



*Substance Use, Addiction and Support Services:*  
Increased **Risk** and **Service Inequity**  
for **Official Language Minority**  
**Communities in Canada**

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# OUTLINE

- **Rationale** for this study
- **Objectives**
- **Methodology**
- **Results and Key Findings**
- **Recommendations**
- **Conclusion**
- **Questions**





# RATIONALE

- Substance misuse and addictions affect an **increasing number** of Canadians
  - Certain **minority** groups face greater risk
- **Official Language Minority Communities (OLMCs):**  
What do we already know ?
  - **Culture and language** are key determinants of health
  - **Diverse** populations (aging, 2SLGBTQ+, immigrants, rurality)
  - **Greater risk** of psychological distress, which can lead to substance misuse and substance use disorders
  - **Poorer access** to health and social services provided in their language of choice
- *Little knowledge of current substance-related situation for OLMCs*



# OBJECTIVES

- 1. Gain insights on:**
  1. prevalence of substance misuse and addiction in Canada's OLMCs;
  2. their level of **access** to related prevention, harm reduction, treatment, and recovery services.
- 2. Identify best practices**
  1. develop **guidelines**;
  2. issue **recommendations** pertaining to prevention, harm reduction, treatment, and recovery services.
- 3. Document current available resources and services**
  1. addressing substance use services accessible by OLMC members nationwide.



# METHODS

## 1. Literature review

1. gain insight into **prevalence** of substance misuse by OLMCs as compared to linguistic majority groups;

## 2. 2 case studies

1. of community organizations working with people experiencing homelessness in two different OLMCs;
2. to better understand the **challenges** faced by, and the **best practices** developed by these organizations, to better support this clientele;

## 3. An environmental scan

1. to identify **resources available** to OLMCs (or lack thereof).



# RESULTS AND KEY FINDINGS

# LITERATURE REVIEW



- Relatively **new topic of research** (17 articles),
  - challenging to portray trends for OLMCs and subpopulations;
- Most studies pertain to **alcohol or cannabis use**;
- Nonetheless, **trends** suggest:
  - **prevalence** of alcohol, tobacco, and cannabis use may be **greater among OLMCs** in Canada, particularly Francophones living outside Quebec;
  - OLMC **postsecondary students** (18-to 24-year-olds) report alcohol and cannabis use to be **more prevalent among Francophone OLMCs** students compared to their majority official language counterparts,
    - trends also vary significantly according to rural/urban living context;
- Prevalence and trends relating to substance misuse **vary across Canadian OLMCs – heterogeneous subpopulations, unique needs**;
- **Very little information is available** on substance misuse by OLMCs of other age groups, or according to gender, cultural identity, or rural or urban living context.

## CANADIAN COMMUNITY HEALTH SURVEY (2012)



- **Francophone OLMCs** reported **similar prevalence** of Substance Use Disorder (**SUD**) to either alcohol, cannabis, or other state-altering substances as compared to the general public.
- **Francophone OLMCs** were less likely to consume drugs, including cocaine, heroin, solvents, opioids, and other illicit drugs, than Anglophones for both lifetime and past year use.
- Among the Francophone OLMC sample, those who face **highest risk of alcohol misuse or SUD** were:
  - men;
  - respondents aged between 30 to 49 years;
  - those with higher household annual income; and
  - those living in rural areas.
- **Highest risk for cannabis misuse or SUD** was similarly attributed to **30–49-year-old men**.
  - Unlike alcohol, **cannabis misuse** was most common among **urban dwellers**;
  - Urban-living men were also most likely to use **other drugs** through their lifetime.





## YOUTH

- **Francophone OLMC youths** were:
  - slightly **more** likely to report being regular **cigarette** smokers;
  - **less** likely to report **substance use or addiction** to alcohol, cannabis, or other drugs, than Quebec counterparts.
- **Youths 15-24 years of age:**
  - slightly fewer Francophone OLMCs consulted **formal substance use supports** than Francophone youths in Quebec;
  - both groups consulted **informal supports** in similar proportions.



## YOUNG ADULTS IN POSTSECONDARY EDUCATION

- Substance use (including alcohol, cannabis, illicit drugs, and tobacco) significantly greater in the Anglophone OLMC sample than it was for the Francophone OLMC sample;
- Prevalence was also higher for both OLMC cohorts than for participants in 2 universities in majority language contexts and 2016 American College Health Association (ACHA) Canadian reference group;
- Compared to Anglophone majority students, Francophone OLMC students were:
  - 1.44 times more likely to have consumed at least one alcoholic beverage in the past month,
  - 1.65 times more likely to binge-drink in the last month, and
  - 1.81 times more likely to report increased frequency of binge drinking in the previous month.
- Interprovincial differences found when comparing rural and urban upbringing:
  - greater prevalence of substance use among postsecondary students from rural settings as compared to urban dwelling in Manitoba and Ontario;
  - trends are reversed in Quebec.



## ACCESS TO INFORMATION AND SERVICES

- OLMCs have **poorer access to formal substance use support services** (including psychiatric admissions for SUD) than the majority linguistic population;
- Most often, **Francophones** who faced SUD in the previous year sought help from **informal supports**, including:
  - a family member (60%),
  - a friend (48%),
  - the internet (34%),
  - a colleague, supervisor,
  - employer (21%),
  - a workplace program (15%);
  - few consulted a phone help line, a support group, or a school staff member.
- In **Ontario**, a greater proportion of **SUD-related psychiatric admissions** was observed among English-speaking patients compared to French-speaking patients



# CASE STUDIES



# CASE STUDY 1

## DANS LA RUE





# CASE STUDY 2





# CASE STUDIES

## CLIENT PROFILE

- OLMC populations at **increased risk of experiencing homelessness** are:
  - Canadians **travelling** from another province;
  - Individuals with **concomitant** problems such as mental health pathology or addictions;
    - which lead to **financial instability, homelessness, and food insecurity.**
  - **Youths** (more often **boys**) with:
    - **child welfare** services involvement;
    - most have experienced **trauma, parental neglect, poverty, psychopathology** with concomitant **addictions**, and limited education.



# CASE STUDIES

## NEEDS

- Assistance sought for:
  - Housing;
  - Access to **food, clothing, shelter** against both heat and cold, and a place to **socialize**;
  - **Employment** opportunities;
  - **Administrative support**, to complete forms for **identification** purposes as well as to keep **records** in case of loss or theft.
- Services promoted mainly through **word of mouth**;
- **Same needs as linguistic majority group.**





## BARRIERS TO ACCESSING CARE

- **Limited access** to specialized care and services in the official language of the minority;
- **Language barrier**
  - unknowing **where** to seek help in a language they understand or are comfortable using;
  - **additional barriers** in transitioning to a more secure situation;
  - increases **social isolation**.
- Community organizations = **Band-Aid** solutions;
- **Lack of long-term support or mental health** services for homeless people in OLMCs;
- **Mistrust** in institutions and systems, therefore relationship building is key.



# CASE STUDIES

## NEEDS AND CHALLENGES

- What OLMC people experiencing homelessness **need**:
  - A **safe, non-judgemental haven** where everyone feels welcome, in their mother tongue.
- **Challenges** for community organizations:
  - Human and financial **resources** (including funding for infrastructure);
  - **Collaborations** with other service providers or community agencies;
  - **Recruitment of** bilingual staff and volunteers.

# RECOMMENDATIONS

## FROM COMMUNITY ORGANIZATIONS

- **Individual psychological interventions** needed for those experiencing addictions and homelessness;
  - Mental health services should always be integrated into addictions-related services, and provided at the same time.
- **Collaboration** with other organizations,
  - Including those of the majority language;
  - Teamwork and networking with other health and social service providers;
  - Having care providers practice directly and regularly in the community organization's facility;
  - Continuity of care.
- Having **young team members** who may also have themselves experienced **homelessness**:
  - May aid in understanding the multiple issues related to homelessness, and thus provide better patient-centered care;
  - Are creative in trying new ways of tackling a problem.





# RECOMMENDATIONS

## FROM COMMUNITY ORGANIZATIONS

- Raise **awareness**, while also **reducing stigma and prejudice**, among youth, community members and volunteers, particularly on methods used to treat or prevent overdoses;
- **Prevention strategies**
  - Targeting **families**;
  - Helping them cope with mental health issues and difficulties which may arise in adolescence;
  - **Proactively** promoting resilience and healthy coping before the onset of crisis situations;
- **Lobbying** and **raising awareness** among government agencies is necessary:
  - To reduce homelessness and better meet the needs of at-risk populations within OLMCs;
  - By inviting persons who have experienced homelessness or who remain so, to sit on committees and boards.



# ENVIRONMENTAL SCAN



# ENVIRONMENTAL SCAN

- **Inconsistent patchwork** of services and an inequity of care faced by OLMCs:
  - Some PTs have greater representation of OLMC services for addictions and substance use when compared to others;
  - **BUT: most offered few, or insufficient** services in the official language of the minority of their jurisdiction;
  - **Active offer seldom practiced**, even when services are available.
- **Impacts of limited or non-existent mental health and addiction (MHA) services in the official language of the minority:**
  - **PT representatives often unaware** of services available in official language of minority;
  - Many clients in need are **unaware** that services might be offered in their official language, at least through interpretation services;
  - Hence, **few request** these language services or request services at all;
  - Limited access also increases **wait-times**.



# ENVIRONMENTAL SCAN

- National **help lines**, available in both official languages, are available 24/7 to various age groups, across PT boundaries;
- The **offer** of MHA services in the official language of the minority **varies between PT**
  - leaders include **Ontario, New Brunswick, and the Yukon**;
- Interpretation services are offered by all PT governments for MHA services; variations in phone, virtual, or in person;
- **Information** on MHA services is **difficult to locate** (Ontario, and some Atlantic provinces being the exception)
  - **ConnexOntario** is deemed one of the most effective and user friendly directories on MHA throughout Canada;
- **Limited bilingual staff and awareness** of services provided in the minority official language;
- Need for **health system navigators** and **online directory of healthcare** services available in the official language of the minority.



# ENVIRONMENTAL SCAN

## OLMC Positioning in Policy/Legislation Regulating Addictions Services

- At the PT level,
  - Many strategies identified certain populations needing targeted policy and intervention, including, most often:
    - Indigenous communities,
    - Youths, and
    - 2SLGBTQ+ populations;
  - some also included **equity** and **cultural-competency** as key values to their strategy;
- **Nunavut** was the only PT for which a substance-related strategy was not located;
- 5/13 PTs **explicitly named their OLMC** within their substance use strategy (NS, ON, MB, SK and YK).



# RECOMMENDATIONS





## RECOMMENDATION 1

*Addressing the Urgent Need for Further Investigation of Substance Use and Related Services Among OLMCs, Nationwide and Regionally:*

- 1) **Linguistic variable** in surveys;
- 2) Systematic **oversampling** of OLMCs in national surveys;
- 3) **National** investigation;
- 4) **Research infrastructure** to support investigation of substance misuse and MHA in OLMCs.



## RECOMMENDATION 2

### *Strengthening Access to Substance Use-Related Services in the Official Language of the Minority*

- 1) **Service Access for OLMCs;**
- 2) **Training;**
- 3) **Bilingual designation;**
- 4) **Linguistic variables in service directories;**
- 5) **OLMC involvement in decision-making.**



## RECOMMENDATION 3

### *Ensuring Active Offer of Services in the Official Language of the Minority*

- 1) **Training** and increasing awareness of active offer practices;
- 2) Professional **peer support**;
- 3) Bilingual staff **recognition**.



## RECOMMENDATION 4

*Providing Adequate Resources to OLMC Community Organizations in their Efforts to Network and Raise Awareness of Services Provided to OLMCs*


- 1) **Networking** strategies;
- 2) **Active offer**;
- 3) **Raising awareness**;
- 4) **Resource** development;
- 5) **PT Online directories**;
- 6) **Tools to improve efficiency**.



## RECOMMENDATION 5

### *Improving Access to Systems Navigators*

- 1) To help **locate** MHA services
- 2) To support **networking** efforts

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- A close-up photograph of a hand holding a large pile of dried cannabis buds. The buds are dark green and brown, with visible trichomes. The background is dark, making the hand and buds stand out.
- Evidence supports **OLMCs'** inclusion as an **at-risk population** within Canada's broader response to substance use and addictions.
  - **Inconsistent accessibility** of services in the official language of the minority nationwide
  - **Urgent need** for the pursuit of future **research** to provide the needed data to inform policymakers and community stakeholders

# CONCLUSION

# QUESTIONS





# THANK YOU!

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