



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Opening Minds
Provider Attitudes
Towards Opioid
Use Scale
(OM-PATOS)

Introduction

The Opening Minds Provider Attitudes Toward Opioid Use Scale (OM-PATOS) was developed as part of a [larger project](#) the Mental Health Commission of Canada (MHCC) completed in 2019.

The scale is designed for those in the helping professions who may be responding to or caring for people who are experiencing opioid use problems or are at risk of an overdose or poisoning: paramedics, fire or police services workers, health-care providers, social-care providers, pharmacists, counsellors, etc. It may be used for multiple purposes, including but not limited to evaluating the impact of initiatives or programs designed to reduce stigma, for measuring the level of stigma in an organization as part of a needs assessment, as an awareness raising tool, or as a tracking or performance measure.





Development of the scale

The OM-PATOS is based on findings from qualitative research, a scoping review, and established procedures for scale development.¹ Key domains identified in this process were used to generate an item pool. We then consulted with first responders, health- and social-care providers, people with lived experience of opioid use, and research experts to examine and review the proposed items. One-on-one cognitive interviews were also conducted to ensure that the items were interpreted as designed. Pilot testing of the scale resulted in further refinements. Finally, we conducted a validation study, which led to the adoption of a 19-item single factor scale.

¹ Boateng, G. O., Neilands, T. B., Frongillo, E. A., Melgar-Quiñonez, H. R., & Young, S. L. (2018). Best practices for developing and validating scales for health, social, and behavioral research: A primer. *Frontiers in Public Health*, 6, 149. <https://doi.org/10.3389/fpubh.2018.00149>



Using the scale

To complete the scale, participants are asked the extent to which they agree or disagree with each of the 19 items using a five-point scale: strongly agree (5), agree (4), neither agree nor disagree (3), disagree (2), or strongly disagree (1). Administrators should direct participants on how to interpret “opioids” and “opioid use problems” (for any study) by means of a preamble. The recommended wording is included with the scale and the scale is intended to be used as written.

Item scores range from one to five, with lower scores indicating less stigmatizing attitudes (no items are reverse-coded). The total score of all items will range from 19 to 95, again with lower scores indicating lower levels of stigma. Mean average scores can also be used to compute a total scale score.

For more information, or for inquiries regarding possible scale adaptations, please contact the MHCC at mhccinfo@mentalhealthcommission.ca or email Dr. Stephanie Knaak from the research team at sknaak@mentalhealthcommission.ca.

The Opening Minds Provider Attitudes Toward Opioid Use Scale (OM-PATOS)

This survey asks for your opinions on a series of statements about people with opioid use problems. Opioids include medications such as Percocet, Vicodin, morphine, and oxycodone as well as heroin, fentanyl, and carfentanyl. “Opioid use problem” means a pattern of use that leads to serious harm, impairment, or distress. Please answer according to your own beliefs, feelings, and experiences.

Please indicate the extent to which you agree or disagree with each of the following statements.	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. I have little hope that people with opioid use problems will recover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. People with opioid use problems are weak-willed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. People with opioid use problems are to blame for their situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I tend to use negative terms when talking about people with opioid use problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. People with opioid use problems cost the system too much money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I would see myself as weak if I had an opioid use problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I tend to act more negatively toward people with opioid use problems than other people I help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. People with opioid use problems can't be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the extent to which you agree or disagree with each of the following statements.

Strongly Disagree

Disagree

Neither Agree or Disagree

Agree

Strongly Agree

9.	People with opioid use problems who take drug therapies like methadone are replacing one addiction with another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I tend to be less patient toward people with opioid use problems than other people I help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	People with opioid use problems only care about getting their next dose of drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	When people with opioid use problems ask for help with something, I have a hard time believing they are sincere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	People with opioid use problems should be cut off from services if they don't try to help themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I tend to negatively judge people with opioid use problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	People with opioid use problems who relapse while trying to recover aren't trying hard enough to get better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I tend to speak down to people with opioid use problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Most people with opioid use problems engage in crime to support their addiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	If a co-worker says something negative about people with opioid use problems, I would be more likely to speak negatively when discussing them myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	I tend to think poorly of people with opioid use problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>