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

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

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

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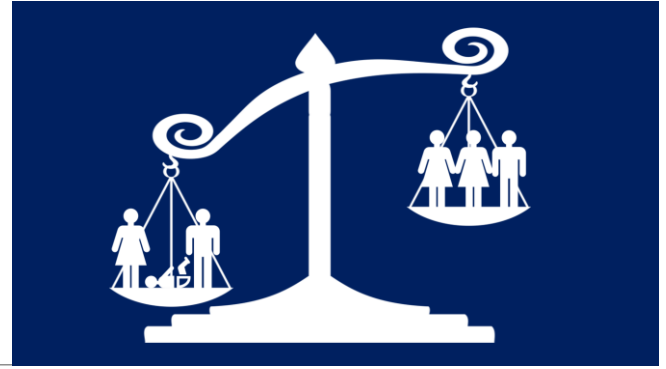
Session aims

- 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

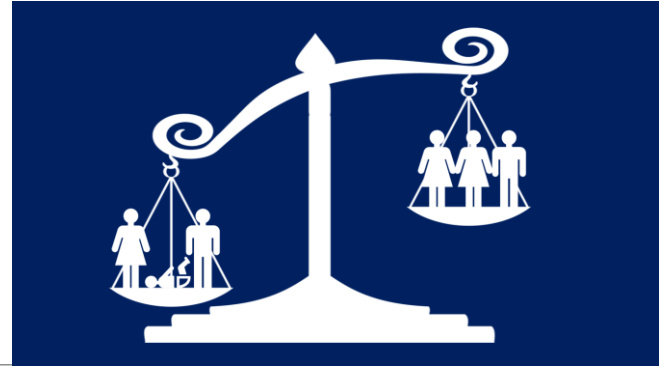


- 600,000 global deaths were due to drug use in 2019 (World Health Organisation, 2019).
- 80% was due to opioids

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

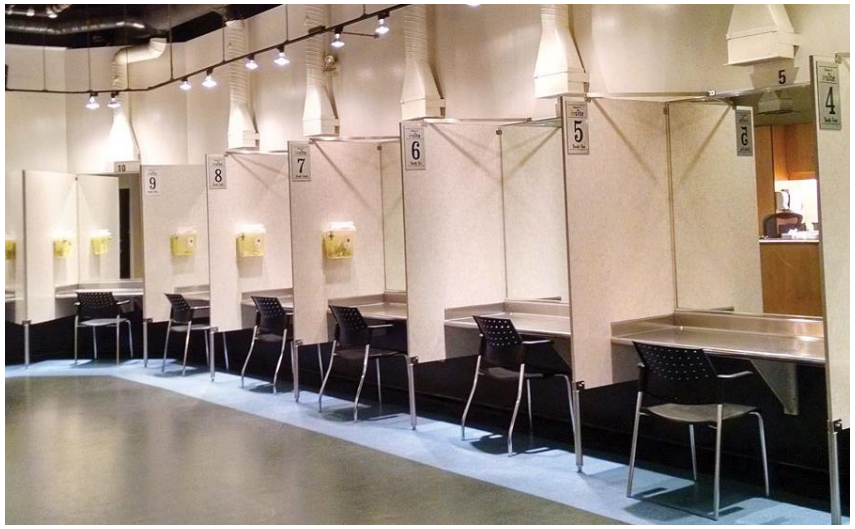


Northern Ireland

- 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

Health Inequalities: Social +Policy environment

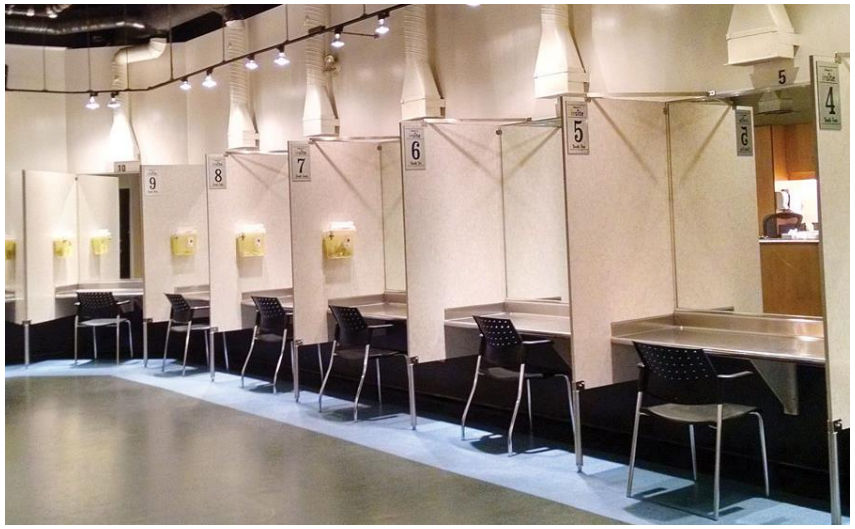
PWUD are stigmatized (Yang et al., 2017)

This stigma can manifest as health inequality (Livingston, 2020a; Livingston, 2020b):

- Denial of access to EBI
- EBI are not successfully implemented at a clinical level

Barriers to EBI of Naloxone + SIF (Antoniou et al., 2021; Bardwell, 2019; Clua-García et al., 202; Fadanelli et al.,2020; Green et al., 2009; Mclean, 2016; Urbanik & Greene, 2021 Wallace et al., 2018)

- Fear of arrest
- Policed
- Drug, community, and health care stigma



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

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)

- 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

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

Multimodal campaigns

- Webinars
- Murals
- Town Halls & Citizen's Assemblies

Experts by experience, family, friends and community

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:
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THANK YOU!

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