JohnHoward
SOCIETY PACIFIC

## Leadership Gathering on Complex Service Delivery

Webinar 3: April 28, 2021

"Lived Experience and Overcoming Structural Stigma"

## Summary

The inaugural JHS Pacific *Leadership Gathering on Complex Service Delivery* (forthcoming in 2022) will engage decision-makers, thought leaders, and service providers across the health, justice, social and non-profit sectors in British Columbia on key policy issues regard complex service delivery to vulnerable populations. A series of thematic discussions to plan the agenda have been scheduled through 2021.

The two-part conversation based on the perspectives of lived experience began at the prior webinar in February. Viewers heard a diverse, peer-facilitated panel describe lived experience of seeking services and support. A common thread in the panel's remarks was a complex and nuanced reality related to problematic substance use. Problematic substance use can be a barrier to service, a source of legal jeopardy, a threat to health and safety, and also self-medication for trauma and part of a generally healthy and "normal" life.

On April 28, webinar participants picked up this thread again, turning to the current operational environment across the social, health, and justice sectors. If the person is to be at the centre of service delivery and our outcome objectives, and if substance use is interwoven in the lives of so many for the reasons noted above, how do people navigate the array of laws, rules, norms, and beliefs applied to problematic substance use across all three sectors? How are public organizations and non-profits currently balancing the complexity of individual substance use and dependency in their service delivery? And what practical steps might be taken – or existing approaches expanded/embraced – to decrease barriers to support, recovery, and successful reintegration?

## Panel

Beginning with remarks from the noted speaker and advocate **Guy Felicella**, and moderated by **Dr. Allan Castle**, an expert panel reflected on the current institutional and system landscape as regards substance use and service delivery. Panelists included are:

- **Carrie McCulley,** Director, Programs and Interventions, Strategic Operations, BC Corrections
- **Stephanie MacPherson,** Provincial Director, Adult Custody, BC Corrections
- **Dr. Adam Chodkiewicz,** UBC Department of Psychiatry
- **Marko Markovic,** Owner, Hub Pharmacy
- **Catharine Hume,** Co-Executive Director, RainCity Housing Society

## General Discussion

Integrated, coordinated care is vital to end the "revolving door" for persons with complex needs including substance use disorders. Although some important steps have been taken towards a more holistic service approach, the overall theme of the discussion was that enduring structural stigma surrounding problematic substance use and a lack of accountability have resulted in a continued reliance on ineffective and siloed service delivery. These issues must be tackled at both the highest levels and at the grassroots. In conversation, including the keynote remarks, the following key points have been discussed:

**1. We have learned to apply stigma and blame to those medicating an underlying trauma.**
Problematic substance use, often driven by a need to contend with underlying trauma, social issues, learning disabilities, and other personal barriers, routinely brings life challenges and contact with law enforcement, and for many a cycle of arrest, probation, parole, and repeated incarceration. The dominant framework for addiction has been one of the personal shortcomings: weakness, relapse, and moral failure. The 'solutions' – criminalization, arrest, incarceration, insistence on abstinence – have failed to help people move forward but have contributed to hardened public attitudes. The resulting stigma is a major barrier to progress, deadly for individuals, and must be addressed.

**2. Just as we have built stigma into rules and institutions, we can also work to remove it.**
Institutional rules which set absolute conditions on the path from addiction to recovery can be harmful both to prospective clients and to the institution itself. Substance use and addiction are part of the lives of those providing support as well as those seeking; there is no line between "us" and "them" and there is necessary organizational wisdom in lived experience. Positive change is not only about rules, but about language, moving away from using terms which objectify vulnerable service users (such as "drug user" or "inmate") in favour of referring to people as people. We must also recognize and act on the ways that stigma restricts resources to address substance-related epidemics when the same resources flow freely for other health crises such as COVID-19.

**3. Accountability steps to overcome silos and build holistic responses are needed now.**
It is well known that many (or most) vulnerable service users have multiple issues which require coordinated, integrated care and supports. We can anticipate that, for example, people leaving Corrections or custody will have a range of needs. Often, surface characteristics like problematic substance use are paired with underlying trauma and/or mood disorders. We also know that stigma regarding substance use is prominent within key sectors tasked with a response – such as health institutions – and acts as a barrier to integrated and person-centred service. The service institutions and agencies and those who oversee them must be accountable for creating the holistic approach we know is necessary. Our failure to do so places the front-line staff in challenging circumstances every day as they work to support service users who may be volatile, depressed, or suicidal due to breakdowns in care continuity.

**4. Opportunities to support people in custody are limited by high jail turnover.**
BC Corrections has taken significant steps in recent years to embrace more holistic approaches to client health, such as working to change the organizational culture towards one of care for the person in custody, using trauma-informed practice, and not allowing a person's mental health and substance use disorder(s) to define them, and most notably transferring responsibility for Corrections Health Services to the Provincial Health Services Authority. However, the nature of provincial custody is such that there is often little time to work with people once they are stabilized. Further improvements in partnerships between the corrections and health systems are still required to address the substantial disruptions in care created pre/post-incarceration.

**5. Narrow, siloed programming fails as it fails to see and treat the whole person.**
We have, for historical and cultural reasons, and due to stigma, separated problematic substance use and mental health challenges from physical health. This unhelpful division is sometimes exacerbated by care providers' discomfort with the diverse needs of patients. The consequence is a lack of integrated care, where physical injuries or viral illnesses may be treated but the path to mental health or substance use treatment is fundamentally different. Vulnerable service users are too frequently left to understand and navigate the complex care landscape on their own. We must integrate care so that patients such as those who have been incarcerated can get addiction support as well as assistance with their other needs in a seamlessly integrated manner. Important steps have been taken by some, such as the Hub approach in Abbotsford, to backstop information and care connections where they are absent or have broken down. However, there is far more to do to ensure integrated care across the service sectors for the range of people who are plainly understood to have multiple complex needs.

**6. The rigidity of the justice system is at odds with the non-linear nature of recovery.**
The enduring prevalence of rigid and prohibitive court conditions, whereby individuals are often mandated to engage in absolute abstinence which governs whether or not they remains in the community or are re-incarcerated, has numerous unintended negative consequences. Conditions which frame even occasional substance use as a personal failure and/or an offense against the system of justice itself leading to significant penalties are at odds with addiction treatment, in which occasional reversions to use are common and not necessarily predictive of failure. Such conditions, by eroding trust, are a heavy restriction on the discretion exercised by community corrections in supervision and can also seriously restrict vital communication between physicians and their patients. Silencing people is not consistent with a holistic recovery model.

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The complete video of this event is available **here.**

The next webinar is scheduled for **Wednesday, June 30, 2021** from 11am to 12:30pm PST, and will focus on "International Models of Person-Centred Service"

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