Conversation Guide – Talking to People who Use Substances

With Gratitude

IH Peer Advisors (people with lived and living experience of substance use) guided the creation of this resource to support clinical staff to feel better equipped to talk to, collaborate with, and care for people who use substances (PWUS).

We would also like to acknowledge Vancouver Coastal Health for their contributions to this resource.

If you have questions or feedback about this guide, please do not hesitate to reach out to the following email contacts. We are here to support you and the people you care for.

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Purpose

This guide intends to support frontline staff who provide care to people who use substances (PWUS). It contains key information from IH Peer Advisors - people with lived and living experience of substance use - on how they want to be treated, spoken to, and collaborated with when accessing services. The new AK5000 Harm Reduction – People Who Use Substances Policy, along with the provincially implemented Decriminalization of People Who Use Drugs, have brought a significant paradigm shift in how we think about substances and people who use them.

This guide is intended to support how to have *conversations* with people who use substances, including legal substances such as alcohol.

It **does *not*** provide guidance on clinical care procedures or clinical decision-making.

The term 'person' is used in this guide and includes patients, residents, clients and visitors.

It's normal to feel awkward or uncomfortable when changing how we do things, or entering into a new area of practice. For some of us, the recommendations in this guide are a new or different way to approach our work. These conversations will become more natural the more and more you have them and as you build rapport with individual people.

Expert Advice from IH Peer Advisors

"Change doesn't happen overnight, but that doesn't mean it is not happening. Your interaction might not make a change that *you* can see right away, but it could be a meaningful step in someone's wellness journey."

"'Success isn't just if a person wants to quit after you talk to them. It is also when they want to engage with you, feel safe to openly speak about their use, if they stay in hospital to complete treatment, and if they leave feeling seen, heard and cared for."

"When a person discloses to you that they use substances, they have taken a courageous step. Your response will influence whether or not they will trust you, and other health professionals, during this hospital visit and future ones. Be mindful of the way you speak to and about people – as it lets others around you know whether you are a safe person to be vulnerable with."

"If a person is struggling to abstain and is using substances while receiving care, they may have a substance use disorder (SUD). Using their own substances may be an indicator that their substance use needs are not being met. It's likely *not* meant to be confrontational or disrespectful to you, or your team. This is an opportunity to communicate with the person to understand their experience, and to explore options that align with their goals."

"A culturally safe and trauma-informed approach is important. Many people who use substances have had negative experiences in healthcare settings, and with other people in authority punishing them for their substance use."

"Big feelings and reactions are not about you as a care provider. They are influenced by a person's social determinants of health, underlying harms and their past experiences with health care and authority figures. Even if you say/do all the 'right things,' talking about their substance use can be frightening for people. It is not uncommon to be met with a trauma-response (fight, flight or freeze), especially if you haven't had time to build rapport. Do your best to not take things personally or respond defensively."

"You don't have to know it all. People don't care what you know, they just want to know that you care. Recognize that the person who uses substance is the expert in their substance use, and take the opportunity to learn from them if they are willing to share. Approach with care and curiosity."

The 'SUDs' of talking to People who use Substances

When in doubt, just remember the 'SUDs'

S	U	D
Self-reflection	**Understand the Person's Experience**	**Discuss Options**
Before approaching the person, ask yourself what assumptions or beliefs you bring to the interaction. Enter conversations from a place of *non-judgement* and *curiosity*. Reflect on expertise shared with you by people with lived and living experience of substance use.	Before offering solutions, inquire about the person's experience and acknowledge their expertise. How do they understand their relationship with substances, their concerns, and what are *their* goals? Listen to learn.	Engage the person in person-centred care planning and informed decision making. Collaborate and explore options together that build on the person's strengths and *their* goals. As you build rapport and trust, you may be able to delve deeper and find more meaningful solutions. Don't be afraid to revisit these conversations.

Conversations in Health Care

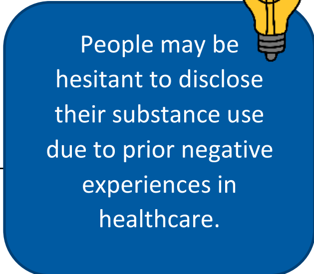
Below we have outlined some scenarios, using the 'SUDs' (self-reflection, understand the person's experience, discuss options) that might help you find the words to talk to people accessing care. This section contains key insights into what people with lived and living experience (PWLLE) of substance use want health-care staff to reflect upon and consider when interacting with people who use substances. These suggestions are to support *conversations, rapport building* and guidance on *how* to engage with people who use substances. It does **not** provide clinical guidance.

Given the size of the Interior Health region, the differences between rural and urban settings, and different practice areas – we acknowledge that not all conversation points will be applicable to you, and that we aren't able to capture every situation you might encounter. Some care scenario examples used throughout this guide may refer to services that are not available in your area. It is important to **only offer what your site/team can deliver.** We encourage you to familiarize yourself with local resources and reach out to your leadership if you have questions.

1. I want to screen someone for substance use.

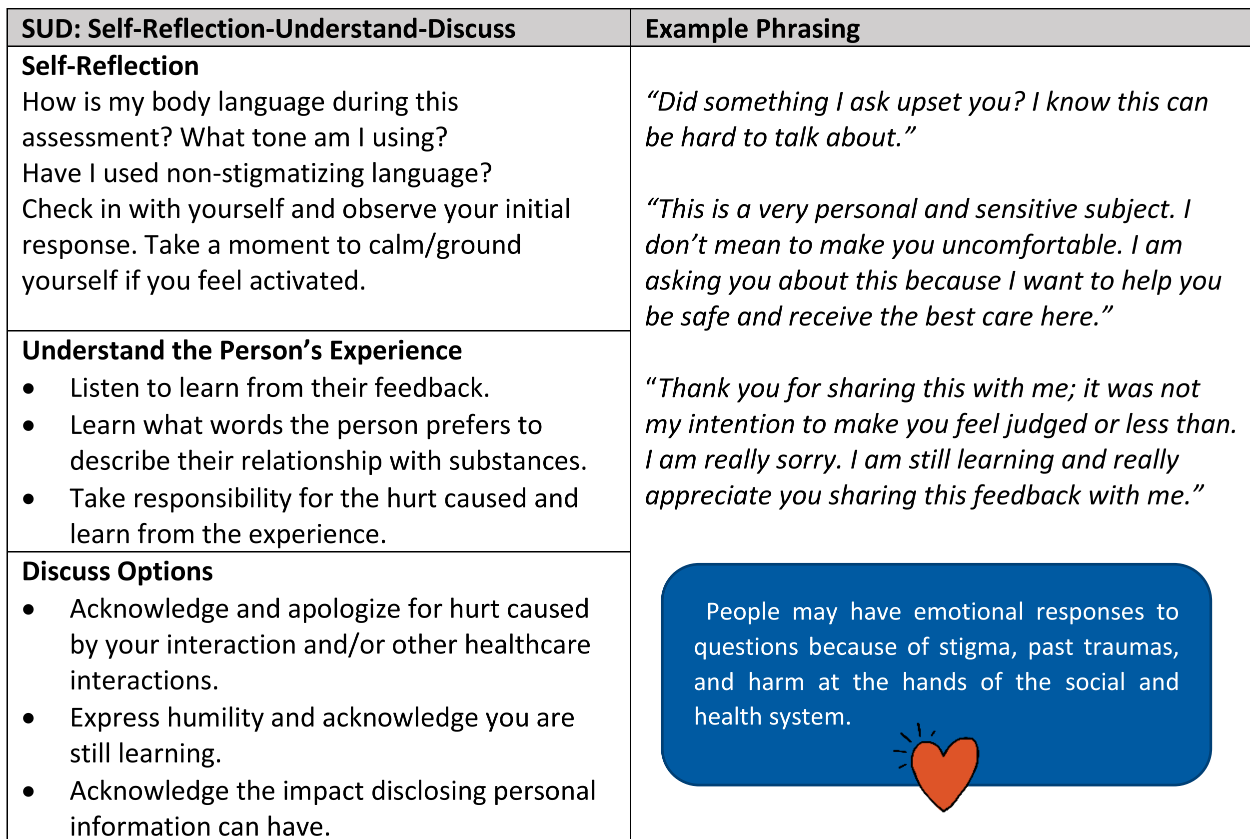
DO NOT break confidentiality by disclosing their use to others outside the care team, be rude or roll your eyes.

SUD: Self-Reflection-Understand-Discuss	Example Phrasing
Self-Reflection How do you approach sensitive conversations with people who are new to you?	*"Substance use is a part of our regular screening process. Would it be okay with you if I ask you a few questions about your substance use?"*
Understand the Person's Experience • Ask permission before inquiring about substance use and explain *why* you are asking. • Be gentle and discrete. Have this conversation in private. • Ask if the person has any immediate needs.	*"Is there anything you need regarding your substance use while you are here? What do you need to feel better, or more comfortable?"* *"Are you interested in hearing about resources that might help? We could get the addiction medicine doctor to see you."*
Discuss Options • Share information on supports available to the person while they are receiving care and provide referral(s) if the patient consents	*"Do you know where the nearest Overdose Prevention Site (OPS) is?"*



2. A person is upset by my screening questions or the words I used.

DO NOT take it personally, or respond defensively.



SUD: Self-Reflection-Understand-Discuss	Example Phrasing
Self-Reflection How is my body language during this assessment? What tone am I using? Have I used non-stigmatizing language? Check in with yourself and observe your initial response. Take a moment to calm/ground yourself if you feel activated.	*"Did something I ask upset you? I know this can be hard to talk about."* *"This is a very personal and sensitive subject. I don't mean to make you uncomfortable. I am asking you about this because I want to help you be safe and receive the best care here."*
Understand the Person's Experience • Listen to learn from their feedback. • Learn what words the person prefers to describe their relationship with substances. • Take responsibility for the hurt caused and learn from the experience.	*"Thank you for sharing this with me; it was not my intention to make you feel judged or less than. I am really sorry. I am still learning and really appreciate you sharing this feedback with me."*
Discuss Options • Acknowledge and apologize for hurt caused by your interaction and/or other healthcare interactions. • Express humility and acknowledge you are still learning. • Acknowledge the impact disclosing personal information can have.	People may have emotional responses to questions because of stigma, past traumas, and harm at the hands of the social and health system.

3. A person discloses they are worried about going into withdrawal.

DO NOT: dismiss their concerns, or shame them.

SUD: Self-Reflection-Understand-Discuss	Example Phrasing
Self-Refection What beliefs do you hold about alcohol and other substance use that might be a barrier for you in taking these concerns seriously or meeting the person with care and compassion? **Understand the Person's Experience** • What is withdrawal like for them? What symptoms do they have? • Accept that each person has the autonomy to consent or decline the care you are offering. **Discuss Options** • Share available supports that align with the person's goals. • Encourage them to continue to reach out for support.	*"Thank you for trusting me with this information. Let's see what we can do to make this a bit better for you."* *"Do you mind if I ask what withdrawal looks like for you. Have you experienced it before? When does it usually start? What helps?"* *"I can understand why you wouldn't want to go through withdrawal. That sounds awful! Let's see what we can come up with so you don't have to go through that if you don't want to."* *"Are you open to talking to someone more about this? Alcohol withdrawal can be dangerous and we want to help keep you as safe as possible."* *"Let me know if this changes or gets worse. I want to support you through this."*

If a person perceives they have to choose between the medical care you are offering and forced withdrawal, they may choose to leave.

4. A person is leaving the site temporarily and I suspect they are leaving to use substances.

DO NOT try to talk them out of leaving, use fear tactics or threaten that someone will lose their bed/access to care through discharge/eviction.

SUD: Self-Reflection-Understand-Discuss	Example Phrasing
Self-Reflection Why are you asking? What is the medical or safety reason to be asking about this and is it necessary to ask? **Understand the Person's Experience** • Ask the person if they need anything to be safe while off site. • Inquire what the person is already doing to reduce risk and build on strengths. **Discuss Options** • Offer to make a plan with them to stay safe while they are out. • Ensure they are informed of any contraindications if they use alcohol or other substances while offsite.	*"Could we discuss some ways for you to be safer while you are out there?"* *"It sounds like it's hard to not use, especially in a stressful place like this. Let me know if there is anything I can do."* *"What do you normally do to reduce your risk of drug poisoning (overdose)?"* *"Do you know where you can get your drugs checked?"* *"Have you heard of the Lifeguard App? If you haven't, do you think we could look at it together?"*

• Offer harm reduction supplies and support options (drug checking, OPS, Lifeguard app) • Offer additional supports that align with the person's goals.	*"Have you considered a supported way to manage your alcohol use, like a managed alcohol program? Then you wouldn't have to worry about going offsite and can stay here to focus on getting better."*

5. A person's substances are out in the open in a care setting and people have complained.

DO NOT: break confidentiality, prioritize the comfort of one person over another, or shame them.

Most people prefer discretion, due to stigma and potential targeting for theft.

SUD: Self-Reflection-Understand-Discuss	Example Phrasing
Self-Reflection How do you normally address complaints from one person about another?	*"Hi ________, I see you have substances on you. Would you like to hear about some support options?"*
Understand the Person's Experience • Check-in with them about their substances. • Ask about any unmet needs including substance use needs.	*"Could you please put these supplies somewhere out of sight? You're not doing anything wrong, we just want to make sure it doesn't get misplaced or taken."*
Discuss Options • Ask them to store their substances and supplies out of sight, offer storage options if available. • Offer supports that align with their goals.	*"Good morning _____, just calling to remind you to put away any used drug use supplies before your home visit today. Do you need a new disposal box?"*

6. Someone was previously using a substance indoors.

DO NOT assume ill-intent, be confrontational, automatically confiscate substances, search belongings or shame them.

If a person is using substances while in care, they may have a substance use disorder and require additional support. Using onsite may be a safety precaution, and is not intended to be confrontational or disrespectful.

SUD: Self-Reflection-Understand-Discuss	Example Phrasing
Self-Reflection What are your beliefs about why people use substances while receiving care?	*"Hi ______, are you doing okay? I am going to return and check on you in a little bit to make sure you are safe, if that's okay with you?'*
Understand the Person's Experience • What is going on for the person? Are there unmet pain needs, withdrawal symptoms, high stress that could be addressed medically? • How can you help the person feel safer and share options while here?	*"I recognize it can be hard to stop smoking substances, especially in stressful situations, like being here. It's okay if you need to use, you just need to do it outside and away from the building.* *"Are you open to discussing some safety strategies?"*
Discuss Options • Acknowledgement for the need to continue using substances while receiving care.	*"Do you have the supplies you need?"*

• If smoking substances, provide information about why IH has a smoking policy and discuss alternatives. • Discuss what the person's unmet needs are and provide support/referrals that align with their goals. Offer harm reduction supplies and disposal containers. Our system has not caught up to the need for appropriate spaces to consume substances on-site.	*"If you are having a hard time not using while you are here, would you like to talk about how we might be able to help? You don't have to choose between using your substances and getting medical care."* *"We have a place where you can use just down the hall. Can I show you where they are and introduce you to the nurse there?"* *"I understand you'd prefer to use your own substances. Is there another way, besides smoking them that you could do while you are here?"*

7. A person self-disclosed that they use(d) a substance(s) that you think might interfere with their treatment/procedure

DO NOT use fear tactics to promote abstinence, refuse care outright, or shame them.

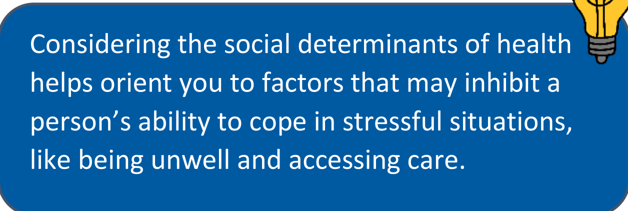
SUD: Self-Reflection-Understand-Discuss	Example Phrasing
Self-Reflection Is there possibly stigma in how you are considering this situation? Is it up to you to decide whether or not to withhold interventions?	*"Thank you so much for telling me, I need to ask you some more questions so that we understand what is in your body and how it might react with your treatment."* *"I can't safely help you with your shower right now. We'll come back tomorrow and try again."* *"Is there anything we could do to help you prepare for the appointment/treatment?"* *"If your OAT medication makes you too drowsy in the morning, would it help to schedule your appointment for the afternoon?"* *"Hey ____, your doctor said that this treatment won't work as well in combination with some of the drugs you are using. Do you want to talk about some ways we can figure this out together?"*
Understand the Person's Experience • Do they know and understand the risk? • Clarify that you are asking to ensure their safety, not out of judgement. • Understand the person is weighing the risk of withdrawal and needing the treatment. This is not an easy choice.	
Discuss Options • Keep the conversation about informing the person of risks, instead of trying to encourage or discourage their drug use. • Inquire if the person has any concerns about their ability to temporarily abstain from substances (if required). Is there a risk of withdrawal? • Collaborate with person and care team to find practical solutions to mitigate risks.	

It can be difficult to balance the risk of substances being used during treatment against the risk of patient going through withdrawal or declining treatment to avoid withdrawal. Thoroughly discussing these risks should be a part of the informed consent process with the person and involve the whole care team.

8. Last time you interacted with *this* person while they were under the influence of substances, they acted erratically.

DO NOT take it personally, assume ill intent, shame substance use, make accusations or scold them.

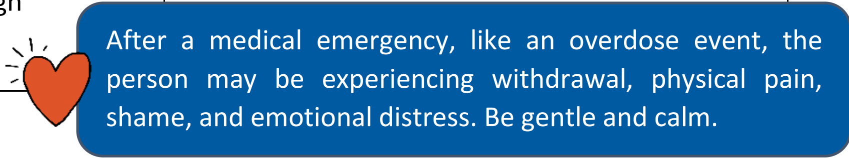
SUD: Self-Reflection-Understand-Discuss	Example Phrasing
Self-Reflection Is the behaviour bothersome or is there a safety risk? Does the behaviour *need* to be addressed? Is this the *right time* to address the behaviour?	*"I noticed you weren't being like yourself last time you were here. Can you help me understand what was going on for you that day so that we can make this a better experience for you?"*
Understand the Person's Experience • What was the context of the behaviour and were there any underlying unmet needs that increased distress? • Approach with curiosity, listen to learn.	*"This infection has gotten worse since last time you were here, we're really glad you returned to get it looked at."* *"You told me you were quite anxious last time you came in, is there anything we could do to help with that?*
Discuss Options • Validate medical needs and goals. • Focus on the behaviour, not the substance. • Explore strategies to meet their needs, offer supports for substance use if person consents.	



9. A person regained consciousness *after* an intervention for overdose/drug poisoning event.

DO NOT search their belongings, confiscate their substances, shame them, or force them to stay.

SUD: Self-Reflection-Understand-Discuss	Example Phrasing
Self-Reflection Consider your understanding of why/how people overdose. Do you have unconscious bias towards people who have experienced drug poisoning? Acknowledge the impact it has had on you as well as the person who is recovering.	*"Hi __________, how are you feeling? Can I get you a blanket or a cup of water?"* *"You experienced an overdose in the waiting room. I am so glad you are okay. We (insert intervention) and then we moved you over here for a little more privacy."*
Understand the Person's Experience • How are they doing and what do they want or need?	*"The toxic drug supply is so unpredictable. I am sorry this happened to you, but I am glad it happened here, where we could help you right away."*
Discuss Options • Offer to make a plan with them to stay safe while they are out. • Offer harm reduction supplies and support options (drug checking, OPS, Lifeguard app) • Offer additional supports that align with the person's goals.	*"Do you mind if I come back when you are feeling a little better, to talk about some options we have here to support your substance use needs?"*



Glossary of Terms

The purpose of this glossary is to support your learning and confidence in speaking with people who use drugs. Language is always evolving, varies from region to region, and even person to person. Don't be afraid to respectfully ask people what they mean if they use terms you aren't familiar with. Allowing the person, who is an expert in their own substance use, to educate you is respectful and empowering. When speaking to people, use terms that are most likely to be familiar to them, avoiding jargon and acronyms. Do your best to use words that communicate care and respect.

Quantity (approx.) Terms		**HR Supplies Terms**	
8ball	1/8 ounce	**Bowl/bubble pipe**	Glass pipe with a bowl on one end. Typically used for inhaling stimulants. Sometimes called a 'meth pipe.'
ball	3.5 g		
baggie	Small plastic bag of varying quantities.	**Cleans**	Typically refer to unused needles. Can refer to a state of sobriety, may carry stigma.
Bump	One dose* snorted	**Cotton/filter**	Used to filter out particles from injectable drugs. Cotton filters are included in SteriCups.
Flap	1/4 ounce	**Cooker/cookpot/ SteriCup**	One-time use cup used to heat up a substance to make it injectable. A metal spoon is often used as an alternative
Hit/hoot	1 dose* inhaled	**Dirties**	Typically refer to used needles. Can also refer to a positive urine screening, may carry stigma.
Mickey	375ml bottle alcohol	**Foil**	Used for heating up a substance for inhaling smoke/vapor.
Quarter	¼ ounce, 7 g	**Rig/straight shooter**	Syringe. 1cc is most common, but people may request different sizes, with or without needle.
Point	0.1 g	**Screens**	Small brass sheets that are inserted into straight pipes for inhalation of substances.
Shot	One dose* injected	**Side pipe**	Glass pipe with bowl used for inhaling stimulants. Also called bowl pipe or bubble pipe.
Strip/sheet/ tab	One dose* consumed orally	**Stem**	Straight glass type, sometimes called a 'crack pipe.'
Two four **Two six**	24 pack of beer 26oz bottle of alcohol	**Tubing, mouthpiece**	Clear vinyl tubing that is attached to glass pipe. Can be cut to various lengths for safety/personal preference.

*A 'dose' varies from person to person. Always ask about 'dosing' in a respectful way.

Consumption Terms	
Backloading/Frontloading	Practice where one syringe is used to prepare drugs and then split into multiple syringes for injection.
Boof, Booty Bump, Plugging	Practice of consuming substances rectally.
Chasing, Chasing the Dragon	Inhaling smoke.
Doctoring	Practice where another person injects a substance into another person's body.
Flagging	Practice of drawing blood into syringe prior to injecting substance.
Freebase	Inhaling vapours of cocaine, rather than snorting or smoking crack.
Hot rail	Inhaling vapours of meth, rather than heating the drug and inhaling the smoke.
Huff	Inhaling inhalants such as glue, aerosols, gas or other solvents.
Parachuting/Bombing	Orally ingesting substances wrapped in edible wrapping.
Slam	Inject substances, often referring to use of meth.
Shoot	Inject substances intravenously or intramuscularly.
Snort	Consuming substances intranasally.
Splitting	Practice of sharing your substance with another person, often as a safety strategy.

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dăkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, Syilx, and Tŝilhqot'in Nations, where we live, learn, collaborate and work together.

Experiences	
Bender/Binge	Consuming a large quantity of substances in a short amount of time.
Chipping	Supplementing OAT medication with illicit substance(s) - may indicate medication(s) dose is insufficient to meet substance use needs.
Cold-turkey	Slang for abrupt and complete cessation of intake of substances.
Dope sick	Experiencing withdrawal symptoms, may carry stigma.
Drug poisoning	Used interchangeably with 'overdose,' may carry stigma.
Flail	The act of moving one's limbs/body randomly, associated with stimulant use, may carry stigma.
Nod, on the nod	Refers to state of drifting in and out of consciousness after consuming substances.
Overdose/OD	Refers to the consumption of substances that exceed one's tolerance. Used interchangeable with 'drug poisoning,' may carry stigma.

Other Terms	
Non-medicalized Safe Supply	A regulated supply of substances that can be accessed without a prescription; such as a compassion club, or liquor/cannabis store front.
eOPS	**E**pisodic **O**verdose **P**revention **S**ervices; evidenced-based health service that is provided on an 'as-needed basis' and allows staff to respond to overdose prevention needs.
OAT	**O**pioid **A**gonist **T**reatment, first line treatment for opioid use disorder.
OPS	**O**verdose **P**revention **S**ite, evidenced-based health service that provides witnessed consumption and overdose response as required. Operates under a ministerial order.
Paraphernalia	Refers to harm reduction supplies, may carry stigma.
Peer	A role title in which the individual have lived or living experience similar to clients/patients being supported, in which their lived experience is central to their role.
Prescribed Supply	Medications prescribed as a safer alternative to the toxic illegal drug supply. Also called 'medicalized safe supply' or sometimes 'safer supply.'
PWUS/PWUD/ PWLLE	**P**eople **W**ho **U**se **S**ubstances/**P**eople **W**ho **U**se **D**rugs, often used interchangeably with **P**eople **w**ith **l**ived and **l**iving **E**xperience (PWLLE) of substance use.
Treatment	Often used to refer to 'in-patient treatment centres' however 'treatment' includes outpatient treatment like counselling, peer support, Opioid Agonist Treatment, etc.
Recovery	Historically refers to a state of abstinence, now more commonly described as a process towards improved physical, psychological and social well-being.
Relapse/Lapse/Slip	Refers to returning to use after a period of abstinence, carries significant risk if using unregulated substances. May carry stigma.
SCS	**S**upervised **C**onsumption **S**ite; evidenced-based health service that provides witnessed consumption, overdose response, and a network of support services.

Substances			
Alcohol	Liquor, Booze, Juice, Drink, Bevvies	**MDMA**	Ecstasy, E, Molly, M&M, Beans
Amphetamines	Speed, Uppers, Bennies, Crank, Pep	**Methamphetamine/Side**	Speed, Meth, Chalk, Ice, Crystal, Jib
Benzodiazepines	Downers, Benzos, Zanies, Tranks	**Methylphenidate**	Ritalin, Vitamin R, Smart Drugs, r-ball
Buff	Substances that are cut into a drug, such as sugar or caffeine	**Nicotine**	Cigarettes, Darks, Butts, vapes, e-cigs
Cannabis	Pot, Weed, Dope, Dabs, Edibles, Hash	**Opioids/Down**	China Girl, China White, Fent, Down, often a colour
Cocaine	Crack, C, Coke, Snow, Blow	**Psilocybin**	Magic Mushrooms, Shrooms, Liberty Caps
GHB	Liquid Ecstasy, Blue Nitro, Liquid X, Georgia Home Boy, Scoop	**Prescribed Opioids**	Oxy, Percs, O, T3s, Cody, M, Monkey, Trammies, Dillys
Ketamine	Special K, K, KitKat, Super K	**Solvents/Inhalants**	Glue, gas, huff, sniff, poppers
LSD	Acid, Trips, Tabs, Dots, Lucy	**Synthetic Cannabinoids**	Spice, K2, Kronic, Potpourri

Continue Your Learning

Harm Reduction Education

- IH Harm Reduction 101
- Harm Reduction Toolkit
- Youth Harm Reduction Toolkit
- Indigenous Harm Reduction – FNHA
- Safer Sex and Safer Drug Use – Towards the Heart
- Opioid Overdose Response: Naloxone Toolkit
- Drug Checking
- Stop Overdose – Province of British Columbia

Stigma

- Addressing Stigma Toolkit
- IHA Stigma and Substance Use video series
- Beyond Stigma – Vimeo
- Compassion Engagement Modules – Towards the Heart
- Resisting Stigma – Vancouver Coastal Health
- Caring Conversations – Island Health
- Creating Supportive Health Care Environments for People that Use Substances – Northern Health

Substance Use

- Substance Use Foundations- iLearn #2136
- 24/7 Addiction Medicine Clinician Support
- AUD Clinical Resource Sheet
- Clinical Care Guidance – BCCSCU
- Mental Health & Substance Use Resources
- Substance Use Treatment Toolkit
- Trauma-Informed Practice Guide
- Virtual Addiction Medicine Clinic Referral
- Motivational Interviewing – iLearn #2911
- Opioid Agonist Therapy Made Easy –
- Addictions Care and Treatment e-course

Decriminalization

- Decriminalization toolkit
- FNHA – Decriminalization
- Decriminalizing People who use Drugs – Province of British Columbia
- Outcomes of our Current Drug Policies video – Canadian Drug Policy Coalition
- Public Health Approach to Drugs video
- Beyond Prohibition – BC Health Coalition

Peer Engagement

- Employers Guide to Supporting and Engaging Peer Workers
- Peer Engagement and Inclusion Toolkit
- Hear Us, See Us, Respect Us: Respecting the Expertise of People who Use Drugs
- Nothing About Us Without Us