Engaging Clients Who Use Substances eLearn

Northern York
South Simcoe
ONTARIO HEALTH TEAM

York Region

Canadian Mental
Health Association
York and South Simcoe

LOFT
Community Services

Health

Created by the Northern York South Simcoe Best Practice Spotlight Organization Ontario Health Team's Engaging Clients Who Use Substances Working Group in collaboration with York Region Public Health's Substance Use Prevention & Harm Reduction Program and external consultants, Rosanra Yoon and the Community Addictions Peer Support Association.

Disclaimer

This training module is for information and education and is not intended to be a substitute for professional medical advice, diagnosis or treatment. It is the user's responsibility to stay up-to-date with current practices for engaging clients who use substances. This module is provided for your professional non-commercial use, and shall not be modified, copied, distributed, reproduced, published, licensed, transferred or sold for a commercial purpose.

Land Acknowledgement

We acknowledge that York Region is located on the traditional territory of many Indigenous Peoples including the Anishinaabeg, Haudenosaunee, Huron-Wendat and Métis peoples and the treaty territories of the Haudenosaunee, Mississaugas of the Credit First Nation and Williams Treaties First Nations. Today this area is home to many diverse Indigenous Peoples, and we recognize their history, spirituality, culture and stewardship of this land. We also acknowledge the Chippewas of Georgina Island First Nation as our closest First Nation community.

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Introduction

This training module supports healthcare and social service providers in facilitating a baseline understanding of core practice/service principles when engaging clients who use substances

The aim of this training is to optimize patient experience and positively impact health outcomes

This eLearn will take approximately 1-2 hours to complete

The training is developed as part of the Northern York South Simcoe Ontario Health Team Best Practice Spotlight Organization.

Learning Objectives and Outcomes

- Recognize stigma against people with lived and living experience of substance use and its potential impacts

- Build skills for application of trauma- and violence-informed approaches to care and harm reduction strategies

- Identify how to engage clients when screening for substance use and substance use disorder

- Receive a brief introduction to the concepts of motivational interviewing and brief contact interventions into practice

- Contribute to processes of organizational change, actions and capacity for equity-oriented care

Stigma

Stigma

- Includes negative attitudes, beliefs or behaviours about or towards a group of people because of their situation in life including discrimination, prejudice, judgment and stereotypes, which can isolate people who use drugs[1]

- Is a deeply held set of false beliefs about a group of people with at least one attribute in common which allows judgement, oppression and discrimination of those people to take place and is done by either overt actions or silent complicity with those actions[2]

Reducing Stigma is Improving Health Outcomes

- Stigma can affect a person or family's ability to access support and treatment for substance use health services and/or substance use disorder[3]

- Providing non-judgmental, stigma-free, compassionate substance use health services facilitates greater opportunity for clients to experience choice, collaboration, empowerment, and enhanced access to services[3]

Multiple Types of Stigma:

Self Stigma:

- A person internalizes social and structural stigma by applying the negative messages about people who use drugs to themselves, which can contribute to shame and isolation[1]

- Example: A person experiences embarrassment, hopelessness; secrecy about use

Social Stigma:

- Negative attitudes towards people who use drugs and/or their friends and family[1]

- Examples: Use of negative labels and images of people who use drugs and/or their families in everyday conversation and in media; discriminating against people who use substances by social exclusion; ignoring people with a substance use disorder and/or their families; "not in my backyard"

Structural Stigma:

- The design and enforcement of laws, policies, services and programs in ways that disadvantage and oppress people who use drugs[1]

- Examples: Withholding health or social services until substance use health disorder is better managed; criminalization of drug use

Beyond Stigma Lies Opportunities for Hope:[4]
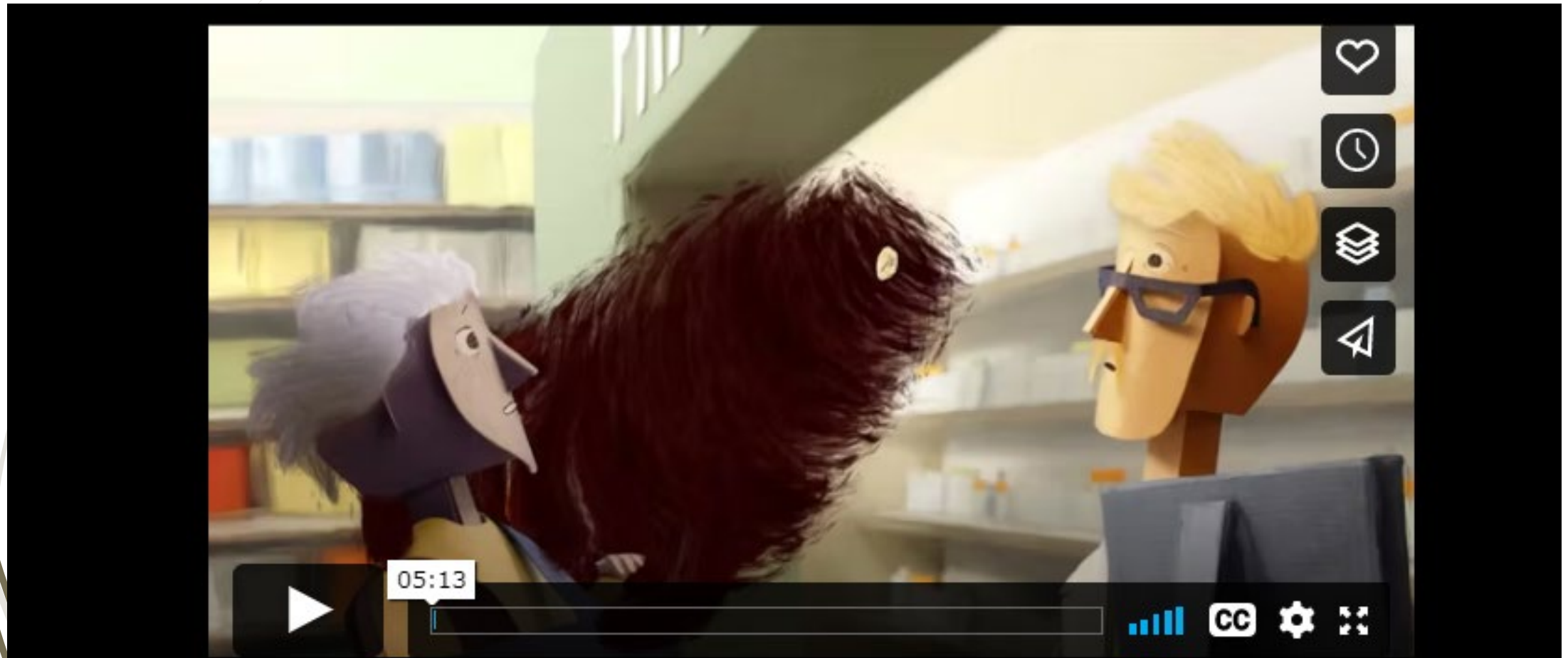
This video contains sequences/animations that may affect photosensitive viewers.

Reflection on the Video

1. What barriers and stigma were enacted against the character in the first half of the video?

2. How did these barriers and stigma affect the character?

3. What did service providers do in the second half of the video to provide a safer and more compassionate environment?

4. How might you or your work environment support choices and options for assessment, diagnosis and/or referral to substance use health services, including substance use disorder treatment so people have a path to health and wellness?

Reflection on the Video-Possible Answers

1. What barriers and stigma did the character face in the first half of the video?

Labelling (addict, drug seeking, high risk, difficult); lack of trust; inadequate pain control; judgment (double-doctoring, overdose risk, diversion, drug problem); spoken to sternly

2. How did these barriers and stigma affect the character?

Exhausted, frustrated, dealing with overwhelming pain. Stereotypes and judgements resulted in discriminatory practices and feeling ashamed and like a failure. Resorting to unsafe, unregulated supply of opioids.

3. What did service providers do in the second half of the video to promote a client-led treatment plan? How might you or your work environment support choices and options so people have a path to health and wellness?

Rather than react with suspicion and discomfort, providers asked questions rather than make assumptions. Providers are knowledgeable about treating pain in people who are on opioid treatment and in people how have/had a substance use disorder. Providers asked questions to get patient input into treatment and evaluated intervention by checking with patient. Providers communicated and collaborated with each other and the patient to work on a treatment plan together.

Person-Centred Language & Stigma[5]
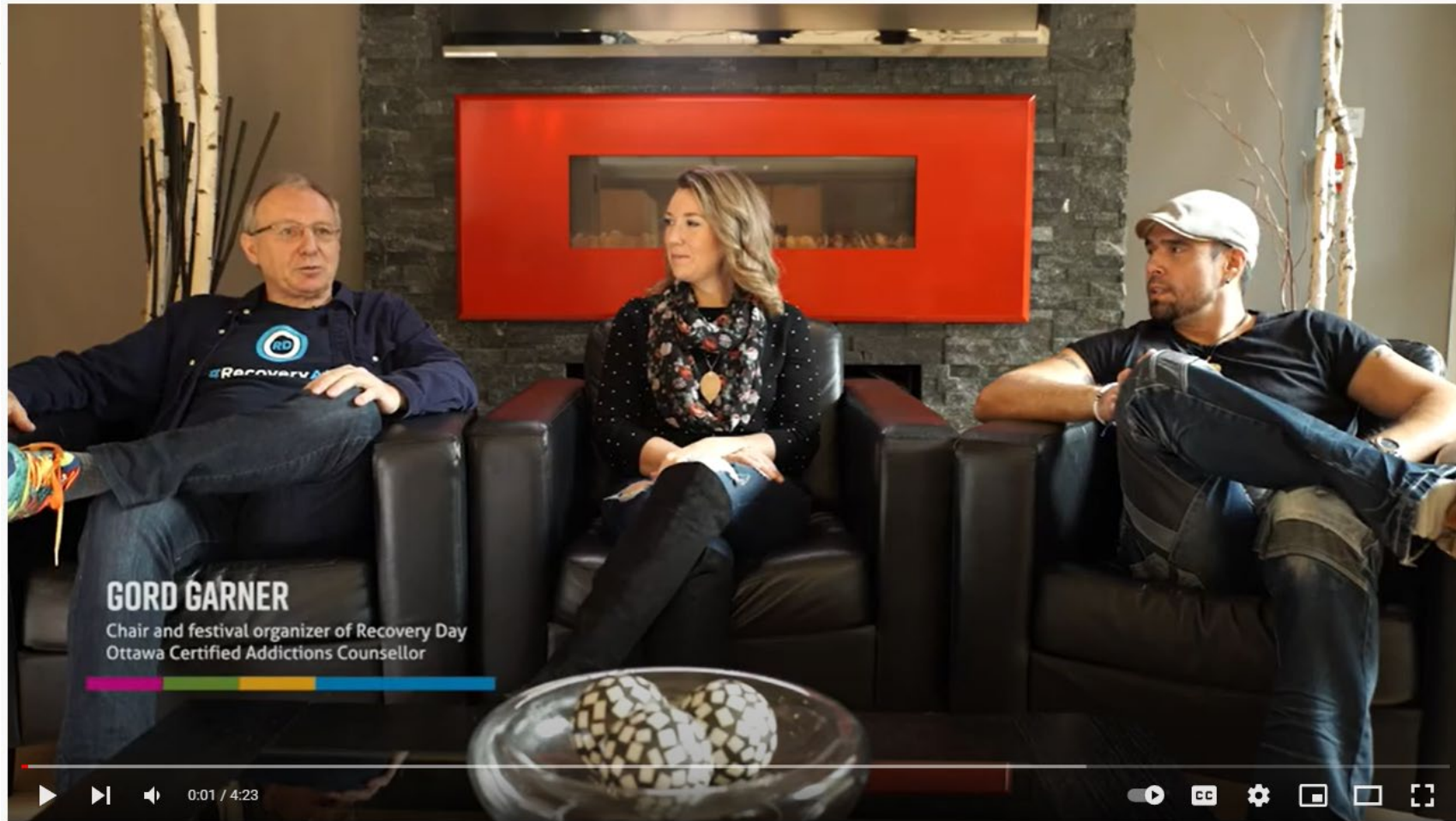
Stigma: Scenario

Your agency has recently signed to distribute naloxone and harm reduction supplies (e.g. sterile syringe, alcohol swabs, sharps container, etc.)

A staff member on your team comments:

"Why are we wasting money to enable people to use drugs?"

How would you respond? (free text)

Possible Answers:
- Substance use disorder is a health issue, and it doesn't discriminate
- All people are deserving of acceptance, respect and empathy
- Naloxone is a medication that can reverse opioid overdose and save lives
- Harm reduction supplies reduce the risk of blood-borne infections
- Harm reduction supplies protect the person who uses drugs and the community

True or False

The stigma associated with mental health and substance use can be as concerning as the symptoms

True or False

Answer: **True**

Effects of stigma can include, but are not limited to: isolation, shame, guilt, a tendency to avoid seeking help[3], a constricted support network[3], loss of hope for recovery[3], and criminalization of drug use.

Stigma Resources

- Addiction and Mental Health Ontario: [Equity, Anti-Racism and Anti-Oppression Framework](#)

- Addictions & Mental Health Ontario: [Not time to wait Budget Submission](#)

- The Canadian Association of People who Use Drugs: [Stigma resources](#)

- CAPSA: [Stigma](#), [On My Way to Wellness](#) http://stigmaendswithme.ca/#useincanada

- York Region Public Health, [York.ca/opioids](#) (Do your Part to Reduce Stigma tab)

- City of Hamilton: [See the Person, Stop Stigma](#)

- CAMH: [Stigma Resources and Methadone Stigma](#)

- Public Health Agency of Canada. [Communicating about substance use in compassionate, safe and non-stigmatizing ways a resource for Canadian health professional organizations and their membership](#)

- Public Health Agency of Canada. [Evidence-based interventions to address substance use-related stigma in health systems](#)

Stigma References

1. Health Canada. Stigma around drug use. Ottawa (ON): Health Canada; 2022 [cited 2022 Oct 28]. Available from: https://www.canada.ca/en/health-canada/services/opioids/stigma.html?utm_campaign

2. Community Addictions Peer Support Association. Stigma. Ottawa (ON): CAPSA; 2020 [cited 2022 Oct 28]. Available from: https://capsa.ca/

3. Centre of Addiction and Mental Health. Beyond the label: An educational kit to promote awareness and understanding of the impact of stigma on people living with concurrent mental health and substance use problems. Toronto (ON): CAMH; 2005 [cited 2022 Oct 28].

4. Health Canada. Beyond Stigma. Toronto (ON): Subject Matter Health Research Lab; 2021 [cited 2022 Oct 28]. Available from: https://subjectmatter.ca/work/beyond-stigma/

5. Canadian Centre on Substance Use and Addiction. Changing the stigmatizing language of addiction to support recovery. Ottawa (ON): CCSA/CCDUS; 2017 [cited 2022 Oct 28]. Available from: https://www.youtube.com/watch?v=CHsZ-KSHbcE

Trauma and Violence-Informed Care

Trauma and Violence-informed Care

- Trauma defined as an experience that overwhelms an individual's capacity to cope and may have lasting impacts on the person in many aspects of their life and sense of self; [1,2] it is unique to each person, defined not by the event(s), but by the impact on each person/community[2]

- Trauma can result from a number of negative experiences that are outside of one's control, such as abuse or neglect during childhood, disrupted attachment in early life, violence, accidents, natural disasters, war, sudden unexpected loss, and other life events[1]

- It is very common for people accessing substance use health treatment and mental health services to report overwhelming experiences of trauma and violence. Integrating trauma and violence-informed care focusing on strengths, choice, collaboration and connection helps to create a supportive environment for clients and their families[1]

Core Principles of Trauma and Violence-informed Care

Acknowledge

Shared Decision-making

Safety

Trauma and Violence-Informed Care

Relational & Collaborative

Trust

Choice

- Trauma and violence-informed principles should be applied universally in any setting and are intended to provide an approach to programs and services that seek to enhance safety (emotional, psychological, physical, spiritual) of clients and providers[3]

Principle: Acknowledge

Acknowledge:

- The impact and the experience of trauma[3]

- The discomfort/distress in others and in ourselves[3]

Acknowledging includes:

- Shared vulnerability[3]

- Reframing problem behaviours as coping mechanisms[3]

- Use person-centred language[3]

- Be aware of the potential impacts of trauma and any threats that may have impacts on safety, trust, choice, and control[3]

- **Example:** Validating the experience without asking too much details

Principle: Safety

- Safety is essential to ensure that our processes and services, the ways we work with communities and clients, and with each other is psychologically, physically, emotionally and spiritually safe. This includes promoting safety within organizational practices, procedures and the physical environment[3]

- **Examples can include:**

- Asking for permission to give advice

- Welcoming intake procedures

- Adapting the physical space to be less threatening

- Being responsive to the person in the present moment

- Being mindful of how we speak to each other and our body language

- Making cultural and accessibility-minded accommodations
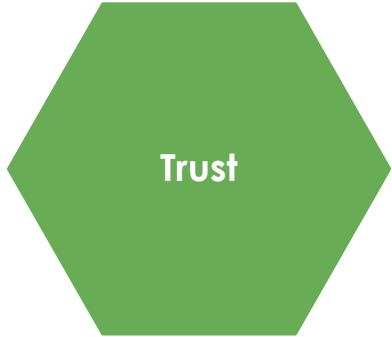
Principle: Trust

- It is essential to trust and be trustworthy in the way we work with clients, communities and each other[3]

- Seek to be transparent in the ways we work by knowing that trust is earned, easily fractured, and once broken, difficult to repair[3]

- **Examples can include:**

- Ensuring confidentiality and privacy are respected

- Ensure informed consent

- Providing clear information about the programs and services the client is accessing

- Demonstrating clear and predictable expectations

Principle: Choice
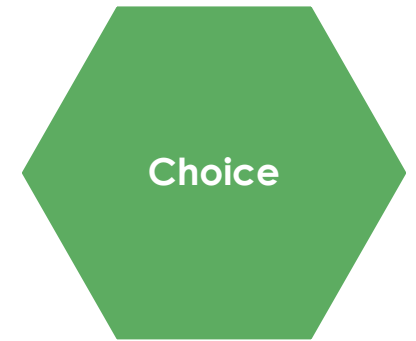
Choice:

- Fosters a client's sense of efficacy, self-determination, dignity and personal control[3]

Choice includes:

- Being client-led with the aim of self-efficacy and working towards client-led goals[3]

- Service providers communicating openly, equalizing power imbalances in relationships and allow the expression of feelings without fear of judgment[3]

- Provide options as to treatment preferences, and work collaboratively[3]

- **Example:** A service provider shares the options of treatment/care (including harm reduction options) with a client and the client chooses what best works for them

Principle:
Relational & Collaborative

- Relationships matter

- Building relationships with clients, community partners and each other through engagement, respectful boundaries and consistency enhances collaboration[3]

- **Example:** Setting goals that are mutually agreed upon and client-led? Ask "What's happened?" , "What's happening?" and not "what's wrong"

Principle: Shared Decision-making

- Service providers work in ways that appreciate and acknowledge these barriers and inequities and seek to share decision-making and are cognizant of the power differentials that we may hold over others[3]

- **Example:** Allow anonymous feedback from clients; consider clients partnering on the design and evaluation of the program from the beginning

Trauma and Violence- Informed Approaches are Strength-based and Skill Building

- Assist clients to identify their strengths to further develop their resiliency and coping skills[1]

- Teaching and modelling skills for recognizing triggers, calming, centering and staying present[1]

- Acknowledge the strength it took for the client to seek support/care and the strengths required to survive and thrive in difficult situations (and how these strengths can be leveraged for self-advocacy and planning future actions)

- Using person-centred language in interactions (i.e. A person who uses substances vs an addict)[4]

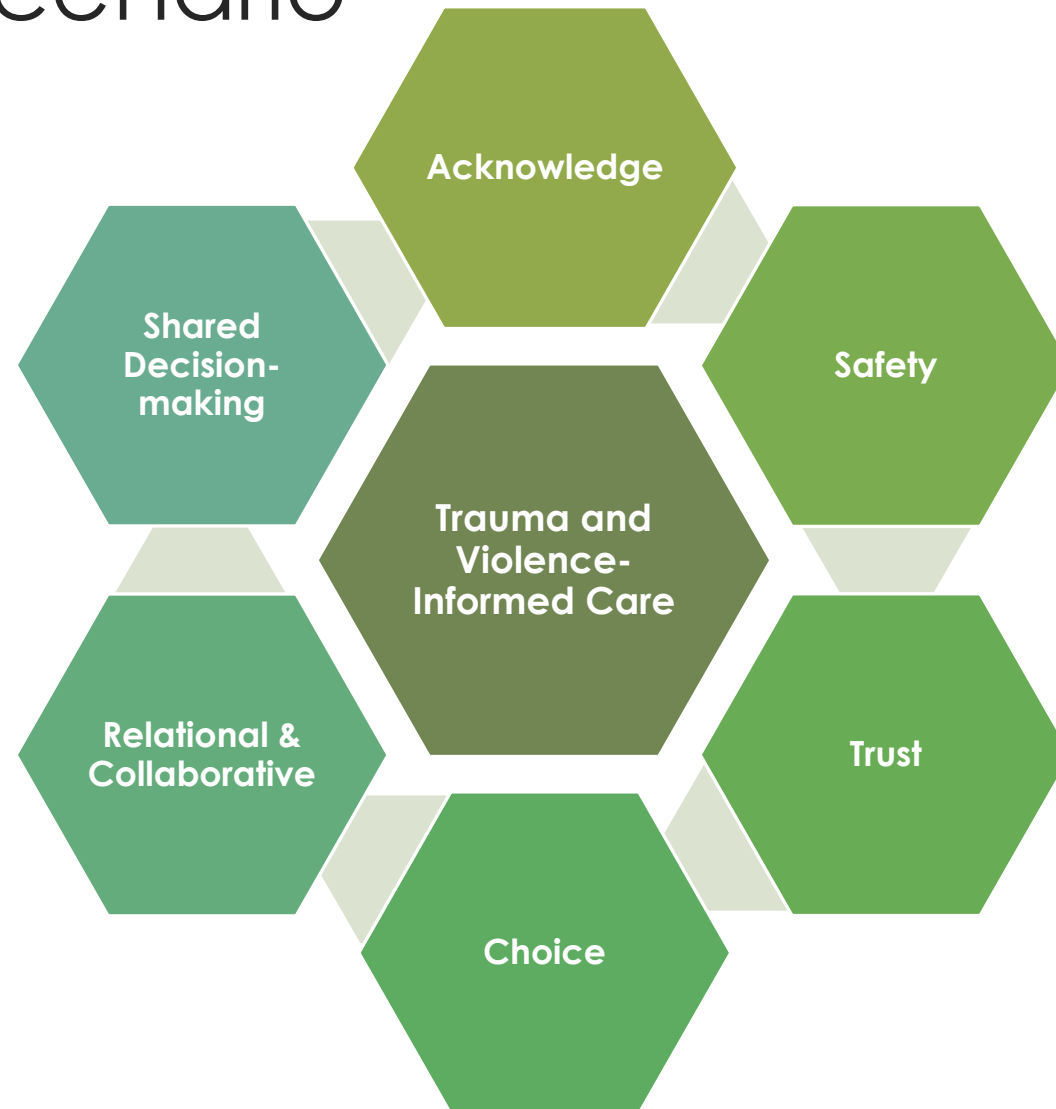# Video: What is Trauma Informed Care?[5]

Applying Trauma Informed Care Principles: Case Scenario

Case Scenario: Mr. B.T.

- 67-year-old male lives alone in a seniors' residence

- Independent with assistive devices, finances and medication management

- Has been offered health and social services and programs ; however has declined all help offered up to this point

- Has some social supports with challenging family relationships; however B.T.'s sister is involved in helping him explore programs and services and that relationship offers some support

- B.T.'s sister has shared openly that "The family we grew up in was very dysfunctional. There was a lot of abuse and power struggles. It was hard for us both"

Applying Trauma and Violence-Informed Principles When Interacting with Mr. B.T.

Acknowledge

Shared Power

Safety

Trauma Informed Practice

Relational & Collaborative

Trust

Choice

How can you ensure your interaction with B.T. is trauma and violence-informed?

How can you ensure that:

1. B.T. is acknowledged in a trauma and violence-informed way?

2. B.T's need for safety is addressed?

3. An environment of trust is established with B.T.?

4. B.T.'s choices around treatment/services are honored?

5. That the relationship you establish with B.T. is collaborative with shared decision-making?

Applying Trauma and Violence-Informed Principles When Interacting with Mr. B.T.: Possible Answers

How can you ensure:

1. B.T. is acknowledged in a trauma-informed way?

- Be aware of the impact of trauma and how individuals/clients/families are impacted (awareness can be gained through education-such as this education and learning). Avoid asking questions that can re-traumatize B.T. (details around the nature of his upbringing are not important to ensure a trauma-informed approach is practiced). Be aware of your own experiences and how they may impact that care/services you provide.

2. B.T's need for safety is addressed?

- Ensure open communication (verbal/non-verbal/body language) when interacting with B.T. Ask permission before giving advice or making suggestions about care/services. Be present in your interaction with Mr. B.T. instead of talking over or rehearsing what you will say next, listen and respond thoughtfully/curiously.

3. An environment of trust is established with B.T.?

- Be transparent in your interaction with B.T.; ensure privacy and confidentiality are respected, ensure informed consent when planning treatment/services with B.T.

Acknowledge

Safety

Trust

Applying Trauma and Violence-Informed Principles When Interacting with *Mr. B.T.*: Possible Answers

Choice

Relational & Collaborative

Shared Power

How can you ensure:

4. B.T.'s choices around treatment/services are honored?

➡ Ensure open communication throughout the interaction; provide choices (including harm reduction options) as to treatment options/preferences; ensure client choses what best suits their personal health goals currently; work collaboratively to determine overall goals/treatment/services with B.T.

5. That the relationship you establish with B.T. is collaborative with shared decision-making?

➡ Work with B.T. to set goals that are mutually agreed upon; Use inclusive and non-stigmatizing language throughout your interaction (ex. Ask "what's happening right now vs. what's wrong"); provide opportunities for B.T. to provide anonymous feedback regarding the services provided

Trauma and Violence-Informed Care Resources

- Canadian Centre for Substance Use, [Trauma-informed Care Toolkit](#)

- Centre of Excellence for Women's Health, [Trauma-Informed Practice](#)

- EQUIP Health Care, [Trauma- & Violence-Informed Care: A Tool for Health & Social Service Organizations](#)

- Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families, [Practice Guide](#)
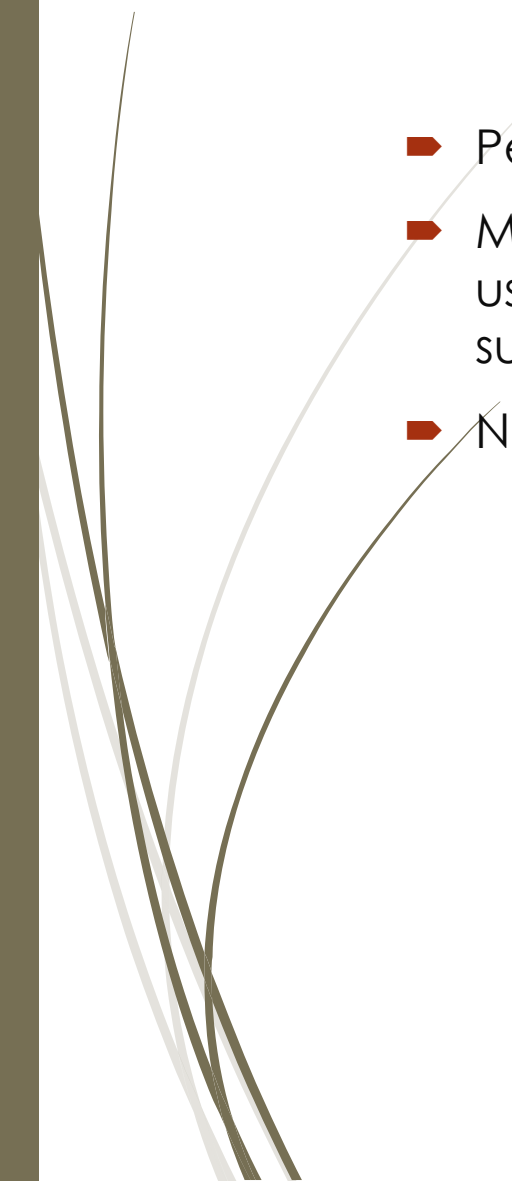
Trauma and Violence-Informed Care References

1. Poole, N. Essentials of… Trauma-informed Care; Ottawa (ON): , Canadian Network of Substance Abuse and Allied Professionals/The Canadian Centre on Substance Abuse; 2014 [cited 2022 Oct 28]. Available here: https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Trauma-informed-Care-Toolkit-2014-en.pdf

2. Jean Tweed Centre. Trauma Matters: Guidelines for Trauma-Informed Practices in Women's Substance Use Services. Toronto (ON): JTC; 2013 [cited 2022 Oct 28].

3. Yoon, R. Trauma-informed practice training session; Richmond Hill (ON): Independent Consultant; 2019 [cited 2022 Oct 28].

4. Alzheimer Society. Person-centred language guidelines; 2017 [cited 2022 Oct 28]. Available here: https://alzheimer.ca/sites/default/files/documents/Person-centred-language-guidelines_Alzheimer-Society.pdf

5. Centre for Health Care Strategies. What is Trauma-Informed Care? 2019 [cited 2022 Oct 28]. Available here: https://www.youtube.com/watch?v=fWken5DsJcw

Harm Reduction

Why do People Use Substances?[1]

- People who use substances do so for health, social, coping and/or spiritual reasons[1]

- Most people who use substances experience low risk of harm from their substance use but some will require services and support to make or maintain a change in their substance use to achieve well-being[1]

- Not everyone who uses substances wants to or can stop using substances

Harm Reduction

Harm Reduction:

- Refers to practices, programs, and policies that aim to reduce the adverse health, social, and economic impacts of substance use without requiring individuals to abstain from substance use[2,3]

- Accepts that substance use occurs in society and at any given time some people's substance use health goals are not abstinence-based[2,4]

- Understands the evidence-base demonstrating the efficacy of people who use/used drugs informing program/policy development, implementation and evaluation[2,4]

- Is for anyone who uses substances anywhere on the substance use spectrum[2,4]

- Does not exclude abstinence as an option[2,4]

Harm Reduction

Applying a harm reduction framework allows service providers to:

- Tailor their approach in order to meet clients "where they are" without judgement[5]

- Establish a client-led plan of care that increases safety and supports substance use health goals[5]

- Build trust and autonomy in the relationship with client[5]

Reflections

Reflect and consider the following:

1. Why would someone continue using substances? (free text)

Possible Answers[6]:

- Coping (history of unresolved trauma/intergenerational trauma, stress or lack of meaningful support/isolation)

- Genetic factors (genetic vulnerability/susceptibility)

- Environment (lack of social support networks/formal and or informal social supports/peer pressure)

- Mental health and wellbeing concerns

- Unfavorable social determinants of health (e.g. safe housing, stable employment/income, access to nutritious food, etc.)

Reflections

2. What does harm reduction mean for your practice/the services you provide? (free text)

Possible Answers:

- Provide naloxone, HR supplies, drug checking services
- Provide service whether the person chooses to use substance(s) or not
- Collaboratively set goals with the client and provide options to promote health
- Know local agencies providing harm reduction services
- Show compassion and care
- Review and update practices and policies to reduce inequities and empower people who use drugs
- Protects future harms/impacts related to substance use and supports health

True or False

Most people with concurrent mental health and substance use health concerns need to hit their breaking point before they have a chance to reach health goals

True or False

Answer: **False**

Reaching health goals can begin at any time. Given the impacts on the brain, possible impacts of Substance Use Disorder, and toxicity due to a contaminated drug supply (e.g. fentanyl), the earlier one can make a change for better health, the better.

Harm Reduction Resources

- Canadian Association of People who Use Drugs, [Resources](#)

- CATIE, [Harm Reduction Fundamentals](#)

- Equip Healthcare, [Rate Your Organization on Harm Reduction and Reducing Substance Use Stigma: A Discussion Tool](#)

- Homelessness Learning Hub, [Harm Reduction for the Homelessness Sector](#)

- Ontario Harm Reduction Network, [OHRN Learning](#)

- York Region Public Health, [York.ca/harmreduction](#)

- Ontario Addiction Treatment Centre, http://www.oatc.ca/clinic-locations/newmarket-clinic/

Harm Reduction References

1. Community Addictions Peer Support Association. On My Way to Wellness; Ottawa (ON): CAPSA; 2020 [cited 2022 Oct 28]. Available here: https://www.youtube.com/watch?v=0Fc5sMGuCEQ

2. Canadian Nurses Association. Harm reduction & criminally illegal drugs: Implications for nursing policy, practice, education and research; Ottawa (ON): CAN; 2011 [cited 2022 Oct 28].

3. Rassool, G. H. Addiction for nurses; West Sussex (UK): Wiley-Blackwell; 2011 [cited 2022 Oct 28].

4. Beirness, D. J., Jesseman, R., Notarandrea, R., & Perron, M. Harm Reduction: What's in a name? Ottawa (ON): Canadian Centre on Substance Abuse; 2008 [cited 2022 Oct 28].

5. Registered Nurses' Association of Ontario (RNAO). Supporting clients on methadone maintenance treatment; Toronto (ON): Registered Nurses' Association of Ontario; 2009 [cited 2022 Oct 28].

6. Centre for Addiction and Mental Health (CAMH). Addiction; Toronto (ON): CAMH; 2022 [cited 2022 Oct 28]. Available here: https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/addiction

Screening, Motivational Interviewing, Brief Contact Intervention and Referral

Screening, Motivational Interviewing and Brief Contact Intervention and Referral

- Screening, brief intervention, and referral (SBIR) is an effective tool to reduce substance use harms[1,2,3]

- SBIR often uses motivational interviewing techniques to help an individual make a behaviour change(s)[3]

- Screening is used to:
  - Identify people who may be experiencing or may develop harms from their substance use health[4]
  - Facilitate information sharing about how to reduce risk and/or referral to services[4]
  - Inform assessment, diagnosis and treatment of substance use disorder symptoms

Brief Interventions

- Are collaborative conversations between a client and a health care provider about a health issue[5]

- Focus on preventing and reducing harmful or risky patterns of substance use and can also include addressing underlying concerns that may be affecting substance use health (e.g., depression, trauma) [5]

- May be formal or informal, structured or unstructured, short or long, a one-time event, or a series of conversations over a period of time[5]

Motivational Interviewing (MI)

- MI has shown to be effective compared to other evidence-based approaches to substance use disorder treatment[6]

- MI is collaborative and goal-oriented, recognizes client autonomy, and aims to strengthen the client's motivation toward self-defined, healthy behavior change[6]

- In MI, the client takes the central role and the service provider acts as the facilitator[6]

- In practice, there are three key tasks[6]:

    1. To listen reflectively;

    2. To elicit client change talk; and

    3. To offer information, feedback and advise using the MI approach

Task One: Listen Reflectively

- **Open questions:** Avoiding questions that can be answered by "yes" and "no" or one-word answers[6]
  - **Example**: "What benefits do you get from drinking? vs. Do you drink to cope with stress?"

- **Affirmations:** Giving credit or acknowledging efforts toward well-being (as defined by the individual)[6]
  - **Example**: "You have met your goal of not using (substances) on the days you have to work. What have you done to make this happen?"

- **Reflections:** Paraphrasing what the client said to check your understanding and/or reflecting what you think the client may be thinking or feeling, even if not stated explicitly[6]
  - **Example**: "It sounds like it has been a struggle to not use on your workdays that sometimes you think it's easier to call in sick but you worry this will set you back".

- **Summaries:** Stating key points in what the client has said and checking in with the client for confirmation and comment[6]
  - **Example**: "I hear that you have been able to not use substances in the daytime in order for you to keep your job. You've noticed some days are harder than others and you want to talk about what to do about those hard days"

Task Two: Elicit Change Talk

- The service provider pays attention to whether what the client is saying is in favour of change or about leaving things as is[6]

- Change talk is client speech in favour of healthy behaviour change (as defined by the client)[6]

- Look for change talk that shows[6]:

  - **Desire to change:** "I don't want to use on the days I'm working"

  - **Ability to change:** "I haven't used when I had to work the last month"

  - **Reasons for change:** "I need my job"

  - **Need to change:** "I have to keep my apartment and pay rent on time"

  - **Commitment to change:** "So far, so good. I want to make this work"

  - **Action towards change:** "I need to know what to do when I want to call in sick because I want to use"

  - **Taking steps of change:** "I try cutting back when I do use"

Task Two: How to Elicit Change Talk

- Explore client's goals and values around behaviour & once change talk is heard, ask for further details (amplify change talk)

- Determine client's level of importance and confidence in making behavioral changes[7]:

Readiness Ruler | Importance

How **important** is this change to you right now?

0 1 2 3 4 5 6 7 8 9 10

Not   Somewhat   Very

Produced by the Center for Evidence-Based Practices (CEBP) at Case Western Reserve University with support from the Ohio Departments of Health, Mental Health, and Alcohol & Drug Addiction Services.

Readiness Ruler | Confidence

How **confident** are you about making this change?

0 1 2 3 4 5 6 7 8 9 10

Not   Somewhat   Very

www.**centerforebp**.case.edu

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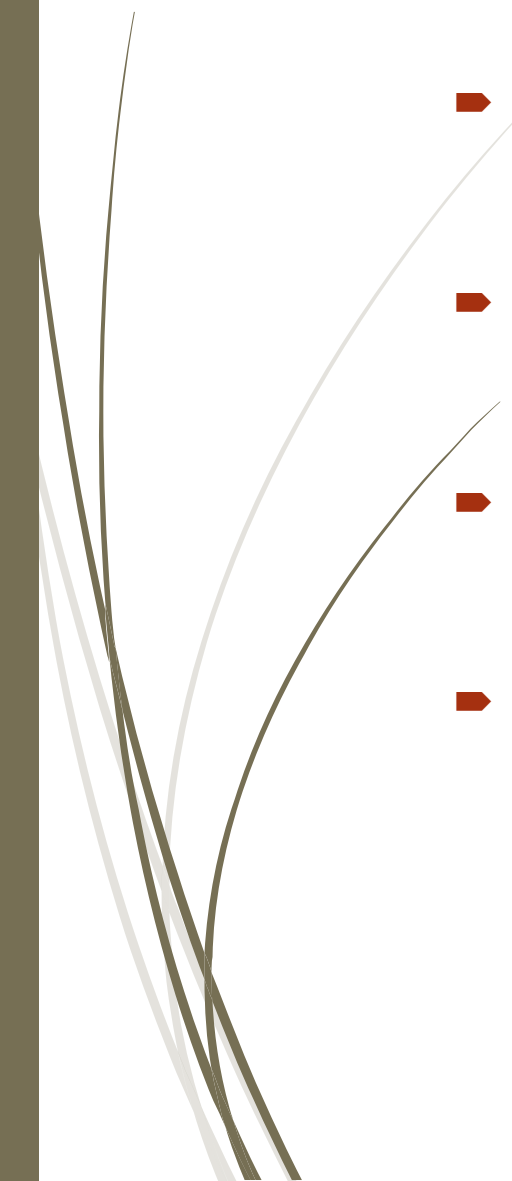
Task 3:
Offering Advice and Sharing Information

- Giving the client feedback that draws on the provider's knowledge, expertise and experience when requested[6]

- Information, feedback and advice from the service provider is an important and integral role of MI[6]

- Provider works to get the client to ask advice rather than imposing it on them and always involves asking client permission and asking the client to give their ideas and thoughts first[6]

- Advice/information from the provider is given in small amounts, always checking in with the client as to what the advice means for them[6]

Example: "You mention there are days you don't want to use. There are medications that can help with cravings. Would you be interested in knowing more?"*

*A diagnosis of certain substance use disorder is required prior to offered pharmacological therapy for management of symptoms

Screening for Substance Use

- Can be administered in a variety of practice settings (e.g., emergency departments, primary health-care settings, home care settings, acute care settings, long-term care)

- Has been shown to reduce substance use among clients; improve access to early interventions, thereby decreasing harms to clients' health and leading to positive client outcomes; and reduce health-care costs to the system[8]

- Standardized, appropriate screening tools should be brief, easy to administer, appropriate for the target population, cost-effective, and reliable in identifying clients who require further assessment[8]

- Universal screening and/or screening specifically for substance use disorder may be used within your setting

Initial Screening-
Considerations & Ways to Frame Screening

- Consider screening for substance use/substance use disorder once the client has answered other questions that are part of their initial assessment/intake process (first build rapport with client)

- Helpful phrases to use prior to screening:

  - "As part of our assessment, we ask everyone the following questions"

  - "Would you be willing to tell me if you drink alcohol, smoke or use other substances?"

  - "I heard you mention that you drink alcohol, can you tell me a bit more about that?"

Screening Considerations

When Screening:

- A positive screening test indicates the need for further investigation.[9] If clients are "at risk," screening is followed by an intervention which includes sharing information about substance use health, setting goals, and/or referral[9]

- If clients have a negative screening test, provide health education teaching using brief intervention and positive validation for healthy behaviours, as appropriate[10]

Re-Screening:

- The timeframe for re-screening will depend on the setting and or context and the frequency of contact with clients[10]

- When applicable to your role or setting, re-screen clients on an as needed basis (could include changes to a client's mental status, stressful life events, care transitions, or as per the provider's discretion)

Additional Considerations

- During interactions with clients, situations can arise that can pose increased risk for harm for staff, the client and/or others

- Ensure you are familiar with organizational policies and guidance documents to support decision making and next steps in these situations that pose increased risk for harm for staff, the client and/or others

- Service providers are also recommended to be mindful of stigmatizing language and approaches in their interactions with client, colleagues and others

Motivation Interviewing: Resources

- Training: [Self-Management Program Central East](#)-Online Training Foundations of Motivational Interviewing

- [Coaching for Wellbeing with Motivational Interviewing](#) (College of Wellbeing, 2020).

- [Motivational Interviewing: An evidence-based treatment](#) (Case Western Reserve, 2022)

Additional Resources

Addiction an information guide (2010). Centre for Addiction and Mental Health. Retrieved from: https://www.camh.ca/-/media/files/guides-and-publications/addiction-guide-en.pdf?la=en&hash=F1BFB1ED194D54A9FCF892116BFE745818169A56

Compiled Resource List

- Addiction and Mental Health Ontario: [Equity, Anti-Racism and Anti-Oppression Framework](#)

- The Canadian Association of People who Use Drugs: [Stigma resources](#)

- CAPSA: [Stigma](#), [On My Way to Wellness](#) http://stigmaendswithme.ca/#useincanada

- York Region Public Health, [York.ca/opioids](#) (Do your Part to Reduce Stigma tab)

- City of Hamilton: [See the Person, Stop Stigma](#)

- CAMH: [Stigma Resources and Methadone Stigma](#)

- Canadian Centre for Substance Use, [Trauma-informed Care Toolkit](#)

- Centre of Excellence for Women's Health, [Trauma-Informed Practice](#)

- Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families, [Practice Guide](#)

Compiled Resource List

- Canadian Association of People who Use Drugs, [Resources](#)

- CATIE, [Harm Reduction Fundamentals](#)

- Equip Healthcare, [Rate Your Organization on Harm Reduction and Reducing Substance Use Stigma: A Discussion Tool](#)

- Homelessness Learning Hub, [Harm Reduction for the Homelessness Sector](#)

- Ontario Harm Reduction Network, [OHRN Learning](#)

- York Region Public Health, [York.ca/harmreduction](#)

- Training: [Self-Management Program Central East](#)-Online Training Foundations of Motivational Interviewing

- [Coaching for Wellbeing with Motivational Interviewing](#) (College of Wellbeing, 2020).

- [Motivational Interviewing: An evidence-based treatment](#) (Case Western Reserve, 2022)

Compiled Resource List

- [Clinical Best Practice Guidelines, Engaging Clients who Use Substances (RNAO, 2015)](#)

- Addiction: An information guide (2010). Centre for Addiction and Mental Health. Retrieved from: https://www.camh.ca/-/media/files/guides-and-publications/addiction-guide-en.pdf?la=en&hash=F1BFB1ED194D54A9FCF892116BFE745818169A56

- The Krasman Centre, https://krasmancentre.com/

- [Doorways to Conversation: Brief Intervention on Substance Use on Girls and Women](#) (Centre of Excellence for Women's Health, 2018)

- [Alcohol Screening, Brief Intervention and Referral](#) (College of Family Physicians Canada)

- Mental Health Commission of Canada, https://subjectmatter.ca/work/circlesofcare/

- Mental Health Commission of Canada, [Choose to Use Your Voice –Reducing Stigma](#)

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