

Drug Stigma and the Opioid Crisis: The Canadian Experience

Intergovernmental Expert Group Meeting on Non-Medical Use of Opioids
December 3-4, 2018



YOUR HEALTH AND SAFETY... OUR PRIORITY.

Overview

- Provide the expert group with an update on the **opioid crisis** in Canada
- Review recent actions to help reduce related harms and overdose deaths
- Focus on the role that **stigma towards people who use drugs** plays in perpetuating the crisis
- Discuss actions being taken to help reduce stigma

Recent Actions to Address the Opioid Crisis

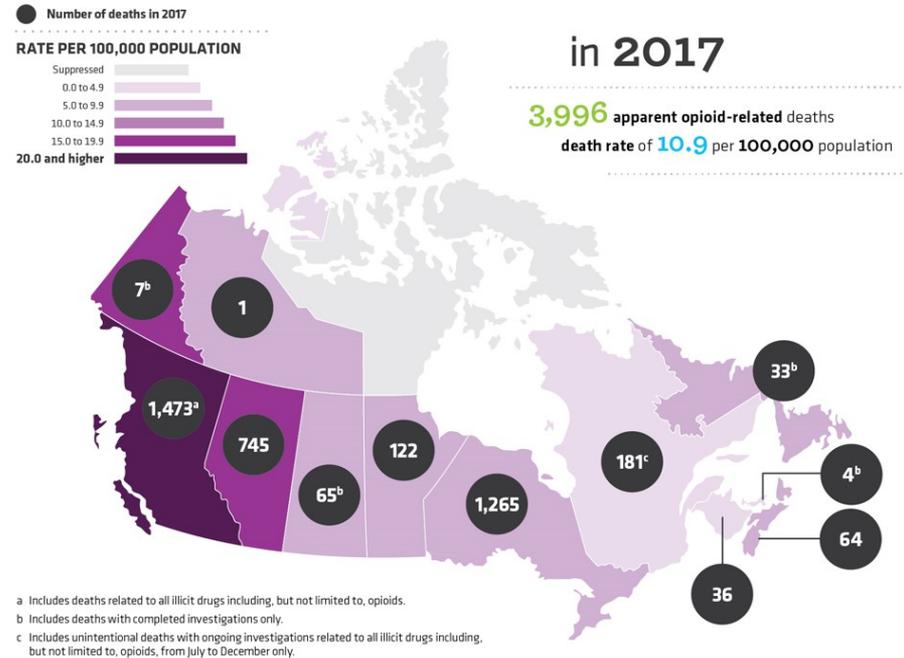
- Cost sharing between the Government of Canada and provincial governments to **expand access to treatment services**
- A number of provincial governments are scaling up their own investments in treatment and harm reduction services.
- Experimenting with innovative models and approaches:
 - Rapid Access to Addictions Medicine (RAAM) clinics: low-barrier, accessible model that provides people with substance use disorders access to counselling and medication-assisted treatments
 - Health Canada working with partners to explore delivery options to replace toxic street drugs with pharmaceutical-grade medications under low-barrier medical supervision (e.g. hydromorphone pills)

Opioid Crisis: An Update

- More than 8,000 apparent opioid-related deaths between January 2016 and March 2018.
 - 2016: 3,005
 - 2017: 3,996
 - Jan – Mar 2018: at least 1,036

- Key characteristics:
 - Highest risk group is men aged 30-39
 - Polysubstance use, but with toxic substances involved (e.g. fentanyl)
 - Using alone/in their place of residence

- Recent analysis on socio-economic determinants of overdoses in one heavily-affected jurisdiction has shown:
 - That they affect people both inside and outside the workforce/social assistance systems
 - Majority of people (~65%) had no contact with police in past two years
 - Those that did have contact were mostly for minor offenses (shoplifting, breach of probation)



Stigma: An Underlying Challenge

- Canadian evidence suggests stigma plays a role in driving overdose deaths
 - E.g., middle aged men using alone most at risk of overdose
- By contrast, no overdose deaths have occurred at supervised consumption sites in Canada
 - 27 now operating across the country
 - 1,131 overdoses reported, with no deaths
 - Demonstrates how providing a safe, medically-supervised environment can reduce stigma and promote health
- Growing recognition that substance use disorders are still not being treated equitably to other health conditions.
- One factor is stigma towards people who use drugs - *negative attitudes (prejudice) and negative behaviour (discrimination)*

“By addressing stigma and treating substance use disorder as a public health issue, I believe we can help improve access to health care services for individuals who need it. This means making sure that the voices of people most impacted by the crisis are at the table”

The Honourable Ginette Petitpas Taylor, Minister of Health
November 15, 2017 Calgary, Alberta

Impacts of Stigma: What the Evidence Tells Us

- Stigma can negatively impact the lives of people who use drugs, people in recovery and their families
- Stigma can also be **internalized** by people who use drugs
 - Reduced sense of self-worth; less likely to seek out help and support; more likely to hide drug use
 - Leading to increased harms
- Can also occur within **structures/institutions**
 - Evidence shows many healthcare professionals hold negative views of people who use drugs
 - May lead to poor/inequitable services, or denial of required healthcare and other important services (e.g. evidence-based harm reduction services like needle exchanges)
- Can occur at the **societal level** (e.g., negative labels/images in media)
- Gaps remain in our knowledge of stigma, its effects, and what interventions work best over time to educate, inform and help reduce stigma

Addressing Stigma: Policies and Perceptions



Stigma can influence our drug policies and programs, how people who use drugs are treated, and therefore how they are viewed by society

Listening to People with Lived Experience



Canada's Response: Some Key Principles

- **Recognising biases and assumptions** is a crucial first step in reducing stigma
- Replace judgement with a focus on the individual, human rights, and meeting their health needs **“where they are at in their lives.”**
- **Substance use is a health condition**, not a moral failing
 - Would not expect patients with other health conditions to have to self-medicate on the street (with illegally-purchased drugs); would be treated as part of the primary health care system
- Substance use disorder can be **chronic and relapsing**, requiring a tailored medical response that is patient, supportive, and compassionate
 - Enhancing understanding of links between problematic substance use and trauma, violence, pain and discrimination, can help to reduce stigma and eliminate barriers to care and support

Domestic Actions

- Working to change actions, language and attitudes
 - Neutral, medically-accurate terminology
 - Using “people-first” language
 - Adjusting internal policies and procedures to improve engagement
- Direct involvement of people who use drugs in federal policy and program development, including roundtables with Minister of Health
- Training for federal law enforcement officers in de-stigmatization
- Funded online training course to help healthcare providers develop strategies to reduce stigma in healthcare delivery and improve patient–provider interactions
- Funding for a national stigma awareness campaign

CHANGING HOW WE TALK ABOUT SUBSTANCE USE*

The language we use has a direct and profound impact on those around us. The negative impacts of stigma can be reduced by changing the language we use about substance use.

TWO KEY PRINCIPLES INCLUDE:

- Using neutral, medically accurate terminology when describing substance use
- Using “people-first” language, that focuses first on the individual or individuals, not the action (e.g. “people who use drugs”)

It is also important to make sure that the language we use to talk about substance use is respectful and compassionate.

TOPIC	INSTEAD OF	USE
People who use drugs	Addicts Junkies Users Drug abusers Recreational drug user	People who use drugs People with a substance use disorder People with lived/living experience People who occasionally use drugs

<https://www.canada.ca/content/dam/hc-sc/documents/services/substance-abuse/prescription-drug-abuse/opioids/stigma/substance-use-eng.pdf>

Advertising Campaign - Overview

Fall – Phase 1 (*opioid – general awareness*)

- Focus on harm reduction: Inform and raise awareness of opioids, and risks associated with problematic opioid use (including fentanyl)
- Audience: General Population
- Campaign runs November 19 – December 16
- TV, YouTube, Cinema and Search
- [30-second ad](#)
- Call to action - visit canada.ca/opioids website

[Opioids - Know the facts - Help stop opioid overdoses](#)

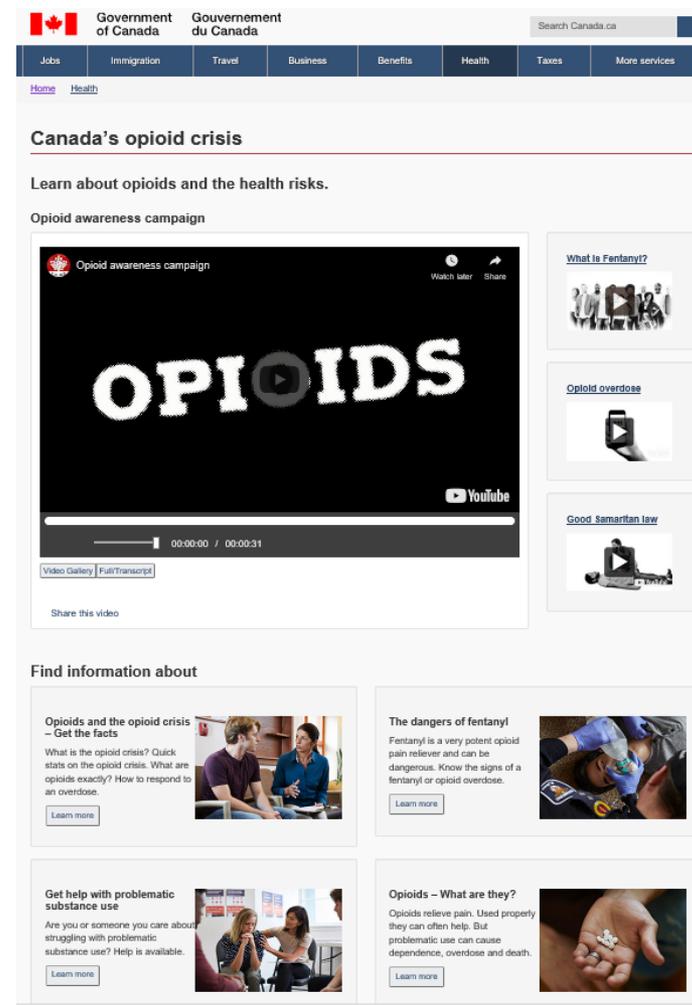
www.canada.ca/#StopOverDoses

Problematic opioid use may lead to a substance use disorder, overdose and death. Get help & resources. How to prevent opioid ODs. What to do with opioid OD. Opioid OD: Call 911. Good Samaritan law.

[What is Fentanyl?](#) · [Opioid overdose](#) · [About Good Samaritan law](#) · [About naloxone](#)

Winter – Phase 2 (*stigma + opioid general awareness*)

- Audience: General population, with a focus on men 30-39 (most at-risk population in Canada)
- Focus on introducing notion that stigma contributes to the opioid crisis as well as continued messaging on harm reduction
- Campaign runs January – February
- TV, Out-of-home (transit shelters), Digital (online videos and web banners)
- Call to action: Help end stigma. Visit Canada.ca/Opioids



Conclusions

- Evidence shows us stigma is real
 - A barrier to our collective ability to reduce harms related to substance use and build healthier, safer communities
- Stigma is an underlying factor driving the opioid crisis in Canada
 - Changes to government policies can help to reduce stigma and promote health
- Focus on problematic substance use as a **health issue** first and foremost, deserving the same level of care as other chronic health conditions
- Listen to and engage with **people with lived and living experience** with drug and substance use
- Recognise and promote the fundamental **dignity and human rights of individuals**

Thank you / Merci