Promoting Health Equity – Harm Reduction

Stigma, and Drug User Health: Content and Considerations for Training

Introduction:

Efforts to reduce substance use stigma within the health system must also acknowledge and address intersecting stigmas, including through initiatives not traditionally labelled as "anti-stigma interventions".

This document details intervention approaches for reducing substance use stigma, their supporting evidence and illustrations of what these approaches "look like" in the health system. These intervention approaches fall into 3 broad categories:

1. Efforts to explicitly **address social and health inequities** among people who use substances and other populations who experience stigma and marginalization;
2. Efforts specifically designed to **reduce stigma** that have been applied to mitigate a wide range of stigmas, including those related to substance use, mental health, etc.; and
3. Efforts to **enhance care and supports for people who use substances**.

Equity-oriented interventions

"Equity-oriented interventions" seek to make institutions and systems more accessible, compassionate and safer for individuals to better meet their diverse needs and help prevent harms. These include:

- Accessible harm reduction oriented-services and supports.
- Trauma Informed Approaches

Stigma Reduction Interventions

Research points to a significant training gap for most health professions on addiction, substance use disorders and other substance-related issues/co-morbidities (Klimas, 2015; McKee, 2017). This training gap contributes to a lack of understanding of substance use, which may foster prejudices about individuals who use substances and misconceptions about substance use disorder. Interventions need to include examination of explicit and implicit bias. Additionally, the foundation of efforts to address stigma and discrimination come from the community, including people with lived experience and community-based organizations (such as drug user hubs and SEPs). Stigma reduction training interventions should include:

- PWLE/PWUDs
- Tapping into drug user health hub/SEP for training facilitation
- Science of SUD/OUD
- Drivers of Stigma
    - Explicit/Implicit bias
- Types of stigma
- Impact of language
- Equity audits

Enhance care and supports for people who use drugs

Systemic stigma is embedded in various parts of the health system, including policies and practices and built environment characteristics. Structural changes can be made to health systems to expand opportunities and spaces for patients' health and well-being. Intervention efforts to reduce stigma embedded within policies/practices include:

- Conducting audits of policies and practices
- Deliberately reflect and correct prevalent policies and practice as they pertain to people who use drugs

The following tables provide a high-level summary of types of interventions that can be considered when addressing stigma in the health system, using examples rooted in evidence.

How stigma operates across levels (examples)	Interventions to address stigma across levels (examples)	Potential outcomes (examples)
Individual level of stigma: person who experiences stigma		
• Enacted stigma (i.e., unfair treatment) (e.g., psychological stress) • Internalized stigma (e.g., low self-esteem and feelings of shame) • Anticipated stigma (e.g., does not access support)	• Group-based supports to change stigmatizing beliefs, improve coping skills, support empowerment, and build social support	• Reduction in internalized stigma • Improved psychological well-being and mental health
Interpersonal (person-to-person) level of stigma: family, friends, social and work networks, healthcare and service providers		
• Language (e.g., using derogatory terms or dehumanizing labels; refusing to use preferred name and/or pronoun) • Intrusive attention and questions • Hate crimes and assault	• Education interventions to target myths and lack of knowledge. Include components that encourage examining personal values, biases, and beliefs • Contact interventions, including sharing personal stories, to target stigmatizing beliefs and attitudes	• Better understanding of the facts about stigmatized health conditions • Increased understanding of diverse perspectives and experiences of stigma • Growing social acceptance • Reduction in stereotyping

Population level of stigma: mass media, policies, and law		
• Widely held stereotypes • Negative portrayals in film and television (e.g., people with mental illness portrayed as violent) • Discriminatory policies and laws • Inadequate legal protections, or lack of enforcement of these protections	• Mass media campaigns to challenge stereotypes and prejudice • Guidelines to reduce stigma in media reports • Protective laws and policies • Addressing discrimination within existing laws and policies	• Reduction in stigmatizing beliefs, attitudes, and intended behaviour among the public • Reduction in discrimination practices

Institutional level of stigma: health system organizations, medical and health training schools, community sector organizations, social service organizations		
• Being made to feel "less than" (e.g., having to wait longer than others to be seen; lack of empathy from staff) • Physical environment is not inclusive (e.g., washrooms are single-sex; undersized chairs in public areas) • Institutional policies that cause harm (e.g., unnecessary drug tests; low investment of services)	• Ongoing and continued training targeting conscious and implicit bias • Implementation of cultural safety and cultural humility models • Safe and inclusive physical environments • Workforce diversity initiatives • Institutional collaboration with community; policies that support and fund meaningful engagement with people with lived experience of stigma • Implement trauma- and violence-informed care models • Accountability and monitoring frameworks that include stigma reduction indicators	• Institutional environment is inclusive, welcoming and diverse • Organizations are able to meet the needs of all populations • Reduction in stigmatizing beliefs and attitudes among staff • Improved patient/client ratings of care, satisfaction and trust • Patient/client outcomes improve

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A Tool for Primary Health Care Organizations and Providers working with individuals

This tool offers actions you can take to implement equity-oriented harm reduction in your primary health care practice.

Question Areas

Substances mean alcohol, and drugs (prescription, non-prescription, legal and illegal drugs).

We all have conscious and unconscious biases.

Language Matters

Question society's assumptions about substance use.

- What are common views of substance use and those who use substances? How do these views vary depending on the relative wealth and power of the individual?
- How were you taught to think about substance use? About people who use substances?
- How has the history of substance use policy resulted in some substances being legal and others illegal?
- How are policies influenced by the "war on drugs"? By the drive for corporate profits?
- How do policies impact people's substance use patterns? How do social and economic policies impact the determinants of health, such as poverty, unstable housing?
- To what extent does media reflect or challenge assumptions (e.g. class and race) about use?

Question yourself

- What personal and professional experiences shape your perspective on substance use?
- How do you treat people who are drinking? Is your response different to people using illegal drugs?
- Does every person get the same degree of respect?

Question language

- What language do you hear related to substance use? Even basic words and labels can cause harm and create barriers to positive relationships with clients.
- Consider how your organization and its staff talk about substance use and people who use substances.

Challenging Structural Stigma Walk-Through

Put yourself in your clients 'shoes' and imagine what it might be like for them to be in this physical and social space. Be sure to think through equity from the perspective of key demographics that your organization is aiming to serve, for instance People Who Use Drugs (PWUDs), Black, Indigenous People Of Color (BIPOC),or LGBTQ peoples. Pay particular attention to things in the environment that might create feelings of discomfort, stigma or feeling unsafe. Consider the extent to which these environments are likely to feel welcoming, culturally and emotionally safe, and reduce harm for everyone, but especially for those who are most likely to feel unwelcome and unsafe. The space can be anywhere you provide care or services to clients.

Approaching and Entering the Setting

Think about visiting the setting(s) where you work. As you approach and enter, imagine it's your first visit:

- How easy is it to get here and to find? How much effort have you had to make to get here?
- How do you enter? Is it clear how you are supposed to enter?
- Is it accessible to people with varying mobility needs?
- What do you notice as you approach the building? Enter the building? What does this look and feel like?
- Who is present? Speaking? What do you observe about people?
- What do you notice about people's facial expressions, their posture? What stands out for you?
- Who is communicating with who? How are people communicating? What is their tone of voice?
- Are people making eye contact? And if so, who is making eye contact with whom?

Think about it

- What is welcoming or unwelcoming as you enter?
- What tone does the signage convey? Who do you imagine decides the signage? What influences those decisions?
- Who would feel welcome or unwelcome here? Do you feel welcome here? Why or why not?
- What things or people in the space might deter people from engaging with who they encounter here?

First Contact with Organization

Imagine what the first contact is like with a staff member:

- Is there a reception area? Where is it located? How do know where it is and how you are supposed to go there? If contact is made by phone, is the telephone system easy to use? How often is the line busy? Are there other physical barriers between you and the staff member?
- How are you greeted and by whom? Do you know the role of the staff member who greets you?
- What messages do staff convey? Consider facial expressions, tone of voice, body language etc.
- What makes you feel comfortable or uncomfortable in this first contact? Who would feel most comfortable? Are different people treated differently and if so in what way and by whom? Based on what?
- What questions are you asked and in what order? [Imagine the questions on your intake form if there is one]. What does it draw attention to? From what does it detract attention?

Think about it

- When staff engage with clients, do you think that they consider what is affecting people's health? For example, do you think that staff account for how hard it might be to even get to clinic or call?
- How do staff engage with people who do not speak English as a first language? Does anything about their communication change?
- How do staff speak with people who use drugs? Are clients able to sit at reception or are they standing? Are they often put 'on hold' or made to wait?
- How do staff engage with people who seem to have trouble focusing on questions being asked?

Waiting area (if applicable)

- If you had to describe the space to someone in two words, what would you say?
- What is the strongest feeling you have as you enter the waiting area?
- What does it look like? What is there for people to do to occupy waiting time?
- Are snacks, water and washrooms available and accessible? Are the waiting areas and washrooms clean?
- What kinds of chairs are available for people? Do they seem comfortable?
- What do you notice about the other clients waiting here? Do they seem comfortable to you? Are they talking to one another?
- Notice who is helping people in the waiting area. Who is talking to clients? Who is helping if someone appears distressed or uncomfortable? Do some people seem uncomfortable? Why?
- What do you see that is relevant to people's privacy, their identity and/or their health issue(s)?

Think about it

- Who would feel comfortable in this space? Who wouldn't? Why?
- How is privacy and confidentiality protected in this space?

Examination/Treatment Rooms/Meeting Rooms

What is the layout of this space? How would you describe the feel? Warm, cold, cozy, sterile?
How do you get to these rooms? Who goes with you? Who is allowed to be with you?
Is a staff person always in the room? If so, what is the role of the staff person?
Do you understand how decisions are made regarding who will be seen first? Is this based on order of arrival or some other priority rating?
What do you notice about when and how staff talk with clients? How does the encounter begin? End?
What happens prior to and during any assessments or therapeutic encounters (e.g. physical examination, procedure, counselling or educational session)? What are staff doing and saying? What actions do staff take to ensure your privacy and comfort?
Would you feel comfortable in this space? What might make you feel uncomfortable or unsafe?
How does an encounter end? Do the staff check in with you? Do they provide opportunity for questions?

Think about it

- Are the spaces set-up to best serve clients or staff?
- Who would feel respected in this space? Who would not? Why?
- What small thing could be changed to make the spaces more welcoming?

Other Considerations

Bathrooms

- Are they available, accessible, well-signed and cleaned/provisioned regularly? Is a key needed? Is there a safe space to dispose of sharps? Is there a non-gendered bathroom? A baby-changing/nursing area?

Forms and documentation

- What language/terminology is used to describe clients? What does it draw attention to? What does it overlook?
- How does the form position you in relation to the patient? How does it shape your perspective of power/authority?
- What do the forms guide you to say? Whose interests/concerns are prioritized?
- What does the form tell you about the health care system?
- Is the form available in multiple languages?
- Does the form take into account LGTBQ and non-binary people?

Charting

- Where does it happen? Is it designed to protect client privacy? Can the clients see what is being written about them?

Adapted from Browne, A.J., Varcoe, C., Ford-Gilboe, M., and Wathen, C.N. (2015). EQUIP Healthcare: An overview of a multi-component intervention to enhance equity-oriented care in primary health care settings. *International journal for equity in health*, 14(1), 152.

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