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Reducing Opioid and Substance Use-Related Stigma in Health-Care and Other Direct Service Delivery Contexts

EVALUATION RESULTS
FROM FOUR PROGRAMS



Kirandeep Kharpal, MPH
Stephanie Knaak, PhD
Krista Benes, MA
Mary Bartram, PhD



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INTRODUCTION

This report shares the Mental Health Commission of Canada’s exploration of how to reduce opioid-related stigma in the context of the opioid crisis. It will summarize activities to date, share results from the initial evaluation of four stigma reduction initiatives, describe emerging themes and lessons, and identify future directions for this work.

Stigma and the opioid crisis

Stigma has been identified as a major barrier to access, care, and recovery for persons experiencing problematic substance use¹. It has also been identified as a partly destructive force in Canada’s current opioid crisis. The challenges of this crisis – including the negative impacts of stigma on the quality of front-line care and response – have generated a need to find promising interventions and approaches that can help reduce stigma toward persons living with opioid use and/or who are at risk of opioid-related overdose and poisoning.

It has been well established that the public holds stigmatizing views toward individuals who use substances². However, people who use opioids must also contend with the additional stigma of medication maintenance therapy, despite it being recognized as a best practice in opioid addiction treatment³. There is also a lack of acknowledgment that many individuals with opioid use problems developed their conditions due to overprescribing by physicians⁴. The negative attitudes and beliefs associated with the use of opioids manifest themselves both in interactions with the public and with health-care providers (HCPs) and first responders (FRs). HCP and FR stigma increases barriers to care and reduces the quality of services received by those who use opioids.⁵ People seeking or accessing treatment for an opioid use disorder have described feeling degraded, dismissed, and devalued when interacting with HCPs and FRs.⁶

Background

In 2019, the Mental Health Commission of Canada (MHCC) completed the first phase of a national qualitative research study that aimed to understand the problem of stigma in the context of direct service delivery for Canada’s current opioid crisis – what it looks and feels like, where it comes from, how it gets in the way of quality care and response, and what can be done about it. This research identified a need for both outward-* and inward-facing training programs.⁷

* The original study describes but does not specifically use the term outward-facing training.

Outward-facing programs focus on improving client-provider relationships and interactions; inward-facing programs address providers' mental health needs while emphasizing factors and skills that can contribute to resiliency and compassion satisfaction.*

Outward-facing training includes programs and approaches that directly seek to improve the behaviours and attitudes of HCPs and FRs. They do so by shifting perceptions and creating a greater understanding of the roots of addiction, the science of addiction, and the value of harm reduction, while providing education about treatment, recovery, and wellness for persons living with problematic opioid use. Finding ways to

improve client-provider trust was also identified as a factor of key importance⁸. Notably, the use of social contact emerged as a central promising approach in helping to positively shift attitudes and behaviours and improve client-provider understanding and trust.⁹

Inward-facing training includes programs and approaches that aim to help HCPs and FRs develop the necessary skills and tools to effectively manage and cope with the high stresses of their jobs, particularly in relation to the many opioid-related cases requiring their response. Among them would be training programs designed to address providers' mental health needs while focusing on increased compassion satisfaction and resiliency.

Using these findings as a guide, the MHCC embarked on the second phase of this project. This research set out to identify interventions that were already using these promising elements and approaches in order to evaluate them for effectiveness. Specifically, the aim was to assess the extent to which the identified programs were effective at improving the attitudes and behavioural intentions of direct service providers toward persons with opioid use problems.

This report provides the evaluation results from four such interventions.

Inward-facing programs aim to develop skills to effectively manage and cope with the high stresses on the job.

* Compassion satisfaction refers to the positive feeling associated with helping others.

Approach

All programs were evaluated using a pre-post design and employed a standardized measure for assessing program impact: the [Opening Minds Provider Attitudes Toward Opioid Use Scale \(OM-PATOS\)](#).

This scale was developed from the [first research phase](#) and was designed specifically to measure attitudes and behavioural intentions among HCP and FR populations toward people with opioid use problems.¹⁰

The OM-PATOS asks participants to indicate the extent to which they agree or disagree with 19 items. Items are rated on a 5-point scale: *strongly agree*, *agree*, *neither agree nor disagree*, *disagree*, or *strongly disagree*. Average mean scores can range from 1 to 5, with lower scores indicating more positive attitudes (i.e., less stigma).

The OM-PATOS was administered before (pre) and after (post) each program. Unique ID numbers were created by respondents so that surveys could be matched for analysis. Paired *t*-tests were used to analyze the statistical significance of average mean score changes from pre- to post-program at the 95% confidence interval. Effect sizes (Cohen's *d*) were also calculated to estimate the magnitude of change. Conventionally, a benchmarking criterion is used to interpret effect sizes. Values around .20 are considered small in impact, effect sizes around .50 are considered moderate, and those of .80 and greater are considered large.

Outcomes were also assessed using a “threshold of success” measure. This analysis was based on an examination of how many participants reached a minimum 80% threshold of success on the scale at pre- and post-intervention. In other words, it looked at how many participants responded to at least 16 of the 19 items on the scale in a non-stigmatizing way. The threshold of success measure is derived by recoding each participant's response to represent either a stigmatizing or a non-stigmatizing response. For example, the statement “People with opioid use problems are to blame for their situation” is recoded as non-stigmatizing if the respondent selects *strongly disagree* or *disagree*, and recoded as stigmatizing if the respondent chooses *neither agree nor disagree*, *agree*, or *strongly agree*. This is done for both pre- and post-test scores.

Though somewhat arbitrary, we have used this cut-off in other evaluations to show the number of participants who are at an A grade or higher before and after an educational session.

For some programs, reflection and program impact questions were included at post-test to capture respondents' own perceptions of what they learned, how they felt the program influenced their behaviours and attitudes, and any aspects of the program or delivery that they found particularly helpful or unhelpful.

Basic demographic information was also collected from program participants across all four programs.

The threshold of success measure is based on an examination of how many participants responded in a non-stigmatizing way.

Outward-facing programs

1

SELF-DIRECTED WEB-BASED PROGRAM

[Understanding Stigma](#) is a web-based anti-stigma intervention for HCPs that uses social contact (both video and in-person stories and perspectives) as a core teaching element, along with educational and action-oriented components.

The program was designed primarily to improve attitudes and behavioural intentions toward people with mental illnesses and has shown consistently positive outcomes in this regard. However, its potential impact on attitudes and behavioural intentions toward persons living with problematic substance use or addiction has not been previously examined, even though one of the course modules addresses substance use and concurrent disorders.

While none of the course content is opioid-specific, its elements are such that the program may still have some positive impact on attitudes and behavioural intentions toward people with opioid use problems. On that basis, we conducted an evaluation of Understanding Stigma using the OM-PATOS. Data was collected from participants who completed the program between July 2019 and February 2020, and results are based on 823 matched surveys.



Most survey respondents were female, between 21 and 40 years of age, and worked in nursing or allied health professions. Two key findings emerged from this evaluation:

- statistically significant improvements from pre- to post-intervention on the total OM-PATOS as well as on 18 of the 19 individual scale items, with small effect sizes
- a more than 10% increase in the proportion of participants across the 80% threshold of success from pre- to post-intervention and a similar increase in the proportion of participants across the 100% threshold of success from pre- to post-intervention

The effect-size for score improvement in this evaluation was smaller than what was seen with other substance use/opioid use stigma reduction interventions in

this project, and smaller than the effect sizes observed in this program for mental illness-related stigma. However, the significant improvements in score are still encouraging given that the program is not tailored to opioid-related stigma specifically, but rather toward mental illnesses and concurrent disorders more generally.¹¹

Overall, the results from our evaluation of Understanding Stigma using the OM-PATOS show it to be a promising program for reducing opioid-related stigma. The results further suggest that, were this intervention to be adapted to opioid-related stigma (e.g., by adding an opioid-specific module that includes stories from people with lived and living experience of opioid use, along with opioid educational content), it is likely that stronger impacts would be observed. This suggests that online, self-directed stigma reduction interventions that use social contact as a core teaching element can be effective in reducing HCP stigma toward persons living with problematic opioid use.

Overall, the results from our evaluation of Understanding Stigma using the OM-PATOS show it to be a promising program for reducing opioid-related stigma.

2 IN-PERSON CONTACT-BASED SUBSTANCE USE STIGMA REDUCTION PROGRAM

This was the evaluation of the [Community Addictions Peer Support Association's](#) (CAPSA's) Stigma Ends with Me program. It is an in-person workshop that aims to reduce substance use-related stigma through education on addiction, the effects of stigmatizing behaviours and language, and the importance of compassion.

Core elements of the workshop include education about the use of stigmatizing language and the importance of person-first language, a focus on wellness as a paradigm for recovery, and education on the neuroscience of addiction. During the workshops, experts review evidence and experiences of stigma. Participants are encouraged to recognize stigma in their own lives and are challenged to change how they think about substance use and addiction.

Over 500 people across Canada – from health care, research, support, and FR communities, as well as other professions and the general public – have attended half- or full-day workshops. Social contact or contact-based education is a central component.

In February 2020, the MHCC was invited to partner with CAPSA and the Canadian Centre on Substance Use and Addiction on an evaluation of a half-day Stigma Ends with Me workshop in Lethbridge, Alberta. This workshop was delivered to a mixed audience, where many participants worked directly with people living with substance use problems and addiction.*



* Three workshop sessions (morning, afternoon, and evening) were delivered in Lethbridge. Evaluation results are based on data collected from the afternoon session only. This session adhered closely to survey administration protocols, whereas the morning and evening sessions did not include pretests.

Since the workshop was not opioid-specific, participants completed a nine-item ad hoc adaptation of the OM-PATOS to assess attitudes and behavioural intentions toward people with substance use problems more generally, in addition to the opioid-specific OM-PATOS items. This adaptation was created in partnership with CAPSA.

Most workshop participants were female, between the ages of 21 and 40, and were from a range of occupations, many of which related to supporting people with opioid use problems. Some key findings emerged from this evaluation:

- Statistically significant improvements were observed on the OM-PATOS as well as the adapted measure with effect sizes in the small (OM-PATOS) to medium (adapted measure) range.
- Qualitative open-ended feedback from participants highlighted (1) the learning value of various key elements of the content, (2) the positive impact of hearing live and video-based personal stories from people with lived experience of a substance use problem, (3) the helpfulness of the group discussion component, and (4) the strength of the facilitator (who also spoke about personal lived experiences of a substance use problem).¹²

Given the general substance use focus of the program, the significant improvements observed on the opioid-specific scale (OM-PATOS) are positive and encouraging.

The results of this evaluation showed that Stigma Ends with Me is effective as a stigma reduction intervention, both for stigma related to opioid use and substance use more generally. The results further suggest that if this intervention were specifically adapted to target opioid-related stigma (e.g., by providing more stories from people with lived experience of an opioid use problem and tailoring some aspects of its content), greater impacts in stigma reduction specific to attitudes and behaviours toward people with opioid problems would likely be observed.

Results showed that Stigma Ends with Me was effective as a stigma reduction intervention.

3 OPIOID USE-SPECIFIC SOCIAL CONTACT INTERVENTION

Research has clearly established that social contact and the power of personal story are key ingredients in the effective reduction of stigma, including among HCP and FR populations.

While the previous two programs incorporate social contact as main content elements, the shared personal stories of lived experience related to substance use and/or mental illness more generally and were not opioid-specific. The evaluation of the social contact intervention described in this section attempted to address that gap.

For this evaluation, the MHCC partnered with St. Lawrence College in Brockville, Ontario, to assess the effectiveness of two different types of interventions delivered in an educational setting on nursing students' attitudes and behaviours toward people with substance

use problems: (1) standard curricular content on mental health and substance use, and (2) an in-person delivery of a personal story from a speaker with lived experience of an opioid use disorder.

The intervention took place during the first lecture of a unit on mental health and addiction, which was part of the students' regular curriculum, in February 2020. To deliver it, the speaker led the class in a personal narrative describing her own lived experience of an opioid use disorder and recovery.



The course instructor also participated in the session, using elements of the speaker's story to emphasize the importance of compassion, the role of trauma in addiction, and the reasons that addiction is not a choice. She also touched on stigma-specific issues, such as internal bias, the role of the justice system in substance use, and the problem of diagnostic overshadowing.*

Most students were female and were 25 years of age and under. Key findings from this evaluation included:

- no improvements from pre- to post-intervention on the OM-PATOS for the educational curriculum component of the course
- statistically significant improvements from pre- to post-intervention on the OM-PATOS, with effect sizes in the medium range for the social contact intervention.

These results support previous theory and research that emphasize the value of personal stories as an important approach for fostering understanding and awareness of patient experiences, shaping practice, and improving attitudes and perceptions about people living with opioid use and other substance use problems. The moderate effect size observed for the social contact intervention is encouraging, especially since the intervention was only 1.5 hours in length.¹³

The finding that no improvement in stigma scores was observed for the curriculum component is also consistent with the literature, which suggests that improving literacy does not always improve attitudes, and that the general education curriculum is not necessarily stigma reducing on its own.¹⁴⁻¹⁶ This finding may be important for educational programs interested in adjusting or supplementing curricular content, so it is more stigma informed and/or attentive to addressing stigmatization toward certain patient groups.

The results of this study helped to confirm that social contact interventions can be integrated with traditional curriculum elements in educational settings to improve the attitudes of HCPs toward people with opioid use disorders.

The moderate effect size observed for the social contact intervention is encouraging, especially since the intervention was only 1.5 hours in length.

* That is, practitioners' failure to identify and diagnose health issues for people living with mental health and substance use issues as a result of ignoring and overlooking physical health concerns.

Inward-facing programs

4

TRAUMA AND RESILIENCY INFORMED PRACTICE (TRIP) TRAINING

In 2017, British Columbia's Fraser Health Authority developed an innovative training program for direct service providers, which was designed to address the important connection between burnout, compassion satisfaction, resiliency, and quality of care.

The program aims to reduce stigmatizing behaviours by enhancing knowledge and skills related to trauma awareness, self-compassion, and compassion satisfaction. In addition to assessing how effective the program was for reducing stigmatizing attitudes and behaviours among providers, this evaluation explored the program's impact on burnout, secondary traumatic stress, compassion satisfaction, self-compassion, and resiliency skills, since these variables are important program outcomes in their own right and may also mediate the benefits of the intervention on stigma.

Trauma and Resiliency Informed Practice (TRIP) focuses on integrating knowledge and skills about the effects of trauma into workplace policies, procedures, and services. Its goal is to reduce the influence of past and current experiences of violence and trauma and to avoid re-traumatizing people, in particular, patients, clients, family members (and others who provide support), and service providers. The TRIP strategy involved a service provider training program comprising a one-day workshop with post-workshop coaching and support activities.



A mix of quantitative and qualitative measures were used for this evaluation, including (1) the OM-PATOS, (2) the Professional Quality of Life Scale, (3) a five-item ad hoc measure of perceived resiliency skills, (4) the short version of the Self-Compassion Scale* (SCS-SF), and (5) qualitative questions.

TRIP was evaluated with two groups in the Fraser Health region. Key findings for each are outlined under the evaluation descriptions below.

Group 1. Three sessions were delivered to approximately 79 mental health and substance use staff members across the Fraser Health region between February 28 and March 6, 2020. While six workshops were scheduled, the remaining sessions, including coaching and followup support, were cancelled due to the COVID-19 pandemic.

Key findings:

- There were very low initial levels of stigma among participants. However, among those who did not have low levels there was a significant improvement in stigma scores, with effect sizes in the medium range.

- Resiliency skills, burnout, and self-compassion showed statistically significant improvements.
- Compassion satisfaction, self-compassion, and resiliency skills emerged as the most important predictors for stigma change.¹⁷

Group 2. From November 2020 to January 2021, TRIP was delivered to approximately 145 staff members working in emergency departments at nine hospitals in the Fraser Health region. These sessions included nursing staff, physicians, social workers, managers/administrative staff, and others involved in the emergency department.

Key findings:

- Overall levels of stigma and workplace stress in this sample were higher than in the previous sample.
- Statistically significant improvements were observed in stigma reduction (medium effect size), self-compassion (medium effect size), resiliency skills (strong effect size), burnout (small effect size), and compassion satisfaction (medium effect size).

These evaluation results support research suggesting that health, well-being, and job satisfaction among providers is crucial for quality patient care. They also illustrate that stigma toward people experiencing mental health and/or substance use problems is related to providers' emotional wellness and how satisfied they are with the care they provide – adding empirical support to our emerging understanding of the importance of inward-facing solutions for improving patient care and helping providers ensure their own well-being.

Stigma is not only an issue of knowledge.

KEY CONSIDERATIONS

Overall, both outward- and inward-facing programs can be successful in reducing stigmatizing attitudes and behavioural intentions toward people who use opioids among service providers.

As expected, content tailored to opioid use specifically has a stronger effect on reducing opioid-related stigma. However, our research shows that content related to general substance use or which touches on concurrent mental health and substance use disorders, can also have a positive effect.

Social contact remains a strong tool for reducing stigma, whether tied to mental illness, substance use, or to opioid use, specifically. Both in-person and virtual methods of contact-based education can have positive effects on opioid stigma reduction among HCPs.

When developing interventions to reduce stigma, the educational approach has a strong influence on whether the intervention will be effective. Our evaluation results show that standard educational content on mental illness and substance use literacy do not reduce stigma on their own. While content for educational programs must be stigma-informed, it can have a greater effect when combined with social contact approaches.

Lastly, inward-facing interventions can be effective at reducing stigma toward others. Focusing on the well-being of HCPs, and ensuring that their professional needs are met, can have an impact on their attitudes and behaviours toward their clients. This connection between resiliency skills, self-compassion, and stigma is an area that should be further explored.



CONCLUSION

The effects of stigma on the care provided to people who use opioids is both significant and consequential. Multiple approaches to tackling this issue are needed for effective changes in attitudes and behaviours to occur. The results in this report outline several promising practices and methods for reducing stigma among HCPs, but these interventions alone cannot alleviate the problems caused by stigma in the current opioid crisis. Organizations should look at reducing stigma in their workplaces at multiple levels, including leadership and policy levels, to ensure long-lasting improvements to care for people who use opioids and other substances.

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Suite 1210, 350 Albert Street
Ottawa, ON K1R 1A4

Tel: 613-683-3755

Fax: 613-798-2989

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 /Mental Health Commission of Canada

mhccinfo@mentalhealthcommission.ca

www.mentalhealthcommission.ca

