



## Stigma & the Opioid Crisis

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### Background

The stigmatization of people living with substance use is all too common in Canada, including within health care environments. People with lived experiences of substance use often report feeling devalued, dismissed and dehumanized by many of the health care professionals with whom they come into contact. Research with health care providers suggests that stigma can manifest in subtle and largely unintended ways. Specifically, stigma can be related to a lack of skills and confidence when working with patients with substance use issues, a lack awareness of one's own prejudices and an incomplete understanding of how important health care providers are in maintaining good health.

Health Canada has identified stigma in three areas: social, structural and self<sup>i</sup>. Social stigma pertains to negative images or labelling done by the media or towards friends and/or family members of people who use drugs. Social stigma can be present in the way in which we 'talk' about people who use substances, referring to them as 'drug abusers' for example. Structural stigma has its roots in the way in which the system interacts with people who use substances. This might include not taking them seriously when they report injury or illness (e.g. they're not really in pain, they're just seeking drugs). Self-stigma is focused around the way in which external areas of stigma become internalized by the person who uses substances. They may begin to feel that they do not 'deserve' access to care or services as a result of the outside stigma they have faced.

Understanding stigma and the lives of those impacted by negative and often damaging stereotypes is fundamental in ensuring that people who use substances achieve better health outcomes. While health providers enter their profession because they want to care for people, they are not immune to negative stereotyping. This in turn completely changes the way in which the substance user engages with health care, and those who use substances may choose to not seek care for fear of a lack of concern, empathy and even professionalism on the part of the provider. Moreover, while 'the system' tends to put expectations on the substance user to change their own patterns of behaviour, often without regard for the root cause of the substance use, there is little onus put on the providers to change the way in which they interact with a person who uses substances.

At a time of public health crisis, stigma can literally kill. If people who use substances are not comfortable seeking medical attention, feel dismissed by society in general and have internalized messages that their lives are not as valued as others, they are far less likely to interact with the services they need when they need them. In the worst-case scenario, this may mean that they die. Nursing is not immune to perpetuating stigma. The hard realities are that, like any other health provider, nurses can perpetuate stigma against those who use substances however unintentionally. That said, nursing's first principle is to provide safe, compassionate and ethical care. Nursing has the opportunity to be brave enough to acknowledge the behaviour and to take the steps necessary to dismantle it on a provider level and across the system.

### Key Messages

- People who use substances often face stigma when interacting with health care and health care providers.
- NNPBC recognizes that stigma can manifest in many different and subtle ways and that providers are not immune to stigma as a result of their own personal biases.
- It is imperative to understand the negative and potentially deadly impacts of stigma on people who use substances.



- Systemically the onus for behavioural change is often put on the substance user, without the "system" acknowledging the ways in which it may change its behaviour in dealing with people who use substances.
- Nursing's first principle is to provide safe, compassionate and ethical care.
- Nursing has an opportunity to lead the way in the area of anti-stigma by acknowledging stigma exists and working on a provider and systems level to eradicate it.

### Further Reading/Resources

- [Harm Reduction Nurses Association](#)
- [Toward the Heart](#)
- [BCCSU](#)
- [Canadian Association of People who use Drugs](#)
- [Harm Reduction Coalition](#)
- [Moms Stop the Harm](#)
- [Vancouver Area Network of Drug Users](#)
- [Government of BC- Treatment and Support](#)
- [Government of Canada- Stigma around Substance Use](#)
- [Trauma Informed Practice and Opioid Crisis](#)
- [Mental Health Commission- Stigma and the Opioid Crisis](#)

Please feel free to direct questions and additional comments to [info@nnpbc.com](mailto:info@nnpbc.com).

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<sup>i</sup> Health Canada. [Stigma Around Substance Use](#). Accessed August 2020.