Measuring Stigma Related to Opioid Use

October 28th, 2020

Thank you for joining us! The webinar will begin shortly.
Host

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Mental Health Commission of Canada
Speakers

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Peer Support Worker, Canadian Addiction Treatment Centres
Agenda

- MHCC and our work in stigma
- Stigma and the Opioid Crisis
- The Opening Minds Provider Attitudes Towards Opioid Use Scale
- Q&A
About the MHCC
Our Work In Stigma
Opening Minds

Mental health stigma reduction initiative established by the MHCC in 2009

1. Identify existing anti-stigma programs
2. Assess effectiveness through scientific evaluation
3. Promote successful programs across Canada
Opening Minds

Health care providers, youth, the news media, the workplace
Opioids and Stigma
The Opioid Crisis

• Over **15,393 deaths** between 2016 and 2019
  • **93%** believed to be accidental
  
  • Fentanyl accounts for approximately **75%** of accidental opioid-related deaths

• Affects all walks of life and all parts of country, but especially:
  • **Adult males between the ages of 30 and 59**
  • **Western provinces and territories**
  • **Deaths increasing in context of the COVID-19 pandemic**
A Study of First Responders and Direct Service Providers

Phase 1

Qualitative Study
• What does stigma look and feel like? How does it get in the way?
• Where does it come from? How can it be addressed?

Phase 2

Identify Promising Approaches/Interventions

Phase 3

Develop a new tool (scale) that can be used to assess effectiveness of interventions
• The Opening Minds Provider Attitudes Towards Opioid Use Scale (OM-PATOS)
Qualitative Study Findings

What stigma looks and feels like

- Negative attitudes, judgments, and stereotypes
- Problematic labels and language use
- Punitive and exclusionary policies and practices
- Shame and the internalization of addiction
- Negative client-provider interactions
Qualitative Study Findings

Impacts of stigma: How stigma gets in the way

- Affects how we conceptualize, frame and prioritize the current crisis
- Leads to hiding and creates barriers to help seeking
- Results in poorer quality care and response
- Contributes to ongoing system mistrust and avoidance of services

Results in poorer quality care and response

Contributes to ongoing system mistrust and avoidance of services
Qualitative Study Findings

Sources of stigma: Tension points and contributing factors

- Punitive views about addiction, treatment and recovery
- Illegality of certain opioids and other drugs
- Viewing people who use opioids through a paradigm of worthiness and deservingness
- The ‘double-edged sword’ of emergency relief
- Trauma, compassion fatigue, burnout
- System inadequacies
Qualitative Study Findings

Tackling stigma: Promising approaches

- Education on addiction, treatment and recovery
- Interventions focused on building client-provider trust
- Social contact as a key stigma reduction tool
- Training in trauma informed practice and care
- Inward-facing training to build resilience and mitigate burnout
- Address system gaps and barriers

Address system gaps and barriers

Inward-facing training to build resilience and mitigate burnout

Training in trauma informed practice and care

Interventions focused on building client-provider trust

Social contact as a key stigma reduction tool
Reflections on 3 Key Themes

**Impacts of Stigma**
- System mistrust and avoidance of services

**Sources of Stigma**
- System inadequacies/structural barriers

**Tackling Stigma**
- Training in trauma informed practice and care
I think that there’s a really old and continuing ‘us versus them’ mentality ... because of that mentality, there has been extraordinary amounts of trust broken, right? And so, I think one of the key factors here in improving this circumstance is focusing on building relationships and that power sharing, because there’s been such a violation of rights (focus group participant)

The bottom line with marginal populations is that they do not trust health care. There’s huge mistrust. (Key informant interview)

We can’t go into a place and ask for help. I had babies, I had kids. I avoided any health care like the plague because you were going to take my child (focus group participant, PWLE)
System Inadequacies and Structural Barriers

One is an issue of access to care and the other is an issue of equitable distribution of quality of care...I have to traverse this labyrinth that is barred by design because they want to keep people off the system...and I have to navigate my way through just to access something that looks like good care, which quite frankly in the public system is often extremely substandard and is probably hurting more people than it’s helping (focus group participant, PWLE)

‘If you’ve used drugs today, please come back tomorrow.’ That seems like a perfectly reasonable thing to put on the wall. But if you use drugs every day, it’s like that means I can never come to your service, even though you’re a service provider and you’ve just been so brazenly unthinking that you would use a model like that (focus group participant, PWLE)
Tackling Stigma: Training in Trauma Informed Care and Practice

[My husband] missed a lot of appointments, I get it. But they need to understand the symptoms that come with the condition and work with them. Like, being able to recognize when a client or patient is lying to you is not impressive. Creating an environment where someone feels safe enough to not lie -- that’s impressive (key informant interview)

[Program on trauma-informed care] takes into account providers’ own trauma. It reminds them of the way they want to show up, helps them know how to be more mindful, not just “correct” behaviour, but see their interaction with patients as a relationship. It reminds people to be aware of the histories people carry with them – and reminds providers they don’t want to inflict more harm. It reminds them of their desire to do no harm (key informant interview)
The Opening Minds Provider Attitudes Towards Opioid Use Scale (OM-PATOS)
OM-PATOS Development

Identify key domains → Generate Item Pool → Expert Consultations and Pilot Testing → Validation Study
Key Domains

- Negative attitudes towards addiction, treatment, recovery
- Personal responsibility for illness/addiction as a choice
- Judgments about deservingness/worthiness of people with opioid use problems
- Integrity & trustworthiness of people with opioid use problems
- Negative behaviours (e.g., use of demeaning language, delivering lower quality care or response)
- Caring orientation characterized by low motivation to help or to justify the delivery of inequitable care
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 carfentanil. "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:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree or Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tbody>
<tr>
<td>1. I have little hope that people with opioid use problems will recover.</td>
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<td>2. People with opioid use problems are weak willed</td>
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<td>3. People with opioid use problems are to blame for their situation</td>
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<td>4. I tend to use negative terms when talking about people with opioid use problems</td>
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<td>5. People with opioid use problems cost the system too much money</td>
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<td>6. I would see myself as weak if I had an opioid use problem</td>
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<td>7. I tend to act more negatively toward people with opioid use problems than other people I help.</td>
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<td>8. People with opioid use problems can't be trusted</td>
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<td>9. People with opioid use problems who take drug therapies like methadone are replacing one addiction with another.</td>
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<td>10. I tend to be less patient toward people with opioid use problems than other people I help.</td>
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<td>11. People with opioid use problems only care about getting their next dose of drugs.</td>
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<td>12. When people with opioid use problems ask for help with something, I have a hard time believing they are sincere.</td>
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<td>13. People with opioid use problems should be cut off from services if they don't try to help themselves.</td>
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<td>15. People with opioid use problems who refuse while trying to recover aren't trying hard enough to get better.</td>
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<td>16. I tend to speak down to people with opioid use problems.</td>
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<td>17. Most people with opioid use problems engage in crime to support their addiction.</td>
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<td>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.</td>
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<td>19. I tend to think poorly of people with opioid use problems.</td>
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Uses of the OM-PATOS

- Measuring attitudes within an organization, e.g., as part of needs assessment
- Performance indicator/measure
- Evaluation
- Awareness raising tool

19 Items in Final Scale
The OM-PATOS in Action

Evaluation of St. Lawrence College Nursing Program Talk

Social Contact: Pre - 1.94, Post - 1.64

Educational Content: Pre - 1.74, Post - 1.74
Thank you for joining us today!

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How did we do?

Please take a few moments to answer the following questions