



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Stigma and the Opioid Crisis



Despite the prevalence of mental illness and substance use across Canada, people who live with such experiences are often still met with stigma. Mental health- and substance use-related stigma can have profound consequences on an individual, especially when it comes from health-care providers and first responders. Such stigma is a major barrier to accessing care, treatment, and recovery and has had a particularly negative impact on those affected by the opioid crisis.

Stigma and the Opioid Crisis, a Mental Health Commission of Canada (MHCC) qualitative study, reveals a number of key findings on opioid-related stigma: its character (in the context of direct care and response),¹ impacts, sources, and promising approaches available for tackling it.

¹ Among the study's three components were key informant interviews with first responders, people with lived experience of substance and/or opioid use, policy makers, and other service providers to clarify the key issues on the front lines of the opioid crisis.



KEY FINDINGS

What opioid-related stigma looks and feels like

- Negative attitudes, judgments, and stereotypes
- Problematic use of labels and language
- Negative interactions between clients and care providers
- Shame and the internalization of addiction
- Punitive and exclusionary policies and practices

Where opioid-related stigma comes from

- Punitive views about addiction, treatment, and recovery
- The illegality of certain opioids and other drugs
- People who use opioids being seen as unworthy and undeserving
- Ambivalent stances on emergency relief
- Trauma, compassion fatigue, and burnout
- System inadequacies and gaps in services and policies

* **Social contact** reduces stigma by including the personal stories and perspectives of people with lived and living experience of substance use in education, service delivery, policy, research, and training. In the most effective interventions, personal stories and experiences are tailored to reflect and reinforce the program's main educational objectives.

What impacts opioid-related stigma has

- Affects how we conceptualize, frame, and prioritize the current crisis
- Leads to the avoidance of services and creates barriers to help-seeking
- Contributes to ongoing system mistrust, particularly among marginalized populations
- Results in a poorer quality of care and response to clients

What promising approaches exist for tackling opioid-related stigma

- Education on addiction, treatment, and recovery
- Interventions focused on building client-provider trust
- **Social contact*** as a key stigma-reduction tool
- Training in trauma-informed practice and care
- Inward-facing training to build resilience and mitigate burnout among first responders and health-care providers (i.e., training that encourages participants to self-reflect)
- Addressing system gaps and barriers



KEY RECOMMENDATIONS

1. Develop comprehensive stigma reduction and intervention strategies for direct service providers.
2. Evaluate the effectiveness of promising approaches, strategies and interventions.
3. Address the ethical dilemmas experienced by some first responders and direct service providers regarding high-recidivism clients and emergency relief measures (e.g., Narcan).
4. Increase the use of non-stigmatizing language and establish best practice guidelines for opioid-related terminology and language.
5. Prioritize attention to system-level barriers and service and treatment gaps.
6. Ensure that efforts toward prevention and prevention policies are stigma-informed.

From these findings, the MHCC created the [Opening Minds Provider Attitudes Toward Opioid Use Scale \(OM-PATOS\)](#), which first responder and health- and social-care organizations can use to measure staff attitudes and behaviours and assess the effectiveness of their opioid stigma reduction programs and initiatives.

To learn more, visit the MHCC's [Mental Health and Substance Use Health](#) page.





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