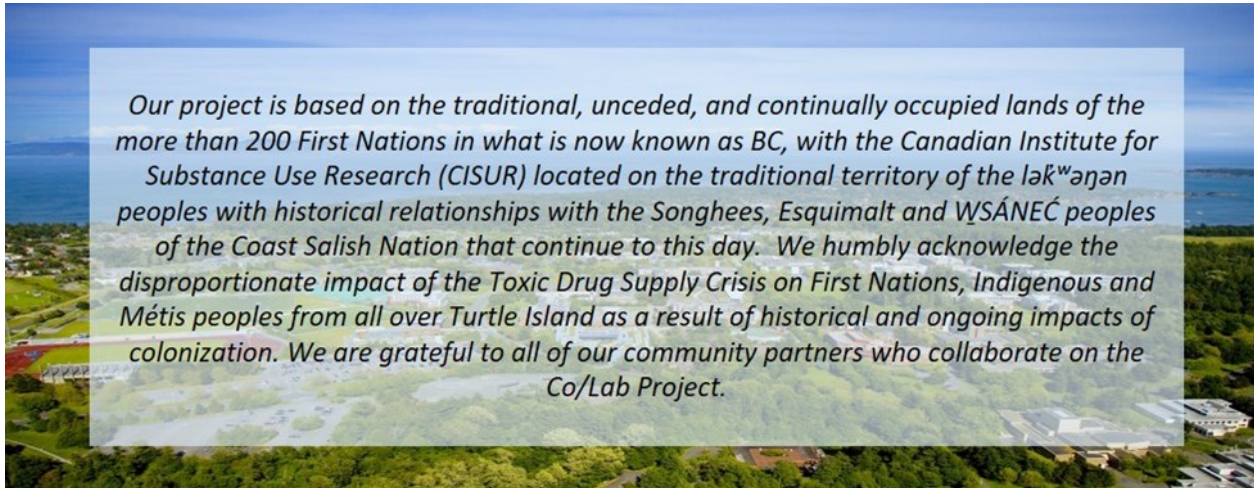




Equity-Oriented Monitoring of Substance Use and Health [Overview]

CO/LAB SUBSTANCE USE MONITORING FRAMEWORK



Our project is based on the traditional, unceded, and continually occupied lands of the more than 200 First Nations in what is now known as BC, with the Canadian Institute for Substance Use Research (CISUR) located on the traditional territory of the ləkʷəŋən peoples with historical relationships with the Songhees, Esquimalt and W̱SÁNEĆ peoples of the Coast Salish Nation that continue to this day. We humbly acknowledge the disproportionate impact of the Toxic Drug Supply Crisis on First Nations, Indigenous and Métis peoples from all over Turtle Island as a result of historical and ongoing impacts of colonization. We are grateful to all of our community partners who collaborate on the Co/Lab Project.

About Co/Lab

The Collaborative Community Laboratory on Substance Use and Harm Reduction (Co/Lab) is a collaborative network for research and knowledge exchange to promote health and health equity for people with lived and living experience of substance use (including alcohol, other licit, and illicit substances). Co/Lab activities are guided by collaborations with people with lived and living experience of substance use, families, health care providers, researchers, and policy makers, and are focused on generating practical evidence that can be used to enhance substance use services and supporting policies.

Co/Lab is funded by the Health Canada Substance Use and Addictions Program. The views expressed in this brief are solely those of the authors.

Co/Lab Core Team

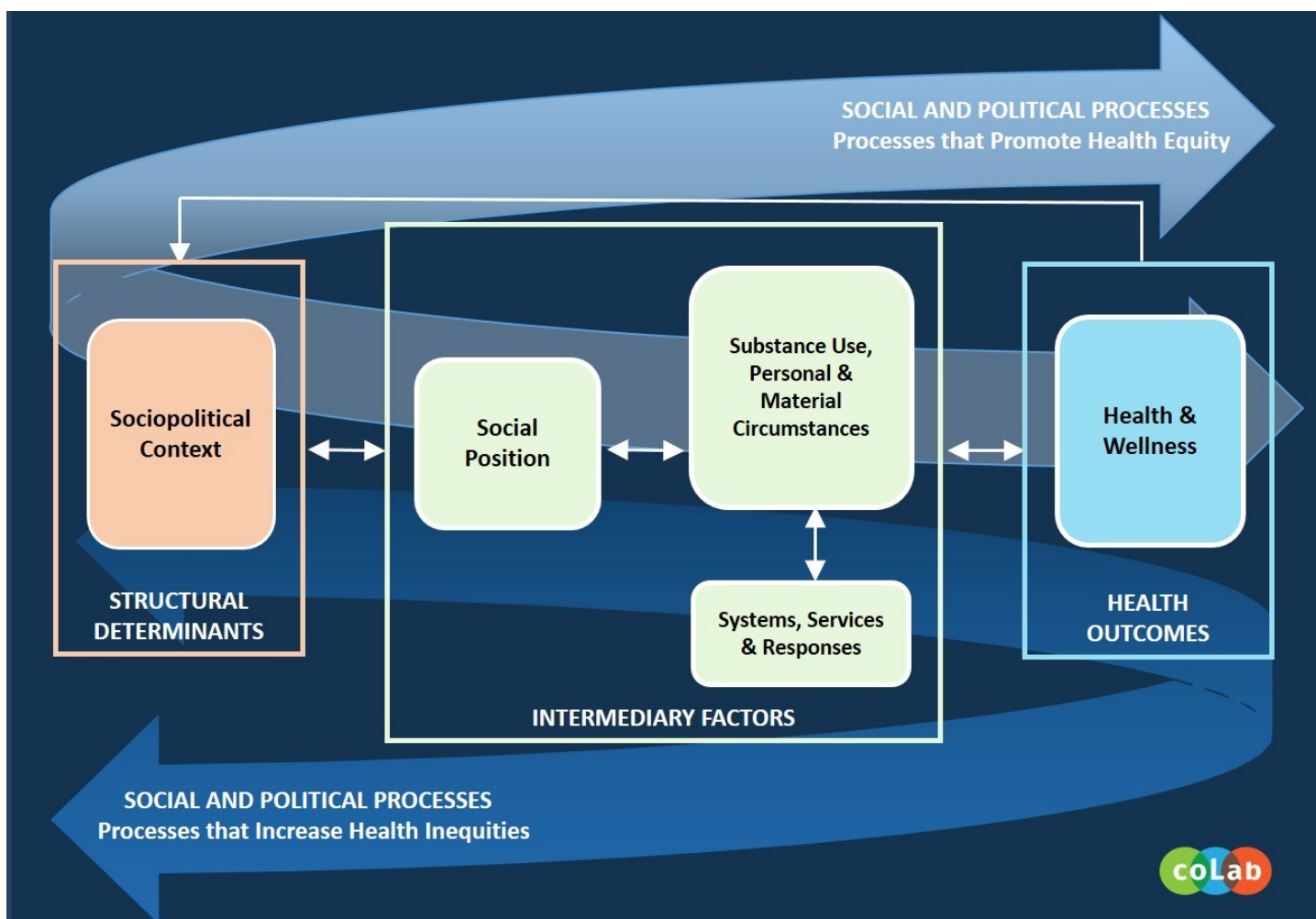
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Co/Lab Substance Use Monitoring Framework

Data is needed to support effective responses related to substance use and the overdose emergency that promote health equity and identify and addresses inequities. As part of the BC Co/Lab Project, we developed the Co/Lab Substance Use Monitoring Framework. This equity-oriented framework prioritizes monitoring contextual conditions that influence substance use and health. It supports monitoring of a range of structural determinants of health, intermediary factors, and health outcomes. The framework centers inclusion and experiences of people with lived and living experience of substance use, and recognizes that substance use is common across populations, with differential impacts as a result of processes such as racism, stigma, colonialism, and criminalization.



[Learn more about the Co/Lab Substance Use Monitoring Framework](#)

Background

The current overdose emergency has highlighted the need for timely, relevant and actionable data related to substance use and health that informs effective and coordinated responses by policy makers, system managers and service providers, communities, and people with lived and living experience of substance use. It has also highlighted the disproportionate impacts of public health emergencies on those facing multiple and intersecting barriers and the need for an equity approach informing responses (1, 2).

Monitoring and surveillance is a core function of public health that tracks trends in public health data to inform policy and practice. However, monitoring tends to focus on individual behavior or health outcomes and is often driven by what data is available, rather than theoretically driven to address what is most needed. Further, it may lack an equity focus that is critical to improve health.

Evidence supports that substance use and health are impacted by modifiable risk factors within the social, political, and structural contexts of a society (3-6). Equity-oriented monitoring aims to supplement routinely collected public health data with indicators that allow measurement, monitoring, and reporting of these conditions that influence health and identify inequities (7-9). This approach will better support health equity oriented actions to improve health for people with lived and living experience of substance use, families and communities, as well as support research and evaluation processes.

Overview of the Framework

The Co/Lab Substance Use Monitoring Framework is based largely on a framework for the social determinants of health created by the World Health Organization (10). We extended and adapted this to be specific to substance use.

The framework is informed by our prior work in monitoring and health equity work including our Systems Health Equity Lens (11). It is grounded in intersectionality and complexity to consider how different constructions and forms of identity intersect to create relative advantage in social position, as well as in how institutional structures, arrangements and political agendas impact social positions and access to resources for health (11-13).

This framework highlights the critical importance of sociopolitical processes that impact health equity and inequity within populations. These processes are mapped onto a comprehensive framework of factors that impact substance use and health.

The framework contains four components that dynamically influence each other: [social and political processes](#), [structural determinants](#), [intermediary factors](#), and [health outcomes](#). Within each component is a set of domains and subdomains. Indicators can be developed to measure factors within these domains.

We developed the framework in collaboration with a range of stakeholders including people with lived and living experience of substance use, policy makers, service providers, and researchers, through a series of focus groups. We have included some of the quotes from our focus group participants that shaped the framework.

Social and Political Processes

This component comprises two central sociopolitical processes that act to promote health equity and improve population health, or increase inequities and worsen population health. These processes affect all domains in the framework, from the broader sociopolitical context to substance use and health. .

⇒ Social and Political Processes that Increase Health Inequities

Social and political processes that increase health inequities and worsen population health including stigmatization, colonization, criminalization, racism, gender discrimination, sexism, homophobia and transphobia, and ableism.

⇒ Social and Political Processes that Promote Health Equity

Social and political processes that promote health equity and improve population health, such as representation and inclusion of people with lived and living experience of substance use and other community partners.

“If there’s a measure of representation, or community involvement and decision making, ...So that would be a good way of monitoring. So, what do people in power look like? ... Are any of them people who, who have used drugs, use drugs, or connected in any way to the community?”

Structural Determinants

This component includes structural determinants related to the broader sociopolitical context. These determinants, and the way the social and political processes operate within them, can result in an unfair and unequal distribution of resources. These determinants influence one another, as well as intermediary factors, and health outcomes.

⇒ Sociopolitical Context

This domain includes the broadest or most “upstream” factors like governance and policy that help to shape social positions, promote health equity or create inequities, and affect health outcomes. Subdomains are: 1) governance; 2) macroeconomic policies; 3) social policies; 4) public policies; 5) substance use laws and policies; 6) cultural and societal values; and 7) epidemiological and environmental conditions.

“Is there a gender lens routinely applied to policy? ... Or is there an Indigenous lens, or a decolonizing lens that’s applied to policies? Like, you could actually monitor that I think and say, you know, is that part of what any government is doing?”

“I would like to see a monitoring tool on the development of decriminalize legislation going forward. Like, how is that impacting? How is that helping? What kind of relief is that bringing for the person who has experience or who live in vulnerable or highly at risk for being criminalized?”

Intermediary Factors

This component includes a broad array of factors related to social position and unique personal histories, the conditions within which people live, and the structures that help create supportive environments for health. These factors may operate at an individual and/or collective level, and are shaped by sociopolitical processes and structural determinants, and impact health outcomes. Domains include: 1) social position; 2) substance use, personal factors, and material circumstances; and 3) systems, services, and responses.

⇒ Social Position

This domain includes social positions related to people's identities (e.g., gender, race, ethnicity, 2SLGBTQ+, socioeconomic status, age, occupation, education, partnership status, and urban, rural or remote residence). Health outcomes may differ by social position through the interaction between sociopolitical processes, structural determinants, and intermediary factors. Social positions may be privileged or stigmatized, resulting in differences in access to resources; the experience of structural violence, stigma, and discrimination; exposure to health-damaging conditions or vulnerability to health conditions.

⇒ Substance Use, Personal & Material Circumstances

This domain includes a diverse range of factors to capture individual characteristics, access to substances, and access to resources for health within communities. While some of these factors can be experienced at the individual level, many are the result of upstream laws and policies that shape environments, such as historical and present-day colonial laws and policies, child welfare policies, and funding for services. Others represent both individual and collective access to local resources. Subdomains include: 1) substance use and availability; 2) knowledge, attitudes, and behaviours; 3) biology; 4) life-course factors; and 5) material circumstances.

⇒ Systems, Services, and Responses

This domain includes the systems, services and responses that create environments to support health. Considerations include the structure of systems and service delivery, and how equitable these are for diverse groups including people with lived and living experience of substance use, their families, and communities. At a minimum, systems and services should attend to health equity principles and practices such as cultural safety, anti-racism, gender diversity, equity of access and availability, harm reduction, peer-led models and be trauma and violence informed. Subdomains are: 1) health systems; 2) criminal justice and other legal systems; 3) social service and other community systems; 4) education systems; and 5) drug user organizing.

“Go back and you’ll see a lot of it is around housing, or it’s around poverty, or the socioeconomic status. Right? ... if there’s a way to really evaluate like, to monitor them”.

“Maybe it’s like self-assessment tools with people who use drugs.....to get a picture of where they’re at on that continuum of like how they see themselves and then how they’re accessing services.”

“People who use drugs have really been organizing. And really advocating for themselves. .. call it a counter story where it doesn’t fit with what-how we’ve been studying and looking at harms.”

Health Outcomes

This component considers health outcomes that may be impacted by substance use. Health and wellness is influenced by sociopolitical processes, structural determinants, and intermediary factors, and health and wellness in turn influences these. While health outcomes occur for individuals they have collective impacts on the health of families, communities, and populations.

⇒ Health and Wellness

This domain includes a range of self reported health outcomes related to substance use, including self perceived health, potential benefits of substance use, as well as measures of harms. Subdomains are: 1) quality of life; 2) benefits; 3) morbidity; and 4) mortality.

“Sometimes the way we look at equity is very deficit focused. And so, it tends to stigmatize or more often re victimize people who are talking about. ... are there ways to also look at positive outcomes, not just some of the ways that people are experiencing oppression or marginalization”.

“Adding the benefits... Like, substance use outcomes. Or, substance use harms and benefits. Or, even put benefits before harms, right?... there’s reasons people use drugs ... Like, drugs actually like kinda help people, keep people alive in a lot of instances. Right?”

Col/Lab Principles for Monitoring

- ✓ **Apply** an equity lens that prioritizes attention to social and political processes that promote health equity like inclusion and representation, or that create or reinforce inequities like stigma, colonialism, criminalization, and how these processes interact with other conditions for health.
- ✓ **Monitor** structural determinants, such as policies and governance mechanisms related to substance use and health, that distribute resources and can promote health equity or create or reinforce health inequities.
- ✓ **Centre** people with lived and living experience of substance use, and their inclusion and representation, in development of policies and processes related to substance use and health.
- ✓ **Operate** across levels of systems, and multiple systems, to uncover tensions and drivers that impact substance use and health.
- ✓ **Acknowledge** the role of supportive structures and strengths-based approaches in building resilience to mitigate risk and promote health.
- ✓ **Assess** how necessary services and supports for substance use and health meet diverse needs, including those related to health promotion, prevention, harm reduction, and the full continuum of treatment and care.
- ✓ **Identify** health inequities and gradients in health related to intersecting conditions, such as social position (e.g., gender, age, ethnicity), geography, or patterns of substance use.
- ✓ **Value** people’s perceptions of their own health and the benefits and harms they experience along a continuum of substance use.
- ✓ **Encourage** greater transparency and accountability.

Using the Framework

The Co/Lab Substance Use Monitoring Framework allows for a comprehensive understanding of relevant influences on substance use and health that can be monitored to promote health and reduce inequities. This framework incorporates an equity-lens, grounded in complexity and intersectionality, to support measurement of what matters to people with lived and living experience of substance use and communities.

This framework can support different monitoring focuses or practical applications through consideration of the potential pathways that influence health, and careful selection of appropriate indicators from within the most relevant domains for each focus. For example, health organizations could select factors related to delivery of services, or communities could focus on community level data to assess and advocate for their needs.

Indicators, or summary measures, can then be identified or developed to measure, monitor and report on these factors. Differences in these measures by regional characteristics (e.g., neighbourhood; urban, rural, remote), levels of government (e.g., municipal, regional, provincial and federal), social position (e.g., gender/sex, age, ethnicity, income etc.), substance type, or time-period, can be considered to help understand current status, identify where inequities exist, and consider trends over time.

Visit <https://www.colabbc.ca/> to learn more

Selected References

1. Haworth-Brockman M, Betker C. Measuring what counts in the midst of the COVID-19 pandemic: equity indicators for public health. National Collaborating Centre for Infectious Diseases. 2020.
2. World Health Organization. Health emergency and disaster risk management framework. . World Health Organization; 2019.
3. McCuistian C, Burlew K, Espinosa A, Ruglass LM, Sorrell T. Advancing Health Equity through Substance Use Research. *Journal of Psychoactive Drugs*. 2021;53(5):379-83.
4. Park JN, Rouhani S, Beletsky L, Vincent L, Saloner B, Sherman SG. Situating the continuum of overdose risk in the social determinants of health: a new conceptual framework. *The Milbank Quarterly*. 2020;98(3):700-46.
5. Saloner B, McGinty EE, Beletsky L, Bluthenthal R, Beyrer C, Botticelli M, et al. A public health strategy for the opioid crisis. *Public Health Reports*. 2018;133(1_suppl):24S-34S.
6. Collins AB, Boyd J, Cooper HL, McNeil R. The intersectional risk environment of people who use drugs. *Social Science & Medicine*. 2019;234:112384.
7. Dover DC, Belon AP. The health equity measurement framework: a comprehensive model to measure social inequities in health. *International journal for equity in health*. 2019;18(1):1-12.
8. Pedrana L, Pamponet M, Walker R, Costa F, Rasella D. Scoping review: national monitoring frameworks for social determinants of health and health equity. *Global health action*. 2016;9(1):28831.
9. Braveman PA. Monitoring equity in health and healthcare: a conceptual framework. *Journal of health, population and nutrition*. 2003:181-92.
10. Solar O, Irwin A. A conceptual framework for action on the social determinants of health. WHO Document Production Services; 2010.
11. Pauly B, Shahram S, van Roode T, Stroscher H, MacDonald M. Reorienting health systems towards health equity: the systems health equity lens (SHEL). Victoria, BC: The Equity Lens in Public Health (ELPH) Research Project. 2018.
12. Walby S, Armstrong J, Strid S. Intersectionality: Multiple inequalities in social theory. *Sociology*. 2012;46(2):224-40.
13. Walby S. *Globalization and inequalities: Complexity and contested modernities*: Sage; 2009.

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The views expressed in this resource are solely those of the authors.

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