

# Beyond Stigma

Strength in Connections

Facilitator Discussion Guide



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HEALTH RESEARCH LAB

# Beyond Stigma

## Strength in Connections

### Facilitator Discussion Guide

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## About this Guide

Stigma refers to negative attitudes toward a person or group of people based on their identity, characteristics, behaviours or life circumstances, such as using opioids or other drugs — or because of their use of certain medications to treat substance use. These attitudes devalue and discredit the stigmatized person or group and are often shaped by racism, classism and colonialism, reinforcing unequal power dynamics and leading to further discrimination and prejudice.

This guide is intended to help facilitate discussions about the [\*Beyond Stigma: Strength in Connections\*](#) video, the third in a [\*series of videos\*](#) about stigma and opioid use. The video was developed to highlight the stigma that may be experienced from or by the families, friends and peers of people who use opioids. The messages and learning it offers are of value to healthcare professionals, public health professionals, peer supporters and other social service providers, and people with lived/living experience of opioid use.



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## How to Use This Guide

The discussion framework presented here can support individual self-reflection or group discussions of any size. Anyone can know someone who uses opioids and/or is seeking treatment for opioid use disorder — whether they're aware of it or not. This means any organization can benefit from presenting this content during team meetings or “lunch and learn” training sessions, or by integrating it into new staff/management orientation. As the facilitator, it is recommended that you:

**1** Watch the video from start to finish together with your session's participants. It is available at: <https://subjectmatter.ca/strength> (This will take about five minutes.)



**2** Debrief fully on what you just watched. That includes reviewing the key messages and a brief overview of opioid agonist treatment (found later in this guide).

**3** Guide the participants through each of the discussion questions/activities in this guide, rewatching specific sections of the video as necessary. Timecodes for the video are as follows:

- ▶ **0:05:** Introduction to video series, including recap of previous videos.
- ▶ **0:21:** Introduction to medication-related stigma.
- ▶ **0:30:** The main character is set to start methadone treatment and feels optimistic.
- ▶ **0:48:** The main character shares their news with a friend; the stigma monster makes the friend doubt the sincerity of the main character's desire to quit using opioids.
- ▶ **1:13:** The main character goes to a recovery meeting, where the group's respective stigma monsters make group members uncomfortable. The main character is told not to discuss medication with the group.
- ▶ **2:01:** The main character calls their mother, whose stigma monster makes her worry about the safety of methadone.
- ▶ **2:40:** The main character feels discouraged and begins to question their treatment plan.
- ▶ **3:03:** A reimagining of the entire scenario, with friends, peers and family better informed and more supportive about the benefits of opioid agonist treatment.
- ▶ **4:12:** Conclusion reiterating the importance of accurate information about opioid use treatment to combat stigma.

**4** Share the resources available at the end of this guide to continue the conversation about stigma.



Keep in mind this is a learning opportunity. Reflect on how the key messages might apply to the participants' specific circumstances or organization and consider what they can do to reduce stigma. Also, be sure to ease participants into the discussion, which might include facing uncomfortable truths about their own attitudes and beliefs about drug use.

You do not need to ask every question in this guide. There may also be cases when you need to phrase certain questions in a slightly different way to better reflect the needs or realities of the session's participants. Adapt this guide as necessary according to what's best for your specific group.

## A Note About Terminology

The video uses the clinical term opioid use disorder, which is used for making medical diagnoses — but in general conversations, labelling something as a disorder may have negative connotations (e.g., it may imply there's something wrong or deviant with them), potentially reinforcing stigma. As such, this guide instead uses the terms opioid use and people who use opioids.

Remember, language has a very real impact on people. Do your part to reduce stigma by changing the way you talk about substance use and people who use substances, including speaking with kindness and compassion.



**NOTE:** This video and discussion guide are *part of a series*. Each video offers valuable insight and opportunity for reflection on its own, and participants do not need to have watched the previous videos. However, the concepts in this video build off those explored in previous videos, so participants will benefit most from working through the full series in order.

# What is Opioid Agonist Treatment?

Opioid agonist treatment (OAT) uses medications that reduce cravings and withdrawal symptoms to help people stop or decrease their use of opioid drugs, such as heroin, oxycodone and fentanyl. The most common OAT medications are methadone, buprenorphine/naloxone (Suboxone®) and slow-release oral morphine (Kadian®). While each of these medications works in the body in a different way, they are all longer acting than the short-acting opioids someone may be using. Because of their long-acting effects, they prevent withdrawal for up to 36 hours, usually without the person getting high. This helps stabilize people enough that they can focus on other aspects of their lives, including work, relationships and counselling. People interested in OAT should consult with their doctor or nurse practitioner to determine which medication is the best choice for their unique circumstances and needs.

OAT is a more effective and safer option than abstinence-based strategies. When a person stops using opioids without the stabilizing effects of OAT, withdrawal symptoms can be severe and lead to medical complications. The person can also lose their tolerance to opioids extremely quickly. If they then use opioids again at the dose they were previously used to, there is a significant risk of overdose and death.

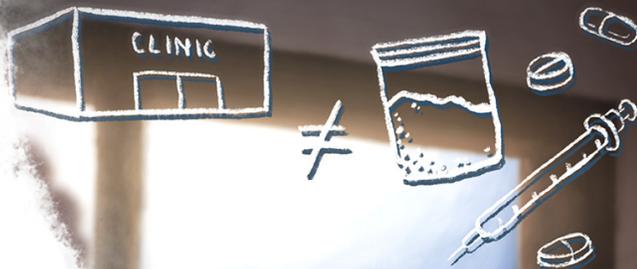


While OAT combined with individual or group counselling is among the most effective treatments for opioid use, there are also other harm reduction options depending on a person's goals and circumstances. For example, safer supply can be a way to reduce harm and decrease the risk of death caused by using opioids contaminated with other unknown substances. It is also worth noting that some people who engage in OAT continue to also use other opioids. In such circumstances, OAT still offers benefits including lower risk of death.

See the additional resources at the end of this guide for more information on OAT.



# Key Messages



1

## OAT is not a “replacement” for other opioids

OAT medications help reduce cravings and withdrawal symptoms without causing the same risk of harm (impairment, overdose, death) as other opioids. Taking OAT medications does not usually result in a person getting high — the medication stabilizes symptoms rather than producing euphoria. This allows people who use opioids to transition to a safer, more reliable and more stable form of symptom management. In turn, this enhances their health and social functioning, and reduces the chance of death and other harms. For those who have had to engage in risky activities to obtain drugs, OAT can also decrease this need.

2

## The treatment of opioid use differs from the treatment of other substance use

Many substance use treatment programs prioritize abstinence — sometimes because there may not be effective medication-based treatments for these other substances. However, abstinence alone is often not an effective option for opioid use, as it can have severe health impacts and may increase the risk of overdose if someone uses opioids again after their tolerance has decreased. While OAT medications are still opioid drugs, they are specifically designed to help people wean off more harmful opioids gradually with fewer intense withdrawal symptoms that may cause them to use again. For these reasons, OAT is often a safer, more effective treatment option for opioid use, and has been shown to provide substantial benefits and save lives.

3

## OAT is not the only step in a person’s road to recovery

OAT can provide the stability people living with opioid use disorder need to break out of the cycle of intoxication and withdrawal. OAT medications are long-acting forms of opioids, so they decrease cravings over a longer period and reduce the threat of withdrawal symptoms. This enables a person to concentrate on making positive life changes. Combining OAT with other social and behavioural supports provides a comprehensive approach to recovery by addressing both the psychological factors (e.g., self-esteem, beliefs, coping skills) and social factors (e.g., family circumstances, school/work, relationships with peers) that affect opioid use.



4

### Opioid use carries significant risks, including death

The social stigma surrounding opioid use can make it challenging to discuss, while structural stigma can make it difficult to access proper support. However, it is important to understand that opioid use carries significant risk, including death. These risks may be especially pronounced when opioids are acquired from illegal sources, which are not subject to any regulations or quality control, and are often contaminated with unknown and more harmful substances. Seeking appropriate treatment and social support from family and friends can help promote the health and well-being of a person living with opioid use.

5

### Success may look different depending on where a person is on their journey to recovery

A person who uses opioids may face challenges that may not be as apparent to family and friends, and their success milestones may not be what others expect. For example, not buying on the street or switching from injections to oral use may be major milestones for a person in treatment, even if they seem minor to someone without knowledge of opioid use. Friends and family members should try to connect with loved ones where they are in their journey to well-being and avoid imposing expectations about what that journey should look like (e.g., stopping opioid use completely, going back to school or work). Showing understanding and acknowledging successes as a person engages in treatment can empower them and help them achieve the goals they set for themselves.

6

### Empathy, understanding and compassion (including self-compassion) are critical to recovery

When supporting a person who uses opioids, it is vital to approach the situation with empathy, compassion and understanding, as these attitudes can help break down the stigma surrounding opioid use. This can encourage open communication and nurture an environment that is conducive to recovery and healing. For those who use opioids, practising self-compassion can help them avoid blaming or punishing themselves for their condition or any perceived setbacks on their journey to well-being.

7

### Friends and families need support to give support

Friends and families of people who use opioids often need support for themselves (such as assistance with loss and trauma) to best support a loved one. They should also be familiar with the resources and treatments available to help friends and family members who use opioids (such as OAT and naloxone kits) and where to get those resources. Naloxone kits, for example, can be obtained at participating community agencies, public health units and pharmacies.



# Discussion Questions and Activities

You may wish to recreate these activities in a game-based online learning platform or interactive presentation software ([Kahoot!](#) and [Mentimeter](#) are just two examples) to allow people to input their answers online or to facilitate remote training session. See the [Appendices \(pg. 13\)](#) for definitions of key terms, as well as the answer key and general responses that can help prompt further discussion.

## ACTIVITY A Reflecting on the video

Start by having participants reflect on their current thoughts, attitudes and knowledge about OAT.

- 1 Show the following terms on a screen. Ask participants what comes to mind when they see each one:



Methadone      Harm reduction      Safer supply

Buprenorphine/  
naloxone (Suboxone®)      Opioid agonist  
treatment (OAT)      Slow-release oral  
morphine (Kadian®)      Abstinence-based  
treatment

- 2 Consider the following statements about OAT from the video, and discuss the follow-up questions with participants:

- *OAT helps reduce cravings*
- *OAT reduces the risk of death related to opioid use*
- *OAT is just trading one drug for another*
- *OAT isn't real recovery*

**a** Which of these statements are true? Which are false?

FACILITATOR NOTES:  
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\_\_\_\_\_  
\_\_\_\_\_

**b** Have you encountered any other misconceptions about OAT?

FACILITATOR NOTES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**c** How do these misconceptions contribute to stigma?

FACILITATOR NOTES:  
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\_\_\_\_\_  
\_\_\_\_\_

Next, take a deeper look at the effects of stigma. Discuss with participants:

- 3** *What are some examples from the video of comments or actions that might be well-intentioned but could actually increase stigma and harm? Can you think of others?*

FACILITATOR NOTES:

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- 4** Discuss these follow-up questions either as a single group or in smaller breakout groups. Select all or any of the questions based on who is in your group. See the appendix for general answers you can use to prompt further discussion with the participants.

PEOPLE WITH LIVED EXPERIENCE

- a** *What stigmatizing comments or actions have you heard or seen? How did they make you feel? What could the people behind them have done differently?*

FACILITATOR NOTES:

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FRIENDS AND FAMILY

- b** *What stigmatizing comments or actions have you heard or seen? How did they make you feel? What could the people behind them have done differently?*

FACILITATOR NOTES:

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- c** *Can you think of anything you've done or said that might have felt stigmatizing to your loved one or others with lived experience? What would you do differently if you could?*

FACILITATOR NOTES:

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HEALTHCARE PROFESSIONALS

- d** *Reflect on your own work. Can you think of any times your words or actions may have increased stigma, even if you meant well? What could you do differently next time?*

FACILITATOR NOTES:

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HEALTHCARE ADMINISTRATORS / PUBLIC HEALTH PROFESSIONALS

- e** *Reflect on your own sphere of influence. Can you think of any policies, procedures or structural practices intended to benefit people with lived experience that could actually be stigmatizing? What kind of policy or structural changes could reduce stigma?*

FACILITATOR NOTES:

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**5** How did the other characters' comments in the first part of the video contribute to the main character's self stigma? What further effects could that self stigma have on the main character's health and well-being? See the discussion guide for [Beyond Stigma: Treating Pain in Opioid Use Disorder](#) for definitions of the three kinds of stigma, including self stigma.

FACILITATOR NOTES:

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**6** In the video, the main character wasn't the only one with a stigma monster. What did you notice about the other characters' stigma monsters? What does this tell you about stigma?

FACILITATOR NOTES:

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**7** How were the reactions to the main character different in the second part of the video? How did those reactions change the main character's experience?

FACILITATOR NOTES:

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**8** Can you think of other ways friends, family and peers can be supportive instead of stigmatizing?

FACILITATOR NOTES:

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ACTIVITY B

**Further discussion**

The following open-ended questions are based on the key messages rather than specifically on the content of the video. They are intended to engage participants in the practical side of treating opioid use.

**1** What role do friends and family play in supporting opioid use treatment? How can their actions help or hinder a person's recovery?

FACILITATOR NOTES:

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2 Discuss the questions below based on who is in your group.

FRIENDS, PEERS, AND FAMILY

a *Supporting a loved one who is trying to recover from substance use can be challenging. If you had a friend, peer, or family member engaging in OAT member engaging in OAT, what would help you be as supportive as possible?*

FACILITATOR NOTES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR SERVICE PROVIDERS:

b *What can you do to encourage and support friends and family members to be actively involved in a person's recovery?*

FACILITATOR NOTES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 *What are some of the key differences between OAT and continuing to use opioids?*

FACILITATOR NOTES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 *What are some ways treatment for opioid use (including OAT) differs from treatment for other substance use?*

FACILITATOR NOTES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5 *What are some other treatments or supports that are known to work well in combination with OAT?*

FACILITATOR NOTES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6 *What comes to your mind when you think of success in terms of opioid use treatment? Does it look the same for everyone? How else might success be defined?*

FACILITATOR NOTES:  
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\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** You may wish to create a word cloud to illustrate the common responses provided by participants.



# Additional References and Resources

## Opioid use and treatment

- 1 Opioid Agonist Therapy: Information for Clients – Centre for Addiction and Mental Health**  
An overview of what OAT is and how it works.
- 2 Opioid Agonist Treatment – BC Mental Health and Substance Use Services**  
A brief introduction to OAT and how it supports opioid use recovery.
- 3 Canadian Opioid Use Disorder Guideline – Centre for Addiction and Mental Health**  
An overview of existing provincial and national guidelines for treating opioid use.
- 4 PEER Simplified Guideline: Managing Opioid Use Disorder in Primary Care – Alberta College of Family Physicians**  
A decision-support tool offering practical recommendations for treating opioid use in primary care.
- 5 Questions About Medication for Opioid Use Disorder and the Answers That May Surprise You**  
A booklet for people thinking about starting OAT that includes an overview of medication options and a patient story.

## Personal stories

- 6 Kimmapiiyipitssini: The Meaning of Empathy – National Film Board of Canada**  
A documentary by Elle-Máijá Tailfeathers about the impacts of substance use and harm reduction efforts on the Kainai First Nation.
- 7 Stigma Gallery – Health Canada Experiences**  
A collection of audio, video and written stories about people's experiences with stigma related to substance use.
- 8 Crossroads to Compassion – Canadian Centre on Substance Use and Addiction**  
An interactive story presenting an overdose scenario, supported by podcasts and other resources.

## Supports and resources

- 9 Mental Health and Substance Use Support – Wellness Together Canada**  
A website offering free mental health and substance use health supports and resources.
- 10 Concurrent Substance Use and Mental Health Disorders: An Information Guide – Centre for Addiction and Mental Health**  
A guide to concurrent disorders intended to support those with concurrent mental health and substance use health diagnoses and their families.
- 11 Stigma: Why Words Matter – Health Canada**  
A brief primer on stigma, its effects and how to reduce it.



## Appendix: Key Terms

<b>Abstinence-based treatment</b>	A treatment model that requires participants to completely stop using all substances.
<b>Buprenorphine</b>	A long-acting opioid drug commonly used to replace addictive shorter-acting opioid drugs. Its effects typically last 24 to 36 hours.
<b>Euphoria</b>	A feeling of intense happiness, also referred to as the “high” produced by opioids and other psychoactive substances.
<b>Harm reduction</b>	An approach to substance use health that seeks to reduce the risks and harms associated with substance use without requiring abstinence.
<b>Kadian®</b>	A commonly used brand of slow-release oral morphine.
<b>Methadone</b>	A long-acting opioid drug commonly used to replace addictive shorter-acting opioid drugs. Its effects typically last 24 to 36 hours.
<b>Naloxone</b>	A medication designed to rapidly reverse an opioid overdose.
<b>Opioid agonist treatment (OAT)</b>	A treatment model that uses long-acting medications to reduce cravings and withdrawal symptoms to help people stop or decrease their use of shorter-acting opioids, such as heroin, oxycodone and fentanyl.
<b>Safer supply</b>	The practice of providing safer alternatives to potentially toxic drugs purchased from the illegal market.
<b>Slow-release oral morphine</b>	A morphine sulfate drug used to treat chronic pain. It may also be used in an opioid agonist treatment plan.
<b>Suboxone®</b>	A commonly used brand of buprenorphine combined with naloxone.
<b>Substance use health</b>	A philosophy that supports all individuals on the substance use spectrum and offers a full continuum of care and lifelong support that does not presume illness.

# Appendix: Discussion Considerations



## ACTIVITY A

### Reflecting on the video

- 1 Show the following terms on a screen. Ask participants what comes to mind when they see each one:

Methadone

Harm reduction

Safer supply

Buprenorphine/  
naloxone (Suboxone®)

Opioid agonist  
treatment (OAT)

Slow-release oral  
morphine (Kadian®)

Abstinence-based  
treatment

Participants may suggest a variety of words in response to these terms, which may include stigmatizing language (e.g., addict, clean, drug abuse, drug habit, junkie) and non-stigmatizing language (e.g., opioid use, person who uses opioids, person in recovery, person with lived or living experience of opioid use, person with a history of opioid use). Encourage participants to think about how these words make them feel and the effects they might have on people with lived or living experience of opioid use.

- 2 Consider the following statements about OAT from the video, and discuss the follow-up questions with participants:

- a Which of these statements are true? Which are false?

- **OAT helps reduce cravings.** TRUE  
OAT medications are longer-acting than other opioids, so they can keep cravings and withdrawal at bay for 24-36 hours.
- **OAT is just trading one drug for another.** FALSE  
Opioid use is a health issue. Just as taking medication for any other condition is not the same thing as substance use, taking OAT medications is not just another form of substance use. It is possible for some people to experience a high from using OAT medications. But in general these medications do not cause the highs or euphoria produced by shorter-acting opioids.
- **OAT reduces the risk of death related to opioid use.** TRUE  
OAT reduces the risk of overdose and other issues related to drug toxicity, including death.
- **OAT isn't real recovery.** FALSE  
Taking medication is a critical element of recovery for many health conditions, including opioid use.

**b** *Have you encountered any other misconceptions about OAT?*

Examples include: People often misuse OAT medications; it's just as easy to get addicted to OAT medications as to short-acting opioids; OAT only counts as treatment if it's done in combination with counselling; OAT medications should only be taken for a short period of time; abstinence is a more effective treatment for opioid use; OAT is not evidence-based.

**c** *How do these misconceptions contribute to stigma?*

Many of these misconceptions are based on a belief that there is little difference between using opioids and taking OAT medication, which implies that people taking OAT medications are not serious about their recovery. They may also lead to someone second-guessing their treatment decisions, which could have a negative effect on their recovery.

**3** *What are some examples from the video of comments or actions that might be well-intentioned but could actually increase stigma and harm? Can you think of others?*

Examples include: The friend expressing skepticism about OAT; the support group facilitator stating that discussion of medication is not allowed; the mother expressing her worries about the treatment.

**4** *Discuss these follow-up questions either as a single group or in smaller breakout groups. Select all or any of the questions based on who is in your group. See the appendix for general answers you can use to prompt further discussion with the participants.*

#### PEOPLE WITH LIVED EXPERIENCE

**a** *What stigmatizing comments or actions have you heard or seen? How did they make you feel? What could the people behind them have done differently?*

#### ANSWERS:

**Examples of stigmatizing comments include: Framing opioid use as a choice; making moral judgments; dismissing a person's treatment efforts; expressing frustration with setbacks.**

#### FRIENDS AND FAMILY

**b** *What stigmatizing comments or actions have you heard or seen? How did they make you feel? What could the people behind them have done differently?*

**c** *Can you think of anything you've done or said that might have felt stigmatizing to your loved one or others with lived experience? What would you do differently if you could?*

#### HEALTHCARE PROFESSIONALS

**d** *Reflect on your own work. Can you think of any times your words or actions may have increased stigma, even if you meant well? What could you do differently next time?*

#### ANSWERS:

**Examples of stigmatizing actions include: Limiting opioids; requiring abstinence from opioids; non-discretionary urine tests.**



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ANSWERS:

**e** *Reflect on your own sphere of influence. Can you think of any policies, procedures or structural practices intended to benefit people with lived experience that could actually be stigmatizing? What kind of policy or structural changes could reduce stigma?*

**Examples of stigmatizing structural practices include: Sending people to different parts of the healthcare system to get their various needs met; policies that limit opioids for pain management for those with lived or living experience of opioid use; requiring abstinence from opioids to access other healthcare (e.g., mental health services).**

**5** *How did the other characters' comments in the first part of the video contribute to the main character's self stigma? What further effects could that self stigma have on the main character's health and well-being? See the discussion guide for [Beyond Stigma: Treating Pain in Opioid Use Disorder](#) for definitions of the three kinds of stigma, including self stigma.*

Examples include: The main character started to doubt their treatment choices; they wondered if others were right and they weren't really taking their recovery seriously.

This could make the main character feel isolated, or choose not to follow the treatment plan. This could lead to the main character using opioids again, with all associated risks.

**6** *In the video, the main character wasn't the only one with a stigma monster. What did you notice about the other characters' stigma monsters? What does this tell you about stigma?*

Examples include: Everyone had a stigma monster; the monsters were all different sizes: comments made to the main character affected the sizes of other people's monsters.

Examples of what this means could include: Stigma affects everyone differently; someone's stigma can be affected by actions or words directed to someone else; stigma can be related to all kinds of life circumstances; family and friends can experience stigma (including self stigma), too.

**7** *How were the reactions to the main character different in the second part of the video? How did those reactions change the main character's experience?*

Examples include: The friend expressed interest in trying OAT themselves; the support group facilitator congratulated the main character on making a positive health decision; the mother expressed support and excitement.

Examples of effects on the main character's experience include: Their choice was reinforced; they felt supported, they felt hopeful.

**8** *Can you think of other ways friends, family and peers can be supportive instead of stigmatizing?*

Examples include: Offering to take someone to their OAT appointments; listening without judgement when someone wants to talk about their experiences; celebrating their recovery milestones; challenging harmful or stigmatizing behaviours when you witness them.





ACTIVITY B

## Further discussion

- 1** *What role do friends and family play in supporting opioid use treatment? How can their actions help or hinder a person's recovery?*

Examples include: People tend to spend a lot of time with and be heavily influenced by their friends and family, so the behaviours and attitudes of friends and family can make a big difference. Supportive behaviours can make a person feel understood and may make them more hopeful and likely to complete treatment as planned. Unsupportive behaviours may lead someone to feel discouraged, hide their opioid use or not reach out when they need extra support.

- 2** Discuss the questions below based on who is in your group.

### FRIENDS, PEERS, AND FAMILY

- a** *Supporting a loved one who is trying to recover from substance use can be challenging. If you had a friend, peer, or family member engaging in OAT member engaging in OAT, what would help you be as supportive as possible?*

ANSWERS:

**Examples include:** Accessible, easy-to-understand information about opioid use, OAT and how to support someone who uses substances; access to counselling, peer support or someone else to talk to; training on the use of naloxone.

### FOR SERVICE PROVIDERS:

- b** *What can you do to encourage and support friends and family members to be actively involved in a person's recovery?*

ANSWERS:

**Examples include:** Offer workshops or information sessions targeted to friends and family members; include them in a session with the person in recovery (with that person's consent); provide information; be available to answer their questions; refer them to organizations that offer support for families (such as Families for Addiction Recovery).

- 3** *What are some of the key differences between OAT and continuing to use opioids?*

Examples include: OAT is longer-acting, reducing withdrawal symptoms for up to 36 hours; OAT does not produce the same kind of high or euphoria; OAT significantly reduces the risk of drug poisoning, overdose and death.

- 4** *What are some ways treatment for opioid use (including OAT) differs from treatment for other substance use?*

Examples include: The risk of overdose (including fatal overdose) is higher with abstinence-based approaches to opioid use recovery because of lowered tolerance; medications like opioid agonists are not available for other substances.

- 5** *What are some other treatments or supports that are known to work well in combination with OAT?*

Examples include: Environments free of stigma (including home, work and healthcare settings); stable employment; housing; transportation; peer support.

- 6** *What comes to your mind when you think of success in terms of opioid use treatment? Does it look the same for everyone? How else might success be defined?*

Examples include: No longer using opioids; starting OAT; using only opioids from a safer supply; switching from injections to other forms of opioids; reducing opioid use; getting a job/apartment/etc.; mending personal relationships.



# Appendix: Participant Discussion Sheets



ACTIVITY A

## Reflecting on the video

pg. 1 in participant booklet

**1** What comes to mind when you see following terms:

Methadone

Harm reduction

Safer supply

Buprenorphine/  
naloxone (Suboxone®)

Opioid agonist  
treatment (OAT)

Slow-release oral  
morphine (Kadian®)

Abstinence-based  
treatment

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**2** Consider the following statements about OAT from the video, and answer the follow-up questions:

- *OAT helps reduce cravings*
- *OAT reduces the risk of death related to opioid use*
- *OAT is just trading one drug for another*
- *OAT isn't real recovery*

**a** Which of these statements are true? Which are false?

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**b** Have you encountered any other misconceptions about OAT?

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**c** How do these misconceptions contribute to stigma?

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**3** What are some examples from the video of comments or actions that might be well-intentioned but could actually increase stigma and harm? Can you think of others?

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**4** Discuss these follow-up questions as instructed by your facilitator.

PEOPLE WITH LIVED EXPERIENCE

**a** What stigmatizing comments or actions have you heard or seen? How did they make you feel? What could the people behind them have done differently?

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FRIENDS AND FAMILY

**b** What stigmatizing comments or actions have you heard or seen? How did they make you feel? What could the people behind them have done differently?

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**c** Can you think of anything you've done or said that might have felt stigmatizing to your loved one or others with lived experience? What would you do differently if you could?

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HEALTHCARE PROFESSIONALS

**d** Reflect on your own work. Can you think of any times your words or actions may have increased stigma, even if you meant well? What could you do differently next time?

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HEALTHCARE ADMINISTRATORS / PUBLIC HEALTH PROFESSIONALS

**e** Reflect on your own sphere of influence. Can you think of any policies, procedures or structural practices intended to benefit people with lived experience that could actually be stigmatizing? What kind of policy or structural changes could reduce stigma?

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**5** How did the other characters' comments in the first part of the video contribute to the main character's self stigma? What further effects could that self stigma have on the main character's health and well-being? See the discussion guide for ***Beyond Stigma: Treating Pain in Opioid Use Disorder*** for definitions of the three kinds of stigma, including self stigma.

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**6** In the video, the main character wasn't the only one with a stigma monster. What did you notice about the other characters' stigma monsters? What does this tell you about stigma?

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**7** How were the reactions to the main character different in the second part of the video? How did those reactions change the main character's experience?

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**8** Can you think of other ways friends, family and peers can be supportive instead of stigmatizing?

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ACTIVITY B

**Further discussion**

pg. 4 in participant booklet

- 1** What role do friends and family play in supporting opioid use treatment? How can their actions help or hinder a person’s recovery?

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- 2** Discuss these follow-up questions as instructed by your facilitator.

FRIENDS, PEERS, AND FAMILY

- a** Supporting a loved one who is trying to recover from substance use can be challenging. If you had a friend, peer, or family member engaging in OAT member engaging in OAT, what would help you be as supportive as possible?

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FOR SERVICE PROVIDERS:

- b** What can you do to encourage and support friends and family members to be actively involved in a person’s recovery?

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- 3** What are some of the key differences between OAT and continuing to use opioids?

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**4** What are some ways treatment for opioid use (including OAT) differs from treatment for other substance use?

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**5** What are some other treatments or supports that are known to work well in combination with OAT?

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**6** What comes to your mind when you think of success in terms of opioid use treatment? Does it look the same for everyone? How else might success be defined?

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