

WHAT IS STIGMA?



Stigma begins with the labeling of differences and negative stereotyping of people, creating a separation between “us” and “them.” Those who are stigmatized are devalued and subjected to discrimination, which is unjust treatment. This can lead to adverse as well as inequitable social and health outcomes.

Stigma happens in institutions (e.g., health care and social service organizations), at a population level (e.g., norms and values), through interpersonal relationships (e.g., mistreatment), and internally (e.g., self-worth and value)¹.

“**Stigma** is the negative stereotype and discrimination is the behaviour that results from this negative stereotype”².

WHAT IMPACT DOES STIGMA HAVE?

- Stigma creates barriers to people accessing care. People who have been stigmatized in a health and social service setting may not feel safe accessing health care again for fear of safety or risk of being retraumatized (see *Example 1*).
- As well as creating barriers to health care, stigma can directly affect people’s health (such as depression, anxiety, etc.).
- Stigmatizing behaviours have led to death (see *Example 2*).



Example 1

Patient experience: “The doctor. . . did not know that I understood French. Right? So he says to the nurse that he’s tired of work[ing] with these type of junkie people. He wished that they did not even come to the hospital”³.



Example 2

Brian Sinclair, a 45-year-old Indigenous man, died awaiting care in a Winnipeg emergency room (ER). Brian was sent to an ER by a physician as he was presenting signs of a bladder infection that could lead to sepsis if untreated. Once in the ER, health-care workers assumed he was drunk, and he went unseen for 34 hours in the ER before he passed away.

“Honestly, they thought he was just a street person sleeping it off, they thought he was just another drunken Indian coming in to pass out,” Sinclair’s cousin says. “It’s always hidden racism”⁴.



YOUR ROLE AND STIGMA

Addressing stigma is the responsibility of a health and social care provider - principles such as promoting respect for personhood and self-determination; dignity; wellness; and doing no harm are part of codes of ethics.

Classroom activity suggestion: Have your students find examples of these in their professional code of ethics and/or professional standards!

Ensure you are not repeating or contributing to stigmatizing behaviours and attitudes that harm your patients/clients (and even coworkers), and ensure that you are promoting a culture of support and care.

DO YOUR PART TO ADDRESS STIGMATIZING ACTIONS AND BEHAVIOURS

1. **Educate yourself about substance use:** Why do people use substances and how could this change over time? What are some of the societal views and stereotypes about substance use? Understand the range and types of substance use. How do intersecting stigmas (i.e., views of gender, race, socioeconomic status, homelessness, sexual identity etc.) impact assumptions of being under the influence versus the experience of a health crisis?
2. **Identify personal bias and stigma and recognize where it comes from.** Reflect on your own position and attitudes; what you understand of substance use; your personal experiences; and how these influence your interactions with clients/patients.
3. **Be aware** of the impact of your words, actions, and body language on clients/patients as well as colleagues in relation to substance use. For example, instead of using the term “addict”, use “person who uses drugs”, or instead of “addiction,” use “substance use disorder”.
4. **Equip yourself with skills** needed to address the stigmatizing language and behaviours of others.
5. **Respect individuals** with lived and living experience with substance use as persons. Focus on building trust and relationships and creating a safe space. Ask what works for them, and focus on who they are and not the behaviour. Meet people where they are.



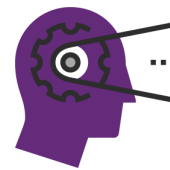
EDUCATE



IDENTIFY



BE AWARE



EQUIP



RESPECT

References

1. Public Health Agency of Canada. (2019). *Addressing stigma: Towards a more inclusive health system*. <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-toward-more-inclusive-health-system.html>
2. Canadian Mental Health Association. (n.d.). *Stigma and discrimination*. <https://ontario.cmha.ca/documents/stigma-and-discrimination/>
3. Chan Carusone, S., Guta, A., Robinson, S., Tan, D. H., Cooper, C., O’Leary, B., de Prinse, K. Cobb, G., Upshur, R., & Strike, C. (2019). “Maybe if I stop the drugs, then maybe they’d care?”—hospital care experiences of people who use drugs. *Harm Reduction Journal*, 16(16). <https://doi.org/10.1186/s12954-019-0285-7>
4. Gerster, J. (2018, September 21) *A man was ignored to death in an ER 10 years ago. It could happen again*. Global News. <https://globalnews.ca/news/4445582/brian-sinclair-health-care-racism/>



Association of Faculties
of Pharmacy of Canada
Association des facultés
de pharmacie du Canada



CASWE-ACFTS
CANADIAN ASSOCIATION FOR SOCIAL WORK EDUCATION
ASSOCIATION CANADIENNE POUR LA FORMATION EN TRAVAIL SOCIAL