The role of stigma, opinions on opioid use, and contact in predicting support for policies to reduce-opioid drug related deaths

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The role of **stigma**, **opinions on opioid use**, and **contact** in predicting support for **policies to reduce opioid drug related deaths** on the island of Ireland

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Background

Opioid Drug related deaths is the top cause of drug related deaths in Northern Ireland (NI) and Republic of Ireland (ROI) (Health Research Board, 2019; Northern Ireland Statistics and Research Agency, 2022)

There are several evidence-based interventions (EBI) to **reduce opioid overdose deaths** this includes:
- Drug consumption rooms
- Naloxone (over the counter)
- Criminal immunity laws provide legal protection for people at the site of an overdose
- Prescription drug monitoring

Background

- Only a select few EBI have been implemented on the island of Ireland.
- This points to a **research to practice or treatment gap** (Atkins et al., 2016; Horvitz-Lennon , 2020; Mallonee et al., 2006) where EBI are not being implemented or EBI are implemented but are not effective.

Factors related to research to practice gap include:
- Policy environment where EBI are embedded
  - Funding distribution and access
- Social environment where EBI are embedded
  - Public Attitudes towards people who need EBI
  - **Stigma** can hinder policies to be implemented effectively or from being written into policy (Allen et al., 2019;Ritter, 2009)

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Role of stigma and policy support

There is evidence that shows

- Higher **social stigma (stereotypes and discrimination)** predicted less support for **drug consumption rooms** (McGinty et al., 2018)
- Desire for **social distance** predicted opposition to **naloxone** (Calabrese & Bell, 2019)
- **Social stigma** predicted less support for **harm reduction strategies** (Wild et al., 2021)
- **Social stigma** predicted **punitive approaches** (arresting people who use multiple doctors) (Kennedy-Hendrick et al., 2017)
- Lack of this research on the island of Ireland

Study aims

- Identify whether policy support for EBI can be predicted by
  - Public attitudes towards people who use drugs
  - Level of contact

- Inform campaigns to garner support for interventions to be placed into practice.

Research questions

- What extent are stigmatized attitudes, LOF, opinions on opioid use predictive of support of EBI using sample on the island of Ireland?

- What extent does LOF mediates stigma and how does this in turn predict policy support?

- Is there anything else you would like to share? - What are the major themes that are contained within the open-ended question?
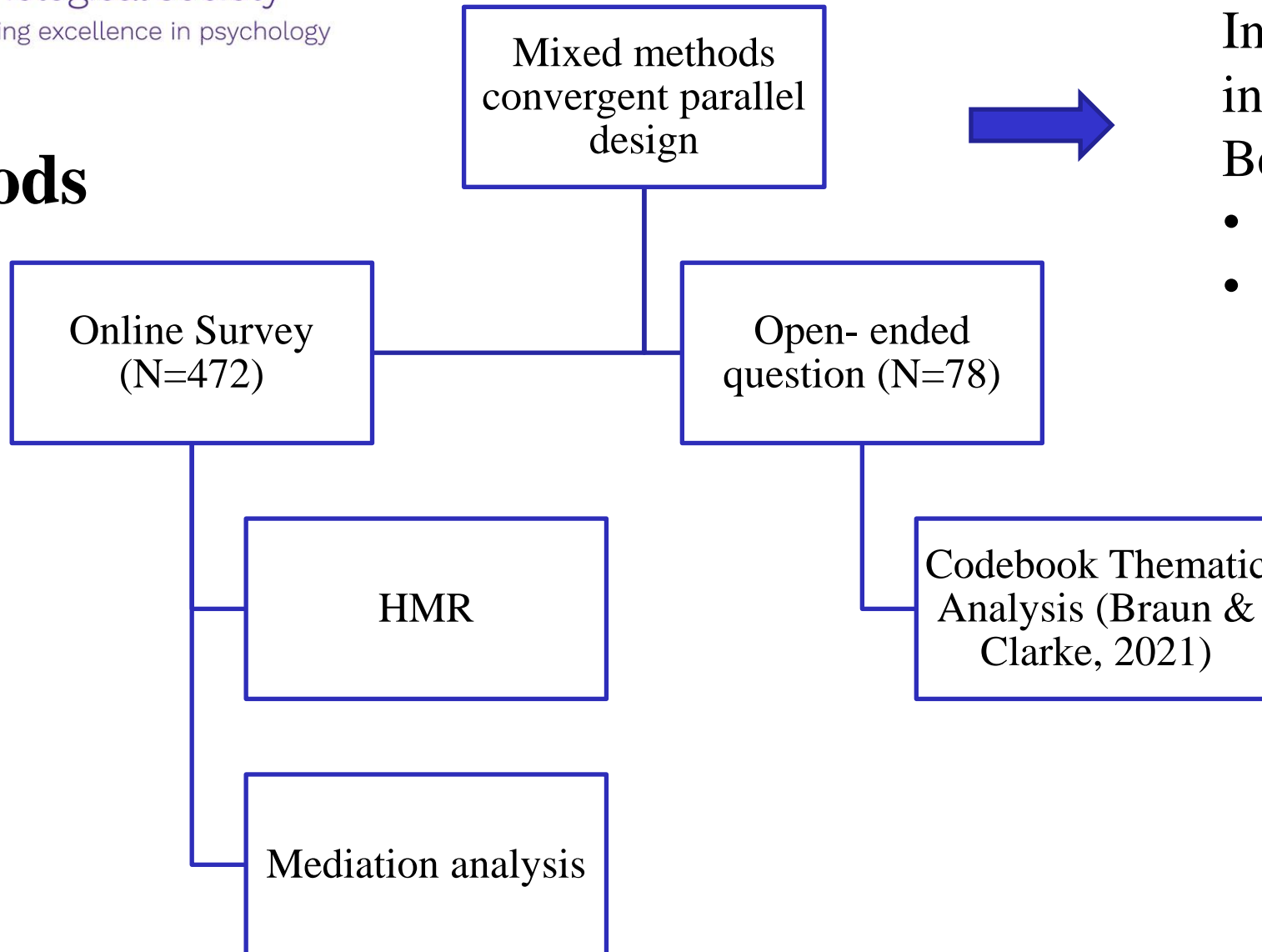
Stigma of addictions
Corrigan and colleagues (2017)
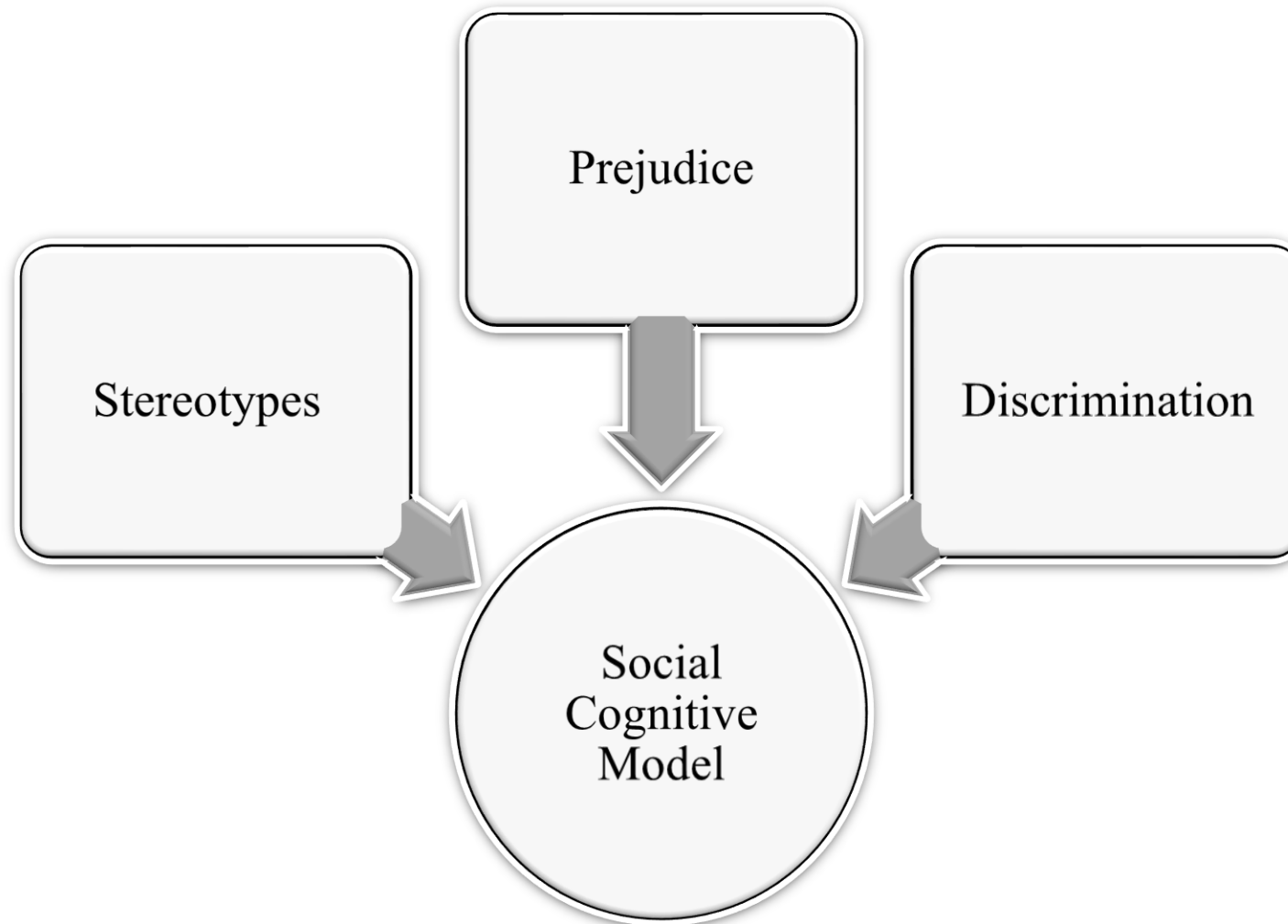
Prejudice

Stereotypes

Discrimination

Social Cognitive Model

Intergroup Contact theory: Pettigrew 3 stage model (1998, 2006)
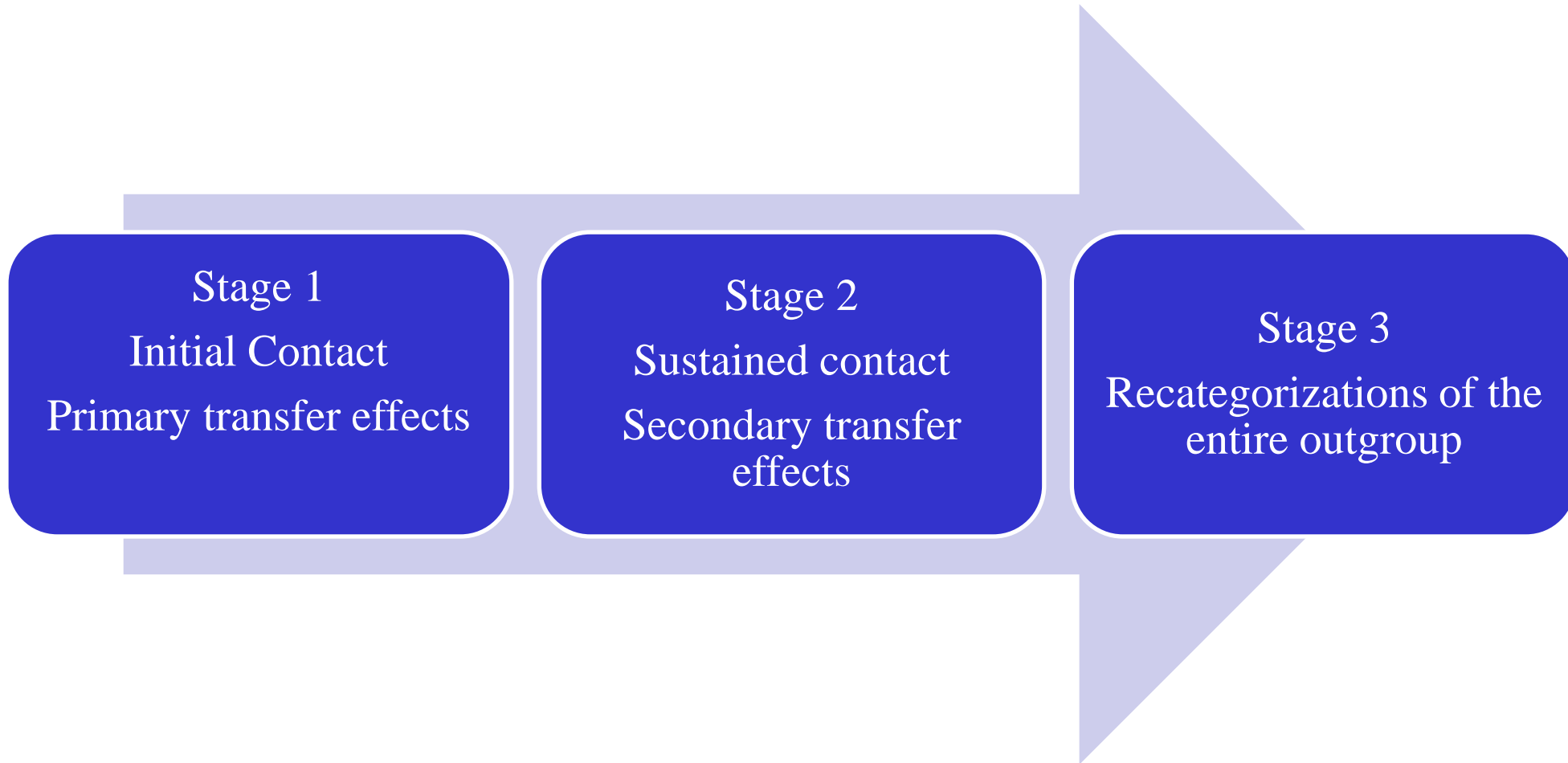
Stage 1
Initial Contact
Primary transfer effects

Stage 2
Sustained contact
Secondary transfer effects

Stage 3
Recategorizations of the entire outgroup

Familiarity Hypothesis
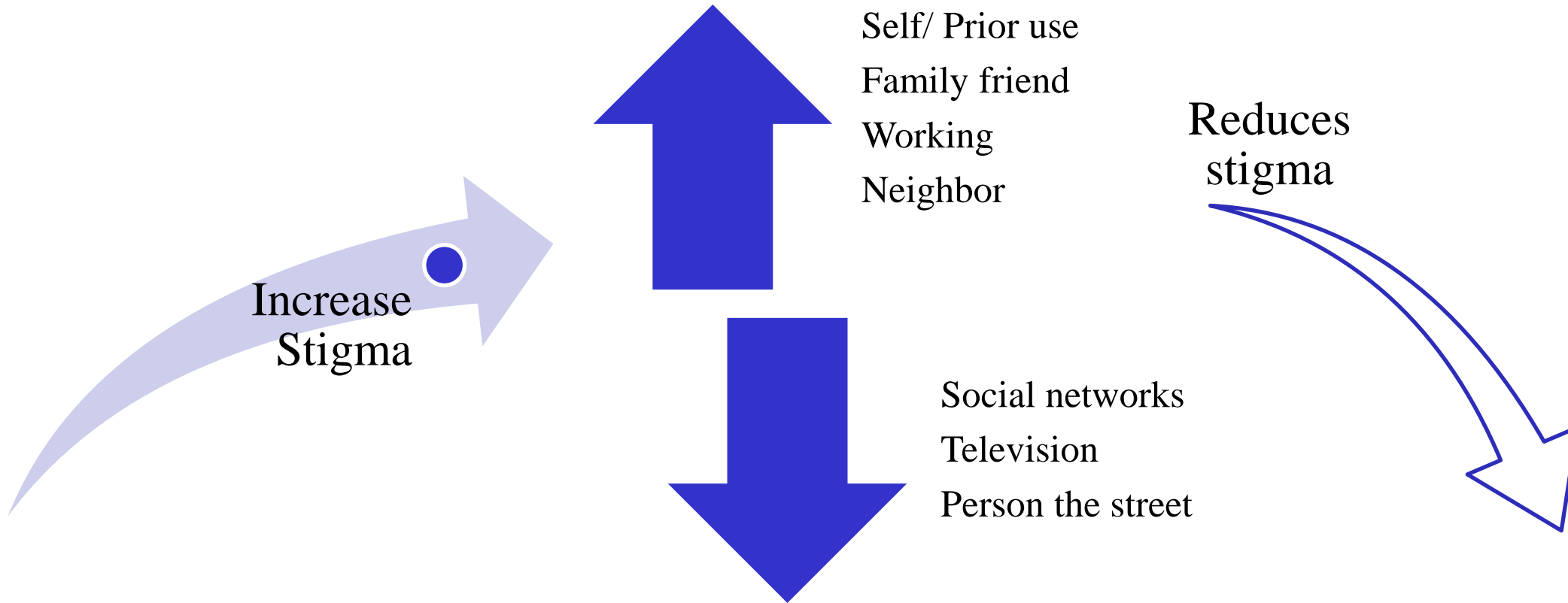
Self/ Prior use

Family friend

Working

Neighbor

Reduces stigma

Increase Stigma

Social networks

Television

Person the street

Participants

Majority were:
- Single (n=245; 59%)
- Female (n=257;65%),
- 18-29 years (n=232; 56%);
- White (N=404 or 98%),
- Educated to degree level (n=154, 37%) or higher (n=142, 34%),
- Employed (n=184, 44%) or a student (n=187, 45%),
- Resident in NI (N=368; 79%) and lived in a urban area (N=236, 57%).

Recruitment

September 2020 until January 2021
Opportunity sampling methods
- Community sector
- Ulster University List serve
- Social Media

Policy attitude measure

Opioid Overdose Policy Attitude scale (Calabrese & Bell, 2019; Dowell et al., 2016; Kennedy-Hendricks et.al., 2017; McGinty et al., 2018)

EFA- One factor
- Criminal immunity laws
- Family and friends buy naloxone without a prescription
- People who use opioids to buy naloxone without a prescription
- Increase spending for current treatments
- Legalisation for Safe injection site
- Support for Drug monitoring

Stigma measures

Social stigma (SS) (Kennedy-Hendricks et a., 2017)

EFA- One factor of SS

- Discrimination X4
- Stereotypes X2

Prejudice Attitudes Towards Injection Drug Users scale (Brener & Von Hippel, 2008)

EFA- Three factors

- Avoidance and disgust
- Condemnation
- Sympathy

Level of Familiarity(Brannock et al., 2020)- Proxy contact
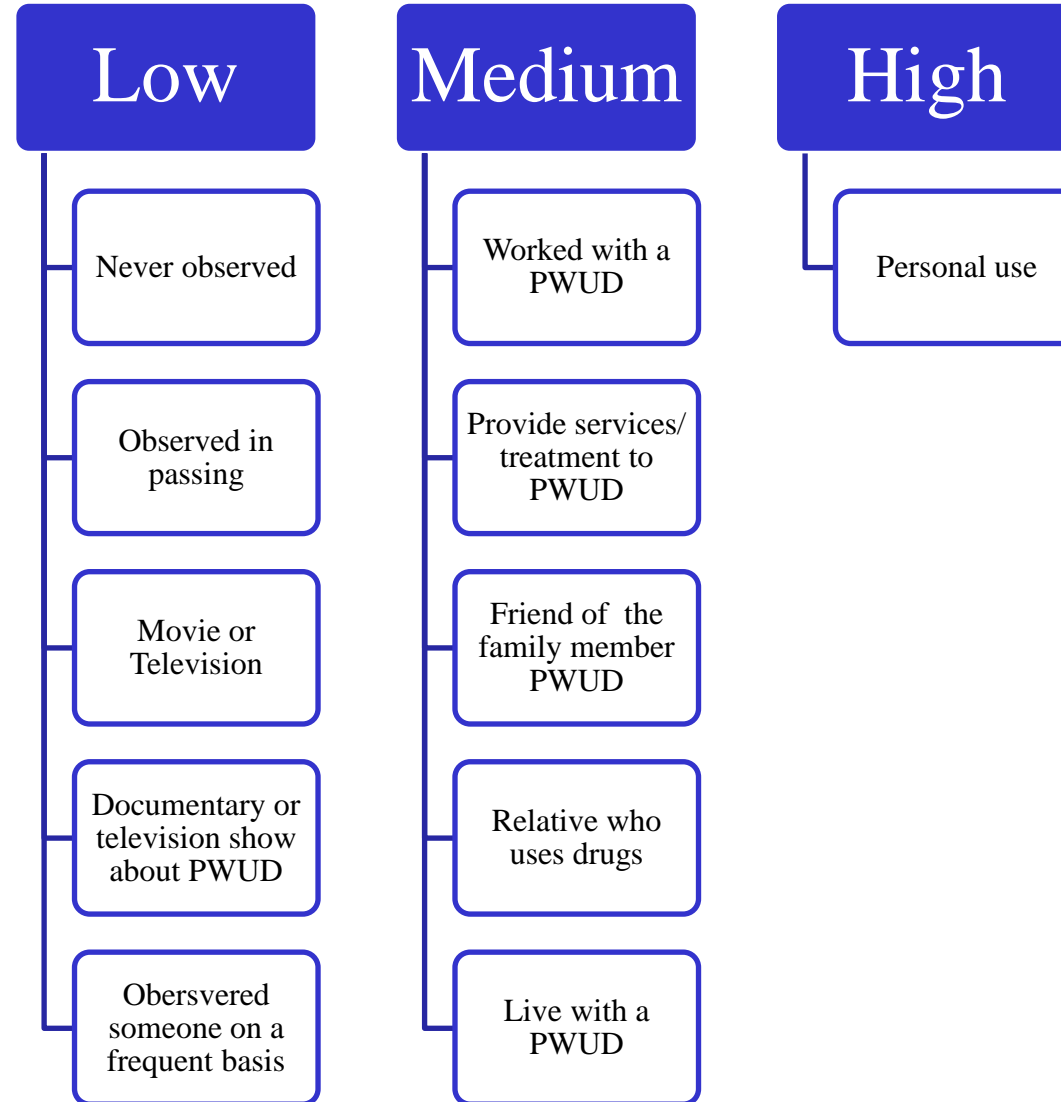
Low	Medium	High
Never observed	Worked with a PWUD	Personal use
Observed in passing	Provide services/ treatment to PWUD	
Movie or Television	Friend of the family member PWUD	
Documentary or television show about PWUD	Relative who uses drugs	
Obersvered someone on a frequent basis	Live with a PWUD	

Findings- HMR

Hierarchical multiple regression analysis predicting support for opioid overdose policies (n=472) continued (Model 5)

| Model 5	B	SEB	β	R^2	ΔR^2
				.29***	.02
Constant	-0.54	0.43			
Social stigma	-0.07	0.07	-0.08		
Avoidance and disgust	-0.11	0.08	-0.11		
Condemnation	-0.06	0.06	-0.06		
Sympathy	-0.19	0.07	**-0.18**** ⬅		
LOF medium	0.05	0.09	0.02		
LOF high	0.09	0.28	0.02		
Criminal issue	0.12	0.05	**0.14**** ⬅		
Health issue	-0.10	0.06	-0.09		
Gender binary	0.02	0.09	0.02		
Age 30-44 years	0.03	0.12	0.01		
Age 45-59 years	-0.14	0.17	-0.05		
Age 60+	0.30	0.36	0.04		
Ethnicity	0.32	0.30	0.04		
Up to A level	-0.16	0.13	-0.07		
Up to degree level	0.02	0.11	0.14		
Single	-0.14	0.11	-1.25		
Student	0.14	0.10	1.07		
Other Employment	-0.16	0.16	-0.10		
Household income < 25K	-0.10	0.12	-0.74		
Income 25-49K	-0.05	0.11	-0.44		
Rural area of residence	-0.17	0.10	-1.92		

*p<.05. ** p <.01. ***p < .001

Findings- Mediation analysis
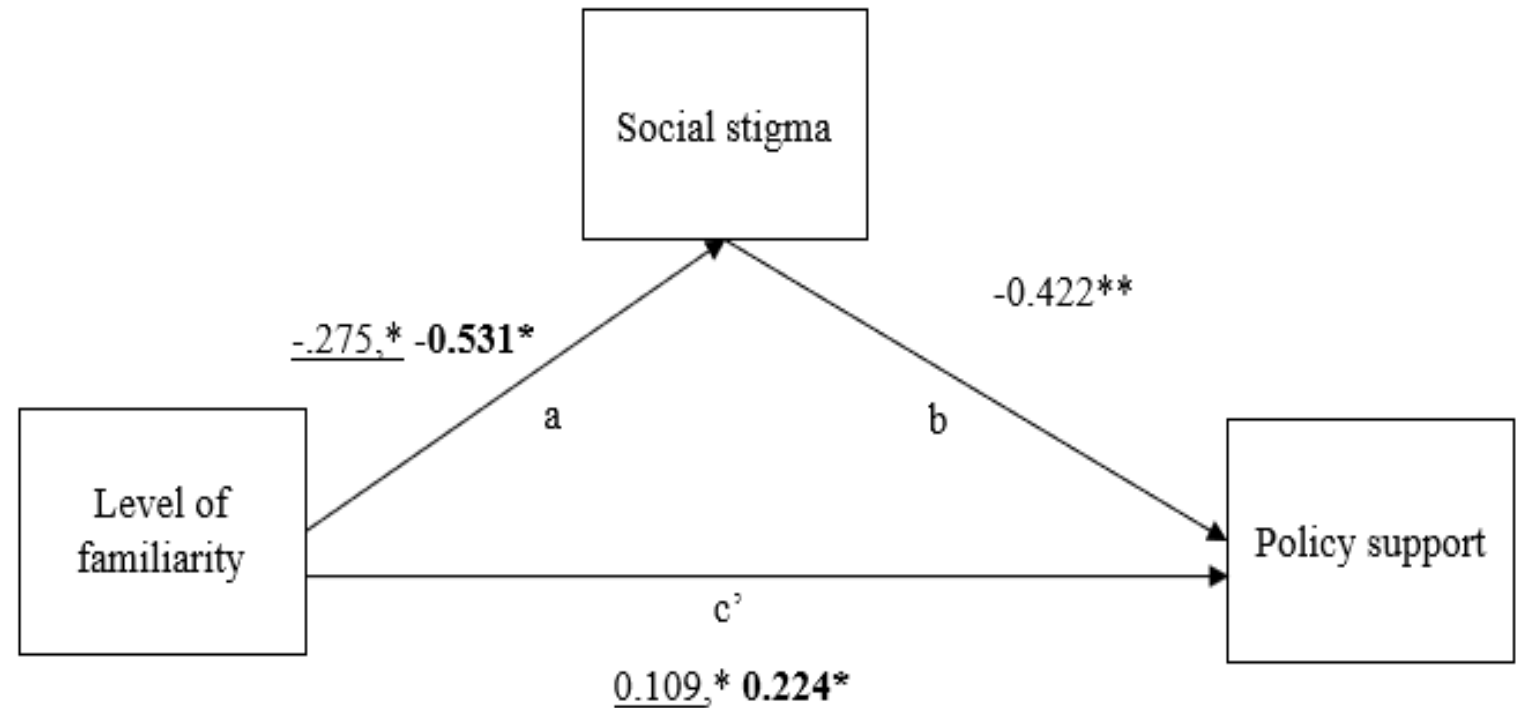
Four stage process (Baron and Kenny,1986)

- Partial mediation
- Indirect effect
  - Medium LOF on policy support through lower levels of stigma

Findings- Mediation analysis
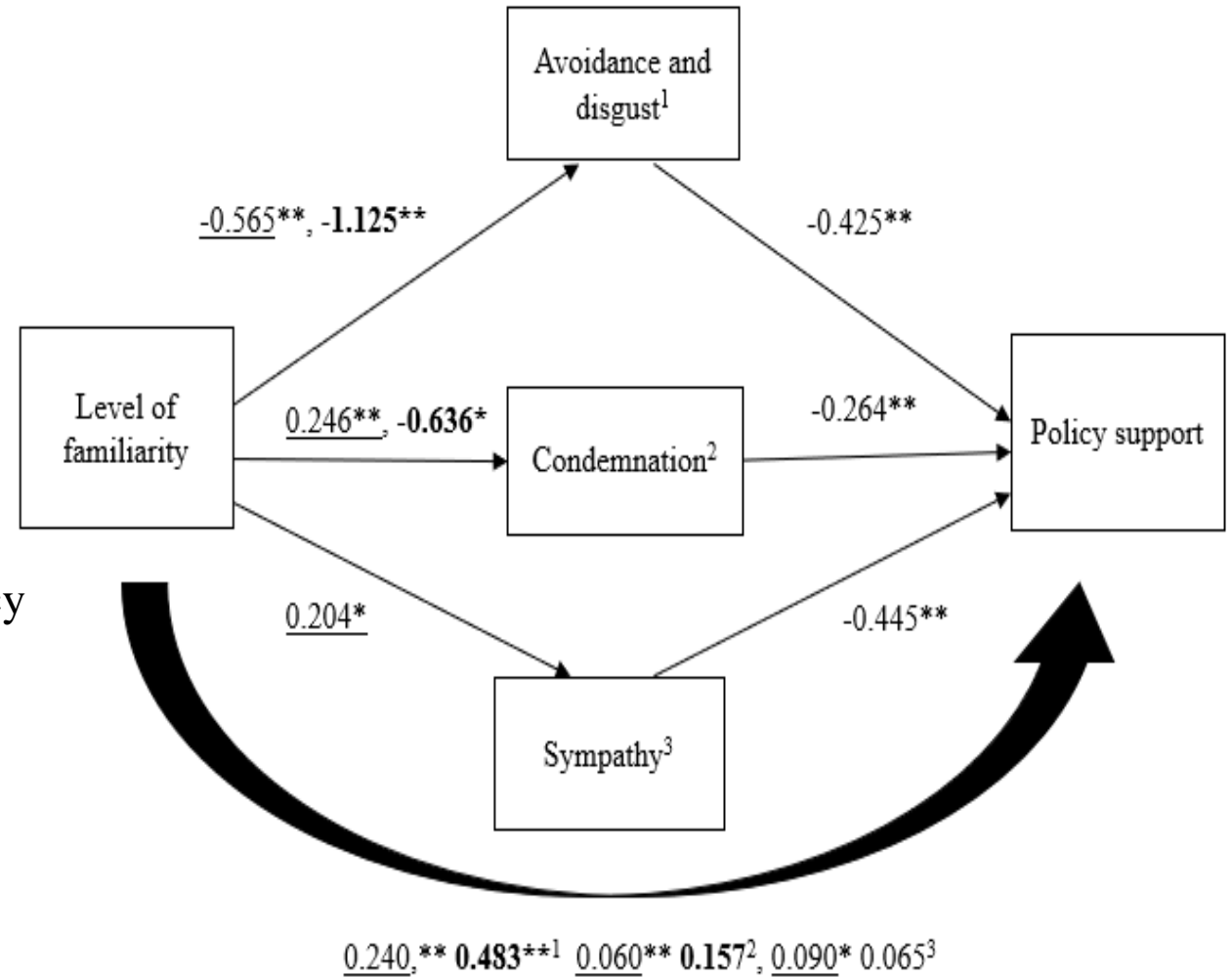
Partial mediation

Indirect effect

- **Medium and high levels** of LOF reduces levels of **avoidance/disgust** which in turn increases levels of policy support.

- **Medium LOF** reduces level of **condemnation** which in turn increases levels of policy support

- **Medium LOF** reduces **being unsympathetic** to people who use opioids which in turn increases levels of policy support.

Findings-Open ended question

- Data were downloaded from the Qualtrics and uploaded into Microsoft Word document
- The statements were placed into a table in Word and was blind coded by providing a number for every statement and uploaded to NVivo12 for development of the codebook
- Codebook Thematic Analysis
- Four major themes: Confirmed typical stereotypes and the role of contact to reduce stigma.

Theme 1: Views on opioid use, people who use them and methods of treatment

Sub theme 1: Medical use of opioids and people who use opioids

- Opioids as a necessary evil for medical conditions
- Unwillingness to work with or have someone marry into their family
- Attitudes: Lack control, Risky, unreliable, dangerous
- Attitudes: Empathy, understanding, equality

"Opioid users should not be judged "

Sub theme 2: Attributions of opioid use

- Lack of coping skills
- Economic disadvantage
- Inadequate care
- Lack of social connection
- Medical issues

"I see heroin addiction as a side effect of lack of care for the vulnerable in society especially on the basis of class and economic disadvantage"

Sub theme 3: Responsibility of care and methods of treatment

- Government and society
- Target underlining issues
- Increase access to care
- Non-violence

"I believe it's society's job to help those people with the addiction and get them off of opioids"

Theme 2: Exposure to people who use opioids

- General knowledge
- Self use
- Contact via education and work experience
- Prior exposure informs negative attitudes

"These issues are perhaps more salient to me than the average student"

Theme 3: Views on overdose prevention policies

Support for harm reduction, safe injection, and needle exchange

Lay people are incapable of using naloxone

Injection and nasal naloxone should be available

Drug monitoring unfair to doctor

"I don't think family members or friends of an opioid user should have access to the medication "

Theme 4: Criminalization of opioid use

Sub theme 1: Punishment generates social exclusion

Punishment does not fit the crime

Disempowers and reduces wellbeing

Barrier to help seeking

"Too often are they down and out with no incentive to get help from fear of prosecution."

Sub theme 2: Criminalization as a positive catalyst for change

Drug use and drug dealing damages the family unit

Punishment is a pathway for behaviour change

Punishment can reduce drug trafficking

"I strongly favour a health approach however no one should be immune from prosecution"

High agreement people who use opioids are dangerous

Why: PWUD engaging in high risk taking which leads to endangering the welfare of others

Unwilling to have a family member who uses opioids

Why: Inability to cope with behaviour

Sympathy

Why: Equality based and Social responsibility

Additional stereotypes
- Lack of control
- Character flaws
- Unreliable
- Paramilitary violence

Discussion

Stigma and policy support

- Hypothesis that SS would be the strongest predictor was not supported
- Prejudicial attitudes (being unsympathetic, lacking in social acceptance, and an inability to understand people who use opioids) was the strongest predictor
- Prejudice may operate to "*keeping people down*" (Phelan et al., 2008, pg.358). by not supporting access to resources that empower the stigmatized group

Contact hypothesis

- Medium LOF - defined as an established contact that facilitates interpersonal interaction- was found to predict lower stigma and more policy support

Strengths
- Theories of stigma using the Social Cognitive model
- Intergroup Contact Theory assessing how level of familiarity
- Open-ended question provided a comprehensive view of these topics

Limitations
- Opportunistic sample (students, employed, people from NI)
- Levels of stigma may have been lower in these sub-groups due to the impact of education
- Open-ended question only represent people who were invested in providing answers within a pre-existing biased sample.
- The LOF is a well-known but limited in its ability to encompass all conditions necessary for reduction in negative attitudes (Pettigrew & Tropp, 2006). It does not measure the type of relationship, the experience of that contact, frequency and recency

Conclusion

Campaigns to support for naloxone and supervised injection sites support may want to targeting unsympathetic prejudicial attitudes in conjunction to policy advocacy

The campaigns may include:

- Increasing sympathetic messages and understanding

- Humanize the experiences and struggles of people using drug use and impact of overdose

- Use of Indirect (e.g. media) and extended contact (e.g. experiences of ingroup members with stigmatized outgroups) methods to inform campaigns

- Campaigns should target the public and more so in locations proposed for a supervised injection site

Thank you

- **Questions or thoughts**
- **Contact:**
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References

Atkins, M. S., Rusch, D., Mehta, T. G., & Lakind, D. (2016). Future directions for dissemination and implementation science: Aligning ecological theory and public health to close the research to practice gap. *Journal of Clinical Child & Adolescent Psychology*, *45*(2), 215-226.

Allen, S. T., Grieb, S. M., O'Rourke, A., Yoder, R., Planchet, E., White, R. H., & Sherman,S.G. (2019). Understanding the public health consequences of suspending a rural syringe services program: a qualitative study of the experiences of people who inject drugs. *Harm reduction journal*, *16*(1), 1-10.

Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of personality and social psychology*, *51*(6), 1173.

Braun, V., & Clarke, V. (2021). Conceptual and Design Thinking for Thematic Analysis. Qualitative Psychology, 9(1), 3–26. https://doi.org/10.1037/qup0000196

Calabrese, C., & Bell, R. A. (2019). Opposition to nonprescription naloxone access: Measurement and psychosocial predictors. *Substance Use & Misuse*, *54*(11), 1853-1861.

Connery, H. S., McHugh, R. K., Reilly, M., Shin, S., & Greenfield, S. F. (2020). Substance use disorders in global mental health delivery: epidemiology, treatment gap, and implementation of evidence-based treatments. Harvard review of psychiatry, 28(5), 316.

Corrigan, P., Schomerus, G., Shuman, V., Kraus, D., Perlick, D., Harnish, A., ... & Smelson, D. (2017). Developing a research agenda for understanding the stigma of addictions Part I: lessons from the mental health stigma literature. *The American journal on addictions*, *26*(1), 59-66.

References

Horvitz-Lennon, M. (2020). Evidence-Based Practices or Practice-Based Evidence: What Is the Future?. *The Palgrave Handbook of American Mental Health Policy*, 603-638

Kennedy-Hendricks, A., Barry, C. L., Gollust, S. E., Ensminger, M. E., Chisolm, M. S., & McGinty, E. E. (2017). Social stigma toward persons with prescription opioid use disorder: associations with public support for punitive and public health–oriented policies. *Psychiatric services*, *68*(5), 462-469.

Mallonee, S., Fowler, C., & Istre, G. R. (2006). Bridging the gap between research and practice: a continuing challenge. *Injury prevention*, *12*(6), 357-359.

McGinty, E., Pescosolido, B., Kennedy-Hendricks, A., & Barry, C. L. (2018). Communication strategies to counter stigma and improve mental illness and substance use disorder policy. *Psychiatric Services*, *69*(2), 136-146.

Pettigrew, T. F. (1998). Intergroup contact theory. *Annual Review of Psychology*, *49*, 65–85. https://doi.org/10.1146/annurev.psych.49.1.65

Pettigrew, T. F., & Tropp, L. R. (2006). A meta-analytic test of intergroup contact theory. *Journal of Personality and Social Psychology*, *90*(5), 751–783. https://doi.org/10.1037/00223514.90.5.751

Phelan, J. C., Link, B. G., & Dovidio, J. F. (2008). Stigma and prejudice: one animal or Public Health Agency two?. *Social science & medicine*, *67*(3), 358-367

Ritter, A. (2009). How do drug policy makers access research evidence? *International Journal of Drug Policy*, *20*(1), 70–75. https://doi.org/10.1016/j.drugpo.2007.11.017

Wild, T. C., Koziel, J., Anderson-Baron, J., Asbridge, M., Belle-Isle, L., Dell, C., ... & Hyshka, E. (2021). Public support for harm reduction: A population survey of Canadian adults. *Plos one*, *16*(5), e0251860.