vouchers, or offer them a gift card, because a lot of the time - how am I going to interact with someone to give them a [naloxone] kit if they're hungry or if they didn't eat the night before, and that's the first thing on their mind. We have to know - I think people who are making decisions need to understand that even grassroots programs and programs that are a few years old also need to be funded and invested in, because they're able to interact with spaces and people that larger programs and CHCs can't, and maybe that insight can be given through community tables or forums, or we're able to really let them know there are people that are doing satellite work that are engaging with community members that larger programs can't"*

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