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A Conversation on Anti-Racism Action in Substance Use Services

Speakers: Cassandra Smith, Colin A Johnson
Moderator: Samiya Abdi
March 28, 2022
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:

• The Ontario College of Art & Design University (OCAD U) - Health Design Studio
• University of Toronto- Strategy Design and Evaluation Initiative
• Black Coalition for AIDS Prevention
• Chatham-Kent Public Health
• NorWest Community Health Centres
• Drug Strategy Network of Ontario
• The Ontario Network of People Who Use Drugs

PHO collaborates with external partners in developing COM-CAP products.

For more information about COM-CAP, contact substanceuse@oahpp.ca
Land Acknowledgement & Welcome
## Context and Agenda

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<thead>
<tr>
<th>Item</th>
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</thead>
<tbody>
<tr>
<td>Welcome &amp; Opening (5 minutes)</td>
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<tr>
<td>Presentation (5 minutes)</td>
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<tr>
<td>• Rapid Review: Race-based Equity and Substance Use Services</td>
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<tr>
<td>Discussion (45 minutes)</td>
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<td>• Panelist Highlight Topic or Focus</td>
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<tr>
<td>• Moderated Discussion with Audience</td>
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<tr>
<td>Closing (5 minutes)</td>
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Speakers

• Samiya Abdi
• Cassandra Smith
• Colin H Johnson
Presentation: Rapid Review
Overview

• This rapid review\textsuperscript{1} addresses the following question: What are the characteristics of services that apply a racial equity lens in the provision of substance use services?
  • What are the reported impacts of those services?

• Articles were included if...
  • Published between 2011-2021, in English and from Canada & US contexts
  • Demonstrated intentional adaptation or design for racialized populations
  • Was implemented and included information on impact or outcomes
  • Focused on treatment or harm reduction

**Alcohol, tobacco, cannabis excluded**
Search Process

Identification via database searches
- Records identified through database search
  \[ n = 1,840 \]

Identification via grey literature searches
- Records identified through grey literature search
  \[ n = 892 \]

Identification
- Records screened
  \[ n = 334 \]
- Reports sought for retrieval
  \[ n = 105 \]
- Reports assessed for eligibility
  \[ n = 101 \]
- Studies included in review
  \[ n = 7 \]

Screening
- Records moved to a list with Indigenous focus
  \[ n = 229 \]
- Reports not retrieved
  \[ n = 4 \]
- Reports excluded
  - Background, barriers, facilitators: \[ n = 67 \]
  - General policy or strategy: \[ n = 10 \]
  - Other (e.g. relevance, commentary): \[ n = 17 \]
- Reports assessed for eligibility
  \[ n = 6 \]
- Reports excluded
  \[ n = 6 \]
Key Findings

- Literature discussed drivers of inequities + barriers/facilitators → limited actionable strategies for service planning and delivery

- Imbalances in the literature:
  - Strong focus on treatment → limited discussion on harm reduction
  - Frequent reference to culturally-informed practices → limited reference to explicit anti-racist approaches
  - Primary focus on practice development → secondary focus on staff development

- Equity components in substance use services were:
  - Integration of culturally-informed approaches (Dominant theme)
  - Leveraging community strengths
  - Building or strengthening staff capacity and skills
## Closer Look: “Culturally-Informed Approaches”

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Translation to Practice</th>
<th>Examples of Articles</th>
</tr>
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<tbody>
<tr>
<td>Holistic Care within individual, kinship, family</td>
<td>Draw from world views, strengths and community practices</td>
<td>Participants tied reported improvements in their sense to wellness to the improvements they saw in their community as a result of available education and support&lt;sup&gt;2&lt;/sup&gt;</td>
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<tr>
<td>Representation in staff/organization</td>
<td>Capacity to match service providers with clients’ lived experiences</td>
<td>Representation is critical from mitigating power imbalances, where all-White staff can trigger past/ongoing experiences of being controlled and monitored&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Spirituality or religiosity</td>
<td>Integrating spiritual elements and/or collaborating with faith-based groups</td>
<td>Worked with church staff to train and mentor facilitators on working with people who use drugs while promoting choice, trust, and autonomy&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Language</td>
<td>Services delivered in languages of communit (ies) served.</td>
<td>Bilingual therapists important not only for therapy, but also to enable connection with client’s family and community&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
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Practice and Areas for Further Discussion

- Adopting a strengths-based approach
- “Focus on common processes instead of identical form”
- Anticipate barriers to applying this knowledge
Discussion
Sharing Circle: Areas for Growth and Learning

Source: Getty Images
References


For More Information About This Presentation, Contact:
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