Organizational Assessment Tool

For Substance Use and Stigma

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Organizational Assessment Tool for Substance Use and Stigma

Introduction

Psychoactive substances have been used throughout human history in spiritual and religious rituals, for medicinal purposes, and by significant proportions of populations for individual reasons and as part of social interactions. There is a spectrum of human interaction with these substances that ranges from no use at one end, beneficial use and low risk use in the middle and problems occurring and substance use disorder being at the opposite end of the spectrum. Stigma and discrimination within health and social service settings often complicate public health efforts by acting as barriers to clients who try to access services.

Reducing stigma and discrimination requires a multifaceted approach. Stigma and discrimination arise from the attitudes, values, beliefs and practices of individuals in addition to the policies, procedures, culture and environment of service organizations.

This organizational assessment tool will assist health and social service organizations in building upon policies and practices that promote client safety to increase the likelihood that clients will feel welcomed and respected when seeking care. It will also give health and social service organizations the tools to support staff and volunteers in providing a caring and inclusive environment.

This tool will help to identify policies, and environmental and cultural factors that contribute to stigma and discrimination which affect individuals' access to and use of available substance use care and health services.

The assessment tool will help organizations to:

- identify their strengths and challenges related to stigma and discrimination;

- increase awareness of organizational issues (e.g., policies, procedures, culture and environment) that promote stigma and discrimination against people accessing substance use health care; and

- develop strategies to decrease stigma and discrimination and promote safer and more supportive environments.

Using the tool

This assessment tool is suitable for any health or social service organization, including clinics that specialize in substance use health, harm reduction and treatment services, as well as organizations that provide a broad range of services including hospitals, long-term care, home-care, and public health. While the tool is primarily targeted at those organizations providing health-related services, 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.

One of the greatest benefits of this tool is that it can foster open discussion among all staff (e.g. physicians, nurses, administrative staff, intake workers, front-line staff, clinical staff, community outreach workers, etc.) about their various roles in creating a positive and safe environment for clients. Rather than being treated as a stand-alone exercise, the assessment process is designed to be integrated into an organization's ongoing quality improvement process.

The assessment tool consists of three sections:

Section 1

Completing the organizational assessment describes the steps involved in preparing for and completing the organizational assessment;

Section 2

Organizational assessment tool includes the assessment questions and rating scale that can be used by organizations to identify their strengths and challenges related to the reduction of stigma and discrimination; and

Section 3

Developing the improvement plan describes the process for developing an action plan that addresses the priority issues identified through the organizational assessment.

Section 1
Completing the organizational assessment

1.1 Long-term goal

The long-term goal of the organizational assessment process is to foster an environment where clients feel welcomed, safe and respected when seeking care, and where staff and volunteers are supported in providing care.

For this long-term goal to be achieved, these conditions should be met:

1. organizational policies, procedures, culture and environment are supportive and inclusive;

2. service providers possess the core competencies relevant to their professional roles;

3. clients feel comfortable, welcomed and supported when interacting with the organization; and

4. clients have the opportunity to provide input and feedback on organizational policies, procedures, and programs in a safe and anonymous way

With this tool, organizations can assess their capacity and progress towards achieving these four conditions.

1.2 Reflect on the needs of your community and your clients

Before using the tool, reflect on the needs of your current clients and the community at large, and on potential factors contributing to stigma and discrimination amongst your clients and community.

- **What is the role of your organization in the community?**

- **What is your existing client profile? Why do you think these individuals come to you for services?**

- **What members of the community you aim to serve are not accessing your services? Are there individuals with marginalized identities who are not accessing your services?**

  - **In your view, why are they not accessing your services? Are there barriers within your services that your clients may face or are currently facing as a result of stigma and discrimination?**

If some people in your community are not seeking services from your organization, they may be experiencing some form of stigma, they may be choosing to access services elsewhere, or they may not be accessing services at all. The best way to determine whether there is an unmet need in your community is to reach out to these people. If your organization does not have a relationship with a particular group, consider partnering with another organization or volunteer group that does.

Once you have determined whether people are able to access the services they need, you can plan accordingly. If they are accessing services elsewhere, then providing them with information and referrals may be sufficient. If, however, a group of people are not able to access the services they need, then you must determine what your organization can do to reduce stigma and discrimination and support personal health goals, given available resources.

Completing the organizational assessment

1.3 Start the assessment process

Follow these steps to begin the organizational assessment process:

1. Obtain senior management buy-in and approval to undertake the assessment.

2. Identify who should participate in the organizational assessment process. In some cases, only one part of the organization (e.g., health clinic, emergency department, discharge, etc.) will do the assessment, and in others the whole organization will be involved.

3. Engage the entire "chain" of staff and volunteers with whom clients come in contact.[1]

4. Identify where/how this assessment process fits within your organizational policies and processes. Ideally, the tool can be incorporated into regular quality improvement practices as a way of reinforcing a welcoming and supportive culture throughout the organization, rather than being seen as an "extra" process.

5. Encourage all staff and volunteers involved in the assessment process to complete the Substance Use Stigma Scale (SUSS) Self-Reflection Tool and reflect on their own attitudes, values and beliefs related to substance use. This self-assessment is located at the end of the document.

1.4 Completing the assessment process

Staff and volunteers should follow these steps to complete the assessment process:

1. Complete the assessment individually using the rating scale and assessment questions provided in Section 2. Managers should ensure a supportive, constructive environment, so that staff and volunteers feel they can respond openly to the assessment questions. Staff should have the option to complete the assessment anonymously if they so choose.

2. Meet to discuss their responses to the questions as well as their reflections on the process. This is an important learning opportunity and should foster open and constructive discussion of organizational challenges and strengths.

3. As a group, choose an average rating for the organization for each of the assessment questions.

4. As a group, identify priority areas for action.

[1] If it is not possible to engage the entire group of staff and volunteers in completing the assessment, consider using it with a smaller, representative group of staff and volunteers involved in the various stages of client engagement. Bring their responses to the larger group for further discussion and action.

Completing the organizational assessment

1.5 Developing the improvement plan

Next, your organization should develop an improvement plan to address the priority issues identified in the assessment process. This plan should reflect the time and resources, including human resources, available to ensure that the plan's deliverables are reasonable and achievable.

1. Bring together a working group to develop the plan, consisting of staff, volunteers, and clients who have an understanding of the primary organizational challenges, strengths and decision-making power.

2. Obtain senior management approval of the plan.

3. Circulate the plan to relevant staff and volunteers so they know what actions are required on their part.

4. Keep the working group regularly informed of the plan's progress.

5. Revisit your organizational assessment at regular intervals (at least yearly) to assess progress, enhance awareness of stigma and discrimination, and identify strategies to reduce stigma embedded within policies and practices, as well as stigmatizing attitudes and biases towards people who use drugs.

Section 2
Organizational assessment tool

This tool is divided into four areas of assessment based on the conditions necessary to achieve a safe and supportive organizational environment:

1. organizational policies, procedures, culture and environment are supportive and inclusive;

2. service providers possess the core competencies relevant to their professional roles;

3. clients/patients/customers feel comfortable, welcomed and supported when interacting with the organization; and

4. clients have the opportunity to provide input and feedback on organizational policies, procedures, and programs in a safe and anonymous way

Each section includes background information on the criteria, examples of how criteria have been applied and a series of assessment questions that will help identify priorities for action at the organizational level. Document the answers to the assessment questions using the following rating system:

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

For each question, there is a comments section for you to reflect on the contextual factors that your organization will need to consider in order to address the given issue.

Complete the assessment form individually, and then discuss your ratings and comments as a group to determine an average rating for your organization. Then, together you can identify priorities for action.

Organizational assessment tool

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

In order to act on any given issue, each organization requires institutional support, often expressed through a statement of organizational values or a formal policy. If your organization does not have a policy or values statement that specifically mentions substance use or harm reduction, look for statements that address stigma reduction and the provision of services that are free of discrimination. Staff and clients should be made aware of such policies and should understand the mechanisms available to them for reporting instances of stigma or discrimination.

Example

One community health centre developed the following policy statement on stigma and discrimination.

The Centre believes in the uniqueness and potential of every individual, and values diversity as an asset to the organization, to our society and to community life. We strive to ensure that every staff person, student, service user, board member, community member and volunteer feels welcome and respected at our Centre.

The Centre is non-discriminatory in its practices and policies, and takes an active role to eliminate discrimination on the basis of race, ancestry, place of origin, skin colour, ethnic origin, citizenship, creed, religion, age, gender, sexual orientation, marital status, family status, health status, job position, economic status, ability, or physical attributes and appearance.

The Centre will not tolerate discrimination of any kind, whether engaged in by employees, directors, students or volunteers. Centre programs and activities are conducted in a manner that is sensitive to diversity and an individual's right to appropriate services.

Issues of discrimination that are not resolved will be addressed through the Centre's conflict resolution policy.

Respect for privacy and confidentiality is the basis of any trusted relationship between an organization, a provider and clients.

Providers and organizations have a duty to protect the privacy of their clients and ensure the confidentiality of any information clients disclose to them. This respect should be formalized through organizational policies and procedures.

Further, clients should be informed that they have a right to privacy and should be made aware of the mechanisms available to them in the case of a breach of information.

Finally, management and other individuals involved in leadership should play a key role in reinforcing a culture of respect and inclusivity. They act as models of organizational expectations through their communication with staff and volunteers.

Organizational assessment tool

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, 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)?		
Does your organization have a complaints mechanism for clients who have experienced discrimination or a violation of their privacy/confidentiality rights? Are clients made aware of this mechanism? Are there supports available for clients who have experienced discrimination or a violation of their privacy/confidentiality?		
Does your leadership reinforce the organization's commitment and implementation of these policies (via staff meetings, communications materials, day-to-day interactions)?		

Organizational assessment tool

2.2 Service providers possess the core competencies relevant to their professional roles

Core competencies reflect the knowledge, skills, attitudes and behaviours that service providers need in order to strengthen services and support people who use substances in achieving their self-identified health goals.

It is imperative that organizations assist providers in developing and maintaining these core competencies through the provision of training and ongoing support, along with ensuring access to resources and expertise.

2.2.1 Training

Both clinical and non-clinical providers should receive regular training tailored to their professional role to enable them to deliver services that are free from stigma and discrimination.

Equally important, service providers should be aware of how their own attitudes, values and beliefs impact the physical and emotional safety of people who use substances, the provision of care, and how these factors directly impact the health outcomes of these patients/clients.

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 harm reduction approach (e.g., knowledge of various harm reduction models and other treatment options)?		
Do all staff and volunteers receive training on the factors that result in individuals being stigmatized and discriminated against (including individual, community and systemic factors)?		
Do all staff and volunteers (clinical and non-clinical) receive training to support service provision in a safe and respectful environment (e.g., training on the substance use health model, language, cultural safety, stigma reduction, trauma- and violence-informed services, person-centred care, etc.)?		

Organizational assessment tool

2.2.2 Support

Working as a front-line staff member or volunteer in a health or social service setting can be challenging. For example, you may experience vicarious trauma because of repeated exposure to your clients' experiences.

Staff and volunteers need to feel supported within the organization and must be provided with avenues to raise questions, concerns and experiences openly with their supervisors and colleagues, without fear of repercussion.

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

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Assessment Questions	Rating Y | R | N | NR	Comments
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?		

Organizational assessment tool

2.2.3 Access to resources and expertise

Some clients may require access to specialized services. For example, some people may wish to explore their relationship with substances and pathways to wellness (that extend beyond abstinence-focused services) in a peer setting, delivered by peers with living experience. Alternatively, you may need to refer people with HIV/AIDS to specialized clinical services, people with mental health problems to support services, people who are trans or gender diverse to clinical and psychosocial support services (e.g., hormone therapy, gender confirming surgery), or provide information about services addressing social determinants of health such as poverty, food insecurity and precarious housing. For such cases, having pre-established relationships with agencies or groups dealing with these issues allows providers to consult with them for advice or to refer clients to these organizations.

However, clients should never be referred elsewhere as a matter of course; do so only if your organization cannot meet their needs. Addressing the client's needs in a safe and effective manner should be the paramount concern.

Example

A health centre has a referral agreement with an organization that specializes in counselling people with HIV. This allows clients to access peer counsellors through the referral organization while continuing to receive their primary care services from the health centre. In addition, the health centre seeks out advice from the counselors for its own program design, resource development and training.

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
Has your organization developed relationships with other organizations in the community that offer specialized services (both clinical and non-clinical) and/or deal with issues frequently faced by people and communities who endure/d marginalization? Does your organization have a designated person to establish and maintain these relationships with other organizations, and carry out partnered work?		

Organizational assessment tool

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

Following every interaction with your organization, clients will form strong and lasting impressions about how they will be received in the future and whether their concerns will be taken seriously. Reflect on the following questions:

- **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?**

2.3.1 How do people learn about your organization?

Often people learn about your organization through ads, posters or pamphlets, or through your organization's website. What image is presented in these materials? Does the 'public face' of your organization reflect the population groups you serve (e.g., people of different socio-cultural groups, sexual orientations, ages, abilities, religions and genders).

Some clients do not have access to commonly used media, so communicating with them will require special tactics. Some examples include working with outreach workers/volunteers who regularly engage with individuals who are marginalized, or developing formal partnerships with organizations and groups that work with specific population groups.

| **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 the images and language used in your organization's communications (e.g., ads, posters, pamphlets, and websites) include positive images of the population groups you serve? Does your organization promote inclusivity, and is it a visually safe environment for clients?		
Within your health promotion messaging, do you refrain from the use of fear-based campaigns that stigmatize specific behaviours or groups of people? Do you review your website and other communications on a consistent basis to ensure no outdated or stigmatizing language is used?		
Does your organization have specific strategies to reach different population groups in your community?		

Organizational assessment tool

2.3.2 Is it easy for people to access your organization and its services?

Some clients, particularly those from marginalized communities, experience more challenges than others in accessing services. For example, your location and its proximity to public transit, accessibility for people with disabilities or your hours of operation can be inhibiting factors for clients.

Example

Recognizing that many of their clients did not have regular access to health care, an emergency housing shelter developed a partnership with a community clinic so that a nurse practitioner was available to provide basic primary care and preventative services on-site once a week. This addition increased client access to essential health services and fostered an ongoing relationship with a health care provider.

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 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)?		

Organizational assessment tool

2.3.3 Do you foster a welcoming and safe environment for your clients?

The tone you set at the door of your organization creates a strong first impression for clients. This includes the first encounter with a staff person or volunteer; the kinds of posters, artwork and magazines[2] in the reception area or waiting room; or the way clients are greeted on the phone.

Clients will generally feel more welcomed when they meet staff or volunteers who understand the unique needs of their community and who share aspects of their identity or can relate to it in some way. Similarly, when the reception and waiting rooms have artwork or magazines that represent their living experiences, clients will feel more at ease.

> **Example**
>
> *A social services agency employs greeters in its reception area and waiting room. The greeters come from different cultural groups in the community and speak the various languages spoken in the community. They interact with clients and help them feel comfortable in the space. They are familiar with the agency's services and resources as well as the other resources available in the community so they can help direct clients to what they need.*

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?		
Is your organization's public space (reception area, waiting rooms) welcoming of people from different population groups? Do posters, pamphlets, signage, artwork and magazines depict different types of relationships, sexual orientations, gender identities, ethno-cultural groups, as well as people with living experience, in a positive way?		
Is there signage in the public spaces that conveys positive messaging (e.g., "This is a welcoming, non-judgmental space. Welcome!"; "I use person-first language"; "Compassion is a practice, and I'm practicing")?		
Is there material of interest to attract members of different population groups (e.g., relevant newsletters, information about events in the community, etc.)?		

[2] These could include lifestyle and fashion magazines; consider how they depict gender roles, relationships and beauty standards.

Organizational assessment tool

2.3.4 How are clients treated during the intake process?

The intake process is one of the first indicators to clients that they can feel safe within an organization. The process may involve conversations with reception staff or clinicians completing intake forms. If done sensitively, this process can help build a trusting relationship with the client; if not, clients may see your organization as disrespectful or threatening.

Consider the availability of space for private conversations with clients, the language used in intake forms and the approach used for data collection. Organizations should also be sensitive to a client's desire to be accompanied by family members (or not) during the intake process.

Example

One health clinic reviewed the language used in their intake forms to make sure it was inclusive for LGBTQ2IA+ clients. They made changes to the forms so that all clients felt reflected in the answer choices, and also included more open-ended questions so that clients could respond in a way that reflected their lived experiences. They also made sure clients had space for private conversations with reception staff. These measures helped clients feel understood and respected and also contributed to more accurate data collection.

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 the intake forms use language that is clear and inclusive (e.g., using gender-neutral terminology and person-first language)?		
Does your organization adopt each client's definition of family, which may include but not be limited to relatives by blood, adult caregivers, same-sex partners or friends?		
Are confidentiality and privacy respected through the intake process (e.g., a safe, private space for completing the intake process)?		

Organizational assessment tool

2.4 Clients have the opportunity to provide input and feedback on organizational policies, procedures, and programs

By "tailoring" rather than "targeting" programs to particular client groups, there is a better chance of avoiding stigma and the more subtle ways that programs can isolate, rather than integrate, different population groups. To be effective, community/client engagement and partnership needs to be respectful and authentic.

Involving prospective clients – especially those from marginalized groups – in the tailoring process offers your organization three valuable resources:

1. insight into how clients perceive your organization, which is a good way to address potential "blind spots" around stigma within your organization;

2. the experience and expertise of clients, as well as their energy to help your organization develop or review initiatives; and

3. commitment because when clients believe in what your organization is doing, they can act as "ambassadors" for you within the community.

Engagement and partnership with people with living experience is essential to the success of any organization. People who use drugs are experts in substance use health, and this reality should be reflected in service delivery models.

If your organization does not have a relationship with people who experience/d marginalization in your community, develop a partnership with a group or organization that does (e.g., groups working with the LGBTQ2IA+ community, people with HIV, or newcomers to Canada).

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

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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?		
2. Does your organization intentionally recruit members of different population groups in your community as staff and volunteers?		
3. For this assessment, did your organization get input from groups or organizations working with different population groups?		
Does your organization work/consult with people with living experience or have access to a committee of PWLE to contract for input? *Note, this must be paid work to fairly represent the expertise the organization would receive		

Section 3
Developing the improvement plan

As part of the assessment process, priority issues need to be identified and action taken in a timely manner. Organizations have multiple issues and demands to address at any one time, so planning is paramount. Identify clear priorities for action and what resources are available so a reasonable improvement plan can be developed.

Review the steps below as you develop an improvement plan.

1. **Pick your priorities for action.** It is better to focus on a few important areas and act rather than to scatter your efforts. What were the priority issues identified through the organizational assessment? Are some of these issues more urgent than others? Where is the energy and resources to start improvements?

2. **Bring together a working group.** Who has the knowledge, experience and understanding of the priority issues to develop the plan? Involve an outside group or organization if you need additional perspective or expertise (e.g., an organization already working closely with people who experience/d marginalization). Make sure there is a clear link to your management to ensure access to resources and consistency with organizational policies and direction.

3. **Clarify the problem/issue you are trying to address.** Consider the comments captured during the organizational assessment and group discussion process. Do you need additional information to better understand the issue? You might want to get the perspective of clients, which could involve conducting a survey, key informant interviews or a focus group.

4. **Identify potential solutions to address the issue(s).** Once you understand the issue(s), consider different potential solutions. How have other organizations approached this issue(s)? Is there an opportunity to build on other initiatives that are already happening in your organization or community? What are the challenges in moving forward, and how could they be addressed? What are the resource implications of different potential solutions?

5. **Develop the improvement plan.** The plan should identify the issue you are going to address, the outcome you are hoping to achieve, various action items, who is responsible for each, and the timeline and resources required.

6. **Get approval from management.** This will ensure that the necessary permissions and resources are in place.

7. **Circulate the improvement plan.** Relevant staff, volunteers and management need to stay informed. The people who completed the organizational assessment need to see how their comments are addressed. It might not be possible to address all comments at once, but people who were involved in the assessment process need to know they were heard.

8. **Check-in and evaluate progress on the plan.** Has the implementation gone as planned? Have you achieved the outcomes you were hoping for? If not, adjust the plan.

9. **Celebrate your achievements!** Recognize the work that went into addressing the identified issue(s) as well as the people who contributed. Celebrating accomplishments will help to develop a positive organizational culture committed to safe and inclusive services.

Improvement plan
Sample template

What issue(s) are you trying to address?

What outcome(s) are you hoping to achieve?

Action Item	Timeline	Resources required	Lead Role	Progress

The Substance Use Stigma Scale (SUSS) Self-Reflection Tool

Below is a list of ideas about people who use substances. Some of these ideas may be true for you, while some may not. People hold a wide range of ideas about substance use, some of which are stigmatizing to people who use substances. We are interested in your particular ideas. Please answer the questions honestly - the responses are only for your individual reflections. You might reflect on biases or stigmatizing ideas you hold, and areas that you can work on individually and within your organization to reduce stigma.

1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree

	1	2	3	4	5	6
I feel comfortable being around people actively using substances.	1	2	3	4	5	6
I agree with the legalization of cannabis.	1	2	3	4	5	6
I would never refuse services to someone who I think is actively using substances.	1	2	3	4	5	6
I understand that there are risks associated with all substances, including alcohol and cannabis.	1	2	3	4	5	6
I believe that people who use substances are deserving of care and respect despite the impact their substance use may have on family and friends.	1	2	3	4	5	6
I believe pregnant people can make their own decisions around their substance use, and are deserving of care regardless of their substance use.	1	2	3	4	5	6
I would react calmly if a client told me they use an illicit substance.	1	2	3	4	5	6
I would be supportive of a colleague I knew who had recently accessed substance use services.	1	2	3	4	5	6
I believe there are sufficient support services available to people who use substances in Canada.	1	2	3	4	5	6
I would know what to do if a family member told me they had a substance use problem.	1	2	3	4	5	6
I understand that there are a variety of options available to people who use drugs, including harm reduction services and only people who use drugs can decide what option is best for them.	1	2	3	4	5	6
I know there are many legitimate and multi-faceted reasons why a person might use substances despite knowing of the risks associated with them.	1	2	3	4	5	6
I understand that people from all walks of life and all socio-economic backgrounds may use substances regularly at some point or another.	1	2	3	4	5	6
I am happy to work alongside another provider who has used substances.	1	2	3	4	5	6
I know how to avoid language that stigmatizes people who use substances.	1	2	3	4	5	6
My values are important to the work that I do.	1	2	3	4	5	6

About CAPSA

CAPSA (Community Addictions Peer Support Association) is a charitable organization of people affected by substance use disorder based in Ottawa, Ontario.

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 disorder and the use of personfirst language to reduce stigma and discrimination.

CAPSA Staff involved in the project:
Ashleigh Hyland, Systems Stigma Navigator

About CPHA

The Canadian Public Health Association (CPHA) is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

We champion health equity, social justice and evidence-informed decision-making. We leverage knowledge, identify and address emerging public health issues, and connect diverse communities of practice.

We promote the public health perspective and evidence to government leaders and policy-makers. We are a catalyst for change that improves health and well-being for all.

We support the passion, knowledge and perspectives of our diverse membership through collaboration, wideranging discussions and information sharing. We inspire organizations and governments to implement a range of public health policies and programs that improve health outcomes for populations in need.

Our Vision

A healthy and just world

Our Mission

To enhance the health of people in Canada and to contribute to a healthier and more equitable world.

CPHA Staff involved in the project:
Greg Penney, Director of Programs
Karin Moen, Senior Project Officer
Hailey Morton, Project Officer
Sophie Chochla, Project Officer
Kelsey MacIntosh, Project Officer

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