



## **UWL REPOSITORY**

**repository.uwl.ac.uk**

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

Miller, Nicole M. (2022) The role of stigma, opinions on opioid use, and contact in predicting support for policies to reduce-opioid drug related deaths. In: British Psychological Society Social Psychology Conference, 5-7 Sep 2022, London. (Unpublished)

**This is the Presentation of the final output.**

**UWL repository link:** <https://repository.uwl.ac.uk/id/eprint/10131/>

**Alternative formats:** If you require this document in an alternative format, please contact: [open.research@uwl.ac.uk](mailto:open.research@uwl.ac.uk)

### **Copyright:**

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

**Take down policy:** If you believe that this document breaches copyright, please contact us at [open.research@uwl.ac.uk](mailto:open.research@uwl.ac.uk) providing details, and we will remove access to the work immediately and investigate your claim.

### **Rights Retention Statement:**



the british  
psychological society  
promoting excellence in psychology

# 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

Presenting Author: **Dr. Nicole Miller**

Contributing authors: McBride, O





the british  
psychological society  
promoting excellence in psychology

## 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)



the british  
psychological society  
promoting excellence in psychology

# 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



the british  
psychological society  
promoting excellence in psychology

## 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.

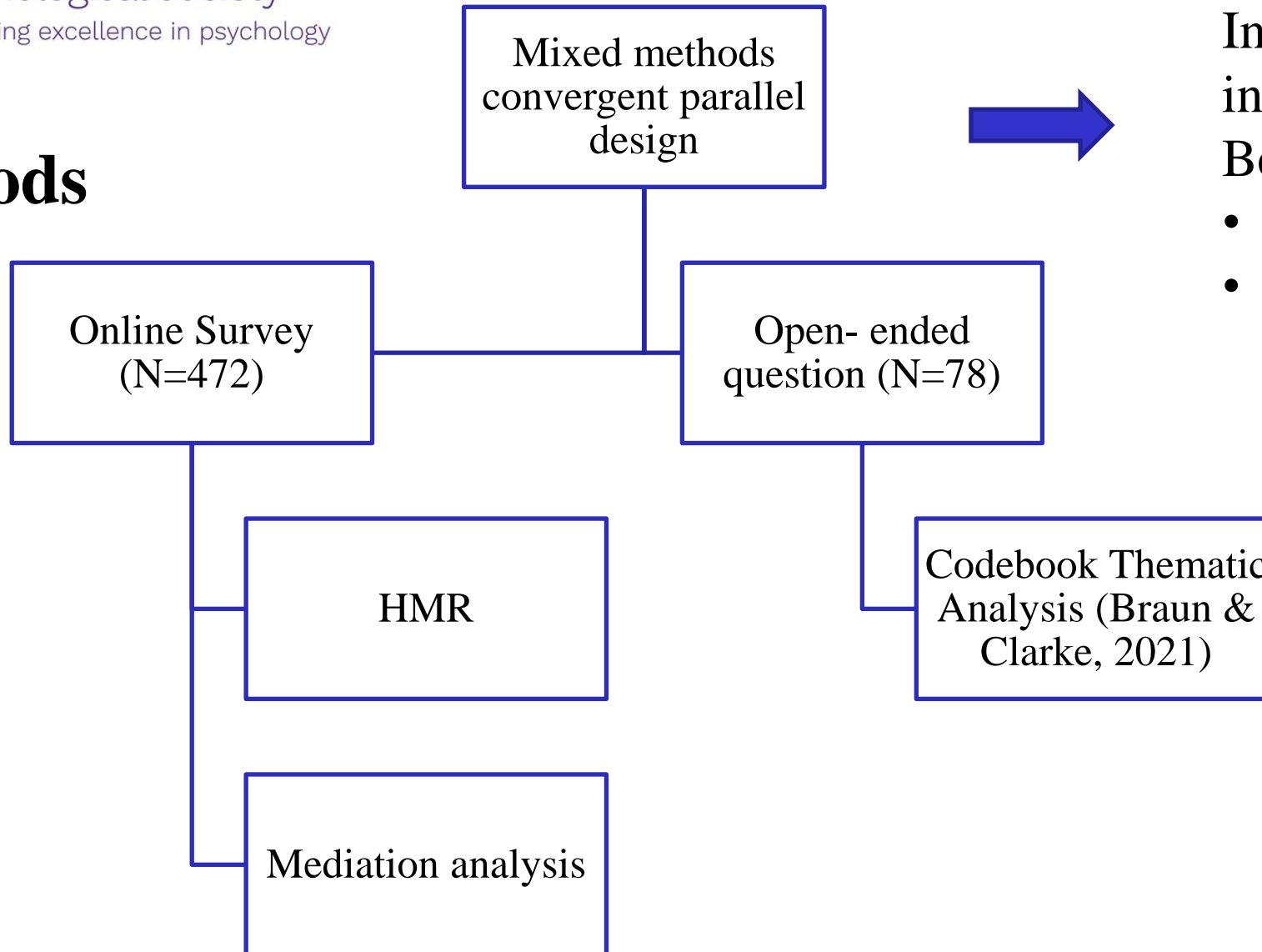


## Research questions

- 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 mediate 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?



## Methods



Informed by theories  
in Social and  
Behavioural sciences

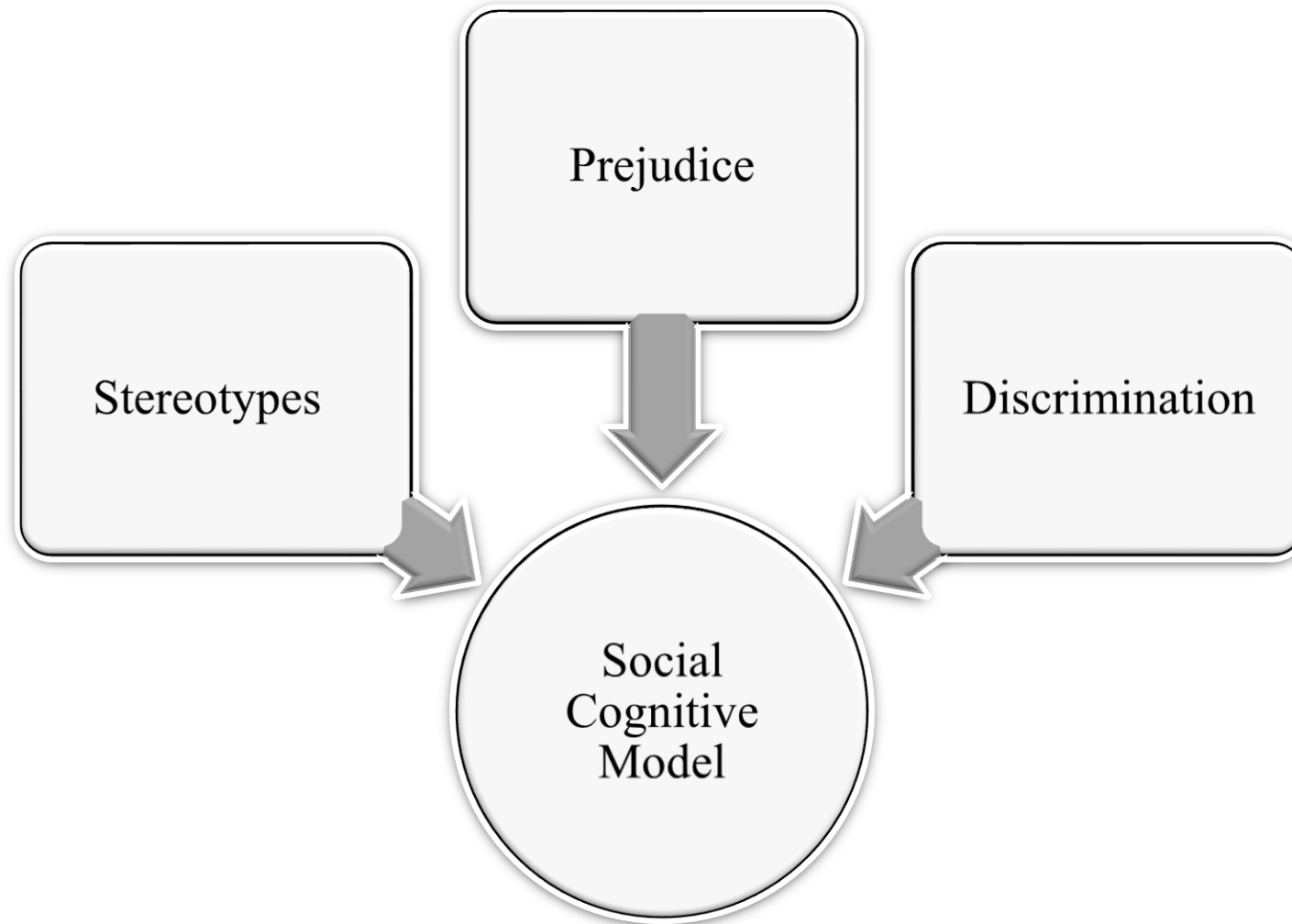
- Stigma
- Contact theories



the british  
psychological society  
promoting excellence in psychology

## Stigma of addictions

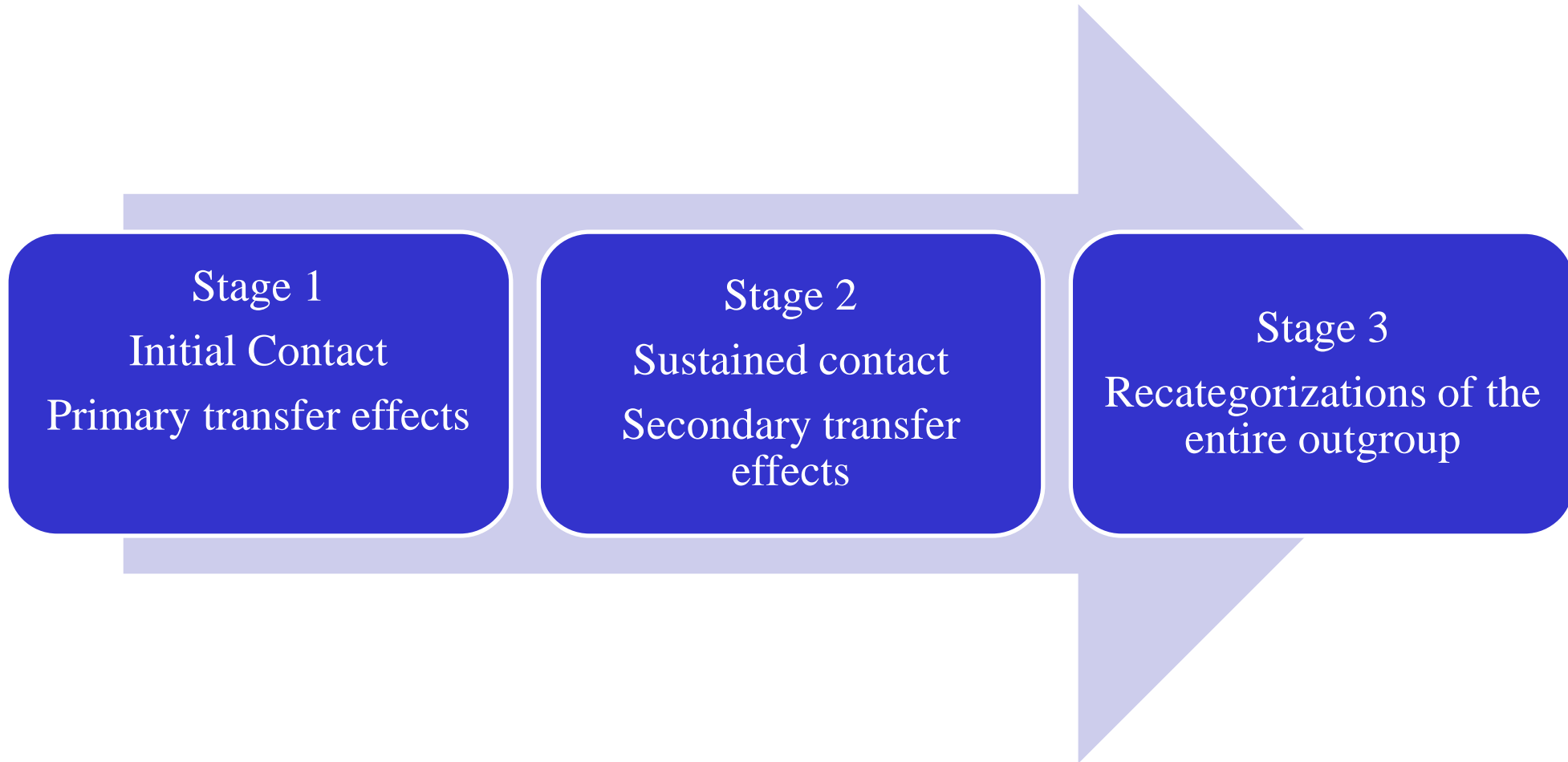
Corrigan and colleagues (2017)





the british  
psychological society  
promoting excellence in psychology

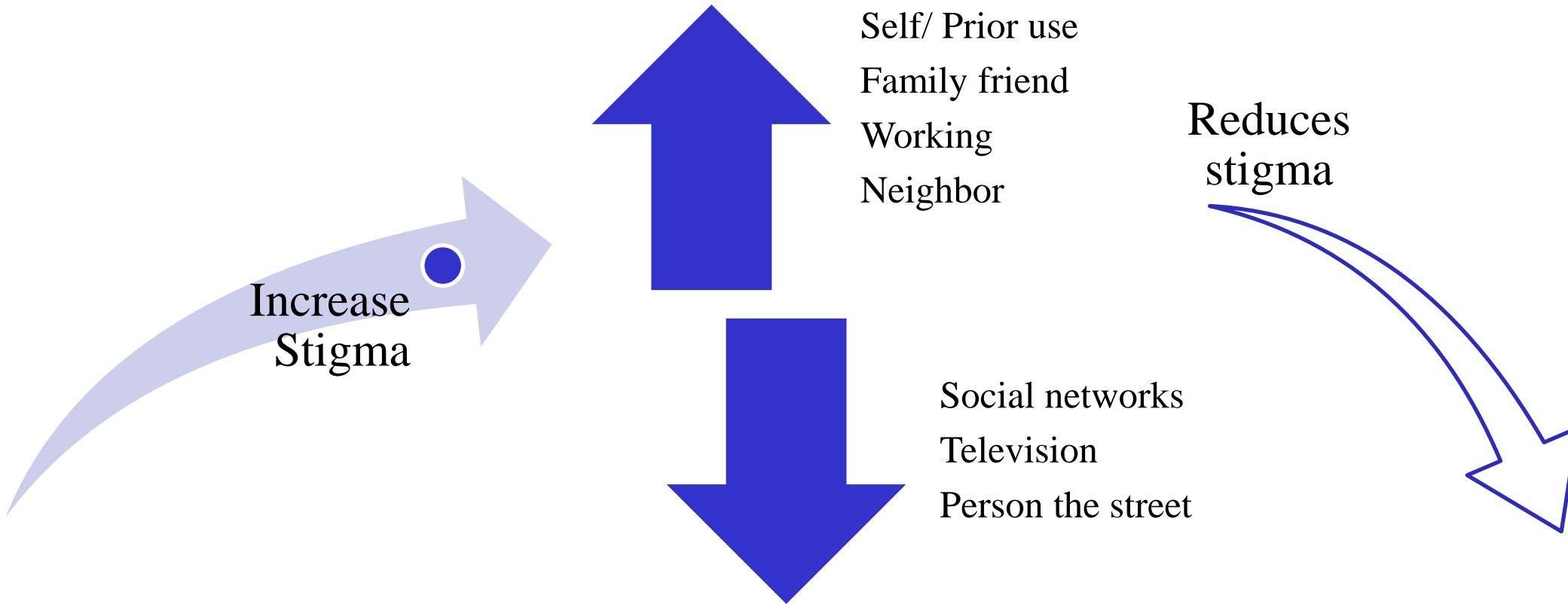
## Intergroup Contact theory: Pettigrew 3 stage model ( 1998, 2006)





the british  
psychological society  
promoting excellence in psychology

# Familiarity Hypothesis





the british  
psychological society  
promoting excellence in psychology

# Methods

## 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



the british  
psychological society  
promoting excellence in psychology

## 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



the british  
psychological society  
promoting excellence in psychology

## Stigma measures

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

EFA- One factor of SS

- Discrimination X4
- Stereotypes X2

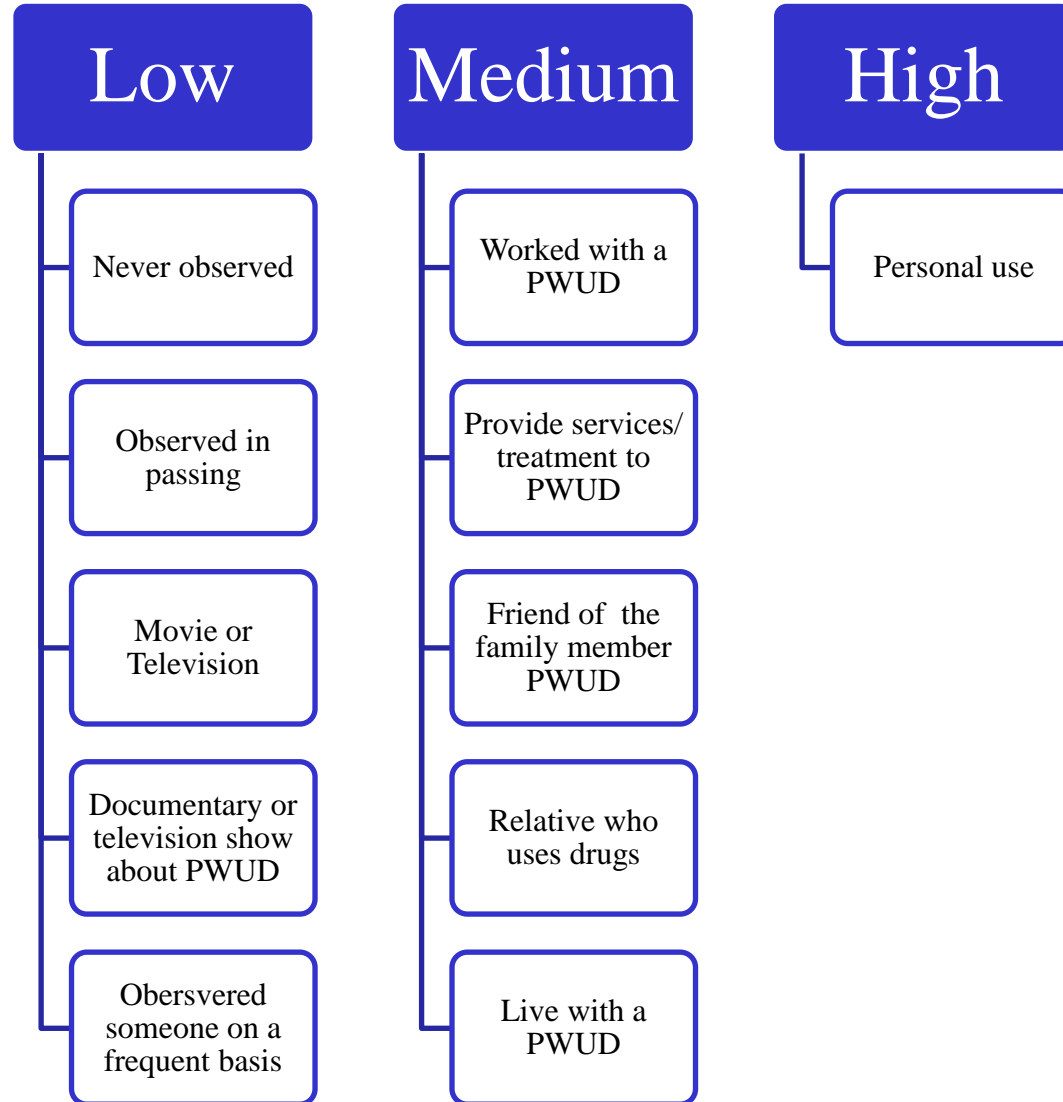
**Prejudice Attitudes Towards Injection Drug Users scale** (Brener & Von Hippel, 2008)

EFA- Three factors

- Avoidance and disgust
- Condemnation
- Sympathy



## Level of Familiarity(Brannock et al., 2020)- Proxy contact





the british  
psychological society  
promoting excellence in psychology

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

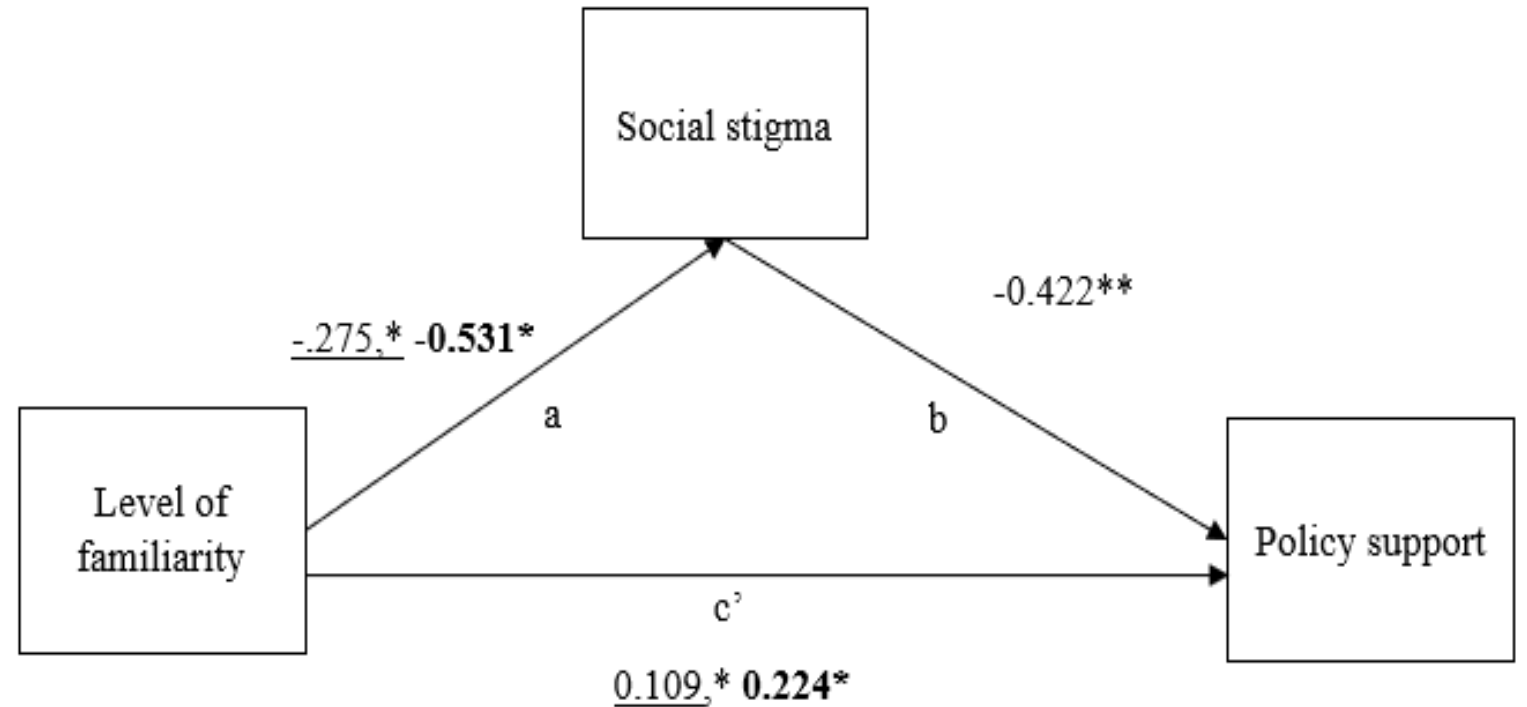
Model 5	B	SEB	$\beta$	R <sup>2</sup>	$\Delta R^2$
				<b>.29***</b>	.02
Constant	-0.54	0.43			
Social stigma	-0.07	0.07	-0.08		
Avoidance and disgust	-0.11	0.08	-0.11		
Condemnation	-0.06	0.06	-0.06		
Sympathy	-0.19	0.07	<b>-0.18**</b>		
LOF medium	0.05	0.09	0.02		
LOF high	0.09	0.28	0.02		
Criminal issue	0.12	0.05	<b>0.14**</b>		
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- HMR



## Findings- Mediation analysis



Four stage process (Baron and Kenny, 1986)

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

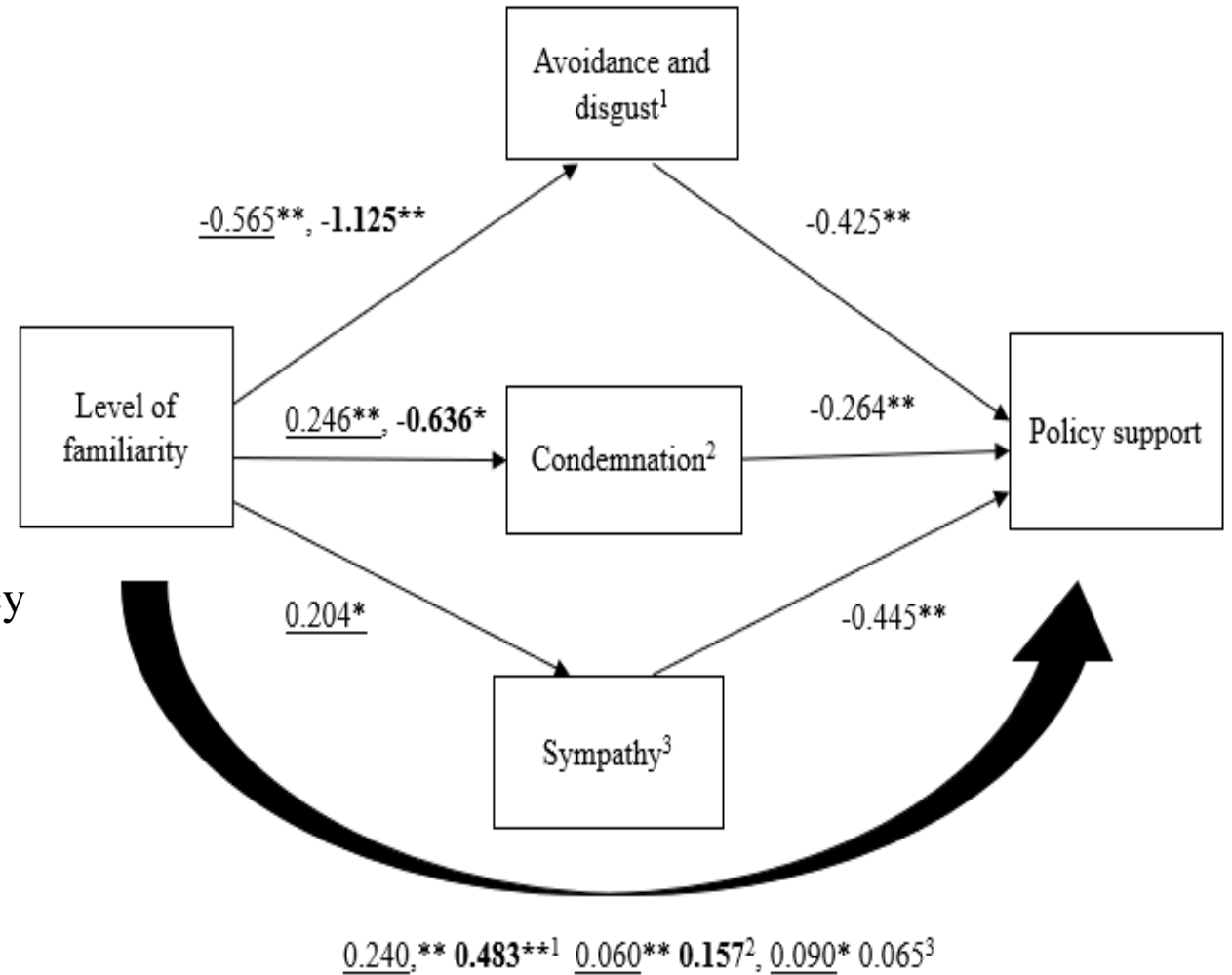


## Findings- Mediation analysis

### 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.





the british  
psychological society  
promoting excellence in psychology

## 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”*



the british  
psychological society  
promoting excellence in psychology

## Meta-inferences made from mixed data

### **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



the british  
psychological society  
promoting excellence in psychology

## Discussion

### 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



the british  
psychological society  
promoting excellence in psychology

## Conclusion

**Campaigns to support for naloxone and supervised injection sites support may want to target 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:**
  - **Email:** [Nicole.miller@uwl.ac.uk](mailto:Nicole.miller@uwl.ac.uk)
  - **Twitter:** [@NicoleM\\_Miller](https://twitter.com/NicoleM_Miller)



## **Citation for this work:**

**Miller, N.M., McBride, O. (2022).** *The role of stigma, opinions on opioid use, and contact in predicting support for policies to reduce-opioid drug related deaths.* Oral Presentation at the British Psychological Society Social Psychology Conference, London, UK (September 2022)

# 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.