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POLICY BRIEFING

Stigma as a barrier to evidence-based care for people who use drugs: Implications for stigma reduction programs.

Dr Nicole M. Miller

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EXECUTIVE SUMMARY

This briefing outlines the findings to several studies examining the community and policy barriers to evidence-based interventions for people who use drugs (PWUD) in Northern Ireland and the Republic of Ireland between May 2020-August 2021.[1-4] The findings have important implications for how charities, and or third sector organization implement stigma campaigns on the island and of Ireland and internationally. For example, the findings outline that lack of sympathy and understanding of PWUD by the general public, criminal justice and health care sector and the use dehumanizing language and images within the national media were barriers to receiving quality care and the reduction of drug-related harm. Based on these findings it is recommend that stigma campaigns incorporate the lived experience of PWUD and their families, aim to increase sympathy and understanding, be versatile in approach using Webinars, and visual art techniques and target local communities, the public, the health care sector, policy makers, and the media.

INTRODUCTION

There is an established connection between stigma being a barrier to access of evidence-based interventions for people with mental illness. However, how stigma is related to access of evidence-based health care for people who use drugs is not well understood in general and even more so in Northern Ireland and Republic of Ireland in particular. [5-8]The aim of the research was to identify to what extent stigma is a barrier and how it can be overcome to implement quality level of care for people who use drugs and reduce drug-related harm.

Methodology

This research utilized a mixed methods design consisting of a qualitative pilot study, online survey, and a qualitative study in order to identify barriers and facilitators to access of evidence-based health interventions for people who use drugs.[1-4] The studies incorporated a range of stakeholder views such as policy makers, third sector treatment providers, the general public, and importantly people who use drugs to emphasize the validity of the findings.

Research, results, and conclusions

Pilot study[1]

The results of the qualitative pilot study (N=13 participants, 70%Male; 70%aged 30-44 years; 55% resided in Republic of Ireland) emphasized eliminating stigmatizing words within the online survey such as *addict,* or *person addicted to opioids* or describing people who use drugs as *dangerous.* The use of person first language such as *people who use drugs* was reported to counteract negative judgements. These findings demonstrate the need to use such language across the health care sector, within the media, and the local community to reduce stigma.

Online survey [1,2]

The online survey (N=472 participants; 65% female, 56% aged18-29 years old; 44% employed; 79% resided in Northern Ireland) found a moderate to high support for evidence-based policies (e.g., naloxone, supervised injection facilitates, opioid assistant therapy). However, there was a moderate level of social stigma such as endorsing stereotypes and discrimination, more specifically that people who use drugs are dangerous, lacking discipline, and should be denied housing and employment. The findings showed that, prejudicial emotions- lack of sympathy, understanding, social acceptance – were strongest in predicting lack of support for access to these interventions. On the other hand, people who have familiarity with people who use drugs- such as having a colleague that uses drugs, providing care to or personally using drugs- reduces stigmatized attitudes, which in turn predicts more support. This demonstrates the power of knowledge and familiarity with PWUD in reducing negative attitudes and the importance of input from such groups in designing stigma campaigns.

Qualitative survey[3]

The qualitative study (N=23 participants; 50% male; 50% 30-44 years; 58% resided in the Republic of Ireland) identified that interventions for PWUD are humanizing, empower both the patient and the family, and are inherently destigmatizing. However, it was perceived that stigmatized attitudes held by policy makers, the national media, local community, GP's and medical professionals in the Emergency room and lack of interagency collaboration was a barrier to access interventions. In addition, heavy policing and community intimidation were also problematic. The specific attitudes reported by participants were that PWUD are dangerous, lack control and are unreliable. In addition, interventions placed in the local community will increase drug use, drug litter, and create crime. Participants recommended multimodal stigma campaigns aimed at the national and local community to help reduce these attitudes and myths.

"You see the guards pushing them on, manhandling them searching them and I'm like, you know that that's definitely not going to help the public perception."(Policy maker)

"Everywhere we go we think we are going to be looked down on. You know? If I was to go into A and E now, I would just think they were looking down on me." (Expert by Experience)

"They look at people as a junkie" (Expert by Experience)

RECOMMENDATIONS

The following recommendations are based on the research findings.

1. Stigma campaigns should be aimed at reducing prejudicial emotions, debunking myths, and stereotypes of PWUD.

- Messaging that specifically aims to increase sympathy, social acceptance, and understanding of PWUD will help reduce prejudice.
- Myths related to health interventions and stereotypes such as PWUD as being dangerousness, unreliable, lacking control should be debunked. This may include educational information that outlines what PWUD do/ do not do (in short).

2. People who use drugs and their families should be involved in the design of stigma campaigns. Multimodal campaigns are useful.

- People who use drugs and their families should be at the center of any stigma campaign with a focus on empowerment.
- Multimodal campaigns using webinars, community murals, and photographs accompanied by sympathetic messaging may be useful in changing attitudes.

3. Stigma campaigns should be aimed at the national media, local community and across the health and criminal justice sector.

- Stigma campaigns aimed at the national media may include advocacy for the use of person first language when describing PWUD and elimination of stigmatizing terms such as *addict*, *junkie* and the like. Images of people who use drugs should be humanizing.
- Stigma campaigns should be aimed at communities who might have a higher prevalence of drug-related issues.
- Stigma campaigns in the health care sector are vital independent of the setting (GP, Emergency department, outpatient treatment) or approach (harm reduction/ abstinence based) as stigma may interfere with care.[1,5,6,9] Interagency solidarity in reducing stigma is vital.
- Educational and stigma programs aimed at the police and criminal justice sector are important for re-entry and approaches to dealing with people who have drug-related crimes.[4]

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