FLASH TRENDS

aidq
ASSOCIATION DES INTERVENANTS EN DÉPENDANCE DU QUÉBEC

STIGMA IN INTERVENTION:
LET'S BE AWARE OF IT

Written by the Association des intervenants en dépendance du Québec (AIDQ) in collaboration with the Canadian Research Initiative in Substance Misuse (CRISM — Quebec Node)

"Stigma breaks down trust, prevents communication, and leads to shame and marginalization."

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This Flash *Trends* presents real-life case studies highlighting situations where stigma associated with the use of substances may have played a role in the management of health services, thereby affecting the emotional and physical well-being of people who consume.

This tool is intended primarily for professionals in the public health sector network. It can help raise awareness in other contexts, such as public safety (justice, prison and police), education and research (high school, college and university) and community (prevention, harm reduction, treatment and reintegration).

These life stories are intented to reflect harmful behaviours and actions that contribute to stigma, discrimination, marginalization, and the emotional toll on these individuals. All of these arise because of a lack of knowledge related to substance use, prejudice, and value judgments.

From the perspective of people in distress and experiencing discrimination during these interventions in the health care system, these case studies show that there is an immediate impact on the individuals, their substance use and the services received.

This publication provides an overview of actions that could have contributed to effective care in the health service sector and to reducing short, medium and long term harm to the person using substances, as well as to their loved ones.

Topics for discussion, reflections to engage alone or with your team, and several intervention tools are also presented.

“Stigma is harmful because it creates barriers to people accessing healthcare, legal support, and vital social services. This perpetuates a harmful cycle where those who would most benefit from help cannot access it and are further marginalized in society.”

Canadian Drug Policy Coalition (CDPC), October 7, 2021

CASE STUDY #1: DETOX CENTER

After three weeks of heavy drug use when I had only eight hours of sleep, I felt such despair and discouragement that I wanted to end my life.

Following a failed suicide attempt in the middle of the night, I contacted my mother who called 911 to come rescue me. My mother didn't know how to help me anymore. She had been desperately trying to save me from my drug addiction for years.

When the police arrived, they offered to accompany me to a detox center, while notifying the center that we were on our way.

The police bought me a meal. They were kind and very helpful.

Once we arrived at the center, I found the receptionist cold and unwelcoming. Her attitude was very negative towards me.

She said that I had to wait in the lobby until the detox nurse and counsellor could meet with me.

She told the police officers that I had been admitted six months before, but I chose to leave the same day. As such, I was no longer a priority because "**I didn't really want to help myself**."

A police officer had to talk with her for at least 30 minutes until she finally agreed to admit me into detox.

She explained that I needed to wait on a wooden bench in the lobby, until my admission.

The police officers had to leave for other calls, so they kindly gave me an aluminum blanket to keep warm. I fell asleep on the bench.

Still today I'm very grateful for those agents.

Four hours later I was woken up abruptly by a loud cry "You have to wake up!"and **I was told I had to leave the premises because there was no space for me. I lost control.**

TALKING POINTS #1: DETOX CENTER

Feelings and Emotions	What Happened Afterwards	How to do it differently
• Disbelief. • Anger. • Feeling of judgment, rejection and unimportance. • Despair. • Resentment. • Great distrust.	• My anger escalated. • I called my mom – she was in disbelief and angry towards the system. • I went straight to a nearby hotel to buy drugs and started consuming again.	• Don't make promises you can't keep. • Take the time to sit together and talk. • No matter how many times a person is in need and asks for help, we need to listen, to be kind, compassionate, and respectful. We have to provide services or refer to other services.

REFLEXIONS

- Have you ever witnessed intentional or unintentional stigmatization of people who use drugs? What were your reactions? What actions would have been more appropriate? How could you avoid such reactions in the future?
- How do you feel when someone comes back recurrently and for the same reasons? How do you respond to this situation?
- In what ways could you listen and be more compassionate in your own interactions with people who use drugs?
- How would you have responded to this person's loss of control?
- How could the staff at the detox center have been more welcoming and attended to her needs?

CASE STUDY #2: HOSPITAL CARE

A few years ago, I had a daily crack and heroin habit. One day, a wound on my thumb became badly infected.

I avoided going to the hospital for weeks as my daily routine consisted in acquiring drugs and using drugs. Nevertheless, when the infection started going up my arm, I was brought to the emergency room by ambulance.

I stayed there for several weeks because I had to undergo thumb surgery to avoid amputation. I also had to have a central venous catheter installed because my veins were too damaged from injecting drugs.

During my recovery, I was kept in the detox unit for the duration of my antiviral treatment, where I received amazing services and care.

However, when I was brought to the plastic surgery department for the operation and follow-ups, the doctors quickly **labeled me** as an "**addict and junkie**".

During these procedures, I thought that the doctors were cold, unfriendly and seemed exasperated by my condition.

For example, during the surgery, I was in extreme pain and the doctor told the nurses: "he only wants pain killers to get high". When I said that I was truly in excruciating pain, he continued the procedures without worrying about my suffering. During the post-operative follow up in his office, I let out loud screams of pain. He called his nurse and said: "Get him out of my office, he'll scare my other patients!"

Still today, I have a negative view of doctors who do not specialize in treating people with addictions.

There were major inconsistencies in the care towards me as a patient, within the same hospital.

TALKING POINTS #2: HOSPITAL CARE

Feelings and Emotions	What Happened Afterwards	How to do it differently
• Humiliation. • Feeling neglected. • Anger. • Sadness.	• They sent me back to the detox department, a safe haven where the staff was warm, caring and helped me through pain management without judgment.	• Treat the individual as a person, not as an "addict or junkie". • Consider that the tolerance to pain medication for someone who uses drugs, might be higher than for someone who does not consume and adapt the treatment accordingly. • Understand that people who use drugs can feel pain and as such, have the right to have an appropriate treatment. • Listen, be compassionate, kind and respectful.

REFLEXIONS

- What language and words do you use when caring for people who use substances and when talking with your colleagues? How could you adapt it?
- How does this affect the way you treat, and interact with them? What improvements could you make?
- What are the judgments and perceptions about people who use drugs that may contribute to different treatment in care? Do you have any?
- How would you help manage the pain of someone with a substance use disorder?
- How can we ensure adequate and quality care? What actions could you take to raise awareness amongst your colleagues?

CASE STUDY 3: REHAB CENTER

I was on heroin for many years. Despite the fact that I was prescribed methadone and eventually buprenorphine, I relapsed many times and decided to go to rehab for my addiction.

Unfortunately, despite my desire to get help, the number of therapies and detox services available and my treatment with opioid agonists (OAT) were barriers. Rehab centers who welcome people on OAT are extremely scarce and only a few are licensed and have the knowledge to manage opiate withdrawal and to induce and administer OAT.

Often, I felt that the staff answering my calls were cold and unwilling to help or refer me elsewhere.

TALKING POINTS #3: REHAB CENTER

Feelings and Emotions	What Happened Afterwards	How to do it differently
• Feeling out of options. • Not knowing where to turn. • Feeling forgotten and insignificant. • Despair.	• Long waiting periods to get into the few options available. • Multiple relapses and overdoses. • Months and sometimes years passed before I was willing and able to seek care. • My family had to take care of me.	• Give access to more resources willing to admit people on OAT or with an opioid addiction. • Redirect and assist people, when they cannot be admitted. • Be kind over the phone.

TALKING POINTS AND REFLEXIONS

- In what ways could services be adapted for people on OAT or with an opioid addiction?
- How can you contribute to those changes?
- Since spaces in treatment centers with access to OAT are limited, what services or care can you refer to?
- What are the best practices to adopt in terms of telephone greeting or referrals?
- How do you show kindness when dealing with people who use drugs?

Toolbox

Blood Ties Four Directions Centre. (2018). Don 't Be An A**hole - Best Practices for Health and Social Service providers Working with People Who Use Drugs.

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CATIE: Canada's Source for HIV and Hepatitis C Information. Harm Reduction Fundamentals: A Toolkit for Service Providers.

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Équipe de soutien clinique et organisationnel en dépendance, itinérance et COVID-19. Outils cliniques et formations sur les différentes substances. (in French only)

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Madden, A., & Henderson, C. (2020). Words Matter! Language Statement & Reference Guide. International Network of People Who Use Drugs (INPUD) and Asian Network of People Who Use Drugs (ANPUD). (only in English)

Pierre, L. (November, 2019). Decolonizing Substance Use & Addiction [Video]. TED Conferences.

Radio-Canada (March 24, 2021). Découverte | Surdoses : l'autre épidémie [Vidéo]. YouTube. (automatic subtitles in English)

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Toward the Heart (N.d.). Language Matters, Create a Safer Space with Less Stigma. (in English only)

Looking for Help and Support Concerning Drug Use and Addiction? Trouve ton centre.