Knowledge translation of stigma and trust findings from an evaluation of harm reduction services in British Columbia, Canada
Heather Burgess,1 Charlene Burmeister,2 Katie Lacroix,2 Hugh Lampkin,2 Brian LeBlanc2, Cherin Newman2, Alissa M. Greer1,2, Erin Gibson3, Alex Scott4, and Jane A. Buxton1,2
1. School of Population & Public Health, University of British Columbia, Vancouver BC. 2. BC Centre for Disease Control, Vancouver BC. 3. Fraser Health Authority, 4. Vancouver Coastal Health Authority.

Background

Stigma, drug use, and healthcare
Experiences of stigma and discrimination among people who use drugs (PWUD) have been documented as a barrier to accessing health and social services. Stigma from healthcare practitioners (HCPs) and service providers (SPs):
- deters PWUDs from seeking health and social services
- compromises quality of care, and
- may result in suboptimal health outcomes

The Peer Engagement and Evaluation Project (PEEP)

A participatory, qualitative evaluation of harm reduction services in British Columbia, the evaluation employed a team of peer research assistants (PRAs)

"So people won’t go because they’re scared to be labeled, right?"
– Male referring to hospital services, Northern Health Authority, BC

Qualitative analysis of focus group transcripts produced four themes, one being:
1. Experience informs their professional work
2. Male referring to hospital services, Northern Health Authority, BC
3. “So people won’t go because they’re scared to be labeled, right?”

Methods

The Process: Developing the learning module

Peer engagement: Continual collaboration with PRAs

- Synthesis of qualitative data into narratives
- Ongoing consultation with PRAs
- Consultation with Provincial Harm Reduction Coordinators
- Iterative revisions of narratives

The Product: A four part learning module

1. Narrated photo series
- A slideshow of photos and a recording of a PRA narrating the photos depicts the experiences of PEEP participants
- There are 12 photo series with a variety of professionals and settings

2. Facilitated Dialogue
- Participants identify and discuss attitudes and behaviours from the photo series
- Participants discuss motivations, for, and the potential impacts of, these behaviours

3. Theatre of the Oppressed
- Participants reenact the situation shown in the photo series, substituting constructive behaviours for problematic ones
- Developed by Augusto Boal of Brazil, Theatre of the Oppressed has been used for both the collection and dissemination of data

4. Summary Slides
- Show quotations from focus groups on which narratives are based
- Suggest positive approaches that participants can consider using to reduce stigma in their workplaces and interactions

Objectives

Communicate PEEP stigma and trust findings to stakeholders

Engage stakeholders in experiential learning
Increase awareness of stigma and its inadvertent consequences
Facilitate collaborative efforts to reduce stigma PWUD

Stakeholders:
- People who use drugs
- Health Care Practitioners
- Service Providers
- Peer Research Assistants
- Public Health Leadership

Options & Opportunities

All service providers have the opportunity to:
- Treat patients with dignity and respect
- Consider the impact of their interactions on patient well-being

Methadone Providers have an opportunity to:
- Treat patients on a case-by-case basis
- Consider the impact of discontinuing methadone treatment or revoking carry privileges on illicit drug use
- Address factors contributing to imperfect treatment adherence, and support patients in accessing additional supports
- Consider alternative against treatments
Policy makers have an opportunity to:
- Engage methadone providers and patients in incorporating current evidence into practice guidelines
- Consider ways to increase access to pharmaceutical and non-pharmaceutical, evidence-based treatment

Discussion

- Stigma against PWUD results in discriminatory policies and service provision practices. It poses a barrier to PWUD accessing health, social and harm reduction services
- Meaningful involvement of people with lived experience with illicit drug use is key to developing acceptable and effective services
- Experiential learning educates service providers about caring for a population by allowing them to directly interact with that population; PWUD have identified experiential learning as necessary for reducing stigma and facilitating access to harm reduction
- The PEEP Stigma & Trust Learning Module aims to provide a basis for collaborative engagement of PWUD, service providers, and public health leaders, with the objective of reducing systemic stigma and discrimination against PWUD

Next Steps

- Knowledge exchange
- Sharing learning module with stakeholders
- Engaging participants in experiential learning
- Evaluation of module
- Development and implementation of evaluation tools

Acknowledgments

- UBC Peter Wall Institute
- PEEP Research Team
- Regional Harm Reduction Coordinators
- CIE Working Group
- VANDU volunteers
- Jon Vincent Photography
- Dr. Keith Ahamad, BCCFE