



UNDERSTANDING SUBSTANCE USE HEALTH: A MATTER OF EQUITY

Purpose of this Resource

To introduce a new concept of *substance use health* that meets the needs of people where they are and is free of stigma. To achieve equitable access to healthcare programs, services and supports and evidence-based information related to substance use and substance use disorder.

This resource aims to:

- Define *substance use health* through a newly established common understanding and standard;
- Inform a national conversation on how *substance use health* can destigmatize substance use and substance use disorder (SUD) and advance health system-level innovation in the care of clients and the treatment of individuals; and
- Establish the All People All Pathways™ approach as a public health model that is barrier-free, client-partnered, and works within a spectrum model of *substance use health*.

CAPSA's vision is to create equitable access to *substance use health* through the allocation of resources and funding that advances client-partnered health care that will meet people and communities self-determined health goals. This model of *substance use health* ranges from abstinence to improved *substance use health* that also includes the possibility of beneficial/safe use; or use that is beneficial for people reporting substance use.

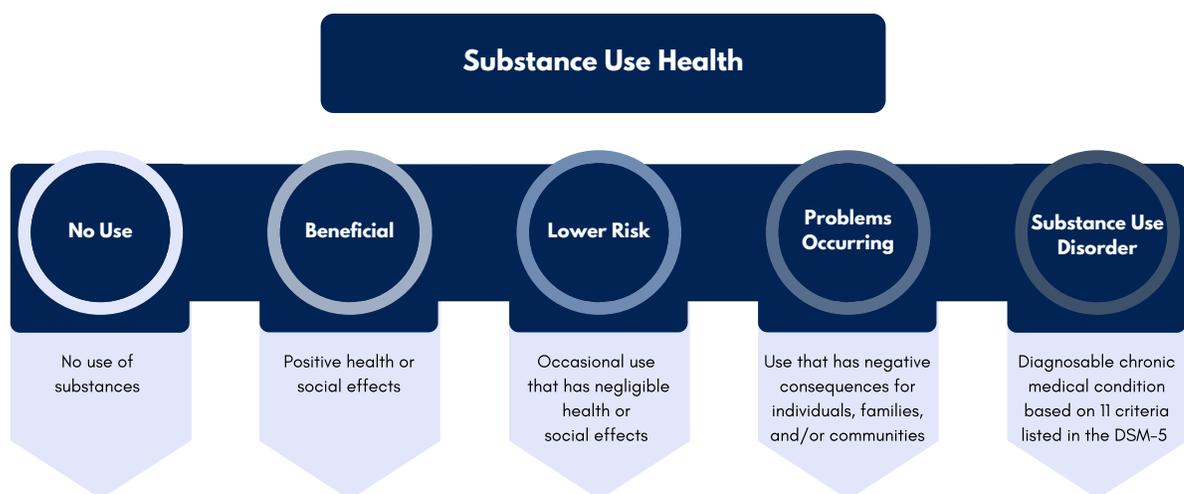
What is Substance Use Health?

For many, physical health and mental health have come to be understood as a continuum or spectrum, with multiple supports for lifelong wellness, without presumed illness.

Yet substance use is often used as a synonym for addiction/substance use disorder (SUD).

This stereotype often frames substance use in and of itself as an acute disorder, which it is not.

Similar to physical and mental health, substance use health also occurs across a continuum (see diagram below (OPH & CAPSA, 2021)):



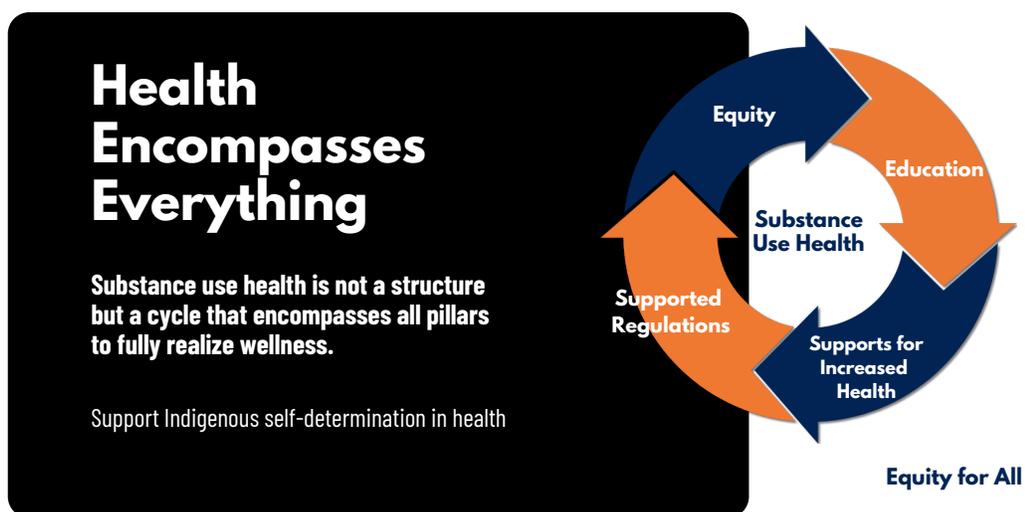
In 2017, 78% (23.3 million) people in Canada aged 15 and older reported alcohol use, 22% (6.5 million) reported psychoactive pharmaceutical use, 15% (4.5 million) reported using one or more of the following: cannabis, cocaine or crack, ecstasy, speed or methamphetamines, hallucinogens, and heroin, and 18% (5.3 million) reported tobacco use (Statistics Canada, 2021) [1]. These figures show that all types of people across Canada use substances. Stigma and judgement-free language about substance use health should become a priority that moves us away from presumptions of disorders and bad/harmful actions.

[1] This survey does not include people who are residents of the Yukon, Northwest Territories and Nunavut nor full-time residents of institutions (Statistics Canada, 2021).

Alongside this shift to substance use health has come a renewed push for policies, programs, services and supports that are evidence-based and are designed to empower people in achieving their self-defined health goals. To date, substance use health care services and supports have included: education and health promotion, brief interventions, counselling and outreach, screening, addiction medicine, harm reduction, detoxification services, treatment programs, and peer groups and community services.

Client-partnered care and outcomes, which stress integrated and individualized care, shared decision-making, and therapeutic empathy, free of judgement, have been implemented across physical and mental health care services. It has been suggested that a similar model and support for self-identified goals in substance use health care would (1) remove barriers to accessing care, (2) help to improve the social determinants of health (Community Catalyst et al., 2021), and (3) facilitate culturally safe trauma- and-violence-informed care (Marchand et al., 2019).

We believe that de-prioritizing abstinence as the primary success outcome of substance use health care is needed in order to focus on self-defined wellness goals alongside additional metrics. A vision which includes multiple pathways of recovery, including harm reduction-based services, supports and policies, will remove barriers for people who are experiencing more complex issues like substance use disorder (SUD) and concurrent disorders, as they can more freely seek help. CAPSA sees an important need for both ending stigma around substance use and the further movement toward ending social health inequities around race, class, gender and sexuality. Both of these essential factors will allow people in Canada to reflect on their health, regarding substance use, without fear of stigma or discrimination.



The traditional four pillars of substance use strategies of prevention, treatment, harm reduction and enforcement keep each of them separate from one another, thereby perpetuating stigma. By collapsing the pillars into a circular model with substance use health at the centre, individual components can be viewed as part of a system of care, through a health-focused lens.

It is understood that social determinants of health can directly impact substance use health outcomes for people throughout their life, in the same way mental health is impacted. Having equity as the starting point for substance use health, creates the ideal that discrimination, poverty, social exclusion, food and housing insecurity, etc. are eliminated, or at least recognized as a need that must be addressed. It also speaks to the need for parity in funding amongst the other components of the circle, relative to physical and mental health funding.

Education on the role of substance use or non-use of substances in Canada, would be viewed through a lens of beneficial use and potential adverse health outcomes. It would also include an understanding about what substance use disorders are and how they are identified.

Supported regulations means that there is a recognition that there is a need for regulations of some nature and those regulations need to be supported to be effective (i.e. sales of cigarettes to minors).

Supports for increased health include all existing services, i.e. harm reduction, treatment, OAT, ORT, etc. A health framework would also indicate a need for people in Canada to know what substances are being consumed and at what potency. All of these initiatives would then be reported against improved health outcomes to establish best practices and measurements focused on wellness. Preliminary evidence suggests that the existence of a health outcome framework creates a 50% increase in public support, without any further evidence required.

CAPSA's Vision in Supporting People's Substance Use Health

Substance Use Health Care

Although this is a conversation to have with all people in Canada and health care service providers and policymakers across the country, we know that in order to move towards wellness we will need a health system free of stigma, presumptions, and that is evidence-based and demonstrates parity in funding and equity in access (CAMIMH, 2021; RRI, 2021).

All People All Pathways (APAP)TM Philosophy:

CAPSA's APAPTM philosophy uses the language of resilience and self-determination and offers a safe, stigma-free environment where people can freely examine their relationship with substances, while focusing on health and safety and deepening conversations regarding one's own substance use health. In line with the Government of Canada's goal of developing a more inclusive health system (PHAC, 2019), APAPTM advocates multiple voices and multiple pathways to increased wellness. The APAPTM approach is compassion-based and empowers participants through practices and tools aligned with personal goals for increased health.

Reduce Stigma and Discrimination Toward People with Substance Use Health Issues

The research literature is clear. People who use or have used substances face discrimination and stigma from the general public, healthcare providers and policy makers (Barry et al., 2014; Biancarelli et al. 2019; Simon et al., 2019; Templaski et al., 2007; von Hippel et al., 2008). Across systems (education, housing, employment, and justice/legal systems) people living with substance use disorder (SUD) are often the most stigmatized (CIHR, 2021; Stuart, 2019). Furthermore, stigma embedded in the health care system negatively impacts resource allocation and clinical care, causing inequities in health care access (Biancarelli et al., 2019).

Stigma around substance use can lead those who use or who have used substances to experience structural disadvantages including: from insecure/unstable housing, criminalization, poverty, racialization, and gender discrimination. Women who seek information around substance use disorders, while accessing prenatal care, are particularly affected (Johnson et al., 2021). Once again, evidence-based, socially inclusive health planning with the aim of health equity – including substance use health care and to reduce the risk factors associated with substance use disorder and co-morbidities – is needed alongside supportive policy, laws and public regulations that are free of stigma and discrimination (Jemberie et al., 2020).



How Can You Get Involved?

CAPSA is seeking additional financial support to enable it to host a series of virtual and in-person town halls and roundtables, inviting stakeholders, community members and engaging people with lived and living experience, in a meaningful way, to discuss *substance use health*, what it means, how it can impact the healthcare landscape in Canada and how best to inform healthcare policy.

About CAPSA

CAPSA is a National leader on the topic of stigma, its impacts on individuals who use substances or have a substance use disorder and on identifying and correcting instances of systemic stigma imbedded in organizations. Employing subject matter experts, with living experience, CAPSA works with organizations to provide education around substance use, stigma related to substance use, in particular towards people with substance use disorders. We also recognize that people in Canada with concurrent substance use and mental health disorders experience even greater systemic harms. We train people and equip organizations to use person-first language to reduce stigma and discrimination.

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