

Rate Your Organization: A Discussion Tool

Harm Reduction and Reducing Substance Use Stigma

Use this worksheet to assess your own organization, agency, or setting in terms of the 10 strategies below. The **goal** is to support dialogue and action among all staff to optimize capacity and action for harm reduction and reducing substance use stigma. This is designed as a group activity, with all staff. It can be used across organizations, and is intended as a prompt for discussion and action-planning among people within the same organization or unit. Please use it to contribute to processes of organizational change by

- (a) creating space and opportunity for ongoing collective and individual self-reflection and input,
- (b) assessing where the organization or unit is 'at' with respect to harm reduction, and
- (c) engaging in priority-setting, action planning, and monitoring.

Stigma is a major driver of the harms associated with substance use and prevents people from seeking health care. **Stigma** is best understood as a deeply held set of false beliefs about a group of people with at least one attribute in common. This allows the judgement, oppression and discrimination of those people to take place. This is done by either overt actions or silent compliance with those actions (CAPSA, 2020). **Substance use stigma** refers to a set of negative beliefs about people related to their assumed or actual substance use. **Reducing substance use stigma** is part of harm reduction.

Harm reduction is an evidence-based approach to promote health equity and wellness in relation to substance use health, free from stigma. It is both a philosophy and a set of strategies that focus on preventing harms and increasing substance use health. These harms are often the direct result of: criminalization, barriers to sterile injection and inhalation supplies, and lack of safer substance supply. Harm reduction is not about reducing substance use per se, and abstinence is not necessarily an end goal. A wider goal, **substance use health**, encompasses harm reduction in promoting health for all regardless of their substance use. Substance use health as an intervention includes education, prevention, regulation, self-directed access to treatment, and working towards barrier-free access to health and social services.

Health equity means paying particular attention to people who are experiencing significant health and healthcare access challenges, and recognizing that some people are subject to harms resulting from intersecting forms of stigma related to substance use, surveillance and mistreatment within systems such as health care, policing and legal systems.

Instructions:

Take about 10 minutes to individually score your organization on each strategy. After everyone is done:

1. Each person identifies whether they would like to start discussion with the first strategy, or another strategy, and why (less than 1 minute per person).
2. Aim for group consensus about the first strategy to discuss.
3. Each person gives their rating, and why, on the first strategy (~1 minute each). Ideally, the order of speakers should be volunteer-based, and nobody should be forced to speak – it's important for people to feel safe and comfortable from the start!
4. As a group, consider the following questions:
 - What are the similarities among ratings?
 - What are the differences among ratings, and what accounts for these differences?
 - What does the group learn from the discussion of the ratings?
 - What are the implications for action?
5. After about 10 minutes, repeat with a second strategy, ensuring that each person can discuss their rating and rationale, if they wish. Depending on the group and time available, work through the strategies in order, OR focus on two or three strategies that are most relevant.
6. A next step can be to conduct an "Equity Walk Through" and/or start to gather the insights gained from this discussion into a SWOT (Strengths, Weaknesses, Opportunities, and Threats) format or **SOAR (Strengths, Opportunities, Aspirations, and Results)** format.

To further discussion and planning, take guidance from experts, including people who access and/or have accessed care. An example of a patient experience survey, the Equity-Oriented Health Care Scale, can be found [here](#).

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On a scale of 0 to 10, rate your organization, where 0 = “not at all acting on this strategy”, and 10 = “fully acting on this strategy”.

1 Harm reduction is identified as an explicit commitment in mission, vision, or other foundational policy statements of your organization.

Harm reduction (non-judgmental, compassionate strategies that support substance use health and reduce harms, it does not preclude abstinence-only approaches) is a strategic priority and leadership is committed to reducing substance use stigma at all levels of the organization. The organization protects people from the potential harm of policing and other social services while accessing services.



2 Supportive structures, policies, processes, and training opportunities are in place or in development to support the commitment to harm reduction.

Structures, policies, and processes are in place to support: non-stigmatizing practices; safer substance use; prevention and management of withdrawal; and treatment of a broad spectrum of substance use health concerns. Policies ensure accountability and applicable consequences for all people working in the organization. Staff have knowledge about substance use and are committed to supporting substance use health. They also have knowledge about stigma, potential harms associated with substance use, and are committed to harm reduction approaches. Staff undergo initial (at hire) and ongoing substance use stigma reduction training.



3 Places and spaces are used optimally to make all people feel welcome.

A range of strategies are used to make the space welcoming, e.g., quiet rooms or waiting areas, water, snacks. People are supported to access safe spaces and supplies for substance use. Signage that conveys a confrontational tone, expresses judgement of/intolerance for substance use, or depicts stereotypes of people who use substances, is replaced by welcoming, non-violent signage.



4 Time is used in a flexible way to meaningfully engage with people who come for services.

Time is used in the best interest of the person accessing services to optimize their experiences. Flexibility is shown with scheduling, timing, and length of appointments, based on understanding that people have multiple, competing priorities.



5 Power differentials are attended to.

During interactions with people who come for care, providers understand that they may be perceived as intimidating, and a potential source of systemic stigma, even if they don't mean to be. Providers work to offset any stigma and judgement people might anticipate. All levels of staff, regardless of role, and people who access or have accessed all levels of care, have meaningful input into how services are offered. During interactions with people who come for care, trauma- and violence-informed, non-stigmatizing, anti-racist, and person-first language is used to promote a safe, stigma-free environment.



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6 Programs, services and resources are tailored to local contexts.

Context refers to the broader cultures, structures, political, economic and legal systems, and the local history of a particular place. With respect to providing substance use health care, this means knowing and adapting services to the patterns of legal and illegal substance availability, prescribing patterns, policing and child apprehension practices, and harm reduction, prevention, and substance use care resources available.



7 Racism and discrimination are actively countered.

Staff members actively counteract stigma based on substance use or perceived use, or assumptions about race, age, gender, sexuality, ability, etc. Regardless of intentions of providers, complaints or reports of discrimination are taken seriously, and acted upon.



8 People with experiences of substance use stigma and community leaders are meaningfully engaged in strategic planning decisions.

Input from those using harm reduction services and other substance use health-related care, including people who have experienced substance use stigma, is routinely sought in authentic and safe ways (e.g., through anonymous surveys, confidential conversations, consultation) and acted upon in planning and delivering care. Such engagement is supported with resources.



9 Services and programs are tailored to address inter-related forms of violence, including violence in the past that continues to exert effects in the present.

Substance use health issues are often (but not always) related to histories of violence with traumatic effects (including racial violence, child abuse and sexual or intimate partner violence), and ongoing structural violence (such as imprisonment, systemic racism, absolute poverty, homelessness, colonialism, etc.). Culturally safe, trauma- and violence-informed approaches are integrated throughout all services.

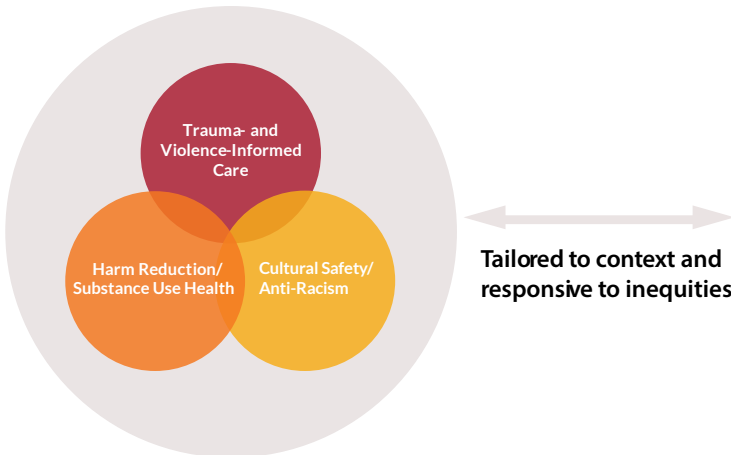


10 Services and programs are tailored to address the social determinants of inequity and harm.

Circumstances of peoples’ everyday lives have major impacts on health, including, for example, access to affordable, safe housing, food security, income level above the poverty line (social assistance/disability incomes are not), and interactions in the social world that are respectful and non-stigmatizing. Service providers acknowledge these inequities, tailor services and advice to people’s circumstances and substance use health goals, and support wider social change toward equity.



Key Dimensions of Equity-Oriented Health Care



Modified from: Browne, A. J., Varcoe, C., Ford-Gilboe, M., Wathen, C. N., Smye, V., Jackson, B. E., Wallace, B., Pauly, B., Herbert, C. P., Lavoie, J. G., Wong, S. T., & Blanchet Garneau, A. (2018). Disruption as opportunity: Impacts of an organizational health equity intervention in primary care clinics. *International Journal for Equity in Health*, 17(1), 154. <https://doi.org/https://doi.org/10.1186/s12939-018-0820-2>

10 Strategies to Guide Organizations in Enhancing Capacity For Equity-Oriented Services

- Explicitly commit to equity
- Develop supportive organizational structures, policies, and processes
- Re-vision the use of time
- Attend to power differentials
- Tailor care, programs and services to local contexts
- Actively counter racism and discrimination
- Actively seek input from community partners and people with living and lived experience
- Tailor care to address inter-related forms of violence
- Enhance access to the social determinants of health
- Optimize use of place and space

References

The evidence-base used to inform this discussion tool is:

- Browne, A. J., Varcoe, C., Ford-Gilboe, M., Wathen, C. N., Smye, V., Jackson, B. E., Wallace, B., Pauly, B., Herbert, C. P., Lavoie, J. G., Wong, S. T., & Blanchet Garneau, A. (2018). Disruption as opportunity: Impacts of an organizational health equity intervention in primary care clinics. *International Journal for Equity in Health*, 17(1), 154. <https://doi.org/https://doi.org/10.1186/s12939-018-0820-2>
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