

Efficacy of training delivered to health professions to tackle stigma and discrimination of consumers of Opioid treatments

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ACKNOWLEDGMENT

I wish to acknowledge the people of the Wadawurrung Nations as Traditional Owners and Custodians on whose land we are gathered today. I pay respects to their Elders, past and present.

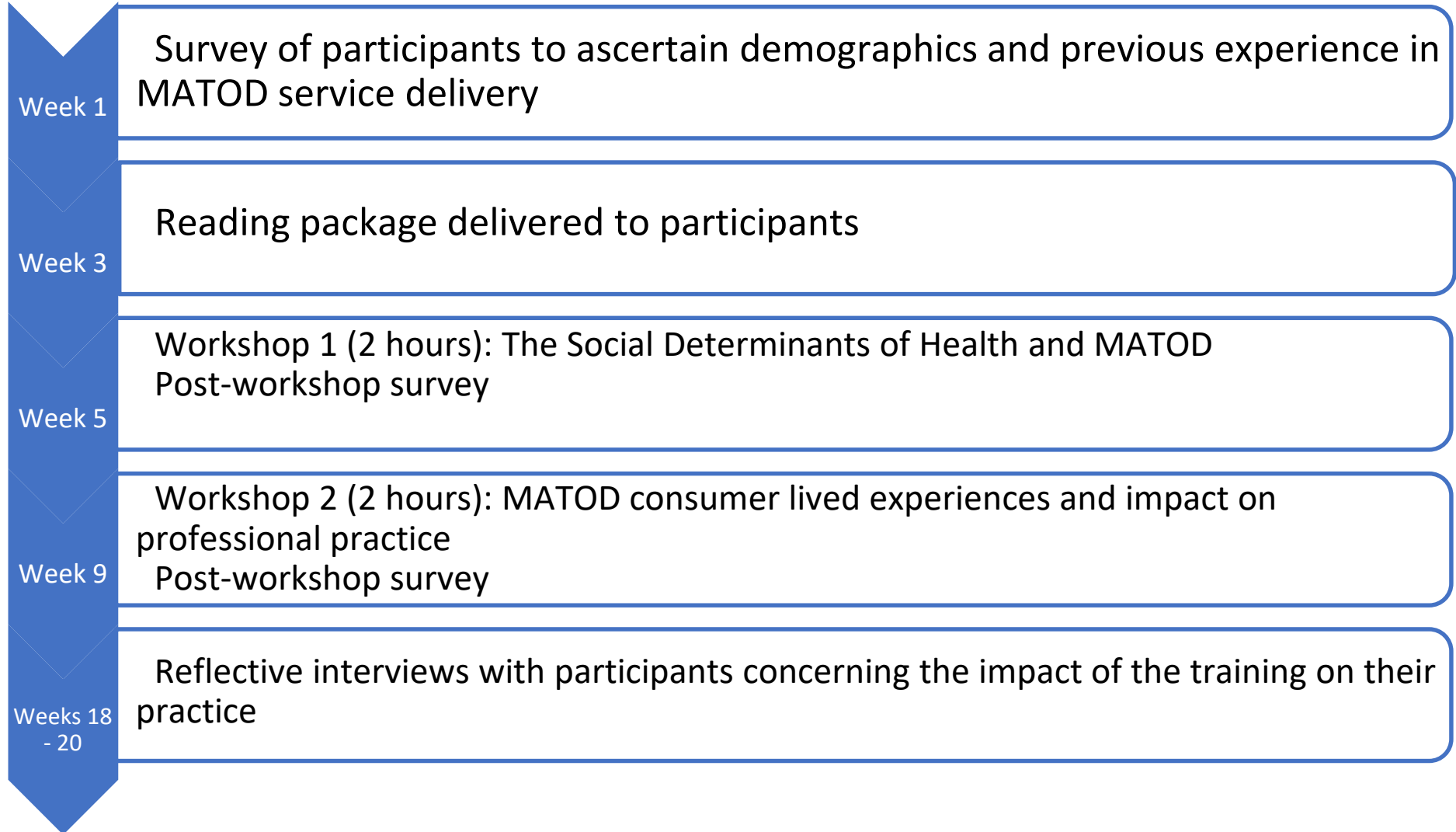
How did this project come about?

- Extension of a project on consumer experiences of Medication Assisted Treatments of Opioid Dependence treatments (MATOD) in pharmacy settings in regional Victoria.
- Consumers suggested greater education and training of AOD workforce, including General Practitioners Pharmacists, Pharmacy dispensary technicians (PDT's) and Pharmacy Assistants (PA's) to tackle stigma and discrimination.
- Address gaps in professional education on how to use social determinants of health (SDH) to elicit professional reflection and change attitudes to Opioid dependence treatments and client cohorts.

Aims of the Project

- Develop, deliver and evaluate a SDH informed professional training model for PAs and PDTs working in two regional locations in Victoria, namely Horsham and Ballarat.
- Examine and evaluate the efficacy and impact of the training model on professional practice and attitudes towards stigma and discrimination amongst PAs and PDTs working in the two locations nine weeks after delivery of the training.

Timeline of Workshops



Samples of activities used in Workshop 1 & Workshop 2

Workshop 1

Part I: The Social Determinants of Health

ACTIVITY 1

- With the people at your table, write down at least 2 different ways each of the 10 following life experiences might impact on someone's health and wellbeing:
 - Losing your job unexpectedly when you are the main income-provider for your family
 - Working in a high stress, high hour job
 - Moving to another state when your partner relocates for work
 - Living in a neighbourhood where you do not feel safe
 - Living in a different country where you do not speak the language, and very few of the people in the community you live in speak your language
 - Growing up in a society where post-school education is not valued
 - Growing up in a polluted environment
 - Growing up in a highly urban environment with little to no access to the natural world
 - Not having personal transport and living remotely
 - Living in a community which would not be supportive of your life 'choices' (e.g. being gay and living in a highly conservative community)
- Share and be prepared to discuss

Workshop 2

ACTIVITY 1

Jess is a 35 year old Indigenous woman who lives in a small regional town in Victoria. She lives with her partner. They have an 8 year old child named Fiona. The Child Protection authorities were notified by the school principal who described Jess as a 'lazy parent who doesn't usually pick up her daughter but who had looked stoned and disoriented on some recent occasions'. A Child Protection (CP) worker investigated the situation. Jess and her partner admitted to occasionally using cannabis in the last 6 months (i.e. twice). When CP workers made enquires with other authorities, such as the Police and the health clinic, they had no issues with Jess and her partner's recent and/or any previous behavior. The CP worker informed the parents that they had to conduct regular drug tests once every week if they wanted to keep their child in their care.

Jess and her partner were distressed and felt shame and fear. However, they attended the local clinic every week from the fear of their daughter being taken away from them. Jess also noticed the change of attitude of other parents when she went to school to drop off or pick up her daughter. Other parents avoided eye contact and/or barely acknowledged their presence. Jess and her family felt isolated and judged by the community.

Questions to reflect:

1. Describe how stigma plays out in the way Jess and her partner are being treated?
 2. What individual and systemic factors inform the way the School principal and the Child Protection worker think about Jess and her family?
 3. List the various stereotypes, and aspects of prejudice and discrimination at play in this case scenario from the perspective of the authorities and other members of the community.
 4. How did the parents experience stigma?
- Share your reflections with the person sitting next to you and then be prepared to discuss with the larger group.

Participant Profile

Methodology

- The original study utilised including open-ended surveys and in-depth semi-structured interviews.
- Interpretative phenomenology was used as a methodology framework to analyse the in-depth semi-structured interviews.
- In this presentation we are only reporting on in-depth qualitative interviewing methods were used.
- 2-h training workshops held in one of two locations in the Western part of regional Victoria.
- In location A, 11 participants attended both training workshops. In location B, 14 participants attended the first training workshop and 12 attended the second workshop.
- Of the 26 participants who attended both the training workshops, 10 participants agreed to do in-depth interviews approximately 8-12 weeks after the conclusion of the training.
- Six of the 10 participants had completed year 12, 4 had completed technical/vocational training. Six were PAs and 4 were PTDs.
- 6 of the 10 participants had completed some generic training but none any MATOD related training.

Sample Questions asked in the in-depth interviews

- ❖ Can you tell us about your knowledge of MATOD and consumers of MATOD; how did you learn about it?
- ❖ Can you tell us about your experience of providing service to MATOD consumers in the pharmacy setting?
- ❖ Can you tell us about your learning experience in the workshop where we talked about 'substance use' and 'social determinants of health'?
- ❖ Can you tell us about your experience of our using case studies as learning tools to address stigma and discrimination that MATOD consumers might feel in the pharmacy setting?
- ❖ Did the workshop have any impact on your work in the pharmacy service with ORT clients?

Theme 1: The professional role: “This is probably something you need to speak to the pharmacist about”

“I worked on the register but I did come face to face with a lot of the people and so I did kind of build up a rapport with some of them...”

“I don't deal with them on a personal level or on a regular basis because I'm not part of that pharmacy side tech[nical] ... thing...”

Takeaways

- Participants described having limited roles in medication dispensing and understood their role as conduits between the pharmacist and MATOD consumers.
- PAs & PDT's used engagement principles of person-centred care, rapport building, interpersonal and intuitive and informal interpersonal skills to build rapport with the consumers.

Theme 2: Initial judgements: “I know it's hard for them sometimes to walk in”

Mixed responses to working with MATOD consumers

“just normal people”,
“amazing”, and
“fantastic”.

“standoffish”,
“disruptive”, “abusive”
“rude”, and “aggressive”.

“They felt that they were being judged and they felt uncomfortable a lot of the times coming in. So, I just probably make more effort to say hello and smile and talk to them rather than what I did before...”

“[T]hose who work in the store ... have to be a bit careful to them, to keep an eye for them, these people”.

“I know it's hard for them sometimes to walk in. It's busy and they don't want to be seen by people and what not I try and get them done as quickly as possible so they're not feeling uncomfortable”.

Theme 3 SDH reflections: “You just don’t know what’s led someone there

“I’ve always been a big believer in treating the cause and not the symptoms. I guess the social determinants of health is all about that. We look at why people are the way they are, rather than just giving them a Band-Aid or a tablet to fix it. That probably explained the whole - system that was explained should be how we’re - how our health policies - how that all works, really. It doesn’t seem to be, really...”

“You’d like to think that you’re very unbiased and don’t have any prejudices at all but every now and then you get tripped up very well and you think, oh, geeze, I didn’t know I did that or thought like that. It’s brought out to play”.

“[It] was one of the case studies and it was about someone who had grown up in a broken home, or something. That kind of hit home for me because that was the same as my life growing up, I guess”.

“B]efore the training I just assumed, oh they’ve done something bad, they’ve been on drugs, that’s how they got here”.

Theme 4: Training Content considerations: “We had so many questions”

“I didn’t know, really a great deal about the social determinants of health so I found that incredibly fascinating and I’d very much like to do more study on that but of course that’s not what it was all about...”

“It was an eye opener ... I learned a lot of things ... the material was good”.

“[W]e had so many questions and not all of them could be answered· it just felt like it was something that if the course had been longer, it would have been easier to grasp”.

“[I]t’s probably something that we probably need to speak with our pharmacists as to possibly giving info into what the whole program is about”.

Theme 5: Consciousness raising “I think I’ve just got a lot more awareness for them”

“[I]t definitely made a difference on how I was to approach them or even approach them at all ... how to be kind to them, how to make them feel comfortable ... speaking quietly to them about their problems...”

“I think I’ve just got a little bit more awareness for them, how they must feel”.

“possibly felt a little bit intimidated by them before ... Think you don't know why they are in there, don't judge them. You don't know why they're there, it's none of my business...”

Discussion Points and Key takeaways

- There are systemic gaps in professional development and training of PAs and PDTs with regards to the MATOD program and MATOD consumers.
- SDH-informed training on professional practice of PAs and PDTs has the potential to tackle stigma and discrimination of MATOD consumers in the pharmacy setting.
- The training had the effect of altering understanding (and possibly) behaviours within the work environment contributing to consciousness raising.
- Critical reflection as an educational training tool has the potential to engender reflection of professional and personal value systems to successfully tackle stigma and discrimination.
- Limitations of the study relate to the sample size and the need to replicate this training program across similar demographics and across regional/rural pharmacies in Australia.

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