



## Substance Use: What You Should Know

Many people use drugs and some of them may have a substance use disorder. Here's what you should know about working with people who use drugs.



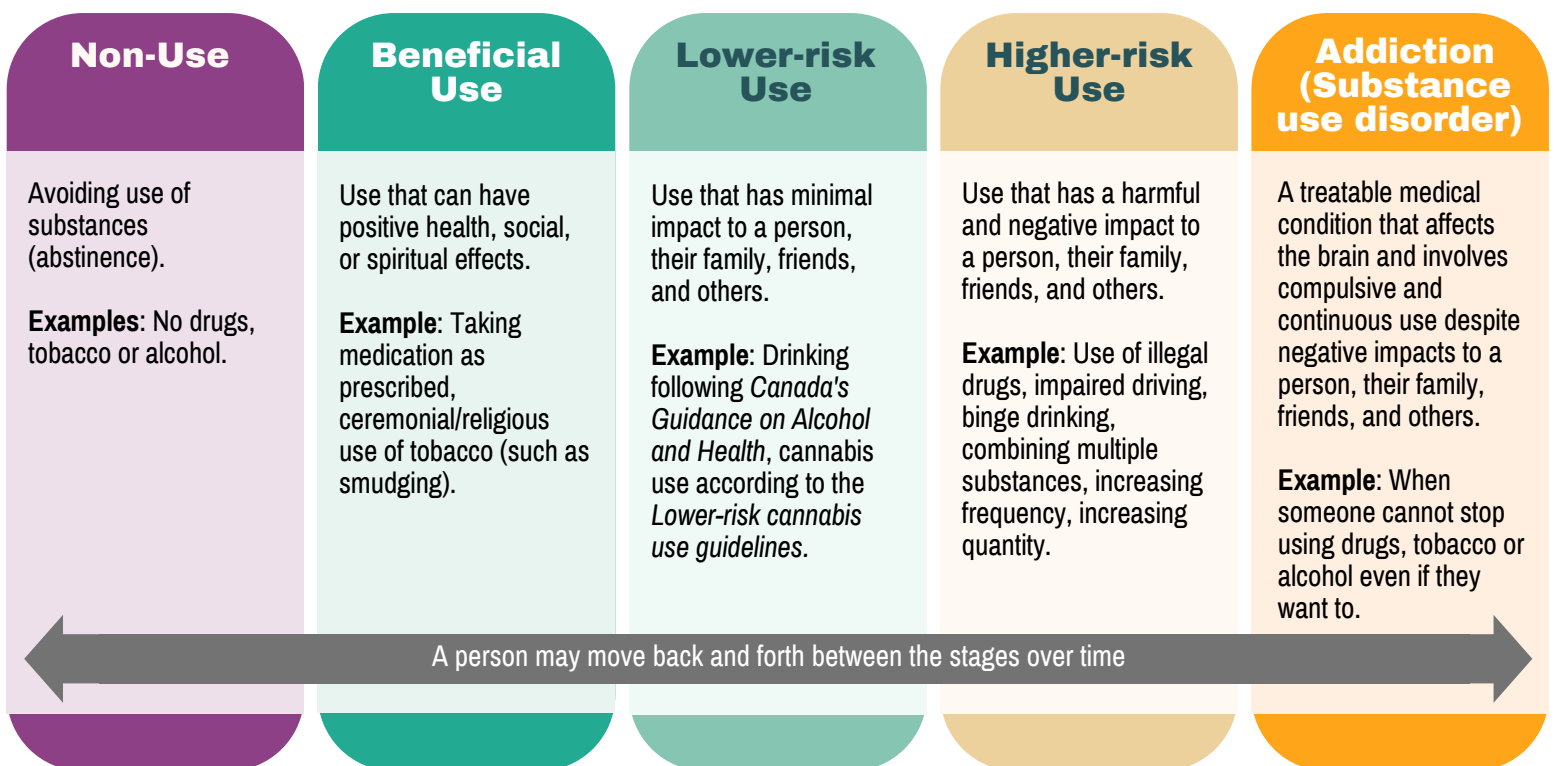
### What is a substance use disorder?

Continued substance use despite significant negative health and social effects.

#### Substance use occurs on a spectrum

People have used drugs across different cultures and at different times in history. People's relationships with substance use can vary significantly, from abstinence to beneficial use, to a substance use disorder. People can have challenges with some substances and not others, and may experience challenges with substances at different periods of time in their lives. Political, legal, and social contexts have immense impact on whether or not and to what extent a substance is harmful. In BC, substance use and substance use care are informed by the risks of the toxic drug crisis.

Health care providers should be proactive in asking people about substance use and discussing safer use options tailored to where the person sits on the spectrum of substance use.





## Harm reduction

Harm reduction is a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

### Meeting people where they are at

By creating laws, policies, programs, and interventions that centre respect and autonomy of people who use drugs—including respecting the choice to continue to use drugs—we can prevent systemic harms. People can use drugs safely when they have access to the right information, housing, tools, non-contaminated drugs, and money, among other determinants of health.

By providing safer tools and interventions, we show that we care about people who use drugs and are prioritizing their needs instead of judging their drug use.

Harm reduction can include approaches such as providing supplies (e.g., sterile syringes), education (e.g., safer injecting practices), and safer consumption (e.g., supervised consumption services), as well as supporting people to reduce their use or use in ways that are less harmful (e.g., alternating alcohol drinks with non-alcoholic drinks or drinking lower-proof alcohol). Indigenous Harm Reduction centres the integration of cultural knowledge and values into concepts of harm reduction. Learn more through the QR code.



[Indigenous Harm Reduction Principles and Practices, FNHA.](#)



## Addressing stigma and discrimination

Stigma exists because of the history of moralizing and criminalizing drug use rather than recognizing it as a common feature of our world.

### What is stigma?

Stigma refers to a set of negative attitudes and beliefs that motivate people to fear and discriminate against other people due to their circumstances in life. It is shaped by the broader social, political, and legal context and influences how people interact with each other.



### Stigma affects care

Many people who use drugs worry about being judged when accessing health care. You can make a difference by interrogating your own beliefs about drugs and the people who use them. People who use drugs and experience marginalization or discrimination based on other intersecting factors such as poverty, class, race or ethnicity, or involvement in sex work experience compounded stigma and discrimination. Stigma also contributes to drug poisoning deaths due to the toxic drug supply. According to the BC Coroners Service (<https://tinyurl.com/vzzact4b>), the majority of people who died of illicit drug poisoning used drugs alone in their homes. Most people who have died of accidental drug poisoning have had both mental health and substance use concerns, which shows an opportunity and need for screening and open conversations around both substance use and mental health.

## Language matters

Avoid stigmatizing terms that demean or reduce people to their actions. Instead, use person-first language, such as “person with opioid use disorder” rather than “opioid user.” Consider asking each person what words they would like you to use.



## Cultural Safety and Humility

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system.

Cultural humility is a life-long process of self-reflection and self-critique, with a commitment to learning alongside others.

## Indigenous Cultural Safety and Humility

Indigenous cultural safety is an approach that considers how social and historical contexts, institutional discrimination, structural and interpersonal power imbalances, and past, current, and ongoing colonialism shape health and health care experiences of Indigenous peoples. Cultural safety results in an environment free of racism and discrimination, where people feel safe when receiving care.

Cultural humility is a process of self-reflection to understand personal and systemic conditional biases. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another’s experience. It builds and maintains mutually respectful and trusting relationships and enables cultural safety.

**We will know when we have achieved  
cultural safety and humility  
when Indigenous Peoples tell us we have.**

As a result of colonialism and ongoing systemic colonial harms, Indigenous Peoples are over-represented in drug poisoning deaths and drug-related harms. Understanding the impact of colonialism and ongoing Indigenous-specific racism on access and engagement in health care is essential for providing better care for Indigenous people who use drugs. Learn more by reading the In Plain Sight report, which describes findings of Indigenous-specific racism in the BC health care system, or reports from the Truth and Reconciliation Commission of Canada.

## Improving care for all

British Columbia is home to many diverse cultural, racial, and ethnic groups who all have the right to receive health care in an environment free from racism and discrimination. Building your awareness of how institutions perpetuate systemic racism, engaging in continuous self-reflection on personal biases, and understanding the ways power and privilege impact health and health care can improve care for all.



[In Plain Sight  
Report, 2020.](#)



## Trauma- and violence-informed care

Many people who use substances have experienced adverse childhood experiences, trauma, or structural violence.

### Providing trauma- and violence-informed care

- Build your awareness of the prevalence of adverse childhood experiences and trauma.
- Focus on developing trust and building a sense of safety in your interactions with clients.
- Safety and trust can be enhanced by providing opportunities for choice, collaboration, and connection.
- For example, tell clients how excited you are that they came in today, be mindful of your own well-being, and take the time to truly listen. It's all about relationships.



[Trauma and violence-informed care, EQUIP Health Care.](#)



## Treatment options are available!

Depending on the substance use disorder, treatment options may include both pharmacotherapy and psychosocial treatment interventions.

### If a person is looking for treatment, options are available:

- Evidence-based pharmacotherapy and psychosocial treatment interventions can be offered either alone or in combination with each other.
- Treatment options are available for people who want to reduce or abstain from substance use.
- Treatment options vary by substance use disorder. Some treatments are available through primary care providers, while others require specialist referral or consultation.



[BCCSU Clinical Care Guidance](#)



[BCCSU Addiction Medicine 24/7 Line](#)

To learn more about substance use disorders, register for the [Addiction Care and Treatment Online Course](#).

