SAFECARE

SafeCare Team Takeaway

SafeCare Team Takeaway

Congratulations on completing SafeCare. We hope you've had an opportunity to identify the good work you are already doing and to think about ways to enhance safety for everyone.

Each of us plays a role in fostering a psychologically safe and healthy environment. No matter our roles, it requires all of us to consider the impact of our behaviours on others, to participate in ongoing learning, and to support each other in providing the best care to ourselves, each other, and patients and families.

This Team Takeaway is designed to support you and your team to incorporate safe care practices into your work and daily interactions, as well as to hold yourself and each other accountable in fostering a psychologically safe and healthy environment.

If you are a leader, you can lead by example and take the following steps to support learning at work:

- Communicate the importance of the skills for your team and organization.
- Choose the right people for skill building.
- Have clear expectations about how the skills will be used.
- Understand the course package.
- Follow up to ask about the learning experience.
- Ensure immediate supervisors pave the way so new skills can be applied.
- Understand how the new skills have been embedded in the workflow.

Try out some of the following activities to further the conversation and skill building.

Trauma-Informed Care

Team Discussion: Put trauma awareness into action

Time to complete: 20–30 minutes

INSTRUCTION: Consider what extent you and your team are already applying trauma-informed principles in your work and day-to-day work interactions.

What specific practices will you adopt to develop trusting relationships with patients and their families, visitors at BCCW, and each other?

You may collaboratively capture your observations and thoughts on a white board or ask your team members to write down one idea per sticky note and categorize them on labeled flip chart papers during your team discussion.

	Self	Team
Promote awareness: education, conversation, and connection		
Shift attitudes: values, language, and behaviours		

	Self	Team
Foster safety: physical, emotional, social, and moral		
Provide choice: collaboration, partnership, and empowerment		
Highlight strengths: acknowledgment, caring feedback, and skills building		

Team Discussion: Understand how trauma-informed care applies in your work

Time to complete: 15 minutes

INSTRUCTION: Discuss these scenarios with your team. What are some possible trauma-informed ways to respond? What are some examples of how NOT to respond?

Remember the trauma-informed techniques you learned in Module 2, such as the Experience Cube model. (Effective Feedback & Experience Cube, University of Victoria)

What does trauma-informed care look or sound like... when you step outside of your office and find a confused visitor who is lost and late for their appointment?

Example opportunities for our team to improve upon:	Examples of what our team AGREES to do:
Pretend not to notice the confused visitor, or ignore them.	*We will acknowledge them with a smile and ask whether they need help.*

What does trauma-informed care look or sound like... when you overhear fellow employees joking about a patient's appearance while you're waiting in line for your morning coffee?

Example opportunities for our team to improve upon:	Examples of what our team AGREES to do:
Add to the joke or repeat it to others.	*We will interrupt them and let them know how this interaction doesn't promote safety for everyone. (e.g., Excuse me, you may not realize that others can hear you. I am worried that patients may overhear you.)*

What does trauma-informed care look or sound like... when you see a parent who seems to ignore their children who are running up and down the waiting area and disrupting other patients and visitors?

Example opportunities for our team to improve upon:	Examples of what our team AGREES to do:
Tell the parent to get their children to behave.	*We will check our own assumptions and be curious about what is going on for the parent.*

GO FURTHER: What other examples or opportunities are there in your work? Especially consider those situations that are challenging for you, your team, or patients and families.

Self-Assessment: Trauma-informed leadership competencies

Time to complete: 15 minutes

Implementing trauma-informed changes in an organization requires leading in a way that is aligned with trauma-informed principles.

1. Please take a moment to consider each of the leadership competencies below.

Competency	Examples	Description
Trauma-informed communication	Connect before correct; explain impacts, whys, what's next	Trauma-informed communication is proactive and intentional, and seeks to minimize stress and trauma
Inclusive leadership	Allow for multiple perspectives; share power, doing "with," not "to"	Inclusive leadership understands power dynamics, and deliberately shares power with others. It acknowledges that institutions and systems often must change to resolve oppression and inequity.
Mindfulness & reflection	Stance of curiosity; deliberate, see and feel without reacting	Mindful and reflective leaders practise self-awareness and are focused on the long term.
Complexity	Awareness of systems and change management, tolerance of ambiguity (no predefined road maps)	Trauma-informed leaders think systemically and use change management.
Radical and critical inquiry	Humility, willingness to challenge assumption; be reflective about self and the system one leads	Trauma-informed leaders think about and question themselves and the policies and practices of the organization.
Relational leadership	Use relationship to influence rather than power; show appreciation, consider the whole person	Leaders recognize the importance of relationship and use that rather than power, position, and authority.

2. Consider your own experiences and skills as a leader. Assess where you are strong and where there might be opportunities to grow. You may find it helpful to identify concrete examples as you self-assess.

Competency	Poor	Fair	Good	Excellent
Trauma-informed communication	☐	☐	☐	☐
Inclusive leadership	☐	☐	☐	☐
Mindfulness & reflection	☐	☐	☐	☐
Complexity	☐	☐	☐	☐
Radical and critical inquiry	☐	☐	☐	☐
Relational leadership	☐	☐	☐	☐

3. Think about a time when you demonstrated great leadership. Remember the details. What was happening? What were you doing? Who was involved?

What strengths and competencies did you display in this situation?

How did your leadership make a difference to yourself or others?

Team Discussion: Create a safe environment

Time to complete: 15 minutes

We exist in complex environments. Our physical environment influences how we feel.

INSTRUCTION: Take a look at your physical environment, notice how it makes you feel as staff and employees of BCCW. What small changes would make you appreciate your work space more? Now imagine you're visiting the space for the first time as a patient, what would make this space feel more comforting and safe?

While you can't exactly change the structure of the building, what are some creative ways you and your team could make the existing physical environment more welcoming, inclusive, and accessible to all? Share your ideas with each other and capture them below.

GO FURTHER: What supports and resources does your team need to implement some of these changes to make the existing physical environment more welcoming, inclusive, and accessible to all?

Self-Reflection: Establish a team working agreement

Time to complete: 10 minutes

Clarifying expectations and establishing a shared understanding of how we act and treat each other can be helpful.

INSTRUCTION: In preparation for your team meeting discussion to establish a team working agreement, consider the following questions to clarify what your needs and expectations are when working with your colleagues.

What are some ways you would like to be treated and supported by your co-workers and supervisor?

What would make you feel psychologically safe and well at work?

What are some ways you can support and show care for your colleagues?

Team Discussion: Establish a team working agreement

Time to complete: 15 minutes

INSTRUCTIONS: Take turns to share what supports each team member needs for connection, safety, and well-being. Co-create a team working agreement by identifying common themes, asking clarifying questions, and providing specific examples of behaviours that would demonstrate care for each other. Post your team's working agreement in a shared workspace as a visual reminder for everyone.

Harm Reduction

Team Discussion: Harm reduction in action

Time to complete: 10–15 minutes

INSTRUCTION: Consider taking 10 minutes at each team meeting to discuss some of these questions with your team. Alternatively, you may use these harm reduction principles and questions as a guide in a more free-flowing conversation with your team.

Take notes of items that require follow-up, such as updating policies to align with the most current evidence or sharing additional resources to support ongoing learning.

Principles	Discussion Questions
Stay pragmatic	1. What practical approach or viewpoint are we taking to understand the continuum of behaviours associated with substance use? 2. Where do issues related to substance use come up for our team and in our day to day? 3. How do we show our acceptance of substance use as being a common human experience? 4. What are the current drug policy recommendations? Are we up-to-date on evidence around substance use?
Respect human rights	1. How do support and accept, rather than judging or condemning? 2. To what extent are we aware of and using "person-first" language (e.g., person using substances) as a team/unit/organization? 3. What are our personal biases and beliefs about substance use? 4. What are our judgments or personal beliefs about the different goals people have around their substance use?
Focus on harm	1. What are we doing to promote an understanding of the "continuum of substance use"? 2. What are some of the harms associated with substance use that occur in our daily work? 3. What type of information on interventions to reduce harm are available to you, the team, and the people you serve?
Maximize choice	1. How familiar are we with the different substance use resources available for employees and patients? 2. What are the options for employees who want resources for their use or someone else's? 3. What are some ways we can be flexible in working with people who use substances, if applicable?

Prioritize immediate goals	1. Where are we successful? How will we acknowledge and celebrate our successes? 2. What does it look like to start "where the person is"? What does it mean for our work? Why is it important? 3. Consider what is truly empowering for the people we work with – how can we better find the balance between wanting to be helpful and inadvertently taking over or disempowering people?
Involve people who use substances	1. How do we collaborate with people who use substances? 2. How are we empowering people who use substances in our community? 3. Are we up-to-date on best practice recommendations for engaging with people who use substances in the decisions we make in our services and environment?

Team Discussion: Break down stigma and silence

Time to complete: 10–15 minutes

With an increased awareness of the impact of our language, and a better understanding of the relationship between mental health challenges, trauma, and substance use, we are better equipped to combat stigma associated with substance use.

INSTRUCTION: Put the following statements up on a wall and ask the team to rate their agreement with each statement. Then use the following prompts to facilitate a team discussion.

Statements	Strongly Disagree	Disagree	Agree	Strongly Agree
We provide harm-reducing care in our work every day.	☐	☐	☐	☐
We combat stigma associated with substance use.	☐	☐	☐	☐
We support team members who use substances.	☐	☐	☐	☐
We are aware of BCCW's commitment to reduce stigma around substance use and to provide harm-reducing care.	☐	☐	☐	☐

Where are we successful? What are some examples of our commitment to provide harm-reducing care and combat stigma associated with substance use? How will we acknowledge and celebrate our successes?

Where are the opportunities for us to do things differently? What is our plan for taking steps to improve and holding ourselves accountable, if applicable?

Using non-stigmatizing language

Time to complete: 10–15 minutes

Most of us encounter stigma in our daily lives and we can amplify or extend it without meaning to. For example, avoiding eye contact with or ignoring folks who look different or unkept. Individual habits can be hard to break – changing how we communicate within and across systems to support the use of more respectful and inclusive language can be even more challenging.

INSTRUCTION: Consider to what extent you and your team are already using harm-reducing language in your work and day-to-day work interactions. What specific practices will you adopt to undo the stigma associated with substance use?

	Examples of what we're already doing...	Ideas for how we can improve going forward...
Use person-first language	*Person who uses substances.*	
Use language that reflects the medical nature of substance use disorders and treatment	*Substance use disorder.*	
Use language that promotes recovery	*Substance use is a chronic illness.*	
Avoid slang and idioms	*Inebriated instead of loaded or hammered.*	

Indigenous Cultural Safety

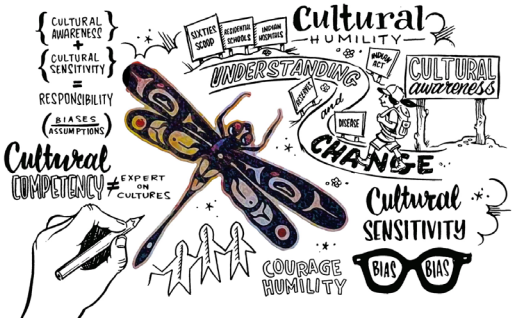
Team Discussion: Describe culturally safe care

Time to complete: 20–30 minutes

While each of us is on our own respective learning journey, we can benefit from learning with and from each other.

1. Watch this video as a team (Duration: 5 min)

https://youtu.be/MkxcuhdgIwY



Cultural Safety: Respect and Dignity in Relationships was created by the Indigenous Health team of Northern Health to introduce cultural safety and related concepts in an accessible manner.

Remember, learning pushes us outside of our comfort zone. Take a moment to set the stage and create a safe and collaborative learning environment for your team! You may want to revisit your team's working agreement or some tools and strategies shared in the "Support psychological health and safety at work" lesson in Module 2.

2. Discuss the core principles of cultural safety

Consider how you'll invite different voices and diverse perspectives. Given what you know about your team's dynamic, you may jump right into sharing or give people a moment of silence to write down their thoughts before asking for contributions.

- What does it mean to you to be culturally safe in your work?
- What are we already doing that reflects the principles of cultural safety on our team? What opportunities are available to us to be more culturally safe in our day-to-day interactions with patients? With each other?
- What is ONE action we are committed to taking consistently to become more culturally safe as a team?

3. Establish ways to support each other and hold ourselves accountable

New learning sticks when we take time to make meaning together and to apply it in practice. Explore ways to support each other's learning and to hold each other accountable to provide culturally safe care as a team.

- Why is providing culturally safe care important for us as a team?
- What support do you need from the team to become more culturally safe in your relationships with others?
- What is the best approach for us to provide caring feedback to each other?

Team Discussion: Break the cycle of discrimination

Time to complete: 15–20 minutes

Even if there are no racist actors, racist structures and institutions will continue to keep inequities and injustice alive. While we may not have been directly involved in implementing racist policies, we are all equally involved and participate in a racist and colonial system.

INSTRUCTION: Use this discussion guide to facilitate a team discussion to incorporate more Indigenous cultural safety and to break the cycle of discrimination The goal is to help your team engage in ongoing learning, understand the mutual responsibility, and build the sense of importance and confidence needed to make meaningful changes to break the cycle of systemic discrimination against Indigenous patients and families.

- What is decolonization?
- What are examples of decolonization efforts you've seen/heard about or participated in?
- How can our team take part in decolonization efforts?
- What can our team do to break the cycle of discrimination against Indigenous people?
- What are some ways that we can incorporate more Indigenous cultural safety as a team?

Key Resources

In the following pages, you will find:

- **Principles of a Trauma-Informed System**

  We encourage you to print out this page and post it in your workplace as visual reminder to yourself and your team of trauma-informed principles.

- **Leadership Competencies of a Trauma-Informed System**

  You may want to print off this handout for your office wall as a reference document and visual reminder. There are concrete examples and behaviours that you can practise in your role as leaders.

- **SafeCare Outcomes Poster**

  We encourage you to print out this page and post it in your workplace as a visual reminder to yourself and your team of the core values of providing safe care. As a team, discuss how the core pillars, values, and skills of SafeCare apply in your work and daily interactions.

- **Harm Reduction Toolkit**

  As a team, conduct a "walkthrough" described in the EQUIP Health Care's Harm Reduction Toolkit and have a follow-up discussion to examine your individual and collective work and impact on patients, families, and each other. Collaborate to identify approaches and hold each other accountable to move your work toward equity-oriented harm reduction.

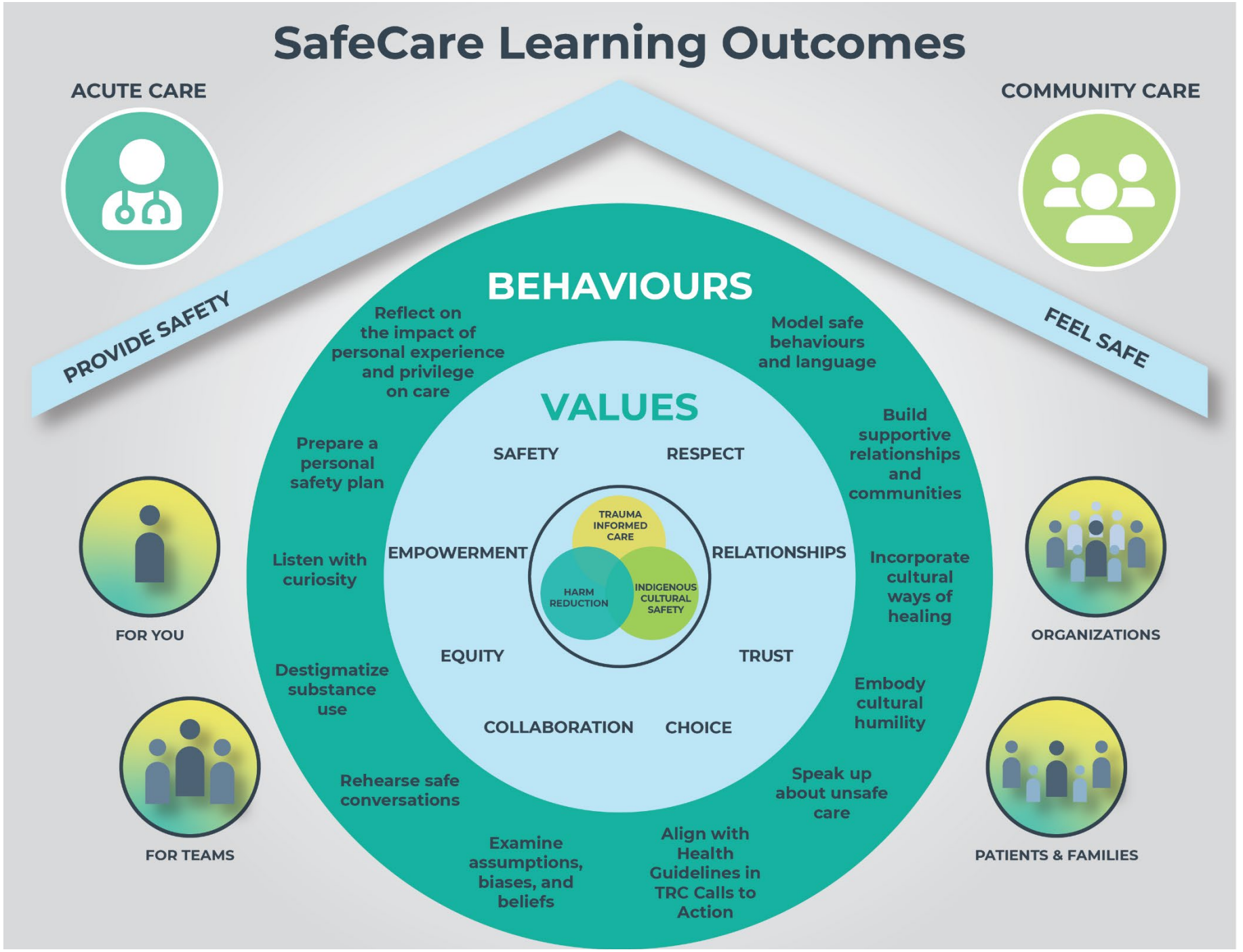
Principles of a Trauma-Informed System

Understanding Trauma & Stress	"Learning about the psychology of stress, toxic stress, and trauma is liberating for people. It gives us explanatory reasons for some of the puzzling behaviors we engage in and the feelings that can come to dominate us." (Bloom, 2014, p.48)
Safety & Stability	Trauma unpredictably violates our physical, social, and emotional safety resulting in a sense of threat and need to manage risks. Increasing stability in our daily lives and having these core safety needs met can minimize our stress reactions and allow us to focus our resources on wellness.
Cultural Humility & Equity	We come from diverse social and cultural groups that may experience and react to trauma differently. When we are open to understanding these differences and respond to them sensitively we make each other feel understood and equity is advanced.
Compassion & Dependability	Trauma is overwhelming and can leave us feeling isolated or betrayed, which may make it difficult to trust others and receive support. However, when we experience compassionate and dependable relationships, we reestablish trusting connections with others that foster mutual wellness.
Collaboration & Empowerment	Trauma involves a loss of power and control that makes us feel helpless. However, when we are prepared for and given real opportunities to make choices for ourselves and our care, we feel empowered and can promote our own wellness.
Resilience & Recovery	Trauma can have a long-lasting and broad impact on our lives that may create a feeling of hopelessness. Yet, when we focus on our strengths and clear steps we can take toward wellness we are more likely to be resilient and recover.

Leadership Competencies of a Trauma-Informed System

Trauma-Informed Communication	Focuses on the practice of intentionality about the mode, frequency, and amount of information to offer to others in order to minimize the impact of stress and trauma. **Examples:** Connect before correct - Right-sizing information - Framing + Storying Offering stabilization: Providing the why's, likely impacts, and what's next
Inclusive Leadership	Makes space for diversity and difference. Understands power analysis and uses both power building and sharing to create more expansive contexts and communities. Promotes voice and choice. Acknowledges some wounds are results of oppression and must be remedied in relationships and institutions. **Examples**: Power analysis - Power sharing - Power building - Doing with and not for - Taking multiple perspectives - Participatory management
Mindfulness & Reflection	Practice of cultivating awareness, contemplation, and deliberation. Long-term focused versus reactive. Creates opportunities for healing in real time and prevents reverting back to former structures and practices that re-produces stress and trauma. **Examples:** Reflective supervision- Curiosity - Capacity to see & feel without reacting
Complexity	Awareness of systems thinking and change management. Able to operate in space of uncertainty and ambiguity in order to evolve our systems and structures where there are no pre-defined roadmaps. **Examples:** Tolerate ambiguity -Synthesize disparate pieces of information - Ability to consider multi-variate inputs simultaneously
Radical & Critical Inquiry	Capacity to be deeply reflective about one's own self-concept (radical) as well as the institution one leads (critical inquiry). **Examples:** Critical self awareness -Willingness to challenge assumptions - Humility -Critical Institutional Inquiry about organizational treatments, interventions, and problem formulation.
Relational Leadership	Values centrality of relationship. Uses relationship and influence more than power and authority to affect change and systems transformation. **Examples:** Frequent use of appreciation - Whole person consideration - Build cultures of staff connection and shared success - Express and hold emotion and vulnerability- Interact with transparency and trust

SafeCare Learning Outcomes



EQUIP Health Care
Research to Equip Health Care for Equity

Promoting Health Equity – Harm Reduction

A Tool for Primary Health Care Organizations and Providers working with individuals

Harm reduction is

- A philosophy and a set of programs & services
- Focusing on preventing the harms of substance use, not reducing substance use per se
- Viewing substance use as a health issue
- An evidence based response

Practicing harm reduction means

- Accepting people as they are
- Avoiding judgement
- Emphasizing the dignity of each person
- Being compassionate
- Challenging the policies and practices that cause unnecessary harm – like criminalization of drug use, refusal of medical care, lack of adequate housing

Examples Include:

Why an equity lens?

As Figure 1 suggests, an equity lens helps us understand that substance use and the harms of use are increased by social conditions (abuse, trauma, grief, loss, and social determinants of health such as low income and inadequate housing).

- For example, the harms associated with substance use (e.g. stigma, violence, overdose, malnutrition, coronary artery disease, cirrhosis, HIV, Hepatitis C, abscesses) are increased when people face challenges related to racism, poverty, housing, income or mental health.
- The use of certain substances is often highly stigmatized in society, particularly for people facing social disadvantages[3].
- Negative or stigmatizing experiences in accessing health care can lead people to delay or avoid seeking future care. You can prevent these harms by providing care that is of an equity-oriented and harm reduction nature.

Figure 1: Substance use in context

Harm Reduction

This tool offers actions you can take to implement equity oriented harm reduction in your primary health care practice. Harm reduction, cultural safety, and trauma and violence informed care (TVIC) are interrelated concepts that can help promote equity.

For other tools in the toolkit, see: https://equiphealthcare.ca/toolkit

Question 6 Areas

To move your practice toward equity-oriented harm reduction

By substances we mean

alcohol, and drugs (prescription, non-prescription, legal and illegal drugs).

Instead of

"Alcoholic"

use

"a person who uses alcohol with harmful effects"

Instead of

"Addict" or "IDU"

use

"Person who uses/injects drugs"

Instead of

"Drugseeking"

use

"Person in pain"

1 Question society's assumptions about substance use

What are common views of substance use and those who use substances? How do these views vary depending on the relative wealth and power of the individual?

How were you taught to think about substance use? About people who use substances?

How has the history of substance use policy resulted in some substances being legal and others illegal?

How are policies in Canada influenced by the USA's "war on drugs"? By the drive for corporate profits?

How do policies impact people's substance use patterns? How do social and economic policies impact the determinants of harms, such as poverty, unstable housing?

To what extent does media reflect or challenge assumptions (e.g. class and race) about use?

2 Question yourself

How are you positioned in relation to substance use? What role does substance use play in your life?

What personal and professional experiences shape your perspective on substance use?

How do you treat people who are drinking? Is your response different to people using illegal drugs?

Does every person get the same degree of respect?

3 Question language

What language do you hear related to substance use? Even basic words and labels can cause harm and create barriers to positive relationships with clients.

Consider how your organization and its staff talk about substance use and people who use substances.

By safety we mean

- An environment free from criminalization, violence, threat of violence or arrest
- Access to safe substances and supplies
- The freedom to determine what safety means, and where, what and with whom to use

Instead of

"How much do you drink?" (implies an assumption)

Try

"Do you drink alcohol?"

If yes

"OK, so about how often do you drink? Every day? Every week? Starting with "every day" can help to normalize alcohol consumption; possibly help them to feel they don't need to downplay their intake."

Then

"how many drinks would you typically have at one time?"

4 Question space

Conduct a 'walkthrough': start at the entrance and imagine you are a person coming for care. What will people see and experience in the physical space? What could help people to feel safe and welcome? What might contribute to stigma?

- Is the waiting area warm and welcoming?
- Is there a welcome sign? Do signs convey respectful and welcoming messages?
- Do signs indicate zero tolerance for substance use, which might deter people coming for care?
- How are people greeted when they arrive?
- Are water, coffee, or snacks available?
- What are the policies related to washroom use?
- If harm reduction supplies are provided, are there spaces where people can safely use? Are safe disposal boxes for needles and other accessories available?
- Is Naloxone available in the case of an opioid overdose?

5 Question practices

How can routine practices counteract stigma? A respectful conversation can go a long way to reducing fears of judgement and dismissal.

Even simple questions can be framed in less stigmatizing ways:

- What happens if a person appears to be under the influence of substances when they come for care?
- What might you miss if you only assume a person is under the influence? (e.g. neurological problems, stroke, head injury)?
- If a person is exhibiting aggressive behavior, ask yourself "why?" What else could be going on? Is it only the physiological effects of substances? Could they be hungry? Sleep deprived? Reacting to anticipating being stigmatized? What else do you need to know?

Some clinics offer packages that include harm reduction supplies (such as chocolate, bus tickets and clean needles) free for the taking. This is a good example of respectful engagement as it puts the onus on the clinic and avoids clients having to ask for such supplies.

6 Question who

Who is involved in decision-making? Who should be?

Are people who use substances represented? If not, how could you engage them, seek their input, and work together to shift the services, practices and environment at your organization?

Learn more about harm reduction and how you can help*

Harm Reduction International (2016).
What is harm reduction?

https://www.hri.global/what-is-harm-reduction

International HIV/AIDS Alliance & Harm Reduction International (2015).
Step by Step: Preparing for work with children and young people who inject drugs.

https://www.hri.global/files/2015/11/06/WEB2_Step_by_step_tool1.pdf

British Columbia Ministry of Health (2005).
Harm Reduction: A BC Community Guide.

http://www.health.gov.bc.ca/library/publications/year/2005/hrcommunityguide.pdf

BC Centre for Disease Control (2011).
Harm Reduction Training Manual for Frontline Staff.

http://www.bccdc.ca/resourcegallery/Documents/Educational%20Materials/Epid/Other/CompleteHRTRAININGMANUALJanuary282011.pdf

BC Centre of Excellence for Women's Health (2010).
Women-centered Harm Reduction.

http://bccewh.bc.ca/wp-content/uploads/2012/05/2010_GenderingNatFrameworkWomencentredHarmReduction.pdf

Canadian HIV/AIDS Legal Network, International AIDS Alliance, Open Society Institute, & Drugs INoPWU. (2008).

Nothing about us without us: A manifesto by people who use illegal drugs.
https://www.opensocietyfoundations.org/reports/nothing-about-us-without-us

Provincial Health Services Authority & BC Centre for Disease Control (2017).
Respectful language and stigma regarding people who use substances.

http://towardtheheart.com/assets/naloxone/respectful-language-and-stigma-final_244.pdf

Substance Use Treatment Journey: Peer Experiences (2018).
Peer map that illustrates what peers experience when they are not in treatment, and throughout their treatment and recovery journey.

https://bcpsqc.ca/wp-content/uploads/2018/03/Peer-Map.pdf

**Please note this tool was developed for health and social service providers in BC. Please note that similar services and resources exist in other provinces and countries and can be accessed through local support organizations.*

Resources for clients who use substances and may need additional supports or wish to get involved in advocacy*

Where you can get naloxone across BC

http://www.fraserhealth.ca/health-info/health-topics/harm-reduction/overdoseprevention-and-response/where-can-you-get-naloxone/

Information on harm reduction supplies, naloxone, and harm reduction sites across BC:

http://towardtheheart.com/

Vancouver Coastal Health needle exchange locations:

http://www.vch.ca/your-health/health-topics/needle-exchange/needle-exchange

Vancouver Area Network of Drug Users (VANDU) is dedicated to improving the lives of people who use illicit drugs through advocacy, community building, and promotion of harm reduction at all levels of government:

http://www.vandu.org/

SOLID, based out of Victoria, BC, provides support, education and advocacy to better the lives of people who use drugs:

http://solidvictoria.org/

How to cite this document

EQUIP Health Care. (2017). Promoting Health Equity - Harm Reduction: A Tool For Primary Health Care Organizations and Providers. Vancouver, BC. Retrieved from www.equiphealthcare.ca.

Version | December 2017

EQUIP Health Care & the Health Equity Toolkit are funded by CIHR

To learn more about EQUIP Health Care, please visit www.equiphealthcare.ca

To provide feedback about this tool, please visit https://www.surveymonkey.com/r/VRBF7WJ

EQUIP Health Care
Research to Equip Health Care for Equity

CIHR IRSC
Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

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[1] Harm Reduction International (2016). What is harm reduction? A position statement from HRI. URL: https://www.hri.global/what-is-harm-reduction

[2] DSM 5 Criteria for Substance Use Disorder. (2017). http://www.buppractice.com/node/12351.

[3] Room, R. (2005). Stigma, social inequality and alcohol and drug use. Drug and Alcohol Review 24(2): 143-155.