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<https://www.youtube.com/watch?v=UEcvxDlxF88>

Please scroll down this file to view a copy of the slides from the session.

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COM-CAP

Community Opioid / Overdose
Capacity Building

Public
Health
Ontario

Santé
publique
Ontario

Exploring approaches and practices to reduce substance use-related stigma

June 12, 2023 (1:00 – 2:30 pm)

Hosted by Community Opioid/Overdose Capacity Building (COM-CAP) Team

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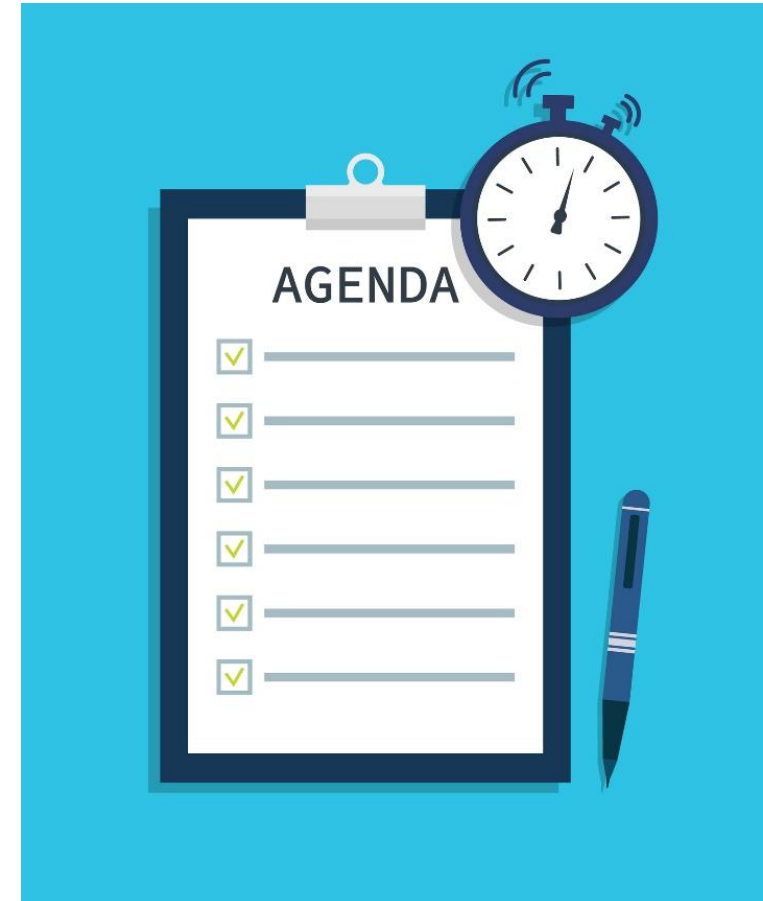
WELCOME

Agenda

- Welcome and opening (10 minutes)
- Presentations (40 min)
 - Speaker panel
- Discussion (30 min)
 - Roundtable discussion, Q&A
- Wrap up (10 minutes)
 - Reflections
 - Closing

Moderator: Pamela Leece, PHO

Co-Moderator: Meron Mengistu, PHO



Today's Speakers

- **Nat Kaminski**, President, Ontario Network of People who Use Drugs
- **Orville Burke**, GBMSM Engagement Coordinator, Black Coalition for AIDS Prevention
- **Scott Neufeld**, Lecturer at Brock University
- **Kelsey Macintosh**, Senior Project Officer, Canadian Public Health Association

Stigma: Stories of Experience (UNITE Project)

Part 1: Stigma

Source: Provincial Health Services Authority (PHSA). Stigma: Stories of Experience (UNITE Project - Video 1) [video file]. 2021 [cited 2023 Jun 12]. Available from: https://www.youtube.com/watch?v=Wn2odA_QSxo

Panelists



Rethinking & Undoing Substance Use Stigma

Public Health Ontario – June 12, 2023

Scott D. Neufeld

Lecturer in Community Psychology

Brock University

sneufeld@brocku.ca

[@neufeldsd](https://twitter.com/neufeldsd)



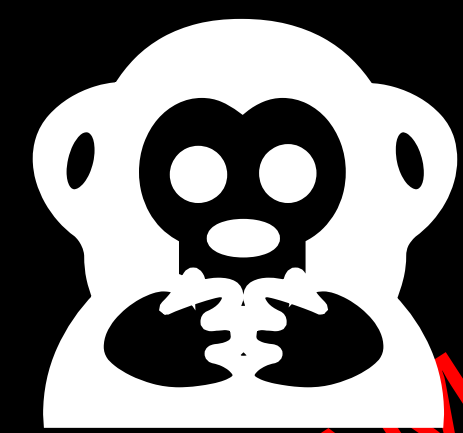
The Big Idea!

Let's Work

Together to...



END



ANTI-

STIGMA

CAMPAIGNS



But aren't they good?



#StopOverdoseBC,
2018



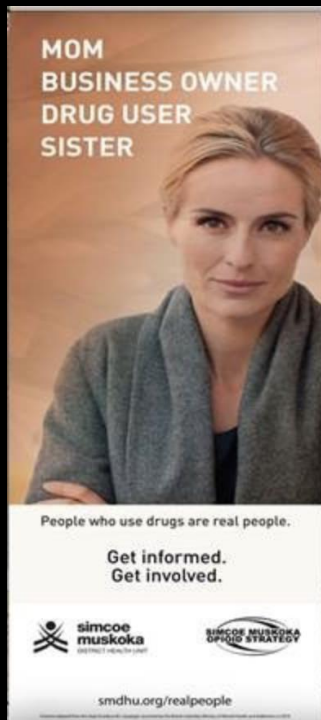
Toronto, 2018



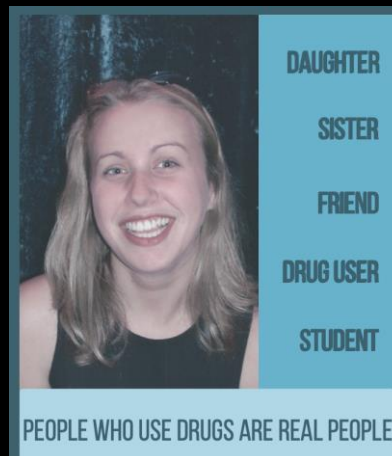
Durham Region, 2019



North Bay, 2020



Simcoe
Muskoka, 2018



Dufferin County,
2019



Hamilton, 2019



Nipissing FN, 2020



Ministry of
Mental Health
and Addictions

PAID ACTOR
HOCKEY COACH
BUREAUCRAT
HEALTH MINISTER
DRUG USER

LYING
~~STOP OVERDOSE~~

People who use drugs are real people.

✓ The Drug Supply is poisoned.
We're not the problem.
BC Government: Fix this and
end the overdose epidemic.

Maybe not...?



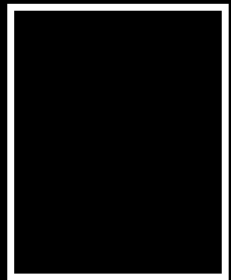
3 Top Reasons to End Anti-Stigma Campaigns

1) They're expensive and they don't work!

2) Even if they did work, they won't work for everyone (especially those worst impacted)

3) Even if they did work for everyone, they locate stigma in the wrong place!

1) Expensive & Don't Work





Remember This One from BC?

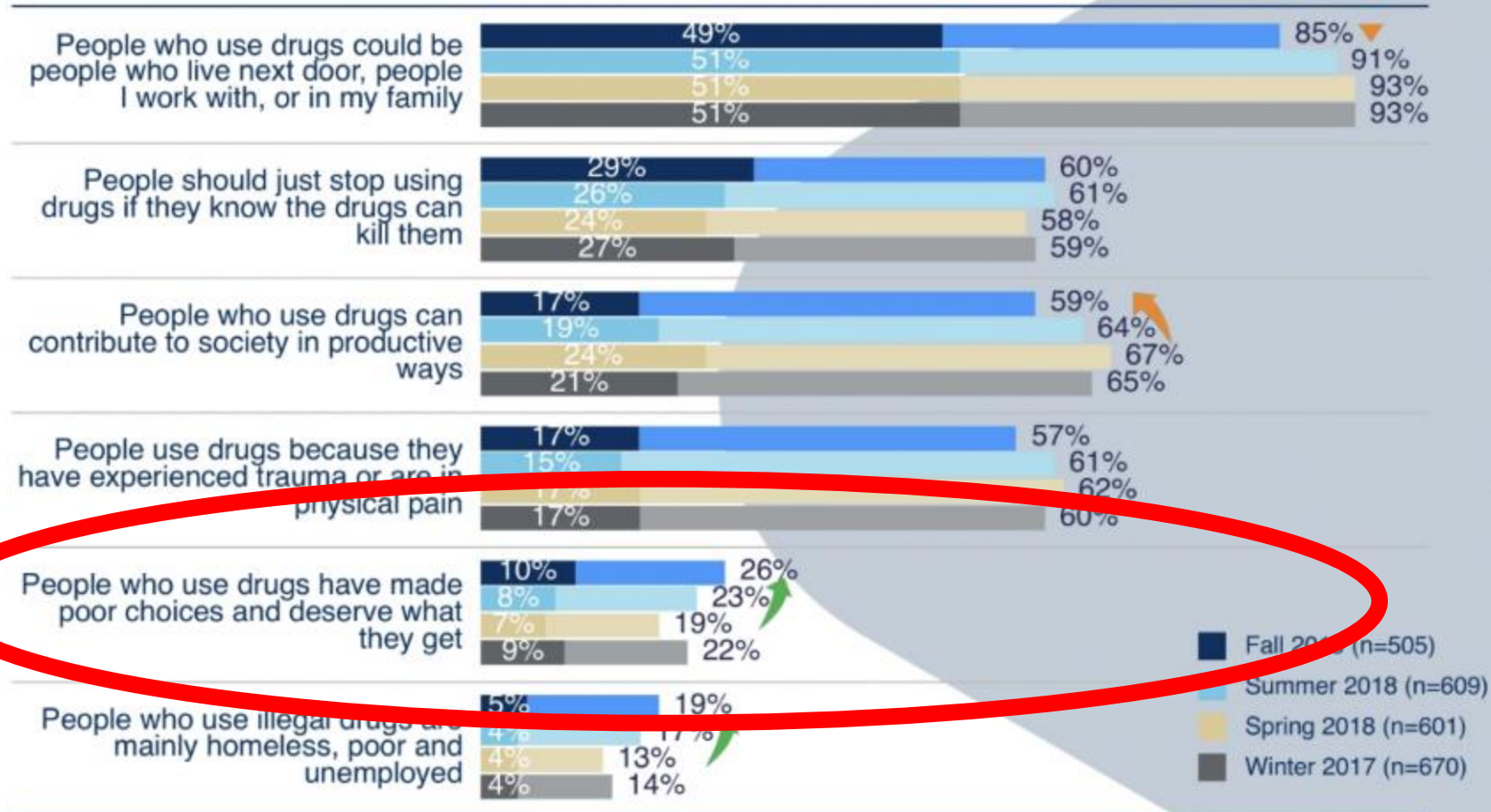
**\$1.2 Million JUST for the
advertising costs in the first two
months in 2018**

**(Source: FOI to BC Ministry of Mental Health and
Addictions)**



It didn't work...

Agree



Strongly Agree Somewhat Agree

Agreement with Statements about People Who Use Drugs

Although a strong majority continue to strongly agree that people who use drugs could be their neighbors, friends and family, agreement with this statement has significantly declined since Summer 2018.

Other changes over time also show a shift towards more negative attitudes about people who use drugs.

Base: All respondents
C1. How much do you agree or disagree with the following statements about people who use drugs?



How would you answer?

National data!

I don't have much sympathy for people who misuse opioids

People who overdose on opioids get what they deserve

A lack of self-control is usually what causes a dependence upon or an addiction to opioids



Allies

Strongly Disagree

Disagree

Neutral



Ambivalent

Agree

Strongly Agree



Unsympathetic



HC eval cost
per year

\$100K

\$200K

\$200K

2017

2019

2021

National
data!



Unsympathetic

28%

26%

24%



Ambivalent

50%

49%

51%



Allies

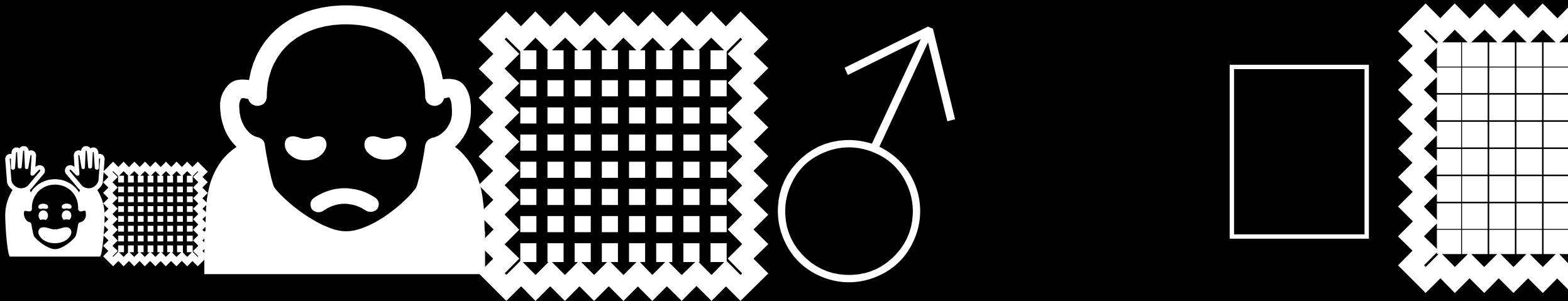
21%

25%

25%

CA Anti-Stigma
Campaigns ...

**2) Not for
everyone...exclude
those worst impacted**



134

“We’ve been fighting stigma way longer than 2017!”

Substance Use Focused
Anti-Stigma Campaigns
Across Canada

January 2009 – December 2020



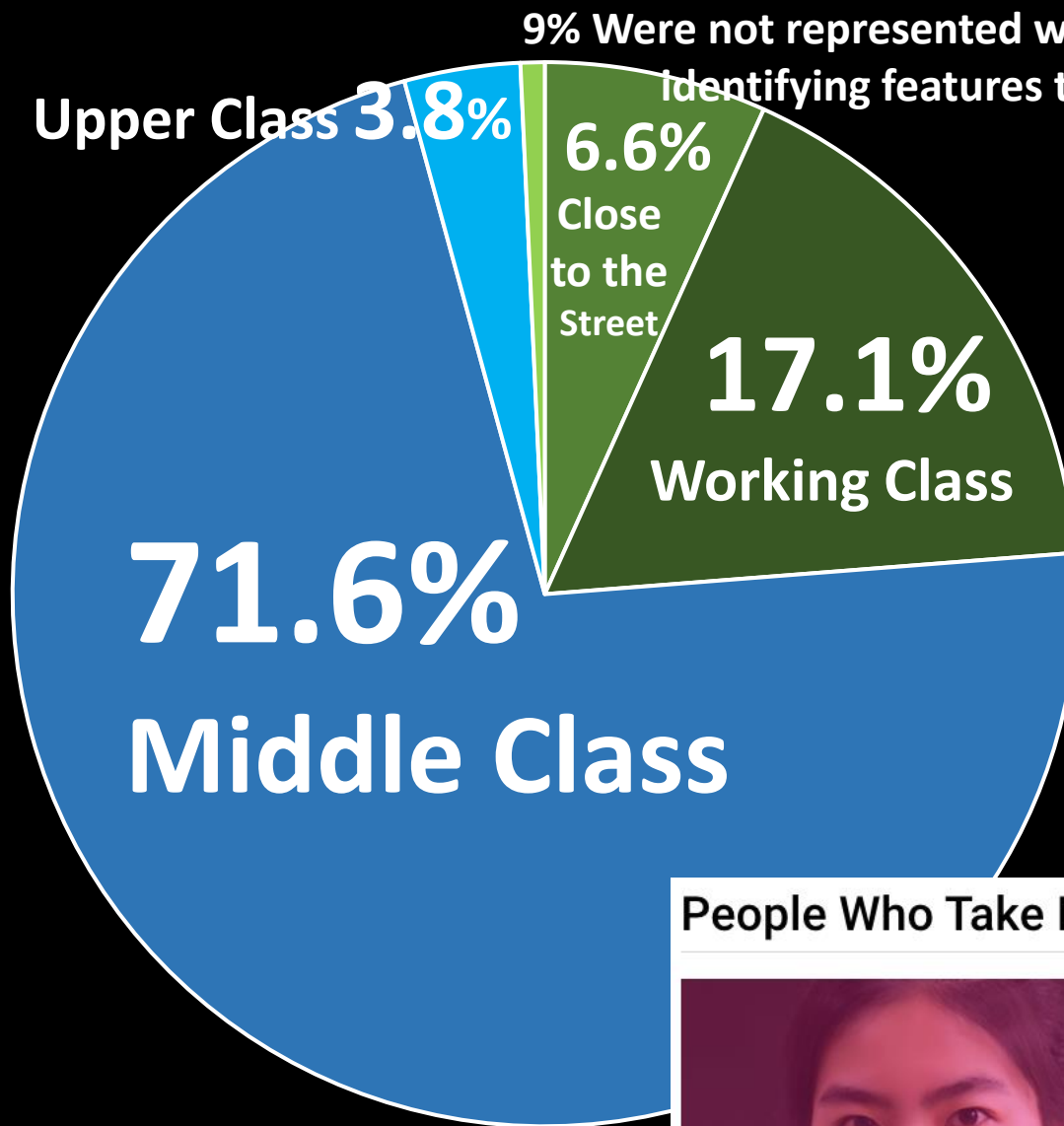
86% of the anti-stigma campaigns in Canada have been launched since 2017...

Of the 680 people with lived or living experience of substance use represented as focal individuals in 97 Canadian anti-stigma campaigns...

3/4

were represented as Upper or Middle class

Class?



Many campaigns use stock actors in their imagery, who are primarily represented as middle class

People Who Take Drugs Are Real People



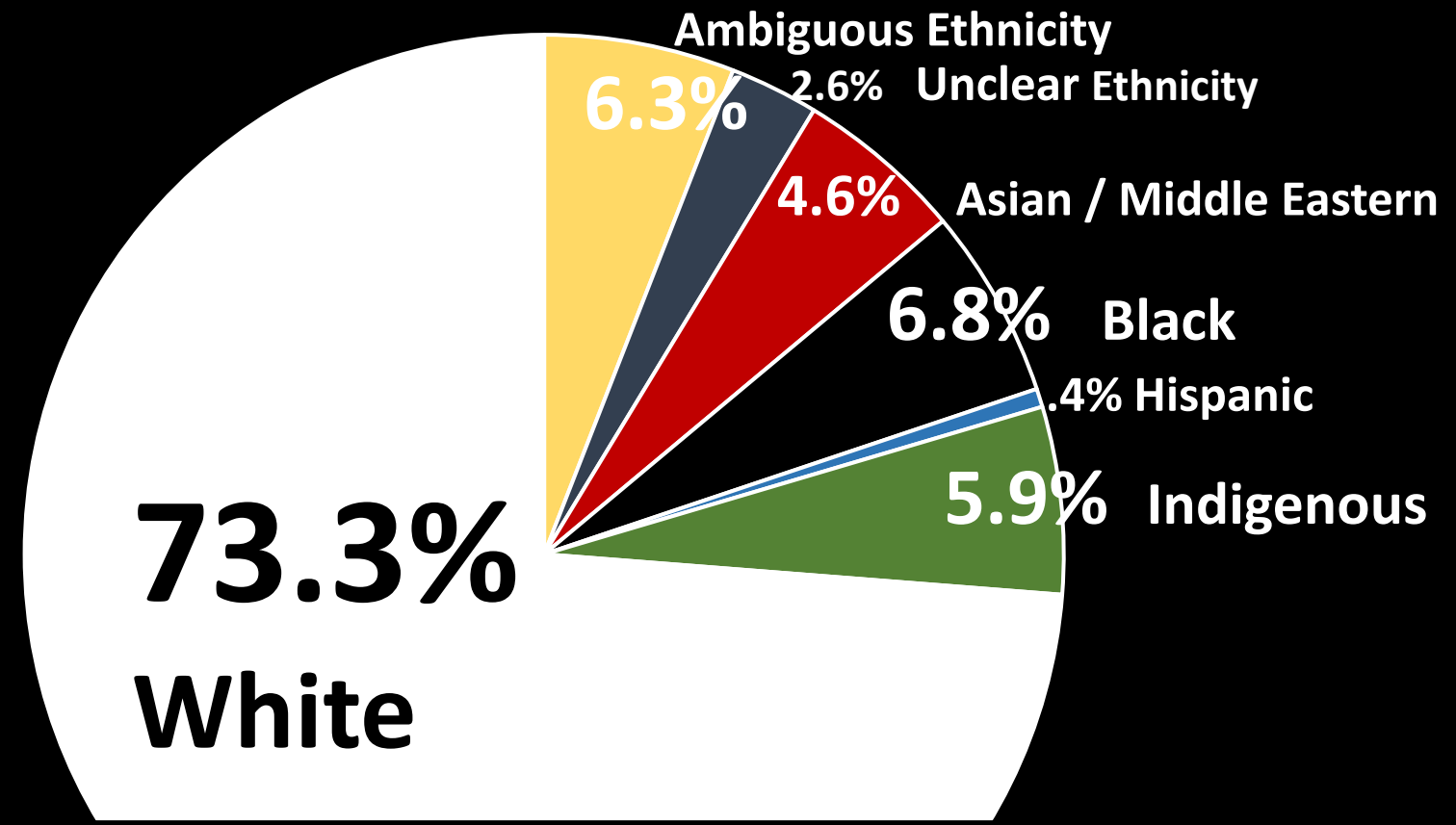
<https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/overdose-prevention-and-response/get-support/>

Of the 680 PWLLE represented as focal individuals in 97 Canadian anti-stigma campaigns...

3/4

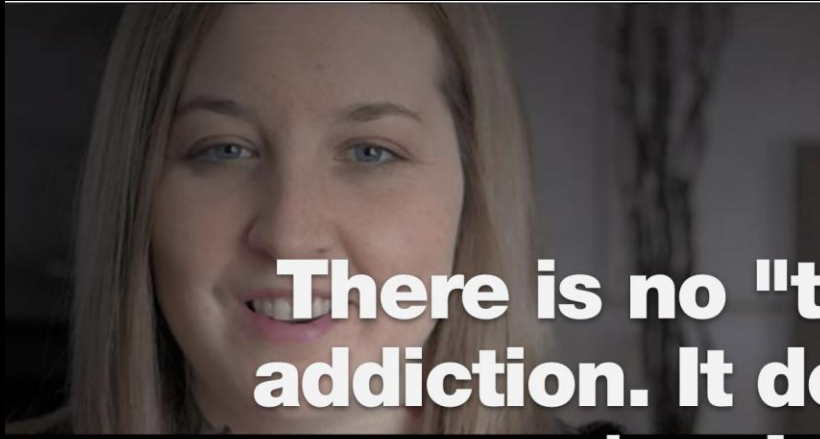
were represented as White

Race?

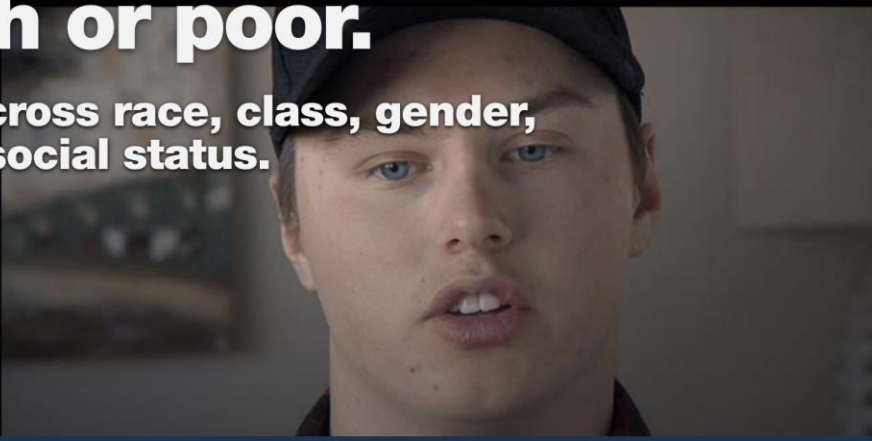
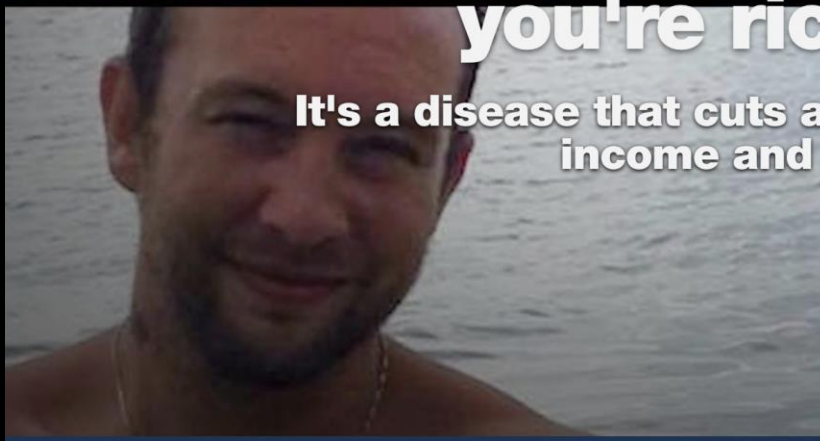


Durham Region, ON anti-stigma campaign 'People Who Use Drugs Are Real People'
Durham.ca/opioids

Challenging stereotypes?



There is no "typical" face to addiction. It doesn't matter if you're rich or poor.



It's a disease that cuts across race, class, gender, income and social status.

Or ignoring substance use health inequities / intersections?

Saskatchewan Union of Nurses, Making the Difference, 2019

OVERDOSE CAN AFFECT ANYONE

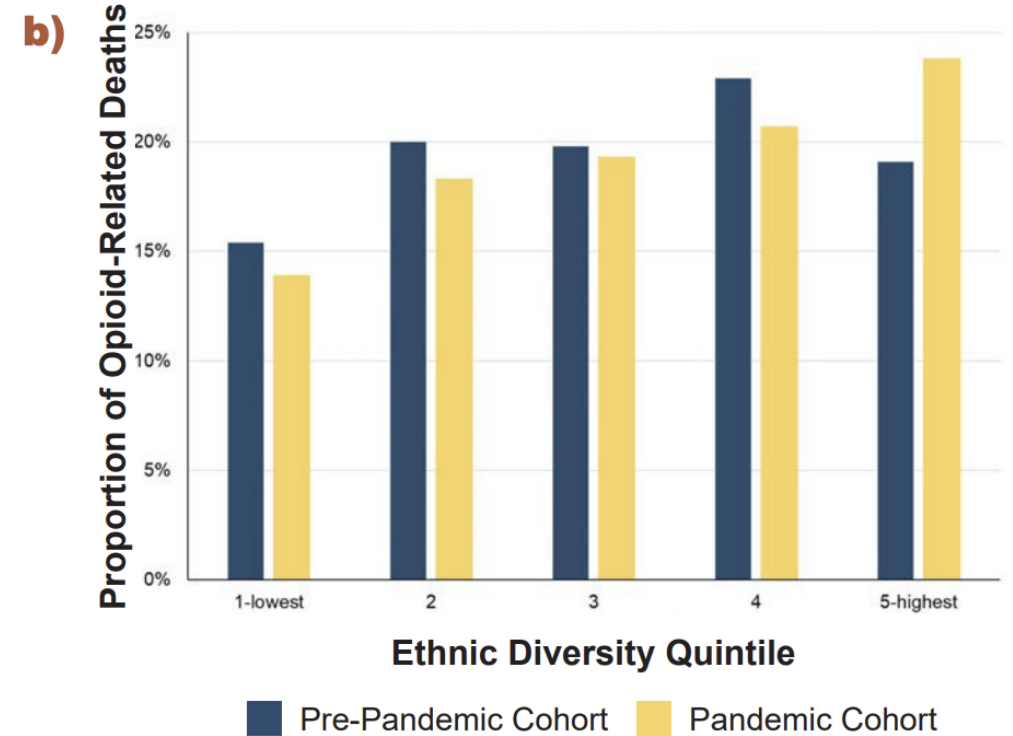
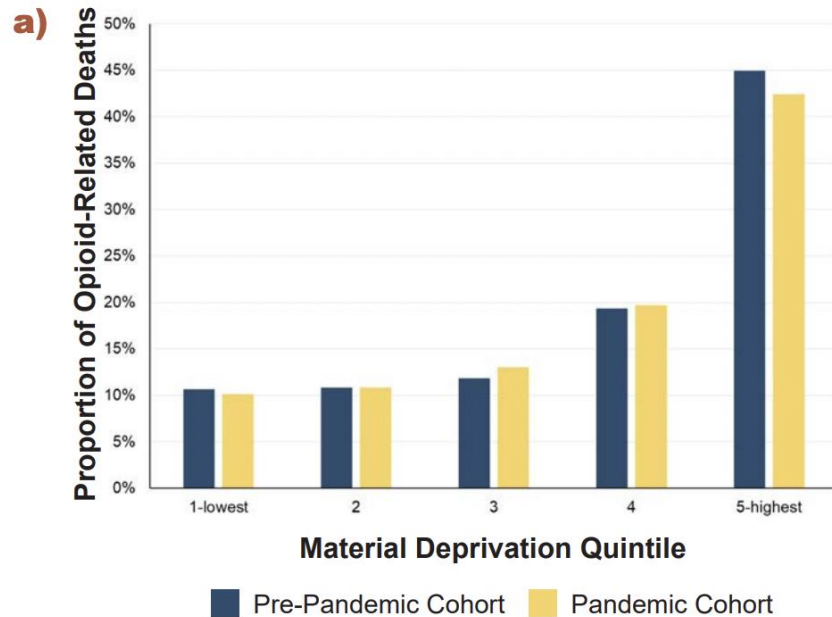
MomsStopTheHarm.com **SOMEONE'S FRIEND**

Drug Toxicity Death DOES Discriminate!

Chief Coroner's Office, ODPRN, & Public Health Ontario Report, November 2020:

<https://www.publichealthontario.ca/-/media/documents/o/2020/opioid-mortality-covid-surveillance-report.pdf?la=en>

Distribution of opioid-related deaths by neighbourhood quintile of a) material deprivation and b) ethnic diversity*



3) Locate stigma in the wrong place

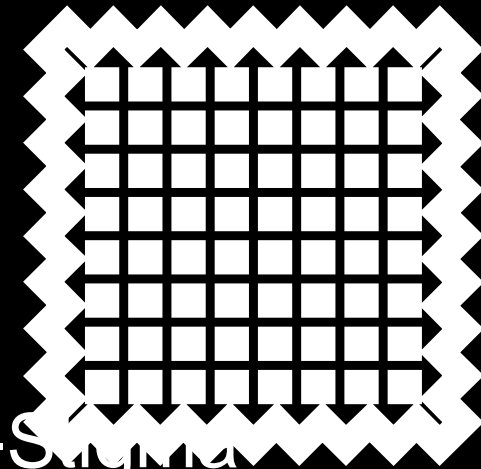
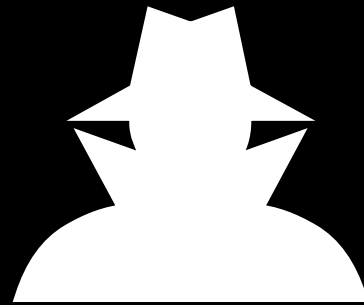
Structural

Political

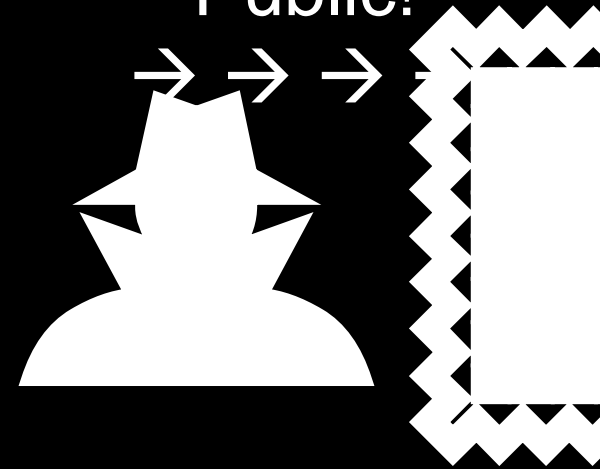


Historical

Cultural



Anti-Stigma
Detectives



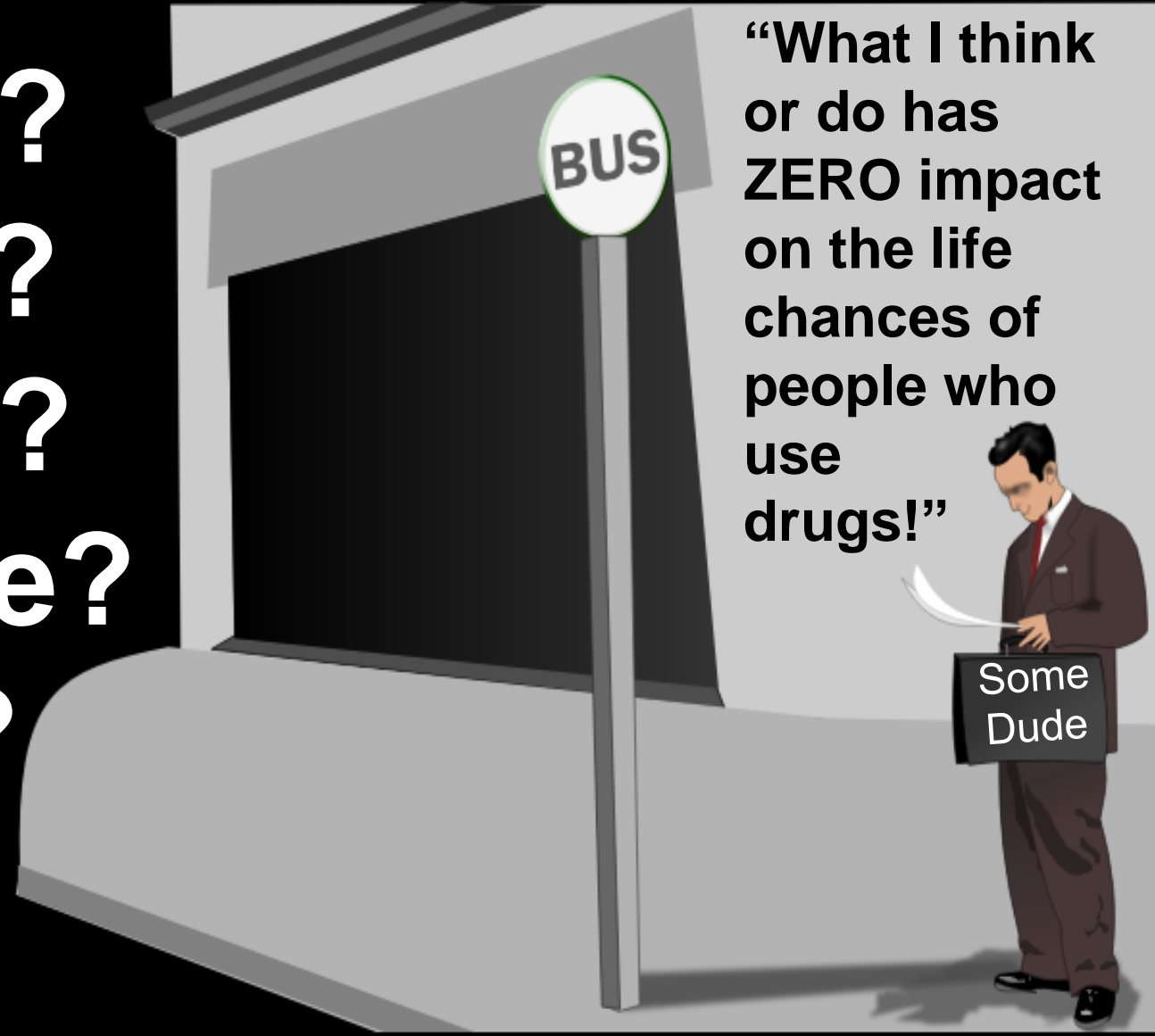
Individual!
Interpersonal!
Public!

Back to the Bus Stop



- 👁️ Look?
- Read?
- Think?
- 💡 Change?
- 😊 Act?

#StopOverdoseBC
2018



**Promising
Approaches?**

Systems that Mark PWUD for Exclusion & Control



<https://stigmamachine.com/2020/04/15/stigma-the-machinery-of-inequality-a-short-animated-film/>

Stigma Fighting?



Individual Level

Stigma Machine Breaking!



Systemic, Structural, Political Level

Rage Against the Stigma Machine!



Organizational Stigma Policy Audits

Hiring PWUD To Help Transform
Stigmatizing Systems From Within

Fighting Back Against Political
“Stigmcraft” – Who Benefits?

I CHALLENGE STIGMA BY...

*Defunding, disarming, dismantling
the police*

Ending the PDMP stigma system

Decriminalization Done Right

Abolishing the CDSA

*Drug-related criminal record
expungement*

*Smash the colonial, capitalist
cis-het patriarchal state*

#StigmaEndsHere



Acknowledgements

Dr. Michael T. Schmitt

Email: sneufeld@brocku.ca

Dr. Ryan McNeil

Twitter: [@neufeldsd](https://twitter.com/neufeldsd)

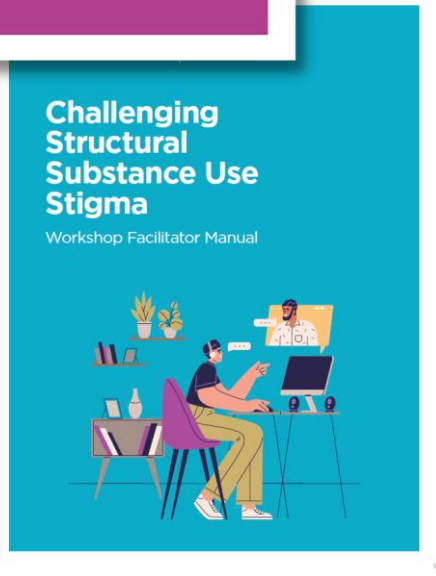
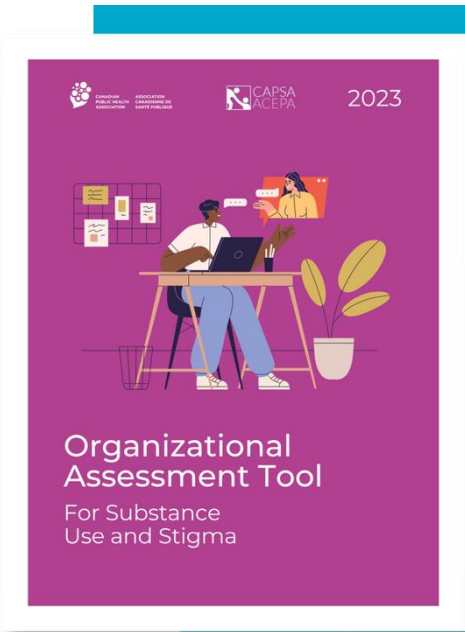
Thank you to the study's Community Advisory Board for continually teaching me and sharing their hard-won expertise and insights: Al Fowler, Samona Marsh, Earl Grey Eyes, Laura Shaver, Boomer Bundy & Sandra Czechaczek

Thank you to the study's peer research assistants for assistance with participant recruitment, focus group facilitation and study guidance: Sandra Czechaczek, Al Fowler, Laural Gaudette, Haleigh Anderson, Scarlett Nelson

Funding & Support:

- Simon Fraser University
- Brock University
- Vancouver Area Network of Drug Users
- National Institutes of Health
- BC Centre on Substance Use
- Social Sciences and Humanities Research Council (SSHRC)
- Vanier Scholarship
- Mitacs Accelerate internship

**This research took place on the unceded, ancestral territories of the Coast Salish peoples, including the (xʷməθkwəy̓əm) Musqueam, (skwxwú7mesh) Squamish, and (selílwitlh) Tsleil-Waututh First Nations.*



Challenging Structural Substance Use Stigma

Kelsey MacIntosh, Senior Project Officer



CANADIAN
PUBLIC HEALTH
ASSOCIATION

ASSOCIATION
CANADIENNE DE
SANTÉ PUBLIQUE

The Voice of Public Health
La voix de la santé publique

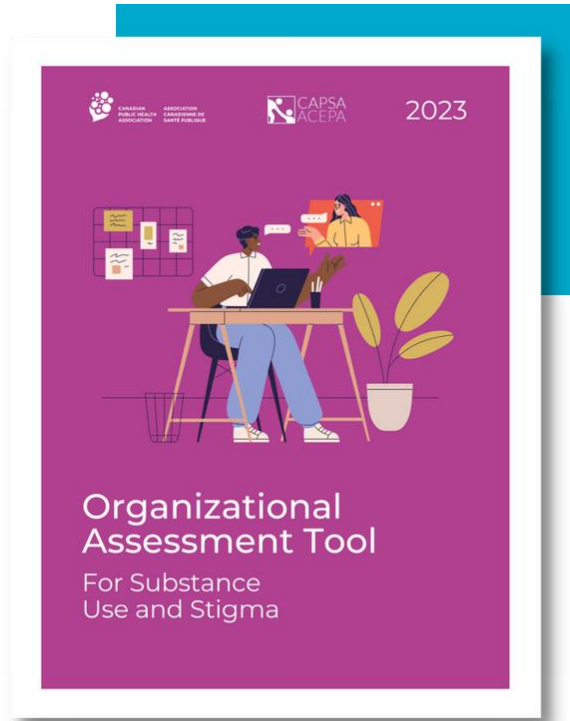


The Canadian Public Health Association (CPHA) is a non-governmental organization and trusted advocate for public health. CPHA has been funded by Health Canada for a project titled *Normalizing Conversations: Engaging public health, public safety and communities to build capacity for a public health approach to cannabis, opioids and other substances.*



Since 2022 CPHA has partnered with CAPSA, a national organization leading the discussion of stigma and its effects on people's Substance Use Health. This partnership included co-developing the Organizational Assessment Tool for Substance Use Stigma.

Creating the Tool



- Adapted from CPHA's *Organizational Assessment Tool for Sexually Transmitted and Blood Borne Infections (STBBIs) and Stigma*
- Co-developed with CAPSA
- Currently collecting feedback & seeking partners for implementation

About the Tool



Objective: to help organizations identify and address policies, along with environmental and cultural factors that contribute to substance use stigma and discrimination.

- Available in English and French
- 20 pages, PDF format
- Includes:
 - Background information
 - Assessment questions & rating scales
 - Sample improvement plan
 - Substance Use Stigma Scale (SUSS) Self-Reflection Tool

Who is it for?

- Health or social service organizations and clinics that specialize in substance use health, harm reduction and treatment services;
- Organizations that provide a broad range of services including:
 - Hospitals
 - Long-term care
 - Home-care
 - Public health



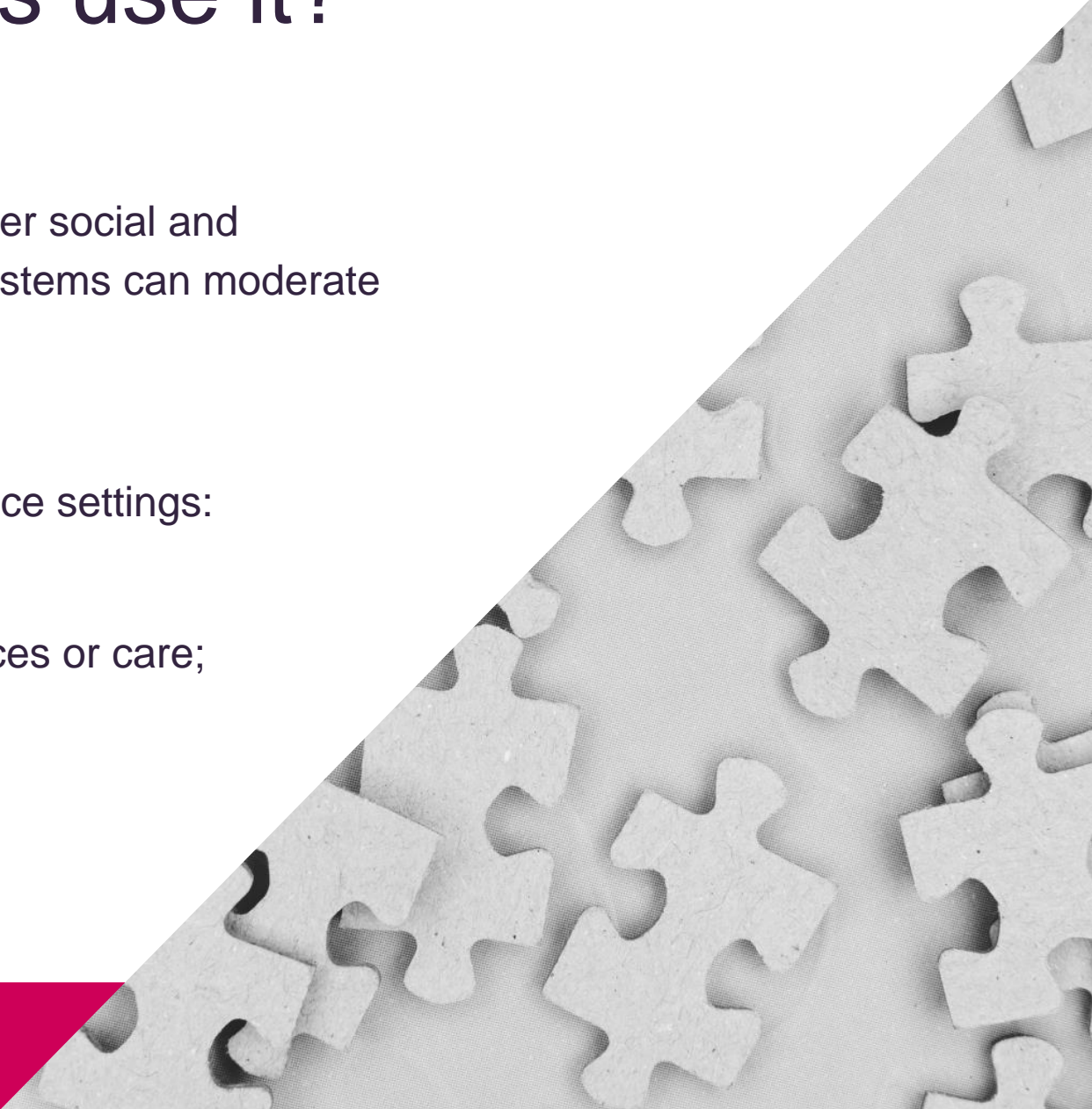
While the tool was designed with these organizations in mind, ensuring a safe and respectful environment is imperative for all health, social service and community organizations, particularly for those working with people and communities who endure/d marginalization.

Why should organizations use it?

Stigma is ingrained in policies, practices and within larger social and economic systems. Organizations operating in these systems can moderate or influence how people experience stigma.

Stigma and discrimination within health and social service settings:

- complicate public health efforts;
- act as barriers to individuals seeking support, services or care;
- perpetuate health inequities



Intended Outcomes

Organizational policies, procedures,
culture and environment are supportive
and inclusive

Y Yes, we have addressed this issue | R We have recognized this issue and are starting to work on it No,
N we have not yet addressed this issue | NR This issue is not relevant to our work

Assessment Questions	Rating Y R N NR	Comments, Considerations, & Next Steps
Does your organization have a formal commitment to a non-discriminatory approach (i.e., a values or policy statement)?		
Does your organization have a formal policy related to respect for privacy of clients and confidentiality of personal information?		
Are the policy/values statements prominently displayed in places where clients can see them (waiting rooms, reception areas)?		
Does your organization support the implementation of these policies (i.e., conduct regular reviews of policy implementation)?		

Intended Outcomes

Service providers possess the core competencies relevant to their professional roles

Y Yes, we have addressed this issue | **R** We have recognized this issue and are starting to work on it
N No, we have not yet addressed this issue | **NR** This issue is not relevant to our work

Assessment Questions	Rating Y R N NR	Comments
Do clinical staff receive training to support the provision of treatment services, including those adopting a h (e.g., knowledge of models and other t		

Assessment Questions	Rating Y R N NR	Comments
Do all staff and vol the factors that res matized and discr individual, commu		
Do all staff and vol non-clinical) receiv ice provision in a : ronment (e.g., trair health model, lang reduction, trauma-services, person-c		
Do staff and volunteers feel they have easy access to personal and professional support to stay well while helping others? Does the organization have these supports visibly available within the organization and online?		
Do staff and volunteers feel they work in an environment that supports open discussion about issues related to stigma and discrimination?		
Are management, staff and volunteers trained to provide compassionate care, and to recognize the signs of vicarious trauma and burnout in themselves and their co-workers?		

Intended Outcomes

Clients feel comfortable, welcomed and supported when interacting with the organization

- How do people learn about your organization?
- Is it easy for people to access your organization and its services?
- Do you foster a welcoming and safe environment for your clients?
- How are clients treated during the intake process?

Assessment Questions	Rating Y R N NR	Comments
Have staff and volunteers received training about stigma and discrimination, as well as anti-racism and cultural safety training?		
Does your organization recruit volunteers and staff from different population groups to reflect the diversity of your community?		

Assessment Questions	Rating Y R N NR	Comments
Does your organization provide virtual and in-person services at hours and locations that are convenient for clients, particularly individuals from marginalized communities?		
Does your organization provide after-hours assistance to clients?		
Does your organization provide other assistance to address accessibility issues (e.g., childcare services, translation, assistance with transportation)?		

Intended Outcomes

Clients can provide input and feedback on organizational policies, procedures, and programs in a safe and anonymous way.

Y Yes, we have addressed this issue | **R** We have recognized this issue and are starting to work on it
N No, we have not yet addressed this issue | **NR** This issue is not relevant to our work

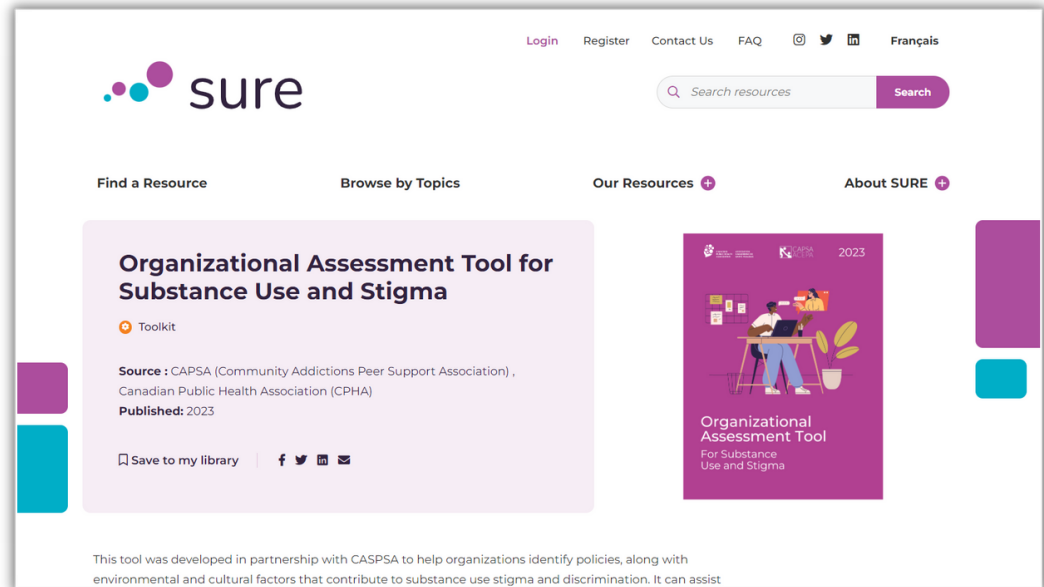
Assessment Questions	Rating Y R N NR	Comments
Does your organization solicit input from different population groups (especially marginalized groups) when designing programs? Are clients invited to provide feedback on the services they access? Do clients feel included with decisions being made, in a collaborative effort with staff?		
Does your organization intentionally recruit members of different population groups in your community as staff and volunteers?		
For this assessment, did your organization get input from groups or organizations working with different population groups?		

Where to Find the Tool

The Canadian Substance Use Resource and Knowledge Exchange Centre (SURE)

Keywords for more structural stigma resources:

- Determinants of health
- Challenging structural stigma



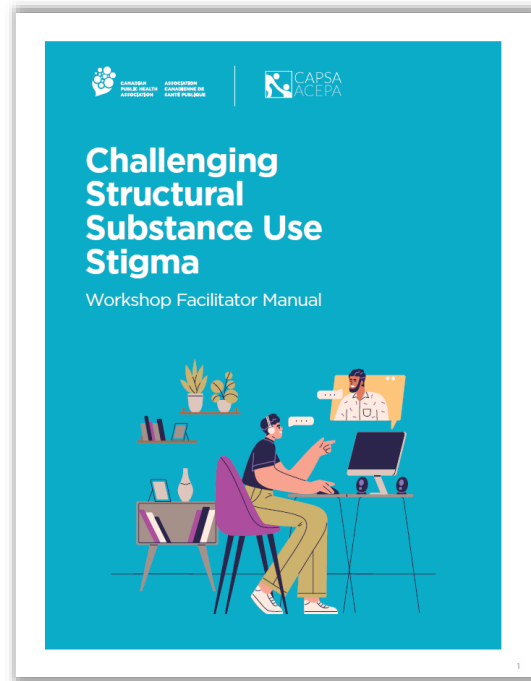
substanceuse.ca



Evaluating the Tool

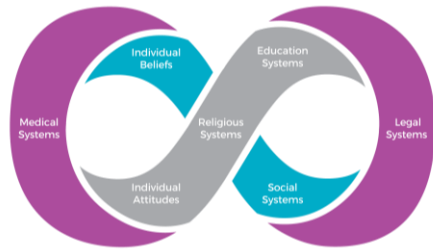
- Feedback survey available in English and French on SURE
- Partnership opportunities to evaluate the tool
 - Looking for health and social service organizations to utilize the tool and provide feedback
 - **If your organization is interested or would like more information, email substanceuse@cpha.ca**

Challenging Structural Stigma Workshop



- **Priority identified by communities across Canada:** Structural Stigma
- **Structure:** 6-hour workshop online or in person
- **Audience:** Health and social service providers who work with PWUD

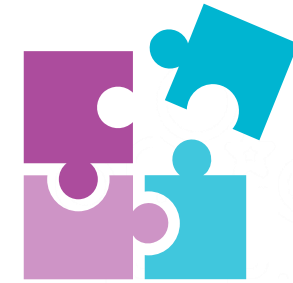
Challenging Structural Stigma Workshop



Overview of the various forms of stigma



Advocacy efforts that can be used to challenge structural stigma



The need for meaningful partnership with PWLLE at all levels of program and policy development

Challenging Structural Stigma Workshop

- Pilot sessions are being held with partners across Canada
- For future opportunities to participate, sign up for the **SURE Newsletter** at substanceuse.ca
- Workshop package will be published in Fall 2023 on SURE

Thank you!

Roundtable Discussion



Wrap up

- Reflections:
 - **Jerrika Crawford**, Harm Reduction & Community Engagement Manager, Black Coalition for AIDS Prevention
- Coming up:
 - Evidence review: Anti-stigma interventions for substance use

About Community Opioid/Overdose Capacity Building

Community Opioid/Overdose Capacity Building (COM-CAP), started in 2019, is a four-year project funded by Health Canada's Substance Use and Addiction Program. The goal of COM-CAP is to support community-led responses to opioid/overdose-related harms in communities across Ontario. The supports focus on strengthening the knowledge, skills, and capacity of the key stakeholders involved:

- Black Coalition for AIDS Prevention
- Chatham-Kent Public Health
- NorWest Community Health Centres
- The Municipal Drug Strategy Coordinators Network of Ontario
- The Council of Chief Medical Officers of Health (COMOH) Drug/Opioid Poisoning Crisis Work Group.

For more information about COM-CAP contact substanceuse@oahpp.ca

For More Information About This Presentation, Please Contact:

substanceuse@oahpp.ca

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