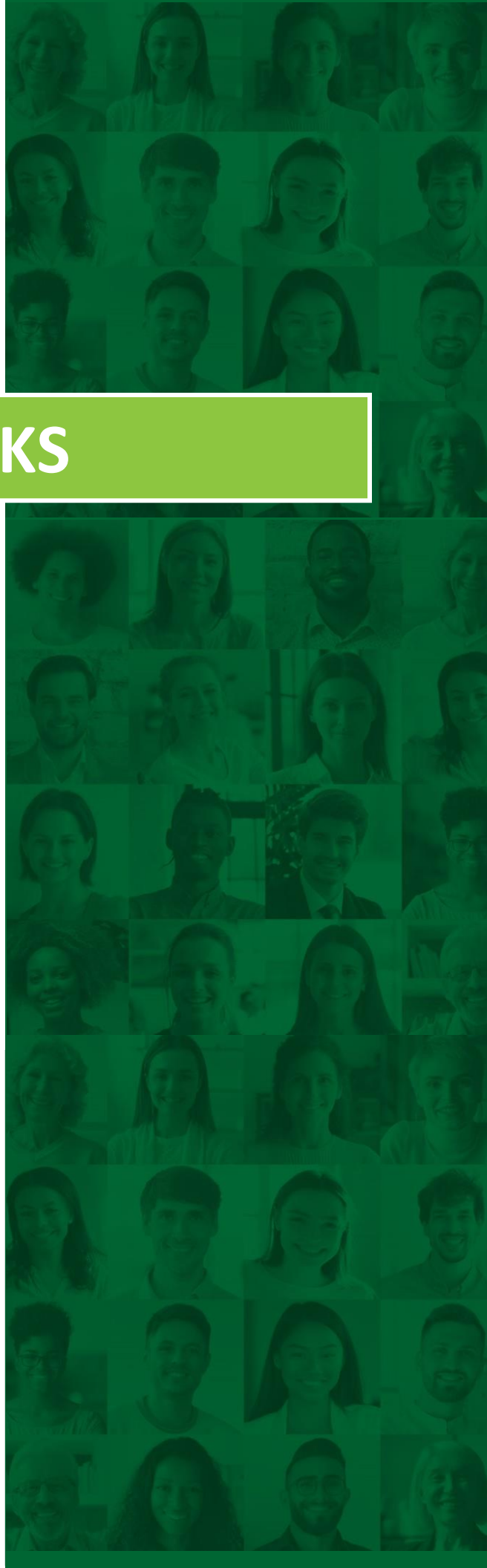
PROVINCIAL BUILDING & CONSTRUCTION TRADES COUNCIL OF ONTARIO

St. John Ambulance
SAVING LIVES
at work, home and play



TOOLBOX TALKS

Drug Stigmatization

INTRODUCTION

With widely increasing numbers of opioid poisonings across Canada, St. John Ambulance (SJA) has partnered with Ontario Building Trades (OBT) to provide opioid poisoning awareness training to support employees in the trade industry in Ontario and their families. This series of three Toolbox Talk topics supplements the instructor-led course focusing on the ecosystem of opioid addiction and managing an opioid poisoning emergency.

These Toolbox Talks are intended to be delivered as just-in-time training in a 'stand-up', informal setting to inform the OBT community on the key topics of pain management, drug stigmatization and nasal naloxone administration.

LEARNING OBJECTIVES

Objectives	After completing Toolbox Talk – Drug Stigmatization, participants will be able to: • Recognize that training and awareness is required to help combat Canada's opioid crisis and its impact on Ontario's construction industry. • List the five drivers of drug dependency. • Define stigma. • Recognize ways to overcome stigma.
Approx. facilitation time required	15 - 20 minutes
Materials/Activities	Instructor-facilitated delivery, Q&A

FACILITATION CONSIDERATIONS

Instructors should consider the following during their facilitation:

- Be aware of your own feelings and experiences about mental health, poverty, drug use and other possible factors that may pose a bias in your instruction. Sometimes this awareness can help you appreciate some participants' struggles, but sometimes it can also impede your ability to impart this type of content through a compassionate lens.
- Be aware that many of the participants may have some level of lived experience regarding this topic, so remember to be respectful of how content is delivered.
- Encourage participants to actively listen to the content delivery and perspectives of other participants. Model respect for differences in perspectives and in the pace in which people absorb the material presented. Remember to keep the training environment a safe place where everyone's opinions are valued.
- Be aware of when you might be missing or avoiding material that should be presented. When we are dealing with our own perspective and comprehension of the ecosystem of drugs, our own understanding of mental health challenges or our own entitlement and privilege from our socio-economic status, it may pose a challenge in delivering this material. If this happens, you may want to consider seeking support and reflecting while taking a break from instructing this material.

How to Use this Guide

This guide features guide icons, tips and key concept notes to help guide the instructor's training practice.

Guide Icons

The following are the icons used throughout the lesson plans to identify content delivery types and prompts.

Icon	Description
	Instructor-facilitated content
	Class discussion
	Important information
	Demonstration

Tips and Concept Notes

Tips provide suggested instructional techniques for content. Concept notes highlight the key objectives or concepts that need to be conveyed for that topic. Both tips and concept notes have been developed and implemented by the St. John Ambulance, National Curriculum Lead who developed and delivered the original iteration of the course for audiences in the social services sectors across Canada.

TOOLBOX TALK – DRUG STIGMATIZATION

Tips & Key Concepts	Instructor Script
Key Concepts: It is important to provide the overall goal of the discussion - that in order to assist in a situation where you encounter an opioid poisoning emergency, having an understanding of the ecosystem of the opioid crisis in Canada is crucial to this type of training.	**Introduction and welcome**  Welcome to this Toolbox Talk about Drug Stigmatization. This is the second in a series of three talks to support the Ontario Building Trades (OBT) opioid poisoning awareness training. With widely increasing numbers of opioid poisonings across Canada, St. John Ambulance (SJA) has partnered with Ontario Building Trades (OBT) to provide opioid poisoning awareness training to

It is also important to note in response to why participants are here is that workplace education can help to reduce employee substance use (Meister, 2018), for example by: -Informing of rights, support/treatment options, harm reduction and normalization. –Health and Safety is health and safety!	support those in the trade industry in Ontario. To supplement the two-hour instructor-led course focusing on the ecosystem of opioid addiction and managing an opioid poisoning emergency, these talks will focus on key aspects of this ecosystem including pain management, stigma and nasal naloxone administration.  Introduce yourself and briefly highlight your experience with this subject matter and other training that relates to supporting people who use drugs (PWUD) and/or health and wellness. If you have had experience with opioid poisoning emergencies, you may want to provide details and the approximate number of emergencies for which you have been on the scene.
Objective 1: Recognize that training and awareness is required to help combat Canada's opioid crisis and its impact on Ontario's construction industry	
Tip: It is important to preface the discussion with this overview of 'why' we are here today engaging in these topics.	**Canada's opioid crisis**  Did you know that the current opioid crisis has claimed more Canadian lives in some provinces than the COVID-19 pandemic? This is an extremely shocking fact and is often overshadowed by other world events covered in the media. Between January 2016 and June 2020, more than 17,000 Canadians from different demographics have died from opioid poisonings.
Key Concept: Recognize the impact of Canada's opioid crisis in the construction community.	**Opioids and the construction community**  In the recent report, *Changing Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic*, of the nearly 2,500 opioid-related deaths reported in Ontario, 30% were employed in the construction industry.
Objective 2: List the five drivers of drug dependency	
Tip: Restate the purpose of this learning objective: an understanding of systematic stigmatization will help the first aider approach the poisoning emergency from a position of compassion and understanding. ***Note**: As you will discuss in the upcoming topic *Person-First Language*, this course emulates this language throughout. For example, although the source study may use the term 'drug addiction' it is St. John Ambulance's recommendation to use the less stigmatizing term 'drug dependency'.	**Five drivers of drug dependency**  The DeNovoTreatment Centre (https://denovo.ca/) conducted a study in 2021 called the "5 Drivers of Substance Addiction/Suicide"* which lists the five key causes leading people to substance dependency and/or to suicide. **1. Work Habits and Schedule (44-49%)** • Physical pain due to the kind of work involved. • Long working hours. • Not eating property or following a healthy lifestyle. • Working in shifts which can cause irregular sleeping patterns and/or trouble falling asleep, feeling tired and low on energy. **2. Personal Relations (45-47%)** • Staying away from home and/or family for extended periods of time. • Living on the go, travelling a lot, staying in hotels and not being able to spend enough time at home.

- Inability to maintain relationships.
- Feeling isolated and cut off from family and friends. Not having anyone to talk to. Feeling of being alone or lonely.

3. Stress, Anxiety and Depression (40-41%)

- Work-related stress.
- Feeling sad, depressed or hopeless.
- Feeling anxious, restless or uneasy. In fact, people with a mental illness are twice as likely to have a substance dependency compared to the general population (Rush et al., 2008).

4. Finances (35-44%)

- Financial insecurity.
- Inability to pay bills.
- Uncertainty about the next job and/or obtaining a new job.

5. Discrimination and Abuse (24-26%)

- Includes bullying by colleagues and/or supervisors.
- On-the-job site physical, verbal or mental abuse.
- Difficulty with fitting in with colleagues.
- Being from a different racial or ethnic background (being non-white). Speaking a different language.
- Discrimination by gender (i.e., being a woman in a male dominated industry) and/or sexual orientation. Sexual harassment.

Next let's discuss about what happens when people don't have a good grasp on these concepts and how that effects the way people perceive those who are struggling with substance dependency. Let's define stigma.

Objecitve 3: Define stigma

What is stigma?

Several studies show that stigma usually arises from lack of awareness, lack of education, lack of perception and the nature and complications of the mental illness or issue. (Arboleda-Florez, 2002[5])

Stigma can be categorized into three types: 1) social, 2) self and 3) structural. It is a major barrier to wellness for those seeking and delivering treatment, and yet addiction and mental health issues are very common. Fifty percent of people experiencing a substance dependency say that being worried about what other people will think of them prevents them from seeking help (McQuaid et al., 2017.)

Stigma leads to stereotypes or labels that are unfairly placed on individuals or a group of people that strip away their individuality and their humanity. Their identities are defined by others as they are perceived to engage in a certain type of negative behaviour. That stigmatization informs how people view and treat those who fall under a particular demographic.

When these stereotypes or labels become held by a greater public population or institutions, it leads to *systematic stigmatization*. Have you ever heard the reference to someone who may have 'fallen through the cracks of the system"? Society can power that system that propagates internalized or systematic stigmatization to allow people to fall through these cracks. Often there

	are misconceptions about getting help for substance dependency or mental health issues such as a fear of losing one's job, fear of being judged and misconceptions of what help can look like. Therefore, we must challenge our personal biases of how we perceive people who are struggling. This will allow us to become more compassionate first aiders to respond to an opioid poisoning emergency.
Objective 4: Recognize ways to overcome stigma	
Key Concept: We cannot look at those around us and know who is using opioids. This is the reason why it is important to approach a poisoning emergency with open mindedness and compassion.	**Trauma *can be* the gateway drug**  People who use drugs (PWUD) come from all walks of life and the depiction of PWUD in the media and anecdotes from friends and families do not paint an accurate picture of the demographics impacted by opioids. You may have heard the phrase 'cannabis is the gateway drug", but there is another perspective of *trauma* possibly being the gateway drug. It is important to recognize that trauma is one aspect on how we view drug dependency and the people who manage dependencies. People exist outside of the dependency, that they are people, and they were people before they developed an illness, and they still will be after they have recovered. However, it must be noted that trauma does not include ALL people. Some people are led to drug dependency when they are prescribed an opioid for pain, resulting in physical dependence to the drug in which they did not expect. Other people may enjoy the occasional leisure use of opioids and do not suffer from a dependency. Regardless of whether that person has a physical dependency, or simply chooses to use opioids or other drugs occasionally in the pursuit of the experience, they are still at risk for an opioid poisoning. The way people who manage substance dependencies are portrayed in the media often depict a specific narrative of the "type" of person who would "use drugs" but in reality, we need to remember that trauma does not discriminate based on any socio-economic lines.
	Person-first language  Another way stigma is created is through the improper use of language and labeling terms. Therefore, the recognition of stigmatizing language and shifting our language is another step in enabling us to become more compassionate first aiders. Person-first language recognizes the person first rather than their illness. The use of person first language is our most inclusive and welcoming approach to speaking with our community, and in order to change the language on an institutional or systemic level we must change our language within our professional ecosystems as well as on the streets.

	For example, consider the terms 'abuser' or 'addict'. These are stigmatizing terms as they suggest that these are the permanent and whole identities of people. You can use "a person who is struggling with alcohol use", rather than "addict" or "alcoholic" which misses other important parts of a person's identity. By saying someone is an "addict", it's implied that they will always have this same behavior and that change is impossible. Another example to consider is the term 'overdose' to describe the type of emergency you are learning about today. The term overdose does not describe the whole picture and ultimately places the blame on the individual. This training identifies, and promotes, the use of the term 'poisoning' for this type of emergency. The reason being, that most people who are exposed to an opioid that leads to a medical emergency are accidentally poisoned by the substance. More often than not, people are interested in consuming a different substance and an opioid like fentanyl has been included in the recipe of their drug of choice unbeknownst to the casualty. As a result, the most appropriate description for this emergency is 'poisoning'. Stating that someone has "overconsumed" a substance places the blame on the individual and implies that they may have intended to consume this substance in such a quantity. In reality, the consumption of fentanyl is often merely accidental. There is also the reality that an opioid is a person's drug of choice and poisonings also occur in this situation as well. Nevertheless, the nature of the emergency in either case is a poisoning hence the change in our language. Overall, listening to our communities and how they self-identify is our guiding directive on how we speak to and address issues in our community. Speaking with PWUD will determine how we build rapport and how that will aid or inhibit our ability to provide solutions that include the perspective of people with lived experience.
Tip: At this time, participants may process their own trauma associated with an opioid poisoning. They may wish to ask questions or share an ancedote. Be prepared to make space for this discussion. Assure participants that although you are not able to provide advice as a professional counsellor, you are able to actively listen. Some participants may be comfortable sharing with the group or may remain after the session to discuss with you privately.	**Q&A**  **Discussion**: Welcome participants to ask questions. You can also refer them to the reactandreverse.ca website which includes a FAQ section.