

# Including the multiply excluded: a mixed methods study exploring the stigma of synthetic cannabinoid receptor agonist use

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MARK ADLEY (PGR), DR AMANDA ATKINSON, PROF. HARRY SUMNALL

Ethical approval granted by Liverpool John Moores University Research Ethics Committee (19/PHI/050)



# Acronyms

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**SCRA:** Synthetic cannabinoid receptor agonists/Spice

**PWUS:** People who use synthetic cannabinoid receptor agonists/Spice

# Introduction

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- Stigma: an 'undesired differentness' <sup>(1)</sup>
- Impact within substance use and homeless sectors
- Theoretical frameworks:  
Contact and Attribution theories
- Gaps in research:  
Stigma associated with SCRA  
Stigma *within* multiply excluded populations



# Research Questions

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1. Does social contact with PWUS impact on stigmatising views held towards this group by members of this multiply excluded sample?
2. Do factors such as age or personal drug use experience impact upon the levels of stigma expressed by people within this population?



# Methods

**Study design:** Mixed methods, 10-20 mins

**Setting:** Service in a large city in the North East

**Sample:** 42 people. Convenience sampling, gatekeepers

**Materials:** Open-ended questions, SDS-PWUS (amended), ESUI (amended), demographic form

**Analysis:** SPSS v.26, NVivo v.12 (integrated)

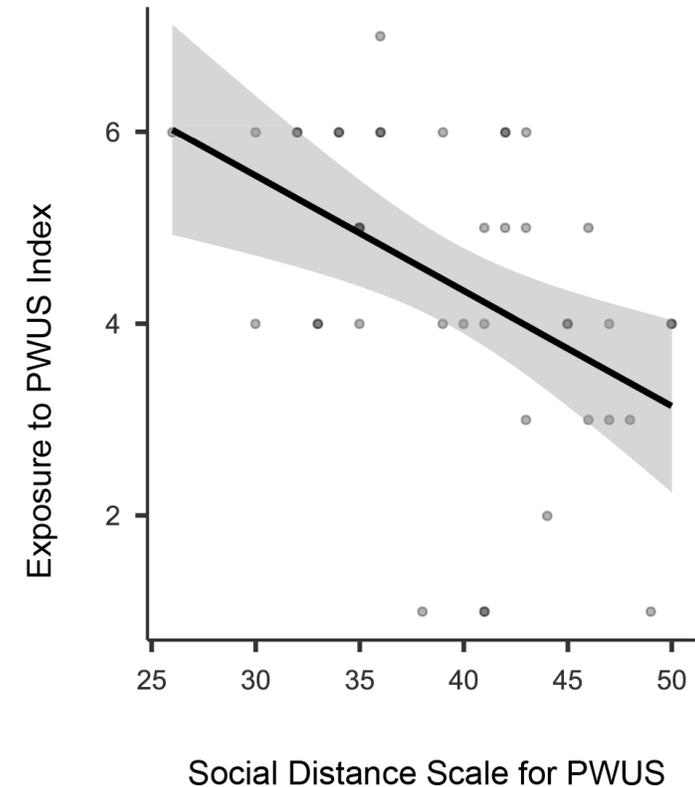
	A : Participant 001	B : Participant 002
1 : Interview Date	06/12/2019	06/12/2019
2 : Distance Share a meal	Mostly not OK	Definitely not OK
3 : Distance Share bus journey	Neutral	Definitely not OK
4 : Distance Share a room	Mostly not OK	Definitely not OK
5 : Distance Share a flat	Mostly not OK	Definitely not OK
6 : Distance Live next door to	Neutral	Neutral
7 : Distance Look after your pet	Definitely not OK	Definitely not OK
8 : Distance Look after your child	Definitely not OK	Definitely not OK
9 : Distance Have as a best friend	Definitely not OK	Mostly OK
10 : Distance Marry your child	Definitely not OK	Definitely not OK
11 : Distance Introduce to friends	Neutral	Neutral
12 : SDS-SU	41	43
13 : SDS-SU GROUP	40-44	40-44
14 : Exposure seen	Yes	Yes
15 : Exposure eaten with	Yes	Yes
16 : Exposure have a friend	No	Yes
17 : Exposure been in room	Yes	Yes
18 : Exposure family member	No	No
19 : Exposure lived with	No	No
20 : Exposure in area	Yes	Yes
21 : EDUI	4	5
22 : Gender	Male	Male
23 : Age	54	42
24 : Age group	50-59	40-49
25 : Alcohol Use	Current use > 1x week	Current use < 1x week
26 : Drug use (any)	Current use > 1x week	Current use > 1x week
27 : Drug use (Spice)	Past use < 1x week	Past use > 1x week
28 : Housing status	Rental tenancy	Rental tenancy

## Results: *Quantitative*

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There was a significant negative correlation between total scores on the SDS-PWUS and ESUI ( $r_s = -0.483$ ,  $n = 42$ ,  $p = 0.001$ ), suggesting that fewer personal contacts with PWUS was associated with a desire for greater social distance.

There were no statistically significant correlations between SDS-PWUS score and demographic, substance use, and housing variables.



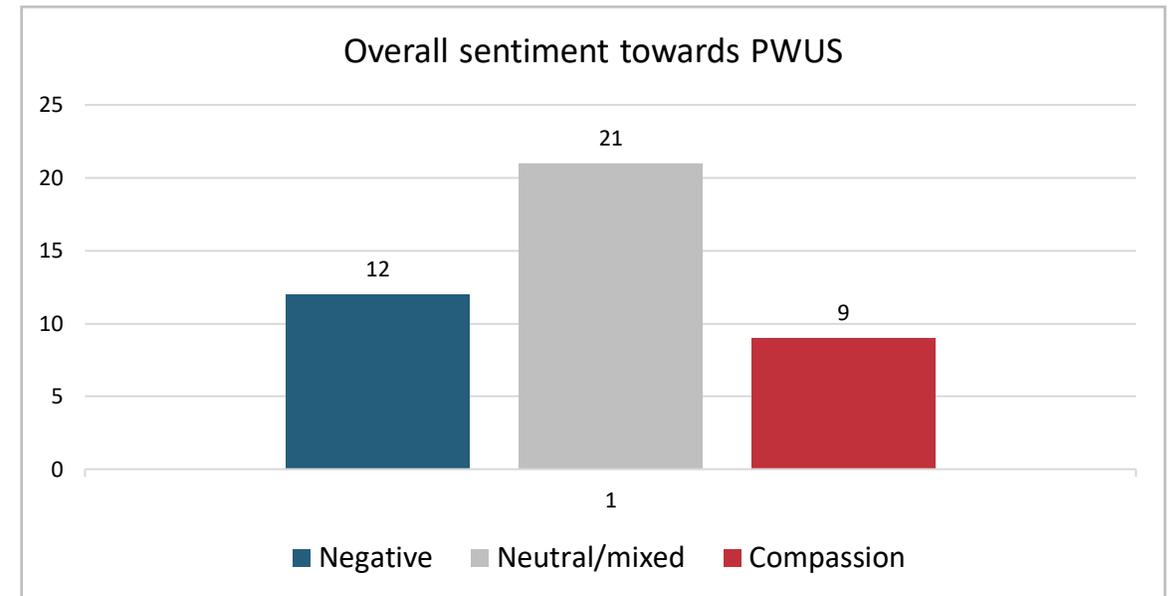
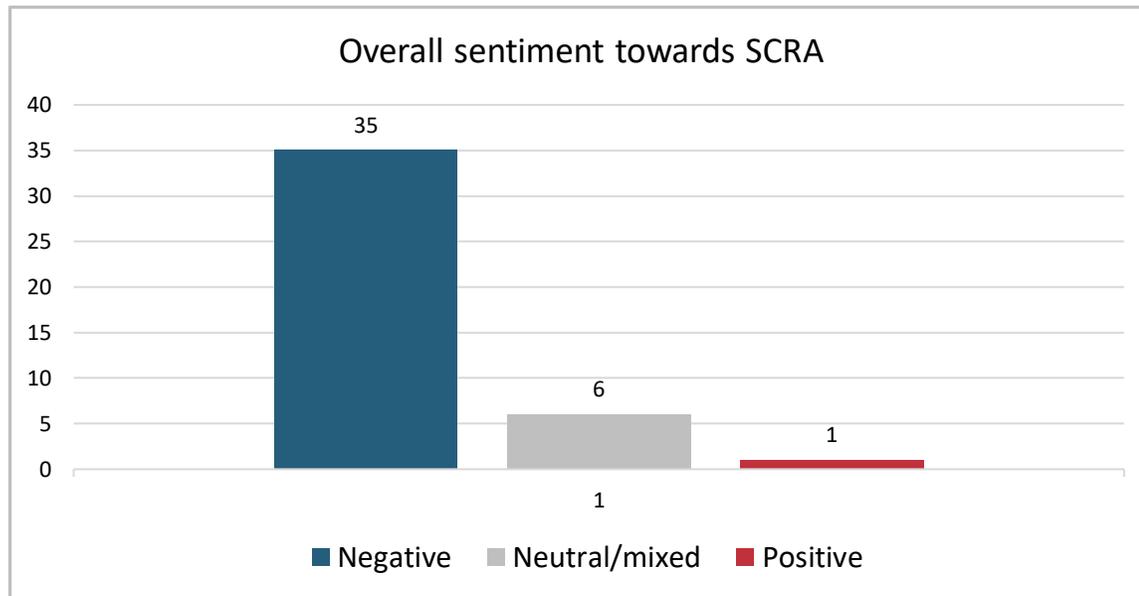
## Results: *Qualitative*

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Key themes	
<i>Attribution: it's (not) their fault</i>	'Good' people whose behaviour was being changed or controlled by SCRA
<i>Downward comparisons: not as bad as them</i>	Differentiation drawn between groups depending on substances used, e.g.: controlled drugs; drugs as opposed to alcohol; 'natural' versus synthetic drugs
<i>Criminality</i>	Criminal behaviour associated with PWUS, as both perpetrators and victims.
<i>Intersectional stigma: AxB=C</i>	Substance use valued differently in its intersection with other characteristics, e.g.: 'street culture' activities; receiving benefits; Class A drug use
<i>Nature and quality of contact</i>	Mitigation of stigmatising views by the nature and quality of the contact

## Results: *Integrated*

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- Led to a second deductive approach: *factors attributed to use of SCRA*

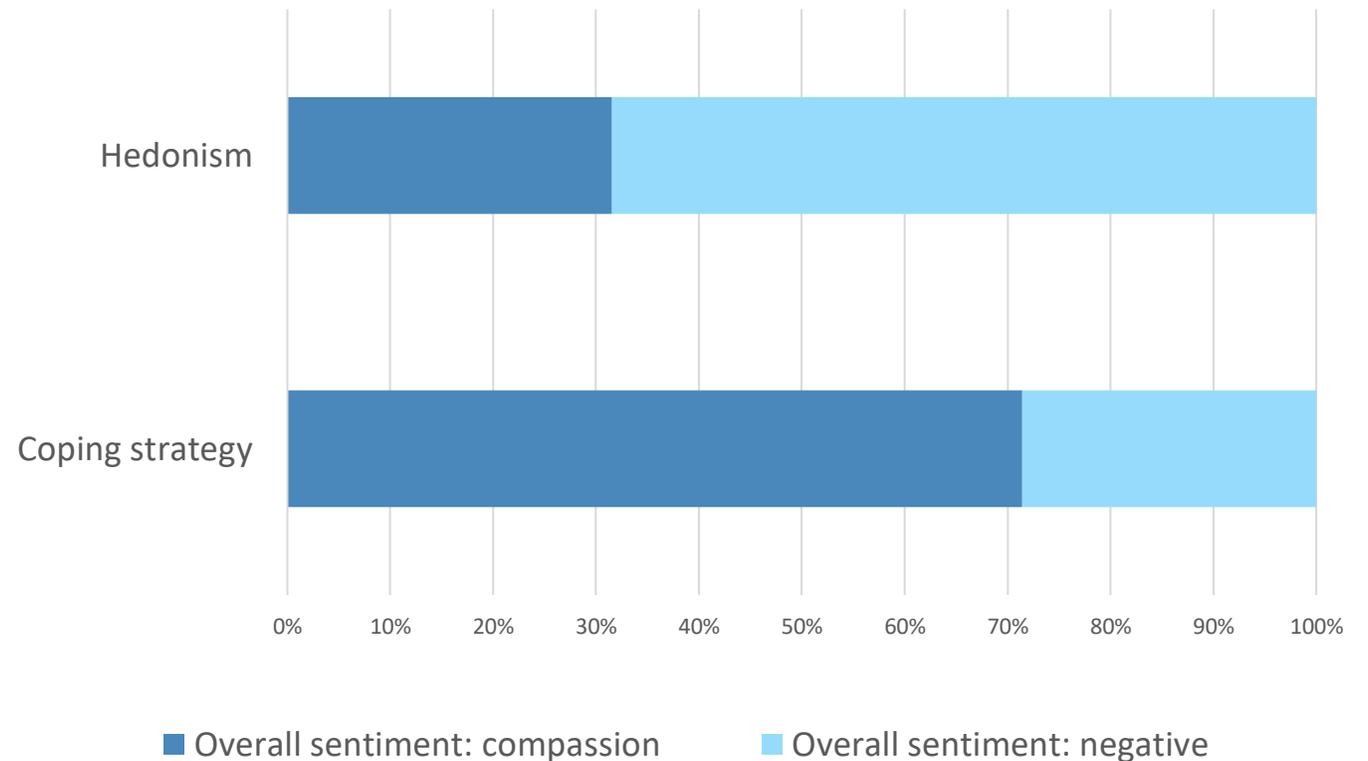
# Results: *Integrated*

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**Attribution:** cause and controllability

**Drug use history:** 50% of the total negative views towards PWUS were expressed by people who had regularly used SCRA in the past.

Factors attributed to use of SCRA, by overall sentiment towards PWUS



# Discussion

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	<b>Intergroup Contact</b>	<b>Attribution</b>	<b>Intragroup marginalisation</b>	<b>Demarginalised environments</b>
<b>FINDINGS</b>	Familiarity expected to increase understanding/decrease stigmatisation of PWUS	Feelings of compassion associated with attribution of use to external factors	Former PWUS daily expressed stigmatising views	Service provided a supportive environment in which peers helped each other
<b>DISCUSSION</b>	Supports stigma-reducing interventions based around contact with PWUS	Framing SUD from a viewpoint of social inequalities, ACEs	Contact with PWUS risk inadvertently creating stigmatising divisions	Importance of demarginalised, culturally-safe treatment settings

# Strengths and limitations

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Strengths	Limitations
Novel substance/area of stigma with multiply excluded population	Use of researcher-practitioner (boundaries/reliability)
Adapting existing scales (cultural relevance)	Adapting existing scales (non-validated)
Use of researcher-practitioner (recruitment/validity)	Limited participation by current regular users of SCRA

# Recommendations for future research

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Further research using an intersectional framework within marginalised populations

Attribution: social determinants/ACEs

Safe treatment settings

*“Despite this intragroup marginalisation, there was evidence to suggest that belonging to a supportive service community could mitigate the effects of stigma or contribute to this process.*

*This supports the implementation of more inclusive, demarginalised treatment models in reducing the stigma associated with SCRA”*

# References

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1. Goffman, E. (1963) *Stigma. Notes on the Management of Spoiled Identity*. London: Penguin.
2. Piliavin, I. M., Rodin, J., & Piliavin, J. A. (1969). Good samaritanism: an underground phenomenon? *Journal of Personality and Social Psychology*, 13(4), 289.
3. Weiner, B. (1980). A cognitive (attribution)-emotion-action model of motivated behavior: An analysis of judgments of help-giving. *Journal of Personality and Social Psychology*, 39(2), 186.