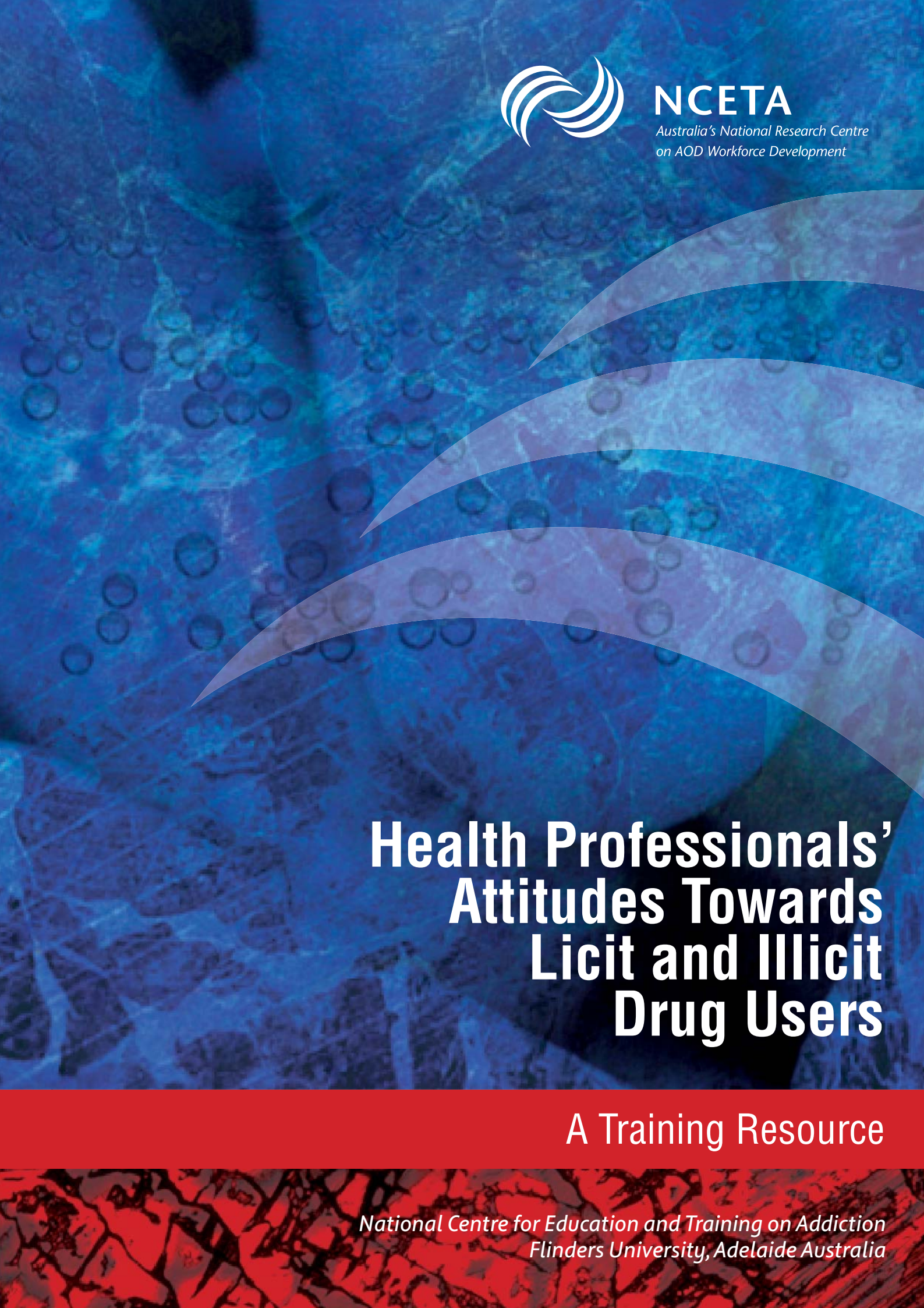

NCETA
Australia's National Research Centre on AOD Workforce Development

Health Professionals' Attitudes Towards Licit and Illicit Drug Users

A Training Resource

National Centre for Education and Training on Addiction
Flinders University, Adelaide Australia

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Introduction to the Training Resource

Stigma and Deservingness

The National Centre for Education and Training on Addiction (NCETA) has a brief to improve the manor in which health and human service providers address alcohol- and other drug-related issues. It is increasingly recognised that a major barrier to receipt of optimal clinical care by clients with alcohol- and drug-related problems is the stigma attached to these behaviours and any associated problems. The stigmatised nature of this area of work is reflected in views about the deservingness of clients for high quality and timely care. Yet, inspite of the common understanding of the pervasive nature of stigma in relation to Alcohol and Other Drug (AOD) matters, relatively little systematic effort has been directed to addressing this pivotal issue.

NCETA has undertaken a number of small projects to help raise awareness of the negative impact of adverse attitudes and the stigmatised nature of this field. These projects have included professional meetings on inequalities and addiction, the most recent of which was held in Adelaide in September 2006, conducting research examining the impact of attitudes of staff on service provision and clinical care, and developing resources, such as the one provided here, to assist workers and trainers to enhance AOD-related attitudes held by general health and human service providers.

This project was initiated and managed by Dr Natalie Skinner. The project team involved were Natalie Skinner, Toby Freeman and Ann Roche, and valuable input was received from a large number of key workers in the field. This document was produced with support from the Australian Government Department of Health and Ageing.

Further information about this area of NCETA's work can be obtained by contacting the Centre on 08 8201 7535, and related materials can be accessed from the NCETA website www.nceta.flinders.edu.au

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September 2006

Overview of the Resource Materials

This resource is designed for educators and trainers who address alcohol- or drug-related issues in their course curriculum or training programs. The materials in this resource are focused on people's attitudes towards alcohol and other drug use. The activities within this resource package are designed to encourage health professionals to explore and evaluate their attitudes towards drug users – particularly perceptions about a client's or patient's deservingness of medical care.

This resource contains teaching materials, activities and measurement tools that are designed to provide a template for educators and trainers which can be adapted to suit the circumstances of a particular training course or group of trainees.

This resource is based on research exploring nurses' attitudes towards individuals who use heroin, amphetamines, are heavy smokers or who display high risk patterns of alcohol consumption.

The kit is primarily designed for GPs and Nurses.

However, the activities can also be readily adapted for other health professionals.

This resource contains:

- An explanation of the theoretical and evidence base for the resources and activities provided
- Hypothetical scenarios describing interactions between a nurse / GP and an individual who uses drugs. The interactions represent high or low quality of care provided to a client presenting with an alcohol- or drug-related health problem
- Suggestions for training activities to use with the scenarios
- Short measures of attitudes which can be used to track changes in attitudes.

Theoretical and Evidence Base

IMPORTANT NOTE:

The effectiveness of this resource package depends on a trainer's understanding of the theoretical basis for the attitudes addressed in the scenarios and activities. The theory underlying these resources is quite straightforward and easy to apply to Alcohol & Other Drug education and training settings. Please take the time to read through this section carefully. This will assist you to effectively use the activities and resources provided.

Many factors impact on health professionals' willingness to intervene with individuals who use licit (e.g., alcohol, tobacco) or illicit (e.g., heroin, amphetamines) drugs. These factors include knowledge, training, organisational policies and procedures and previous positive or negative experiences. Attitudes towards drug users represent one factor within this wider set that may impact on health professionals' responses to individuals with problematic drug use.

Education and training courses on drug use often contain a component focused on negative attitudes towards drug users. This resource provides course materials and activities for trainers and educators based on research evidence related to:

(1) The key attitudes likely to impact on health professionals' behaviour

(2) Effective attitude change strategies.

Attitudes towards individuals who use drugs can be broadly categorised as professional or personal views.

> **Professional attitudes** refer to beliefs concerning professional practice such as role legitimacy (i.e., is it appropriate for me to respond to drug use within my professional role), confidence (perceived level of skill and ability) and perceived efficacy of available treatments and interventions.
>
> **Personal attitudes** refer to feelings and beliefs that stem from the stigmatised nature of drug use, for example blame and anger. This resource is focused on personal attitudes towards drug use.

Key Attitudes Likely to Influence Health Professionals' Behaviour

This resource focuses on a small set of attitudes that psychological theory and research suggest are likely to represent key attitudes impacting on health professionals' behaviour. The focus here is on the stigma attached to drug use. Other attitudes that relate to professional concerns (e.g., role confidence and role legitimacy) are not addressed in this package.

Judgements of deservingness

The focus of the activities in this training resource is on judgements of deservingness, in particular the extent to which drug users are perceived to deserve medical care in general and high quality care. The idea of deservingness is familiar to most people. It represents a judgement of whether we think a person's situation or circumstances are just, fair and appropriate.

Judgements of deservingness might manifest themselves in the following types of attitudes:

- "Drug users don't deserve medical treatment as much as other people."
- "It's their own fault that they are experiencing problems."
- "They chose to use the drug and now they have to live with the consequences."

Think carefully for a moment about the meaning of these types of deservingness judgements. When it is said that somebody does not deserve a particular outcome what factors are taken into account? A number of studies on deservingness judgements[1] indicate that three key judgements influence our judgements of deservingness:

1. A person's responsibility for an outcome. If a person is not responsible for an outcome we don't usually say it is deserved. For example, a person who wins the lotto is not usually said to "deserve to win", however an athlete who trained very hard and won a competition does deserve to win.
2. The relationship between a person's behaviour and the outcome. Positive behaviour (e.g., working hard) that leads to a positive outcome (e.g., a job promotion) is deemed to be deserved. Negative behaviour (e.g., stealing) leading to a negative outcome (e.g., jail or other punishment) is also deemed to be deserved. A mismatch between behaviour and outcome (e.g., negative behaviour → positive outcome) indicates an outcome is not deserved.
3. Feelings towards the person. Consider a person in negative circumstances (e.g., chronic illness). Positive feelings (e.g., sympathy or concern) towards that person is likely to increase the perceived deservingness of help or other positive outcomes, whereas negative feelings (e.g., anger, disapproval) are likely to decrease the perceived deservingness of help.

Deservingness of medical care

High quality medical care is a positive and valuable experience. Drug use is generally perceived to be a negative behaviour – especially high risk drug use (binge drinking, heroin use). Individuals are often perceived to be responsible for their drug use – i.e., it is a behaviour they have chosen to engage in. As discussed above, this situation contains all the ingredients for a judgement that high quality medical care may not be deserved by individuals with drug- or alcohol-related problems.

Why are deservingness judgements so important?

Deservingness judgements reflect beliefs concerning social justice – what is a fair, just and appropriate outcome for oneself and others. Two studies have shown that deservingness judgements influence nurses' perceptions of appropriate standards of care for drug users[2] and patients in a mental hospital.[3] Both studies used hypothetical scenarios describing a nurse interacting with a patient.

In both studies, deservingness judgements were a central factor in nurses' responses to poor or high quality care delivered by the nurse to the patient.

- If poor quality care was perceived to be deserved, participants reported satisfaction and approval of this outcome
- If poor quality care was perceived to be undeserved, participants reported disappointment and disapproval of this outcome.

These studies demonstrate that deservingness judgements are likely to influence the quality of care health professionals perceive to be appropriate and justified when responding to drug users.

Strategies for Effective Attitude Change

The activities within this resource package are designed to encourage health professionals to explore and evaluate their attitudes towards drug

users – particularly the perceived deservingness of medical care. The activities are designed to encourage careful consideration and evaluation of these attitudes in the context of group discussion and debate.

These activities are designed to encourage "deep processing" of information regarding attitudes towards drug users. Deep processing involves engagement with a topic and careful consideration and evaluation of various points of view and arguments. In contrast, "shallow processing" is less effortful and is more reliant on quick judgements based on habit and focuses on peripheral factors not related to the content of a message (e.g., the person delivering a message, number of arguments presented regardless of quality).[4]

Within the psychological literature on attitude change and persuasion it has been well established that compared to shallow processing, deep processing of information results in:

- A more sustained (i.e., longer term) changes in attitudes[5]
- Attitude change that is more resistant to counter-persuasion[6]
- Attitude change that is linked more strongly with behaviour.[6]

The following sections contain activities designed to address health professionals' attitudes towards licit and illicit drug users, specifically:

- hypothetical scenarios which represent high or low quality care provided by a nurse / GP to an individual with problematic drug or alcohol use
- suggestions for group activities to use with the scenarios
- short measures of attitudes which can be used to track changes in attitudes.

Guidelines for Using These Materials

The materials in this training resource are designed to provide a template for educators and trainers which can be adapted to suit the circumstances of a particular training course or group of trainees.

Three different activities are described:

- Group discussions
- The "values walk"
- Role plays.

Each activity is designed to be used in conjunction with the hypothetical scenarios. For example, participants can read and discuss a particular hypothetical scenario (e.g., a nurse responding to a client presenting with an alcohol-related problem) and then engage in one of the activities (e.g., group discussion).

A short 9-item scale assessing attitudes towards people who use drugs is also included. This scale is designed to assess attitudes and beliefs related to judgements of clients' / patients' deservingness of medical care. It is recommended that the attitude scale is administered prior to training, and at least one or two time-points after training. Comparison of pre- and post-training scores can be used to assess the extent of attitude change that occurred as a result of training.

The hypothetical scenarios, group activities and questionnaire contained herein can be adapted for:

- different drug types (examples are provided for heroin, alcohol, amphetamines and tobacco). note that the health complaint described in the scenario will need to change if the type of drug use is altered
- different groups (e.g., young people, women).

Hypothetical Scenarios

General Practitioners

Smoking

Kim has been a client of the local general practice clinic for the past 2 years. During a consultation with their regular GP, Kim reveals that he / she has recently been troubled by a severe cold and difficulties breathing. On reviewing Kim's records, the GP notes that Kim has presented with this complaint on a regular basis (4 times in the last 6 months). On close questioning, Kim reveals that this condition has developed from regular smoking over the past 5 years. Kim also indicates that he / she is not interested in changing his / her tobacco use, but wants his / her health complaint addressed.

Negative Response

- The GP responds by strongly reprimanding Kim for smoking and immediately terminates the consultation, telling Kim there is nothing they can do for him / her.

Positive Response

- The GP responds by giving Kim information on smoking cessation and encourages Kim to make another appointment for an extended consultation so they can discuss (a) Kim's history of tobacco use (i.e., to take a comprehensive substance use history), and (b) how to best manage Kim's smoking.

Heroin

Kim has been a client of the local general practice clinic for the past 2 years. During a consultation with their regular GP, Kim reveals that he / she has recently been troubled by constipation. On reviewing Kim's records, the GP notes that Kim has presented with this complaint on a regular basis (4 times in the last 6 months). On close questioning, Kim reveals that this condition has developed from regular use of heroin over the past 5 years. Kim also indicates that he / she is not interested in changing his / her heroin use, but wants his / her health complaint addressed.

Negative Response

- The GP responds by strongly reprimanding Kim for injecting heroin and immediately terminates the consultation, telling Kim there is nothing they can do for him / her.

Positive Response

- The GP gives Kim information on safe injecting practices and replacement therapies and encourages Kim to make another appointment for an extended consultation for the following day so they can discuss (a) Kim's history of heroin use (i.e., to take a comprehensive substance use history), (b) how to best manage Kim's heroin use, and (c) monitor pain management and treat the current infection.

Amphetamines

Kim has been a client of the local general practice clinic for the past 2 years. During a consultation with their regular GP, Kim reveals that he / she has recently been troubled by feeling tired and run down. On reviewing Kim's records, the GP notes that Kim has presented with this complaint on a regular basis (4 times in the last 6 months). On close questioning, Kim reveals that this condition developed after taking large doses of amphetamines orally over the past 12 months. Kim also indicates that he / she is not interested in changing his / her amphetamine use, but wants his / her health complaint addressed.

Negative Response

- The GP responds by strongly reprimanding Kim for taking amphetamines and immediately terminates the consultation, telling Kim there is nothing they can do for him / her.

Positive Response

- The GP responds by giving Kim information on the safe use of amphetamines and encourages Kim to make another appointment for an extended consultation the following day so they can discuss (a) Kim's history of amphetamine use (i.e., to take a comprehensive substance use history), (b) how to best manage Kim's amphetamine use, and (c) alternative options to using amphetamines.

Alcohol

Kim has been a client of the local general practice clinic for the past 2 years. During a consultation with their regular GP, Kim reveals that he / she has recently been troubled by gastritis. On reviewing Kim's records, the GP notes that Kim has presented with this complaint on a regular basis (4 times in the last 6 months). On close questioning, Kim reveals that this condition has developed from their regular excessive drinking sessions for the past 5 years. Kim also indicates that he / she is not interested in changing his / her alcohol use, but wants his / her health complaint addressed.

Negative Response

- The GP responds by strongly reprimanding Kim for drinking heavily and immediately terminates the consultation, telling Kim there is nothing they can do for him / her.

Positive Response

- The GP responds by giving Kim information on safe drinking levels and encourages Kim to make another appointment for an extended consultation so they can discuss (a) Kim's history of alcohol use (i.e., to take a comprehensive substance use history), and (b) how to best manage Kim's alcohol consumption.

Nurses

Smoking

On a relatively quiet Sunday night, Kim presents at an Emergency Department with a severe case of bronchitis. The triage nurse recognises Kim as a regular patient of the Emergency Department and recalls that Kim has presented with a similar complaint approximately 4-5 times in the last 6 months. On close questioning, Kim reveals to the triage nurse that his / her breathing difficulties have been exacerbated because he / she has been smoking regularly for the past 5 years. Kim also indicates that he / she is not interested in changing his / her tobacco use, but wants his / her health complaint addressed.

Negative Response

- The nurse reprimands Kim for smoking and decides to put Kim as non urgent on the priority list for treatment.

Positive Response

- The nurse takes a history of Kim's tobacco use (i.e., takes a comprehensive substance use history), provides Kim with information on treatment and support services, and arranges for treatment of the bronchitis as soon as possible.

Heroin

On a relatively quiet Sunday night, Kim presents at an Emergency Department with a large and painful abscess on their arm. The triage nurse recognises Kim as a regular patient of the Emergency Department and recalls that Kim has presented with a similar complaint approximately 4-5 times in the last 6 months. On close questioning, Kim reveals to the triage nurse that the abscess has developed from regular injection of heroin over the past 5 years. Kim also indicates that he / she is not interested in changing his / her heroin use, but wants his / her health complaint addressed.

Negative Response

- The nurse reprimands Kim for using heroin and decides to put Kim as non urgent on the priority list for treatment.

Positive Response

- The nurse takes a history of Kim's heroin use (i.e., takes a comprehensive substance use history), provides Kim with information on treatment and support services, and arranges for treatment of the abscess as soon as possible.

Nurses

Amphetamines

On a relatively quiet Sunday night, Kim presents at an Emergency Department with heart palpitations but no chest pain. The triage nurse recognises Kim as a regular patient of the Emergency Department and recalls that Kim has presented with a similar complaint approximately 4-5 times in the last 6 months. On close questioning, Kim reveals to the triage nurse that this condition has developed after taking large doses of amphetamines orally over the past 12 Months. Kim also indicates that he / she is not interested in changing his/her amphetamine use, but wants his / her health complaint addressed.

Negative Response

- The nurse reprimands Kim for using amphetamines and decides to put Kim as non urgent on the priority list for treatment.

Positive Response

- The nurse takes a history of Kim's amphetamine use (i.e., takes a comprehensive substance use history), provides Kim with information on treatment and support services, and arranges for treatment of the heart palpitations as soon as possible.

Alcohol

On a relatively quiet Sunday night, Kim presents at an Emergency Department with a strong stomach pain. The triage nurse recognises Kim as a regular patient of the Emergency Department and recalls that Kim has presented with a similar complaint approximately 4-5 times in the last 6 months. On close questioning, Kim reveals to the triage nurse that he / she has previously been diagnosed with a large stomach ulcer that has developed from regular excessive drinking sessions over the past 5 years. Kim also indicates that he / she is not interested in changing his / her alcohol use, but wants his / her health complaint addressed.

Negative Response

- The nurse reprimands Kim for drinking heavily and decides to put Kim as non urgent on the priority list for treatment.

Positive Response

- The nurse takes a history of Kim's alcohol use (i.e., takes a comprehensive substance use history), provides Kim with information on treatment and support services, and arranges for treatment of the stomach pain as soon as possible.

Activity 1
Group Discussion

This exercise is designed to encourage discussion and debate concerning appropriate behaviours and standards of care that should be provided to people who use drugs.

Step 1:

Separate participants into small groups of 4-6 individuals. Assign each group one of the hypothetical scenarios (or use the drug types most relevant to the course).

Step 2:

Request the groups to discuss the positive and negative behaviours demonstrated in the scenario. Key questions to be considered include:

- Do people who use [insert drug used in scenario] deserve the same quality of medical care as people who don't use this drug? Provide reasons to support your argument
- Which behaviour do you consider appropriate? On what basis have you made this decision?
- Which behaviour does the drug user deserve? Explain your decision.

Step 3:

Request each group to briefly summarise their perspective to the larger group. Useful strategies include:

- Each group summarises their views on overheads
- The key arguments are summarised on a white-board.

Step 4: Group discussion

Summarise the various perspectives and arguments put forth by the groups. Depending on time limitations, further discussion involving the whole group may be of benefit.

Alternative to small group discussion – the fishbowl technique

The "fishbowl" approach to group discussion may be more appropriate with large groups or limited time. In this activity a small discussion group (4-6 individuals) is observed by the remainder of the group. The group engages in debate and discussion as described previously. The remainder of the group act as observers – writing notes and comments related to their own views and the arguments presented in the discussion group.

Activity 2
The "Values Walk"

On completion of the small group discussion, comments are invited from the larger group.

This activity is designed to encourage participants to reflect on the basis of their attitudes towards people who use drugs. The focus here is on the bias and discrimination that may occur in people's judgement of "acceptable" and "unacceptable" drug use depending on the type of drug, characteristics of the user, or personal circumstances. The examples provided below are not exhaustive. You may wish to address other issues (e.g., injecting vs oral intake) of relevance to your training course.

Step 1

This activity requires participants to move around the room. You will need to create sufficient space for participants to form a line across the room.

Create an "imaginary" scale on the floor – one end of the room indicates extreme disapproval of a particular behaviour, the middle of the room indicates neutral feelings (neither approve or disapprove), and the end of the room indicates strong approval of a behaviour.

Alternative end points for the scale could be:

- Deservingness of high quality medical care
- Responsibility for drug use
- Feelings of sympathy/concern versus anger or disappointment.

Step 2

A specific scenario of drug is described to participants (e.g., a 18 year old male teenager regularly engages in binge drinking on the weekend). Participants physically place themselves on the "imaginary" scale to indicate their feelings towards this type of drug use.

Step 3

The trainer then changes one aspect of the drug using behaviour – for example the type of drug, gender or age of the user, or other circumstances (e.g., a 18 year old male teenager regularly takes ecstasy on the weekend). Participants are asked to consider their attitudes towards this scenario – and then change their place on the imaginary scale if their feelings have changed. Alternative scenarios could include:

- A 14 year old girl
- A 18 year old homosexual male / female
- A 55 year old professional male / female
- A 21 year old student who shoots up heroin / amphetamines on the weekend.

Step 4

The trainer invites participants to explain why they have moved or why they have remained in the same place on the scale.

The purpose of this activity is to encourage participants to become more aware of the judgements, assumptions and values that underlie their attitudes towards drug use.

Activity 3
Role Play

This activity is designed to encourage participants to consider their attitudes via an experiential learning activity. The focus here is on encouraging participants to gain an understanding of bias and discrimination from the perspective of the individual receiving inappropriate or discriminatory treatment.

The example role plays are based on the scenarios described previously. You may wish to address other issues (e.g., injecting versus oral intake) of relevance to your training course.

Step 1

Organise participants into pairs or small groups. Request participants to familiarise themselves with the hypothetical scenarios described previously.

Step 2

Instruct participants to use the hypothetical scenarios as a basis for a role play. If time permits, participants should be encouraged to take turns in playing the health professional and client roles.

Step 3

Request participants to discuss their experiences after completing each role play. Participants should be encouraged to reflect on thoughts and feelings after conducting each role.

Step 4

Request participants from each pair / group to share their experience of the role play with the wider group. Some of the suggested questions from Activity 1 may be useful to facilitate discussion.

Additional Topics for Discussion

A concept similar to deservingness is that of entitlement. Issues of entitlement are concerned with the rights of individuals or groups that are recognised in formal law, rules and regulations or socially recognised norms and expectations (Feather, 2003). For example, we may say that a child is entitled to receive a good standard of education.

It may be useful to introduce the idea of entitlement to the group activities described earlier.

Discussion points may include, for example:

- Whether all individuals have a right to access high quality health / medical care regardless of their lifestyle choice
- Whether individuals who use drugs are entitled to the same quality of health / medical care as non drug users.

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Attitude Measurement: Brief Scales

These scales should be used as part of the training course evaluation. It is recommended that participants complete the scales prior to training and also on completion of training. Comparison of the pre and post-training scores will indicate the extent to which attitude change has been achieved. The wording of the scales can be adapted in order to measure attitudes towards specific drugs (e.g. heroin, amphetamines, licit versus illicit drugs).

(1) To what extent are adverse life circumstances likely to be responsible for a person's problematic drug use?

1	2	3	4	5
not at all responsible		moderately responsible		very responsible

(2) To what extent is an individual personally responsible for their problematic drug use?

1	2	3	4	5
not at all responsible		moderately responsible		very responsible

(3) To what extent do you feel angry towards people using drugs?

1	2	3	4	5
not at all angry		moderately angry		very angry

(4) To what extent do you feel disappointed towards people using drugs?

1	2	3	4	5
not at all disappointed		moderately disappointed		very disappointed

(5) To what extent do you feel sympathetic towards people using drugs?

1	2	3	4	5
not at all sympathetic		moderately sympathetic		very sympathetic

(6) To what extent do you feel concerned towards people using drugs?

1	2	3	4	5
not at all concerned		moderately concerned		very concerned

(8) To what extent do people who use drugs deserve the same level of medical care as people who don't use drugs?

1	2	3	4	5
not at all deserving		moderately deserving		very deserving

(9) To what extent are people who use drugs are entitled to the same level of medical care as people who don't use drugs?

1	2	3	4	5
not at all entitled		moderately entitled		definitely entitled

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