



UWL REPOSITORY

repository.uwl.ac.uk

Social stigma as a major barrier to evidence-based interventions to reduce opioid drug-related deaths: A qualitative analysis

Miller, Nicole M. (2024) Social stigma as a major barrier to evidence-based interventions to reduce opioid drug-related deaths: A qualitative analysis. In: Division of Health Psychology Conference British Psychological Society 2024, 6-7 June 2024, Stirling Scotland.

This is the Updated Version of the final output.

UWL repository link: <https://repository.uwl.ac.uk/id/eprint/12024/>

Alternative formats: If you require this document in an alternative format, please contact: 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 providing details, and we will remove access to the work immediately and investigate your claim.

Rights Retention Statement:

Social stigma as a major barrier to evidence-based interventions to reduce opioid drug-related deaths: A qualitative analysis (Miller et al., 2023)*

Dr Nicole M Miller
University of West London

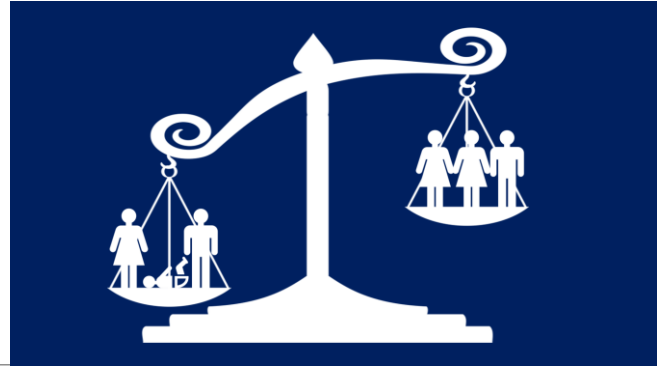
*Oral presentation for the British Psychological Society Health Psychology conference. June 2024. Stirling

Cited Paper: Miller, N.M., B, Campbell, C, Shorter, G.W. (2023). Barriers and facilitators of naloxone and safe injection facility interventions to reduce opioid drug-related deaths: A qualitative analysis. *International Journal of Drug Policy*. 117. 104049

<https://doi.org/10.1016/j.drugpo.2023.104049>

Session aims

- Prevalence of drug related deaths
- Discuss a findings from a qualitative study examining barriers and facilitators to evidence-based interventions
- Provide practical recommendations



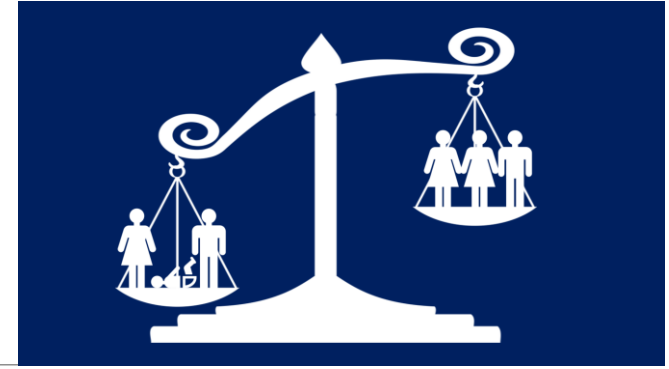
Prevalence of drug related deaths

- 600,000 global deaths were due to drug use in 2019 (World Health Organisation, 2019).
- 80% was due to opioids

United Kingdom

- 4,907 drug-related deaths in 2022 in the UK (Office for national Statistics [ONF], 2023).
- Highest record of drug related deaths in the UK since reporting began in 1993. Almost half of these deaths was due to opioids.
- 37.8 % of these deaths where people living in most deprived areas.

Prevalence of drug related deaths : Context of the Study



Northern Ireland

- 213 DRD in 2021. Opioids mentioned most often and DRD are highest in areas of high deprivation. (NISRA, 2024).

Republic of Ireland

- 409 drug related deaths in 2020. Most deaths was due to opioids.
- Half of the people who had a DRD had a history of pre-existing disorders (mental health)
- 1 and 8 were homeless, (Health Research Board, 2023).



Policy Solutions

Response to the problem:

Implement evidence-based interventions (EBI) to reduce drug related deaths

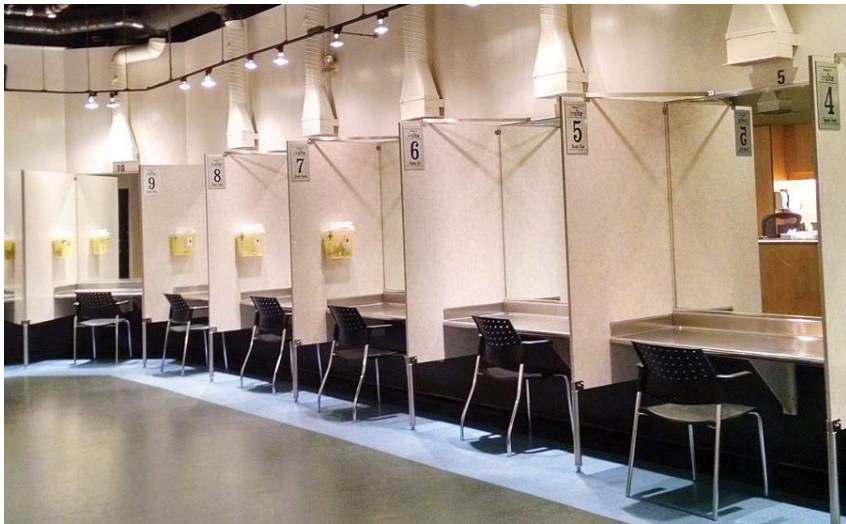
- 1) Naloxone (Northern Ireland, England, Scotland, Wales)
- 2) Naloxone + Supervised injection facility
(Republic of Ireland –Recently Scotland)

Yet, deaths are still increasing



Study aims

This study examined the **social and policy barriers and facilitators** to EBI in Northern Ireland and the Republic of Ireland.



Study Methods

Methods

- 23 one-to-one semi-structured interviews in ROI and NI with
 - Experts by experience (n=8)
 - Staff from low threshold services (n=9)
 - Individuals involved in policy making (n= 6).

Study Methods

- Coding reliability Thematic analysis (Braun & Clarke, 2019) using a deductive framework
- Data were analyzed using the **Risk environmental framework** (Rhodes, 2009)
- Systems within the environment work together to create harm or enable health
 - Physical, social, economic, policy
 - Macro and Micro level
- CORE-Q standards of reporting

Findings

Findings: Four Major themes

- Naloxone Enablers
- Naloxone Barriers
- Common barriers to Naloxone and SIF in both NI and ROI
- Environmental enablers to SIF implementation

Enablers for Naloxone

Peer to peer naloxone distribution

Increase opportunities for training: Community
Police
Emergency departments

Interagency collaboration
Abstinence programs, Harm Reduction, OST and methadone
clinics, community pharmacies

Rescheduling of naloxone- Over the counter

Uh, it's a massive thing. I mean, if we could give it out peer-to-peer it would even better, but the fact that we must go to certain places to get it." (Expert by experience 3 NI)

Enablers for Supervised Injection Facility

Enable a safe external environment:
Reduce drug litter, crime

Internal environment: Safe destigmatizing environment leaving to greater feelings of security, acceptance etc

Mobile site



“I think it would have to be a mobile. It would have to be an ambulance or something like that where people come and shoot up do their thing and leave. So it’s not set up a particular area.” (Expert by experience 3 NI)

**Stigma: Macro
environmental barrier
For naloxone and SIF**

**Delay Policy
Makers**

**Lack of political
will**

I think what must change is this idea, which is based on stigma, that like, if you deny people any safety or proper hygiene or dignity, they're going to stop using. That's like based on stigma, it's not true." (Expert by experience 4 ROI)

Stigma: Micro environmental barrier

Community:
Paramilitary intimidation
Negative attitudes

Local health sector: GP, OST
Clinics, Emergency departments

Hostel Accommodation

Policing



Someone had overdose they used naloxone, they sent for an ambulance and then they got evicted from their hostel for having naloxone and using it, um, which was quite shocking.” (Staff 5 ROI)

Proposed Solutions

Experts by experience, family, friends
and community

Multimodal
campaigns

Webinars

Murals

Town Halls
& Citizen's
Assemblies

Debunking myths
Sympathetic messaging

Recommendations

Stigma campaigns

- **People with living and lived experience** should inform the design of stigma campaigns
- Stigma programs should be **cross environmental (micro and macro)**

Practice guidelines

Stakeholder groups may want to adopt thinking systemically :

- **Stakeholder mapping sessions : Identifying, analysing, mapping and prioritizing**

Implications for Health Psychologists

Health Psychologist

- Sensitivity and care: Approaching PWUD should be done with sensitivity and exploring perhaps **how stigma may relate to diagnosis** and how they can **build on strengths**
- Question one's beliefs about PWUD



Please get in touch if you are interested in :

- Incorporating a stigma campaign in your place of work
- Collaborating on research relevant to stigma campaigns in your area



Contact:

Dr Nicole M Miller

University of West London

[Email: Nicole.miller@uwl.ac.uk](mailto:Nicole.miller@uwl.ac.uk)

Twitter: @NicoleM_Miller

**THANK
YOU!**



the british
psychological society
promoting excellence in psychology

Miller, N.M., B, Campbell, C, Shorter, G.W. (2023). Barriers and facilitators of naloxone and safe injection facility interventions to reduce opioid drug-related deaths: A qualitative analysis. *International Journal of Drug Policy*. 117. 104049 <https://doi.org/10.1016/j.drugpo.2023.104049>

References

Advisory Council on the Misuse of Drugs (2018) What are the risk factors that make people susceptible to substance use problems and harm?

Degenhardt, L., Glantz, M., Evans-Lacko, S., Sadikova, E., Sampson, N., Thornicroft, G., ... & Zaslavsky, A. M. (2017). Estimating treatment coverage for people with substance use disorders: an analysis of data from the World Mental Health Surveys. *World psychiatry*, 16(3), 299-307.

Health Research Board. (2023). Health Research Board reports latest drug-related deaths figures. (24 Jun 2023). <https://www.drugsandalcohol.ie/39036/>

Livingston, J. D. (2020a). *Structural Stigma in Health-Care Contexts for People with Mental Health and Substance Use Issues: A Literature Review* (Issue June). <https://doi.org/10.13140/RG.2.2.21168.17929>

Livingston, J. D. (2020b). *A Framework for Assessing Structural Stigma in Health-Care Contexts for People with Mental Health and Substance use Issues*. June, 1–25.

Miller, N.M., B, Campbell, C, Shorter, G.W. (2023). Barriers and facilitators of naloxone and safe injection facility interventions to reduce opioid drug-related deaths: A qualitative analysis. *International Journal of Drug Policy*. 117. 104049 <https://doi.org/10.1016/j.drugpo.2023.104049>

National Ireland Statistics and Research Agency. (2024). Drug-related and drug misuse deaths in Northern Ireland, 2022. <https://www.nisra.gov.uk/publications/drug-related-and-drug-misuse-deaths-2012-2022>

Office of National Statistics (2023). Deaths related to drug poisoning in England and Wales: 2022 Registrations. [https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2022registrations#:~:text=The%20rate%20of%20death%20relating,per%20million%20\(949%20deaths\).](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2022registrations#:~:text=The%20rate%20of%20death%20relating,per%20million%20(949%20deaths).)

Rhodes, T. (2009). Risk environments and drug harms: a social science for harm reduction approach. *International journal of drug policy*, 20(3), 193-201.

Yang, L. H., Wong, L. Y., Grivel, M. M., & Hasin, D. S. (2017). Stigma and substance use disorders: an international phenomenon. *Current opinion in psychiatry*, 30(5), 378-388.