



*Don't Be An A**hole*

**BEST PRACTICES FOR HEALTH AND SOCIAL SERVICE
PROVIDERS WORKING WITH PEOPLE WHO USE DRUGS**

Acknowledgments

Blood Ties Four Directions Centre Society would you like to acknowledge that this project took place on the traditional territories of the Ta'an Kwächan Council and the Kwänlin Dün First Nation.

Blood Ties would like to formally thank the individuals who participated in this project. Our organization recognizes the strength and courage it took to share your stories and experiences. We thank you for your honesty and applaud your bravery. Thank you for your contributions and allowing our organization to share your experiences with the greater community.



This project was made possible by United Way Society Yukon

Published November 2018

About the Study

Blood Ties is an organization dedicated to eliminating barriers and creating opportunities for people to have equitable access to health & wellness, and promoting the dignity of the most marginalized in our community. This project was conceived to inform Blood Ties' practice and interactions with people who use drugs. It is shared in the hope that other health and social service providers will find it useful for strengthening their relationships with clients who use drugs.

This project was designed to discover which factors made relationships between clients and service providers more successful and to identify barriers that people who use drugs face when accessing social services. We sought to identify issues, but also to find concrete solutions that would help both individual service providers and agencies be more accommodating to clients who use drugs. This report outlines the key themes that were found among people who use drugs about their experiences with various health and social services agencies and providers. It also contains recommendations for improved service delivery from the participants in the study.

In the interest of protecting confidentiality the names of specific service providers have been removed, and the names of study participants have been changed to pseudonyms. Several clients remarked that they have noticed tangible, positive improvement in the way health and social service providers interact with people who use drugs, and we wish to celebrate these steps and improve upon them further.

"In the past they were nasty, but now they've gotten nicer" - Ronald, 58 FN

Blood Ties conducted 19 semi-structured interviews ranging from 30 minutes to one hour in length in July 2018. Interviews took place in the nursing room at Blood Ties to ensure privacy for respondents.

Respondents were given a stipend to compensate for their time. Respondents were recruited via posters in Blood Ties as well as several other community organizations.

Approximately 30 people were interested in doing interviews; due to time constraints we were only able to interview 19 people. Of the respondents, 14 identified as First Nations and 5 did not. Eight women and 11 men were interviewed.

Interviewees underwent a pre-screening interview to ensure they fell within the parameters of the project, i.e. people who use injection and/or inhalation drugs within the last 12 months, and who had connected with health and support services in Whitehorse. We recognize the limits of this study, namely the small sample size which hinders our ability to generalize our findings to the broader Yukon community and that all respondents found out about the study from accessing social services, indicating that they are engaged with social service providers (and thus people who avoided social services entirely were excluded).

Respondents were presented with a list of different services around Whitehorse and asked to indicate which they had visited in the last 12 months. The list of social services is appended. Many respondents noted that the prevailing attitudes of service providers towards people who use drugs had improved significantly over their lifetimes, so we focused on interactions within the past year. A complete list of the questions asked of participants is appended.

Respondents were questioned on their overall experiences with staff at different agencies: what they appreciated and what they disliked, what produced feelings of discomfort, and what made for more positive interactions. Respondents were asked to describe any remarkable interactions (positive or negative). Respondents were then asked what they would like to see changed going forward.

Respondents were then asked questions about how they felt disclosing substance use to service providers, whether they avoid accessing services because of substance use, and how they assessed their personal risk of overdose. Finally, respondents were asked what their most important piece of advice for service providers is and overwhelmingly respondents straightforwardly identified "Don't Be An A**hole" as their number one piece of advice.

Introduction

Respondents noted many successes, but also areas for improvement. Through the interviews, many themes and concerns emerged. Four key themes we saw were: warmth, trust, power and accessibility.

- The theme of warmth reflects respondents' desire for genuine care and compassion from social service providers. This included smiling, asking questions, getting to know a client's backstory, and avoiding burnout on the part of social service providers
- Trust reflects the respondent's estimation of trust as an essential precursor to developing a positive relationship. This includes maintaining confidentiality, consistency among staff members, and taking care not to open wounds without efforts at healing them. Many clients also spoke about their desire to see more social service providers with lived experience, because it would engender trust in the relationship.

- The theme of power encompasses the inherent power imbalance between social service providers - who act as gatekeepers for needed services - and clients. Respondents were sensitive to perceived condescension, especially those respondents who had a great deal of internalized stigma. Respondents often noted perceived differences in care between Indigenous and non-Indigenous clients. Pain management was used as a salient example of inherent power imbalance.
- The fourth theme is accessibility. Here clients described barriers they face in accessing social services. Of particular note were hours of operation, lack of transportation and gaps between services. Respondents emphasized the importance of receptionists and other staff who create the first impression of an agency. Respondents were deeply appreciative when social service providers accompanied them to meetings with other social service providers.
- Under the theme of warmth, there were several simple things detailed by respondents that service providers can do to improve their relationship with clients. Smiling, calling clients by name and asking questions about the positive aspects of clients' lives can go a long way towards developing a warmer relationship.

Getting to know a clients' backstory naturally builds warmth and trust in the relationship by making clients feel as if they are seen as a whole person, rather than just a person who uses drugs.

Confidentiality was repeatedly brought up as a key precursor to a trusting relationship, as was consistency. While it is not always possible to retain staff for years, ensuring consistency among staff can increase overall trust in the agency. Respondents also reported feeling more trust and a stronger relationship with service providers who had comparable life experiences.

Ensuring enough time for proper closure after a session can increase trust because clients are assured that they can be open and honest without being left feeling vulnerable and prone to using at the end of the appointment. Giving clients strategies to manage those feelings after leaving the appointment, such as mindfulness and centering activities was identified as helpful.

Power is a difficult aspect of the service provider-client relationship. Service providers are inherently more privileged than their clients and act as gatekeepers controlling access to services and benefits. When service providers are conscious of their power they are better able to avoid acting in ways that could be perceived as condescending or parental. Some respondents identified a desire to feel like a partner in the agency they are getting services from; when clients are able to volunteer and participate in the agencies they use they feel empowered. Complaint mechanisms are crucial: when complaints are addressed and rectified respondents dignity is restored, but when they are ignored respondents experienced cynicism and despair.

Respondents had several suggestions for improving accessibility, including later hours and increased transportation assistance. Respondents also described the importance of friendly receptionists and waiting areas, because receptionists create the first impression clients have of a service. Several clients reported avoiding agencies entirely if the receptionists were unfriendly, regardless of how beneficial the service could be.

Respondents were very grateful for service providers' attempts to bridge gaps between agencies and services, such as doing research outside their area of expertise to find the optimal services to refer clients to and by communicating directly with other agencies to create and execute plans.

Respondents also reported that having a service provider from an external agency accompany them to their appointments was appreciated, and that they felt less anxious and tense going in to their appointments if they had "someone in their corner", which made appointments go more smoothly.

Warmth

"I know when I'm down and out, I can get a coffee and chat, and most of the time if I'm feeling down when I walk through the door I feel a lot better when I walk out" - Jim, 35, NFN

At the end of each interview, each respondent was asked what their one most important piece of advice for service providers would be, and the answer was universal: warmth. Respondents want to feel more care and friendliness from service providers.

"My one piece of advice for service providers is to be more friendly" - Delilah, 43 FN

"I like how he's happy and positive...I like cheerful service providers more" - Lily, 34 FN

"Just, like...just don't be an asshole" - Lucy, 48 FN

All aspects of communication can be used to convey warmth, from open body language, the tone and content of speech, to, most importantly, genuine smiles.

"Everyone is really friendly - it's their smiles" - Lucy, 48 FN

They'd look so much more helpful if they'd at least smile, or say thank you" - Sonja, 47 FN

Other simple things, like calling clients by name, were also deeply appreciated.

"They call me by name, I like that" - Roger, 25 FN

Respondents appreciated simple questions, about positive subjects. Asking questions about positive subjects, such as pets or fishing, is more helpful for building rapport than only asking about problems in client's lives.

"It matters when they say hey, how's your day, how are you...talk with me about anything - my dog, the weather" - Delilah, 43 FN

Throughout the interviews it became clear that respondents can recognize burnout in service providers. Numerous interviewees referenced the issue and recognized that when service providers or medical practitioners try to do too much - work too many hours, take on too many clients - both the service worker and the clients suffer.

"Service providers cannot run on full energy all the time, no one can - God even took a break. Burnout needs to be identified, it's a big time issue" - Martin, 51 FN

"The workers were overworked and overtired and had too many clientele" - Rosie, 35 FN

Respondents clearly valued non-judgmental approaches on the part of service providers.

"They're not judgmental or anything, they just sit there and listen. When I talk, they don't interrupt. I like that" - Ronald, 58 FN

Respondents were able to pick up on very subtle manifestations of judgment.

"Even when I had slips, it wasn't about how or why I relapsed, it was about picking myself up, dusting myself off and getting in touch with my other service providers...before, if I slipped, I had to lie because I was afraid of losing the service, but it was helpful to have someone react like 'it's okay'"
- Rosie, 35, FN

One way service providers can prevent themselves from passing judgment on clients is to remember that each client operates in a distinct context. Numerous respondents reminded us that everyone has a story. When a client's actions appear counterproductive or downright baffling it is crucial to remember that they are doing the best they can while living in a very different world than most service providers.

"Take time to learn their backstory. Everybody's got a backstory. Take the time to have a little compassion, and don't jump the gun or draw conclusions without context." - Kevin, 48 FN

"The doctor was really rude and made me feel like a druggie, or a junkie. No compassion, no feeling there. Don't be sappy but have emotion, be genuine with people. Everyone has a story" - Lily, 34 FN

Learning clients' stories can naturally bring more warmth to the relationship. Learning someone's backstory can also prevent the service provider from suggesting things that have been tried before, which prevents wasted efforts and frustration. Getting to know clients beyond their problems and learning more about their strengths can make finding case management solutions easier in addition to being very beneficial for creating a warm, caring relationship.

"What I basically believe is that understanding is good, to give support instead of making assumptions, staying positive instead of negative"
- Bob, 53 NFN

Trust

"The confidentiality and friendliness makes me feel safe" - Delilah, 43 FN

"I trust them because they're not out at the front gossiping where everyone can hear them" - Lucy, 48 FN

Confidentiality is an essential precursor to trust in a service provision relationship. Many clients spoke about the need for confidentiality, especially in such a small and interconnected city. Confidentiality is particularly important due to the stigma surrounding drug use. Several clients reported overhearing staff gossiping in the work place or in public spaces. When clients do not trust that confidentiality will be maintained, they cannot be open with service providers about their lives, and the relationship is severely compromised.

"I don't tell [service providers] anything I wouldn't want everyone to know. Once I saw the staff going to a bar and heard them talking about one of their clients loud enough for everyone to hear, about something that sounded confidential." - Sonja, 47 FN

"There's the gossip...Cause you can't really say anything if you don't trust the confidentiality. Oh heck yeah the staff gossip amongst themselves, so I feel uncomfortable...I can even hear them sometimes." - Lucy, 48 FN

"They try to say confidentiality, but that's not how I see it - or hear about it afterwards." - Sonja, 47 FN

It is also important for service providers to disclose possible dual relationships with clients.

"The last time I went in there the receptionist is the girlfriend of a son I don't know, with a woman who divorced me 20 years ago. She says 'I'm seeing your son' and I thought she was a counsellor, and started talking about all this personal stuff. It wasn't until a couple of days later I learned she wasn't a therapist, she was dating my son, and I was so upset I overdosed...she wasn't honest" - Christopher, 53 NFN

Building relationships takes time and effort. Respondents valued their connections with service providers that had been working with them for long periods of time.

"There are different people working there that have different thoughts, and its really inconsistent" - Jim, 35 NFN

[What made you feel like you could be open and honest with your support person] "The long relationship, seeing her for a long time, once a week for three years. It's easier to be open with someone I've known for a long time. It's hard to be open and honest with a new person" - Delilah, 43 FN

Another key aspect of training is to avoid opening wounds without healing them. When appointments are too short, clients leave feeling more vulnerable than when they arrived. This undermines their trust in the relationship.

"It's all short term stuff. I need someone who will go on and on with me as long as it takes." - Christopher, 53 NFN

*"There's not very much time per client to work on themselves, you dip into someone's life, open up a bunch of wounds and then walk away"
- Jim, 35 NFN*

Clients also spoke to the importance of a "wind-down" process at the end of appointments. One client reported that when they did not have a way to "wind-down" after difficult appointments they are more likely to use and felt vulnerable to overdose.

"The minute I walked out of the building (after counselling) I was so triggered and shaken up about what I was talking about in the session I was walking out of there not okay, and I would use...there was no wind-down process" - Rosie, 35 FN

Respondents had several suggestions for simple wind-down activities:

"What worked for me was some mindfulness exercises, even yoga, to wind down a session. Just having two minutes of silence or relaxation techniques or affirmations, like "I release my past and I live fully in the present moment" helped me a lot" - Rose, 45 FN

Numerous respondents suggested having more service providers with lived experience would help build trust because the service provider would have a better idea of what the client was going through. However, they also noted that it was important that the service provider was not still using extensively. Respondents disliked when service providers were themselves heavy users because they perceived them as hypocritical and alleged that those service providers who used tended to be harsher towards clients. Respondents reported that they felt more comfortable disclosing substance use to people with lived experience.

"There needs to be someone with lived experience - not still living like that, cleaned up now - but then they would know what people are going through" - Lily, 34 FN

"Getting workers who have been a user or an alcoholic in the past, who have straightened their life out, so we can have something in common" - Belle, 22 FN

"The best counsellor is someone with life experience...you can see the people just fresh out of school who had a 'normal life' you can tell right away they can't relate. A couple years later they're either burnt out or a little better at it" - William, 24 NFN

"Some of them have never had a drink in their life, like they do their schooling but they have no way to relate...there was one lady there who drank and did drugs when she was younger, so we could really relate and I saw her every Monday, she made my situation a lot better"
- Max, 42 NFN

Power

Uneven power is a fact of life in the health and social services sector, because service providers are about to grant access to resources that clients need. Service providers tend to come from more privileged backgrounds than the people they serve. People who use drugs are discriminated against in a myriad of overt and covert ways, and substance use is often correlated with economic insecurity, racism, and powerlessness.

Many people who use drugs internalize stigma and blame themselves for their substance use, with service providers inadvertently reinforcing these negative self-perceptions. The following comments show the stigma respondents have internalized.

"It's your choice to do drugs. I don't think there's anything service providers can do" - Max, 42 NFN

"To avoid overdose, it isn't on providers, it's on yourself, it's self-inflicted" - Lucy, 48 FN

"I always say, if life is hard it's because I make it that way" - Kevin, 48 FN

Racism deeply affects many clients who use drugs. Both Indigenous respondents and non-Indigenous respondents reported witnessing discrimination against Indigenous people. Respondents suggested that if they have a racist encounter with a service provider, they are disinclined to return to not just that agency but also others. Respondents who reported one negative interaction with a physician for example expressed reluctance to return not just to that practice, but also to other practices in town and the hospital. Respondents reported that past experiences of racism provoke anxiety when accessing services. This anxiety and distrust hinders relationship building.

"It's hit and miss there...you don't know what you're walking into...you're walking in nervous, not knowing what to expect because of the colour of your skin" - Anna, 50 FN

Numerous respondents requested more cultural sensitivity training for staff and more cultural programming.

One respondent described taking her sister to the emergency room and found that the questions asked revealed bias in the physician.

"The doctor said 'how much have you had to drink tonight?' when she hasn't had a drink in 17 years! They wouldn't have said that to a white lady" - Anna, 50 FN

Many respondents found that they were treated differently because of their drug use. This judgment is particularly tragic when it interferes with pain management. Respondents believed that they were given less pain relievers than their counterparts who do not use drugs, even when they had grievous injuries. One patient who had been severely beaten reported that:

"I was in a lot of pain, and the doctor would only give me one ibuprofen and said if I wanted anything else, I'd have to go out and buy it [from the street]" - Kevin, 48 FN

Other respondents reported that their attempts to relieve their pain were seen as an addiction problem rather than a pain management problem.

"Basically, my bowels had closed off (which was extremely painful), but the doctor thought I was in for morphine, when I was really in pain. He judged me" - Harry, 66 NFN

In some cases respondents reported that medical practitioners were so quick to assume that patients wanted painkillers, rather than pain relief, that they appeared to ignore the underlying issue. Some respondents felt that doctors assumed that they just wanted painkillers and didn't try to find the source of the pain.

"If you think I'm here for pain medication you're wrong, because I've got lots right here...I want to know what to do about the [underlying condition]" - Anna, 50 FN

The intersection between discrimination against people who use drugs and racialized peoples is especially difficult. Indigenous people who use drugs face huge hurdles in accessing proper pain management.

"They automatically assume that I'm a drug seeker, and 'cause I'm a native...like if you went in there with a little sprain they'd give you T3s, but if I came in all gashed up they'd probably give me one ibuprofen. They're almost violating your human rights, because that's undue suffering, because I'm native." - Karl, 51 FN

Many people who use drugs have had traumatic experiences with institutionalization and law enforcement. It is easy to inadvertently trigger feelings of subjugation and institutionalization in people who have had past negative experiences. Several respondents attested to this:

"I'm not on parole [so don't treat me like I am]" - Christopher, 53 NFN

"I felt like I was in jail" - Sonja, 47 FN

"It's an [agency] not a jail, you don't need to run it like a jail"
- Jim, 25 NFN

One suggestion to combat this was to avoid letting cops into drop-in spaces (unless there is an immediate safety risk).

"It helps build a trusting relationship when staff don't let cops into the drop-in space...especially since its such a small place, you don't want to see the cop that beat you up last week in the space you're supposed to feel safe"
- William, 31 NFN

Respondents were highly sensitized to perceived condescension, responding both to verbal and non-verbal cues.

"They treat me like I'm not smart. The relationship is that they know what's best and they correct me. And they're trying to tell me how to live."
- Christopher, 53 NFN

"It starts from the way they look and sneer and judge you...I do feel like I'm treated differently because I use substances...They can be extremely condescending, and they respect me less because I use substances"
- Karl, 51 NFN

"Sometimes its not very good. A lot of them are really rude - the way they talk, the way they answer the phone, it's really snotty"
- Lucy, 48 FN

"Some of the staff take their jobs a little too personally, like trying to be a mom instead of a worker, treating me like a kid. Being really defensive, like argumentative, I've been lectured at before...I was treated like garbage, I felt."
- Jim, 35 FN

"One guy was like, why are you back here? Aren't you going to do something with your life? You should be seeing a counsellor. And then he was preaching to me when I was trying to sleep! It was religious stuff, and he was rude about it...I talked to the doctor and he said he'd talk to him, but I don't think he did" - Ella, 35 FN

Respondents appreciated it when service providers appeared cognizant of the inherent power imbalance and took steps to make the relationship feel more equal. Asking clients for their input and suggestions was particularly well received. Explicitly recognizing the resilience and independence of clients was also appreciated.

"It made me feel really good that they recognized I was independent, or that they recognized it made me feel degraded...it kinda helped me be less self-conscious about it" - Ronald, 58 FN

"She makes sure that we're on the same page. Some doctors come in and they're just like 'this is what's going on, this is what we're going to do, this is your problem' and stuff, but she makes sure that you both see the same picture. She's not there to lecture you" - William, 31 NFN

Respondents also appreciated chances to give back to the agencies they worked with through volunteering or peer facilitation. This further equalized the relationship while empowering clients to effect change in their lives.

"I try to only use it when I need it, because I get self-conscious...I feel like I blew my money stupidly, and now I have to go see these guys...I feel like I'm just using these guys and I don't like it. I like being able to volunteer with them, I like having something to do" - Ronald, 58 FN

"I like opportunities to give back to the organizations I use, like doing peer facilitation" - Kevin, 48 FN

Respondents also suggested that they would be empowered by having a literal seat at the table when it came time to develop programs and policies.

"The best change would be having street involved people talk at board meetings to have them educate the higher ups on how it really is, because it's a different world...the policy should come from the bottom, what works and what doesn't, not from the top" - William, 31 NFN

While most respondents reported at least one negative encounter with a service provider, very few made official complaints to the service provider's supervisor or agency. Most respondents did not know how to go about making a complaint and expressed doubt that complaints would be taken seriously. Few agencies provide information to clients about how to go about making a complaint or otherwise self-advocate. Informing clients about how to make complaints could be empowering.

"I didn't complain because I didn't know how to go about it...after a while, you just get tougher skin" - Kevin, 48 FN

Those who did report making complaints found that there was no follow-up regarding the complaint, which discouraged them from making complaints in the future. Worse, in some situations, complaints made their way back to the service provider in question which led to retribution.

"I've made a complaint, and said I didn't want it to get back to her, but somehow it did get back to her...she got really mad at me for that. She said 'I don't know why you would every try to say that I threatened you with violence, I said no such thing'...so it's her word against mine"
- Kevin, 48 FN

"I've lodged complaints against people and nothing was ever done about it, it makes it really hard for me to trust them"
- Kevin, 48 FN

"I put in complaints, and I know a lot of other people have too...no one got back to me and she still works there - why is she still working there, do you not care about our opinions?" - Max, 42 NFN

"I put a complaint against her, but no one followed up with me about it...her son found out about it and he's threatening me" - Roger, 25 FN

When respondents found their complaints were dealt with appropriately, it built feelings of trust and confidence in the service provision agency, the service provider, and the clients themselves.

"When I called them out, they kinda noticed that they were in the wrong and they'd change that" - Sonja, 47 FN

"One of the workers was having issues with one of my mom's friends, to do with her personal life, and she found out that my mom was friends with that woman it was a conflict of interest so I had to get a new worker, and I started to notice that the staff member was treating me different and being really rude to me because of things that don't even involve me...there was little things over a period of time that were starting to add up, and I had to come forward and discuss it with my new worker... The organization was quick to act on it when I brought it forward...I am smart and I do have a voice and I will talk about it"
- Jim, 35 NFN

Accessibility

Respondents had several suggestions to make services more accessible. First impressions are very important, but the importance of receptionists is often overlooked. Receptionists can be very helpful, but they can also present barriers if they make accessing services more difficult. It is appreciated when receptionists are friendly and polite and greet clients with smiles. When receptionists are unfriendly they can dissuade people from accessing agencies entirely.

"I avoid [agency] because I just can't handle the lady at the front desk"
- Martin, 51 FNF

"If that lady is at the front desk I won't even go in, I check through the windows and tell my girlfriend she can go in while I wait outside"
- Max, 42 FNF

"You tend to know the receptionist more than the doctor, so they're really important...if you're comfortable sitting in the waiting room and you feel comfortable you're gonna go back, but if you're trying to get on methadone or get off drugs and you're sitting in the waiting room dope sick and they're treating you like shit you're never gonna come back " - William, 31 FNF

Many respondents also spoke about the need for later hours for drop-in centres.

"Injection drug users often run into problems in the wee hours of the morning...later hours would help"
- Harry, 66 FNF

"Knowing that you have somewhere to go, 24 hours a day, that's a safe, non-judgmental space, is a relief...when you're homeless, something crazy can happen at 3am and you need somewhere to go, like if someone dumps water on you when you're sleeping"

- William, 31 NFN

Transportation assistance was deeply appreciated by respondents. Transportation assistance can liberate clients from depending on their spouses or other family/friends for rides, which can put them in a vulnerable position. It is particularly important for people with disabilities who may be housebound or unable to access programming without assistance.

"I like that they provide transportation...I didn't have to bug my (ex) partner for a drive all the time...it's pretty hard to get around with my disabilities, so transportation assistance is really important"

- Anna, 50 FN

"The hard thing is transportation" - Lucy, 48 FN

"More support for transportation would be great - more rides, more bus passes" - Delilah, 43 FN

Service providers can promote a client's ability to access other services by offering accompaniments to meetings and appointments. Several respondents recounted that interactions with service providers were much more pleasant if they had someone "in their corner" with them. They described a change in the tone of appointments when they had another service provider accompanying them and suggested that staff were often friendlier and more helpful if they brought a service provider from another agency with them for support. Further, the client was more relaxed and less tense entering the appointment when they had a support person, so any potential volatility was reduced.

"They put on the biggest front when I go in there with other service providers, like they don't want them to see their ugly side...I found that I was so much more at ease walking in there with a worker with me, knowing that they won't be rude to me...when I was alone there was times I'd walk out crying" - Rose, 35 FN

Greater inter-agency connectivity in general was appreciated because it helped respondents navigate the system and prevented them from slipping through the gaps. Clients appreciated when agencies communicated with one another to coordinate referrals and went out of their way to find services that would accommodate a client's needs.

"Even though it wasn't their area of expertise, they went out of their way to connect me with services that helped me" - Rosie, 35 FN

"It helps when different services work together so I don't fall through the gaps" - Lucy, 48 FN

Respondents reported they felt safer and more comfortable in sober spaces. Respondents recognized that it is important that some spaces are not sober (particularly so that people have somewhere to go in the cold), but an overwhelming majority said that they preferred receiving services in sober spaces. Respondents found sober spaces quieter and more peaceful and appreciated the respite from the chaos of the street. Respondents were especially concerned that non-sober spaces tended to involve more violence between clients and found being around this violence distressing. Respondents who were themselves attempting to stay sober found that it could be triggering to be in an environment with many intoxicated people, and found it very difficult when people would congregate and drink outside agencies, forcing them to pass through a gauntlet of people drinking openly.

"There are people that are sober and homeless who don't like being around people who are drunk" - Belle, 22 FN

"Today [at a non-sober space] I watched quite a few people arguing, fighting, swearing, screaming. It's not a nice environment to be in...I love [other agency] because no one comes [there] drinking or anything and the staff are friendly...I would make more places sober spaces"

- Lucy, 48 FN

"I feel safe because it's a sober environment, you're off the streets. Sometimes when you're on the street you can get into trouble, so [agency] is a safe place. It's a good place to hang out if you want to stay away from certain people" - Bob, 53 NFN

"I don't like it when there's lots of drunk people"

- Lily, 34 FN

"I think it's important to have somewhere where intoxicated people can go other than the drunk tank, but it's also important to have sober spaces"

- William, 31 FN

Finding the balance of sober and non-sober spaces is nuanced, especially in a small community like Whitehorse. It's a complex challenge to find that balance and we and other community members and organizations are still working on the best solution. We do know that it is important that we create spaces that are safe for both sober and intoxicated people and that we have a diversity of spaces they can access.

Conclusion

This study identified four actionable areas where service providers and agencies can enhance and change their practices to work more effectively with people who use drugs:

- Don't be an a**hole; be genuine, warm and kind;
- Don't abuse your power; be aware of the privilege you hold in relation to the lives of the people you are serving;
- Dismantle barriers that are keeping vulnerable people from using your service; be accessible;
- Don't cut corners; building relationships of trust is an investment

The primary recommendation is to evaluate your privilege and unconscious biases. While checking our own internalized stigma and values is uncomfortable it is important in working with clients that does not perpetuate harm. Racial biases and biases against people who use drugs are especially pernicious. Clients are able to pick up unconscious manifestations of judgment as well. While being conscious of not showing judgment is important, to fully engender trust from clients, service providers need to change their underlying attitudes.

Maintaining confidentiality is another area where we can make improvements. In a small, interconnected community like Whitehorse dual relationships are inevitable; maintaining confidentiality is especially important. Service providers must take care to ensure that we are not giving the impression of non-confidentiality by ensuring that clients are out of earshot when we engage in professional consultation with other staff. Service providers must be careful not to engage in gossip, but must also be mindful of discussing clients outside of work, or in areas where they could be overheard, even if the nature of conversation is professional rather than gossip. Clients may misinterpret professional consultation as gossip if they overhear service providers.

Service agencies in the Yukon often experience high turnover. Clients found it distressing to see different service providers each time they visited a particular agency especially if those service providers had different approaches to their practice.

Respondents were appreciative of warmth from service providers and suggested that smiling and asking questions could be used to demonstrate care and compassion on the part of service providers. Trust was highlighted as an essential aspect of the service provider-client relationship, and trust can be built by honouring confidentiality, improving consistency among staff, making time for closure after disclosures of trauma, and hiring staff with lived experience.

Respondents appreciated when service providers acknowledged the power and offered clients opportunities to affect change through volunteering and having proper responses to complaints. Clients appreciated having sober spaces and were grateful for transportation assistance. Participants spoke highly of having external service providers accompany them to appointments. Participants also requested later hours for drop-in spaces and more training for receptionists since receptionists give the first impression of an agency.

We would like to thank all the respondents who gave their time to this study and provided thoughtful and valuable insights into their experiences with health and social service providers in Whitehorse. This project was made possible by project funding through the United Way Yukon Society and we are grateful for their support.

List of Service Providers

Which of the following service providers have you seen in the last 12 months?

- Blood Ties Four Directions Centre
- Social Assistance/Indigenous and Northern Affairs Canada
- Victoria Faulkner's Women Centre
- Fetal Alcohol Syndrome Society Yukon
- Food Bank
- Salvation Army
- Second Opinion Society
- Outreach Van
- Mental Wellness and Substance Use Services - Detox
- Mental Wellness and Substance Use Services - Treatment Program
- Jackson Lake Treatment Program
- Mental Health Services
- Hospital Staff - Emergency Room
- Hospital Staff - Medical (admitted to hospital)
- Doctors at a Medical Clinic
- Referred Care Clinic
- First Nation Office
- Paramedics
- Fire and Rescue
- Committee on Abuse in Residential Schools
- Skookum Jim's Friendship Centre
- Many Rivers
- Challenge
- Other_____

Interview Questions

- Which of the above service providers have you see in the last 12 months?
- Thinking about one or two of the service providers you have used most in the past year, what is a typical interaction with a service provider like for you i.e. positive, negative, or neutral?
- Can you say more about what makes those interactions [positive, negative, or neutral]? What would you like to change about that?
- Thinking about a service provider interaction that was really positive, what made it positive for you? Why did you like this service provider?
- Thinking about a service provider interaction that was negative, what made it negative for you? What did they do that you disliked?
- What makes you feel good about an interaction with a service provider?
- What makes you feel bad about an interaction with a service provider?
- What can a service provider do to help you feel more comfortable?
- Is there anything service providers do that makes you comfortable?
- What can a service provider do to be more helpful?
- Are there any service providers you try to avoid, or dread having to see?
- If so what do these service providers do that makes you feel this way?
- Do you feel like you are treated differently because you use substances?
- Would you feel comfortable talking to service providers about your substance use? Are there any service providers you feel comfortable discussing your substance use with?
- If so what is different about those service providers
- If you had just one piece of advice to give to service providers, what would it be?
- Is there anything else you'd like to add?



Our mission is to eliminate barriers and create opportunities for people to have equal access to health and wellness and to live in our community with dignity.