

## Position Statement – Hospital Culture and Workforce

*Casey House believes that hospitals can and should embrace a harm reduction and socially-just approach to care. We believe in engaging compassion to deliver holistic health care that meets people where they are at, as everyone deserves judgment-free care.*

**“We can stop using dehumanizing language, examine our own assumptions, and implement policies and education programs, while also measuring our progress towards stigma elimination across the health system.”<sup>i</sup>**

– The Chief Public Health Officer's Report on the State of Public Health in Canada 2019:  
*Addressing Stigma: Towards a More Inclusive Health System*

For many people, substance use is a way to cope with intersecting challenges such as trauma, poverty, homelessness and mental health concerns, which can create multiple barriers to having one's basic needs met.

Yet, many health care providers are not well equipped to understand and consider these factors when providing care, and stigma around substance use remains widespread. For instance, when people who use drugs are admitted to hospital, they can encounter judgmental attitudes and behaviours<sup>ii</sup> and may overhear staff speaking disparagingly<sup>iii</sup> about them. This stigma and discrimination can prompt patients to leave hospital care early, either by self-discharging or being asked to leave because of their substance use.<sup>iv</sup>

As a result, people who use drugs may not access health care, or they take a risk when they do, and ultimately may not get the care they need.

### Key numbers: opioid- and stimulant-related harms in Ontario

- Between 2016 and 2020 there were 7,551 apparent opioid toxicity deaths in Ontario<sup>v</sup>. In 2020 alone there were 2,426 opioid-related deaths<sup>vi</sup> (60% increase from 2019) and 1,671 apparent stimulant toxicity deaths<sup>vii</sup> (66% increase from 2019).
- Ontario saw 10,115 hospitalizations for opioid-related poisoning and 4,830 for stimulant-related poisoning<sup>viii</sup> between 2016 and 2020.
- Annual opioid-related emergency department visits in Ontario more than doubled from 4,427 to 10,478<sup>ix</sup>, between 2016 and 2019.

## Drivers of Hospital-Based Harm Reduction – Policy & Practice

**Hospital culture and workforce** is one of three issues that are key to addressing systemic barriers to health care and outcomes for people who use drugs. This multi-faceted approach is especially critical given the increasingly toxic supply of unregulated drugs, growing risk of overdose, and lack of safe, affordable and supportive housing, which is one of multiple social determinants of health.



### Calls to action

#### Hospital culture and workforce training

##### 1. Casey House encourages hospitals to:

- Adopt a philosophy of care that is judgment-free, culturally-sensitive and trauma-informed. By acknowledging that systemic inequities have a profound effect on people's lives, and providing care within the context of their circumstances, hospitals can more effectively work with people to achieve stability in their health and lives, and address the barriers they face.
- Include people with lived experience of substance use in the design and delivery of programs and services. By including people with lived experience as part of health care teams, hospitals can enhance collective expertise, enable diverse perspectives and skills, and facilitate meaningful opportunities for human connection.
- Actively train and support the entire hospital workforce to provide harm reduction informed care. By providing all staff with a shared basis of language, learning and expectations, hospitals can work to mitigate the impacts of trauma, stigma, systemic racism, and substance use, while providing safe and effective care for people who use drugs and other vulnerable populations.

#### Health care worker education

2. To ensure that future generations of health care workers (including doctors, nurses and allied health professionals) are well prepared to practice harm reduction in



hospitals and other health care settings, Casey House supports the calls for health care worker education and training programs to:

- Include mandatory, purposeful education on both harm reduction and trauma-informed care. Requiring health care workers learn about drug use and harm reduction as students will help them embrace this philosophy and embed it into their practice. It will also help the health care sector build its capacity to meaningfully provide thoughtful, tailored care to meet the health needs of people who use drugs.

*This position statement is one of three such statements related to **hospital-based harm reduction**, alongside **Access to Harm Reduction Services and Drug Policy**. For more information about Casey House's policy priorities and a glossary of key terms, visit [caseyhouse.ca/our-insights/advocacy](https://caseyhouse.ca/our-insights/advocacy)*

## Contact

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<sup>i</sup> Public Health Agency of Canada. (2019). *Addressing Stigma: Towards a More Inclusive Health System*.

Retrieved from: <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-toward-more-inclusive-health-system.html>

<sup>ii</sup> Chan Carusone, S., Guta, A., Robinson, S. et al. "Maybe if I stop the drugs, then maybe they'd care?"—hospital care experiences of people who use drugs. *Harm Reduct J* 16, 16 (2019).

<https://doi.org/10.1186/s12954-019-0285-7>

<sup>iii</sup> Ibid.

<sup>iv</sup> Strike, C., Robinson, S., Guta, A., Tan, D. H., O'Leary, B., Cooper, C., Upshur, R., & Chan Carusone, S. (2020). Illicit drug use while admitted to hospital: Patient and health care provider perspectives. *PLoS one*, 15(3), e0229713. <https://doi.org/10.1371/journal.pone.0229713>

<sup>v</sup> Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid- and Stimulant-related Harms in Canada. Ottawa: Public Health Agency of Canada; June 2021. [https://health-](https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants)

[infobase.canada.ca/substance-related-harms/opioids-stimulants](https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants)

<sup>vi</sup> Gomes T, Murray R, Kolla G, Leece P, Bansal S, Besharah J, Cahill T, Campbell T, Fritz A, Munro C, Toner L, Watford J on behalf of the Ontario Drug Policy Research Network, Office of the Chief Coroner for Ontario and Ontario Agency for Health Protection and Promotion (Public Health Ontario). Changing circumstances surrounding opioid-related deaths in Ontario during the COVID-19 pandemic. Toronto, ON: Ontario Drug Policy Research Network; 2021.

<sup>vii</sup> Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid- and Stimulant-related Harms in Canada. Ottawa: Public Health Agency of Canada; June 2021. [https://health-](https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants)

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<sup>viii</sup> Ibid.

<sup>ix</sup> Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2020. Available from:

<https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>