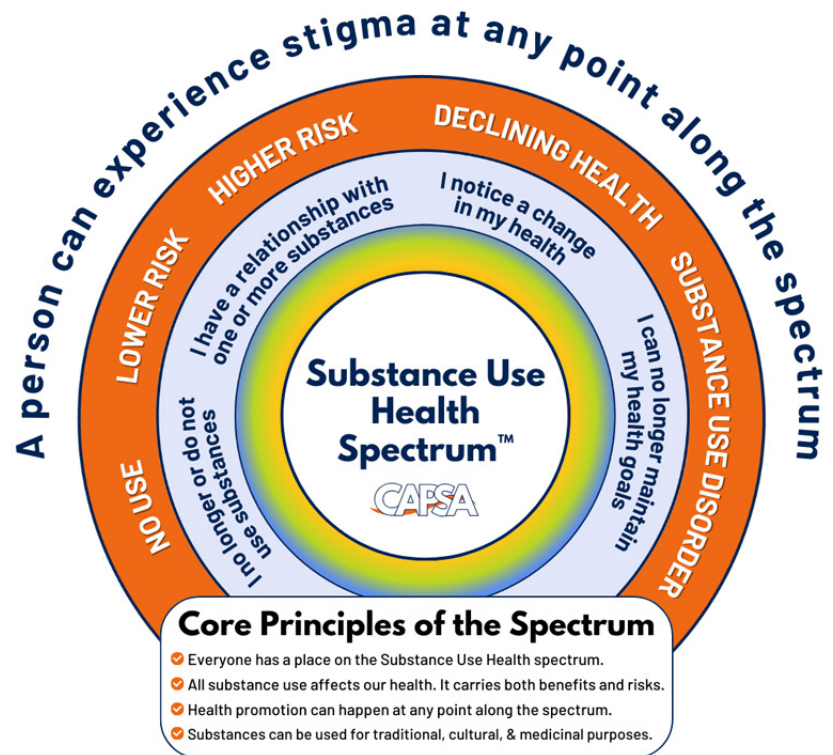


Substance Use Safety Planning: A Tool for Health & Social Services

This tool can prepare health and social service organizations to promote substance use health and safety, and help providers discuss safer substance use with patients/clients.

Substance Use Health

Substance Use Health (SUH), developed by *CAPSA*, encompasses the health goals and needs of the entire population, ranging from no use, lower and higher risks, and declining health. SUH recognizes that people can experience both risks and benefits across the entire spectrum and that health promotion can happen at any point. SUH is a strengths-based approach that focuses on supporting people's substance use goals, including but not limited to abstinence.



CAPSA's Substance Use Spectrum*

Substance Use Stigma

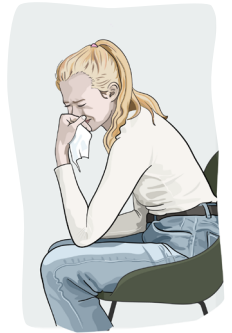
Substance use stigma, which can occur regardless of the type of use/non-use, happens in a broad context of social, political, and economic factors and is embedded in health and social service policies, practices, and environments. Although most Canadians use substances in some form:

- Some substances and some methods of use are stigmatized more than others.
- Not everyone using the same substance is treated the same. For example, people are treated differently based on income, racialization, cultural background, gender and parenting roles, and other factors.
- Some people, for example, people who are racialized or appear to be Indigenous, are often incorrectly assumed to use substances and are negatively judged and stigmatized even when they do not use substances.
- Stigma associated with substance use, and mental health, can compound the harms of these experiences, and even add new harms, for example, a nurse or social worker thinking that slurring is from alcohol use when it's really from stroke or traumatic brain injury due to a blow to the head or strangulation in the context of a violent relationship.

*CAPSA, <https://capsa.ca/substance-use-health/> (used with permission).

Substance Use and Trauma are Inter-related

- While not all people who use substances in an unhealthy way have histories of trauma, people who have experienced complex and chronic forms of trauma have a much greater likelihood of chronic pain, mental health problems and unhealthy substance use, than those who have not.
 - This includes people with experiences of child maltreatment (including exposure to intimate partner violence (IPV)), sexual assault, IPV, and other forms of gender-based violence such as human trafficking and war-related sexual violence.
- Similarly, although not all people who use substances in an unhealthy way have chronic pain, many do; people who have chronic pain are more likely to have histories of trauma, including interpersonal violence.
- The impacts of trauma can be cumulative, with cumulative effects on mental and substance use health as well as physical health (from injuries AND toxic stress, such as the stress that results when living with constant threats of violence).
- Experiences of structural violence (systemic racism, stigma, poverty) increase the harms and visibility of substance use (e.g., through disproportional criminalization, housing precarity, etc.), and compound the impacts of trauma on well-being.



Substance Use Safety Strategies:

A Trauma- and Violence-Informed Care (TVIC) Approach

NOTE: It's important not to make assumptions about people's use or non-use of substances based on their presentation - a range of trauma responses and health symptoms might look like substance use, so it's important not to assume, but rather to ask and listen. It's also important to tell people *why* you're asking - i.e., to help keep them safe. When substance use may be a consideration, the following strategies can help prepare for supporting people in TVIC ways.

Learn about the relationships among trauma, violence, stigma, pain & substance use. EQUIP's free [Nexus Module](#) provides education about these links.

1

2

Prepare your setting to be safer and more welcoming for everyone with the [Equity Walk Through](#) and by examining substance use policies through the [TVIC Principles](#). The [EQUIP \(Re\)Establishing Safety](#) tool can prepare staff to prevent, respond to and learn from challenging situations.

Be ready to have conversations about substance use in a safe and respectful way: review the [EQUIP Substance Use "Language Prompter"](#) tool to help meet people where they are. The [EQUIP Glimmers](#) game supports practicing the use of de-stigmatizing language and strength-based approaches.

3

4

Co-develop a Substance Use Safety Plan: use the guide attached and provided [here](#) as a downloadable template to design a plan that works for the person, staff, other clients, and the whole organization. The attachment at the end of this tool shows how common substances can present. Having **substance use safety supplies** onsite- such as sterile equipment, sharps containers and naloxone kits (available from Public Health) - can both enhance safety and convey your organization's commitment to substance use safety.

The goal is to build trust by recognizing and building on strengths, being transparent, and putting the person's substance use health and safety first!

Additional considerations for...

In-patient or residential settings:

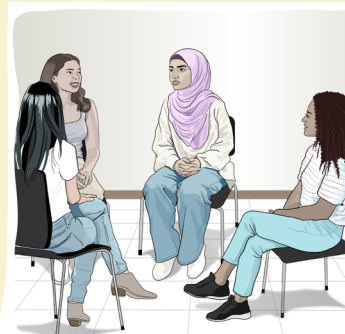
- During intake/admission, or soon after (as the person is able) co-develop a plan that includes specific strategies for the following:
 - a process to inform those in the circle of care (within privacy and ethical standards) regarding care-relevant substance use considerations, including access to safer use supplies, as appropriate;
 - how staff will check-in to ensure well-being, including preventing or reversing substance use medical emergencies (commonly known as ‘overdose’).
 - where it is possible and not possible to smoke, etc. (within bylaws, and considering the comfort and safety of other residents and staff, etc.).
 - decide how used supplies (bottles, pill containers, injection gear, cigarette butts, etc.) will be safely disposed of.



Tobacco and other plants (e.g., sage, sweet grass) are sacred medicines for many Indigenous Peoples used for ceremonies such as smudging for cleansing and purifying. These can be important for Indigenous and non-Indigenous clients and staff alike and may mean smoke is produced in what are otherwise smoke-free areas. Most jurisdictions in Canada have laws exempting such use of tobacco and other sacred medicines from non-smoking legislation. To accommodate sacred ceremonies, consider designating well-ventilated spaces for such use, and providing advanced notice to others who may be nearby.

Individual or group counseling:

- Develop and provide clear up-front guidance such as a comfort agreement (also called a code of conduct) regarding how staff and clients will engage in sessions, ensure mutually respectful dialogue, and prevent any disruptions. Specific requirements about substance use should be spelled out (for example, some programs require no visible effects of substance use among participants in group sessions);
 - as these decisions are often left to staff judgement in the moment, having a clear policy with related training is important (see *EQUIP How to Build Substance Use Health Policy*).
- When providing group sessions online it's important to ask participants to keep any substance use off-screen so that those abstaining are not exposed to it;
 - participants should also be reminded that visible use of non-regulated substances that could endanger child well-being can be an issue reportable to child protection services;
 - similarly, visible use of any substance by pregnant people can lead to judgement and stigma.
- Provide flexible programming to allow for different patterns of use and their effects, and to align with the realities of people's lives.
- Organizational policies should cover how people who are asked to leave programming for any reason will be removed from the service and, if necessary, how they will be supported to get home safely and return to the service.



Links to Resources

- Canadian Centre on Substance Use and Addiction Resources:
<https://www.ccsa.ca/en/guidance-tools-resources>
- CAPSA, Substance Use Health
<https://capsa.ca/substance-use-health/>
- Breaking Free Online Support Program and App:
<https://breakingfreeonline.ca/>
- A Guide for Speaking with People Experiencing Gender-Based Violence and Substance Use Stigma:
<https://equiphealthcare.ca/resources/substance-use-and-harm-reduction/gender-based-violence-and-substance-use-health-language-prompter/>
- EQUIP GBV Animated video:
<https://equiphealthcare.ca/navigating-complexity-why-substance-use-health-matters-in-the-context-of-violence/>
- EQUIP Nexus Module:
<https://equiphealthcare.ca/online-courses/nexus-module/>
- Doing Hard Things Together: Trauma- & Violence-Informed Care to Support GBV Survivors:
<https://equiphealthcare.ca/resources/gender-based-violence-services-resources>
- Doing Hard Things Together: Trauma- & Violence-Informed Care to Support Those Causing Harm in Relationships:
<https://equiphealthcare.ca/resources/gender-based-violence-services-resources>
- Trauma Review for GBV Services Tool:
https://gtvincubator.uwo.ca/wp-content/uploads/2025/09/GTV_TraumaReviewExercise_GBV_F2025.pdf
- EQUIP (Re)Establishing Safety Tool:
<https://equiphealthcare.ca/resources/tvic-strategies-for-reestablishing-safety-in-care-encounters/>
- EQUIP-GBV How to Build Substance Use Health Policy: A Reflective Framework
<https://equiphealthcare.ca/resources/gender-based-violence-services-resources/policy-development-tool/>

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A Guide to Substance Use Safety Planning

This is intended as a conversation guide. To ensure privacy and minimize risk, any notes taken on this sheet should be left with the client/resident/patient, not put in their chart/file.

Not all questions will be relevant for all care settings or interactions. These questions may be useful for discussion with someone actively using any kind of substance, when that use may impact care decisions.

A good way to start is to explain that this conversation is to support their health and safety, that it's private, and that the notes will be left with them. You will document that you had this conversation, but not its content. Decisions that require communication to other staff should be noted.

1. Is there anything about your substance use you think we should know to support your safety and/or improve your care? This might include whether other people are causing harm to you through or because of substance use and/or substance use stigma you may experience.

2. Would any supplies (e.g., clean gear, testing strips etc. as appropriate) be useful?

☐ Yes

☐ No

Comments:

3. For some substances and in some settings, staff check-ins might be useful to make sure you're ok. If you'd like staff to check-in on you, how would you like this to happen?

Safe Storage, Use and Disposal

Indicate here where people can smoke, drink, vape, etc. and explain why (for example due to bylaws, the comfort and safety of other residents and staff, etc.).

1.		4.	
2.		5.	
3.		6.	

Indicate here where people can store substances and related supplies (e.g., lock boxes, lockers, etc.) and dispose of used supplies (bottles, pill containers, cigarette butts, etc.) and explain why and how.

1.		4.	
2.		5.	
3.		6.	

Common Substances and Signs of Use

Substances that can be purchased legally in Canada include tobacco, alcohol, cannabis, prescription medications (including controlled substances) and various inhalants designed for other uses (e.g., glue). Use of products that produce smoke or vapour is generally subject to bylaws in public and shared indoor spaces. In addition, some forms of tobacco are used in ceremony (such as smudging) by some Indigenous Peoples and may be exempt from some bylaws.

Substances purchased illegally (which might include substances diverted from legal sources) have additional risks and harms, including toxicity from “street drugs” and risk of medical emergencies, including overdose; specific risks related to route of administration (e.g., smoking, cooking, injection, etc.) such as fire, second-hand smoke/vapour, contaminated needles, etc., and the organization’s exposure to legal sanctions if people are using these substances on agency property.

Substance	What It Looks Like	Main Effects	Signs of Use*
Alcohol		Relaxation, lowered inhibitions, impaired coordination	Slurred speech, smell of alcohol, unsteady movement
Cannabis		Euphoria, altered perception, increased appetite	Red eyes, delayed reaction time, smell of smoke or skunk
Tobacco/Nicotine		Stimulated alertness, relaxation (in people who use regularly)	Smell of smoke, stained fingers/teeth, frequent vaping
Opioids (e.g., fentanyl, heroin)		Pain relief, euphoria, drowsiness	Pinpoint pupils, slow breathing, drowsiness, confusion
Stimulants (e.g., cocaine, crack, methamphetamine)		Increased energy, alertness, euphoria	Dilated pupils, restlessness, rapid speech, sweating
Hallucinogens (e.g., LSD, psilocybin)		Altered perception, hallucinations, mood swings	Confusion, paranoia, unusual behavior or speech
Benzodiazepines (e.g., Xanax, Ativan)		Sedation, muscle relaxation, reduced anxiety	Drowsiness, poor coordination, slurred speech
Inhalants (e.g., aerosols, solvents and gases)		Brief euphoria, dizziness, hallucinations	Chemical smell, paint stains, runny nose, confusion

* These signs may overlap among the different substances, and may also denote a medical condition or emergency. Avoid assumptions, especially those reflecting biases or stereotypes about certain groups. Try to corroborate with the person or others nearby if a substance has been used. If this cannot be corroborated and signs/symptoms are serious, consult a health care professional or call 911 in the case of an emergency.

Adapted from: [Substance Use](#). Government of Canada, 2025.