“Substance Use Destigmatization, Language, and Cultural Humility”

Disclaimer: Frank Del Real, MD and all other in control of this CME activity, reported no relevant financial relationships that would create a conflict of interest for CME purposes.

Session Learning Objectives

1. Describe how stigma affects healthcare outcomes.

1. Recognize substance use disorder as a chronic medical condition.

1. Apply person-centered terminology during clinical encounters.

1. Identify practical actions that can reduce stigma within both individual practice and healthcare systems.

Stereotype

Widely held, but fixed and oversimplified image or idea that can lead to **bias**



EXPLICIT BIAS

Explicit Bias

Conscious
Speaks of it
Learned

Can result in micro-aggression

I say it out loud, I believe it, I know it, it is fact!

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IMPLICIT BIAS

Implicit Bias

Develops early in life from repeated social stereotypes

Occurs without conscious awareness and is often in conflict with our personal beliefs

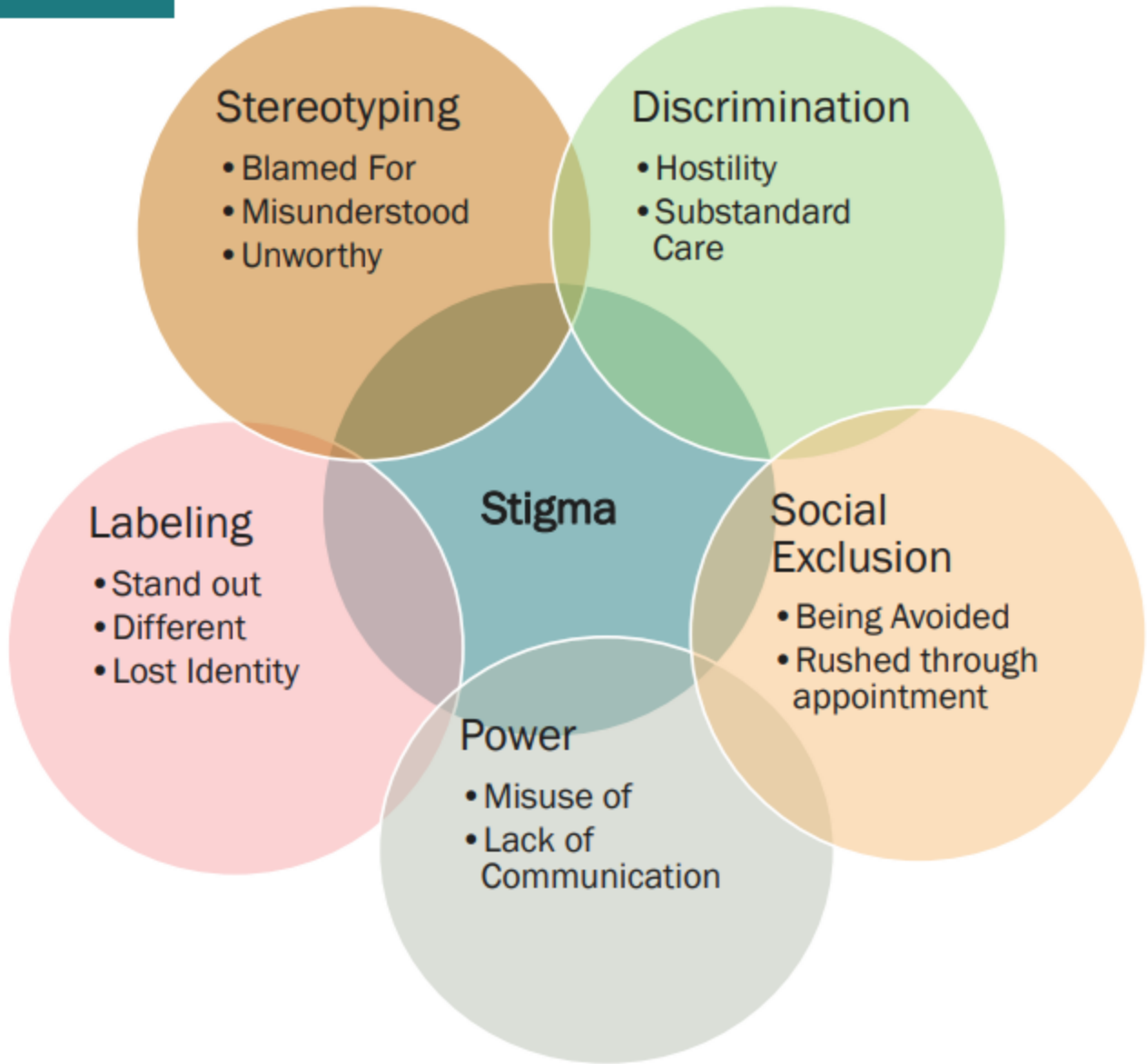
Even though we may actively reject these negative ideas and images, they may unconsciously affect our understanding, actions and decisions

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Stigma

Stigma assumes many forms. It appears as prejudice, discrimination, fear, shame, distrust, and stereotyping.



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Implicit bias is associated with negative health outcomes

- ✓*Affect Patient/Provider relationships – Patients will not return for follow up appointments, patients may not contact healthcare provider to report changes in their health.*
- ✓*Patients can sense biases from healthcare providers (verbal or non-verbal)*
- ✓*Providers biases may tell them patients do not have the needed health literacy to engage in their healthcare. This may limit referrals to specialists.*
- ✓ *NOTE: NOT INTENTIONAL BY ANY PROVIDER (unconscious biases)*

What elements are needed to build positive relationships?

Trust

Respect

Accuracy

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Disease v. Moral weakness



The Fatal Attraction

Substance Use

WHAT IS SUBSTANCE USE DISORDER? (ADDICTION)

What do *you* think it is?

WHAT IS SUBSTANCE USE DISORDER? (ADDICTION)

What do *you* think it is?

Addiction, referred to as *substance use disorder* in the DSM-V-TR, is the ***continued use of drugs or activities, despite knowledge of continued harm to oneself or others***.



Addiction is a **treatable, chronic medical disease** involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Substance Use Disorders (SUD) are Brain Diseases

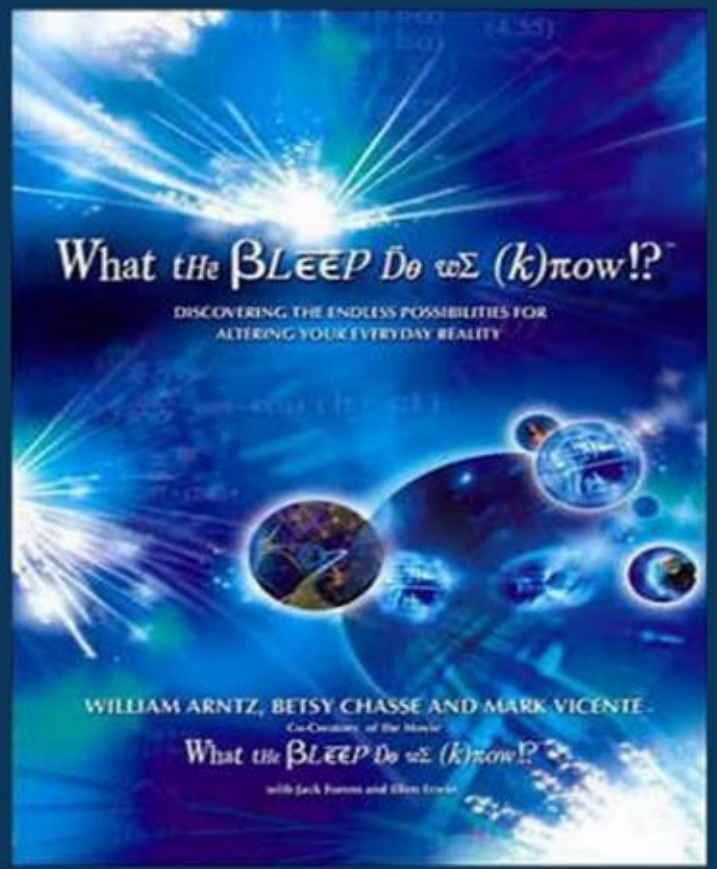
"From a neurobiological perspective, drug addiction is a disease of the brain, and the associated abnormal behavior is the result of dysfunction of brain tissue."

~Christopher Cavacuiti –
"Principles of Addiction Medicine: The Essentials"

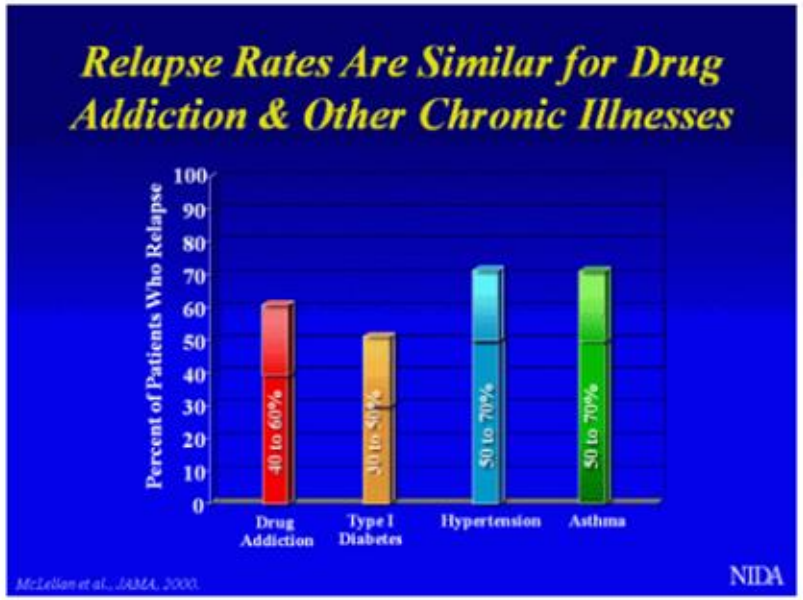




Chronic Disease



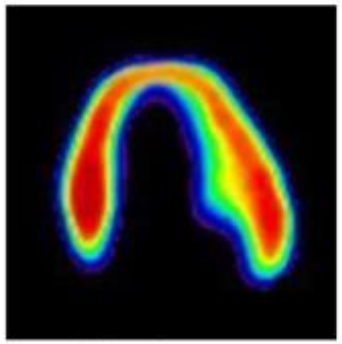
Rates of reoccurrence and recovery in the treatment of addiction are very similar to those of other chronic medical diseases



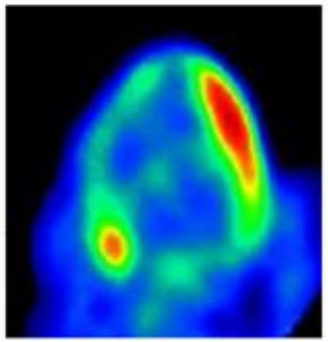
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Like Other Chronic Illness, SUD Changes Biology

Decreased Heart Metabolism in Coronary Artery Disease



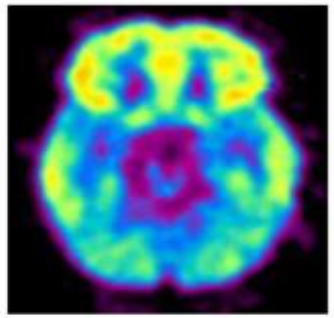
Healthy heart



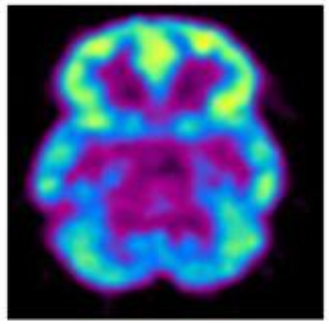
Diseased Heart



Decreased Brain Metabolism in Addiction



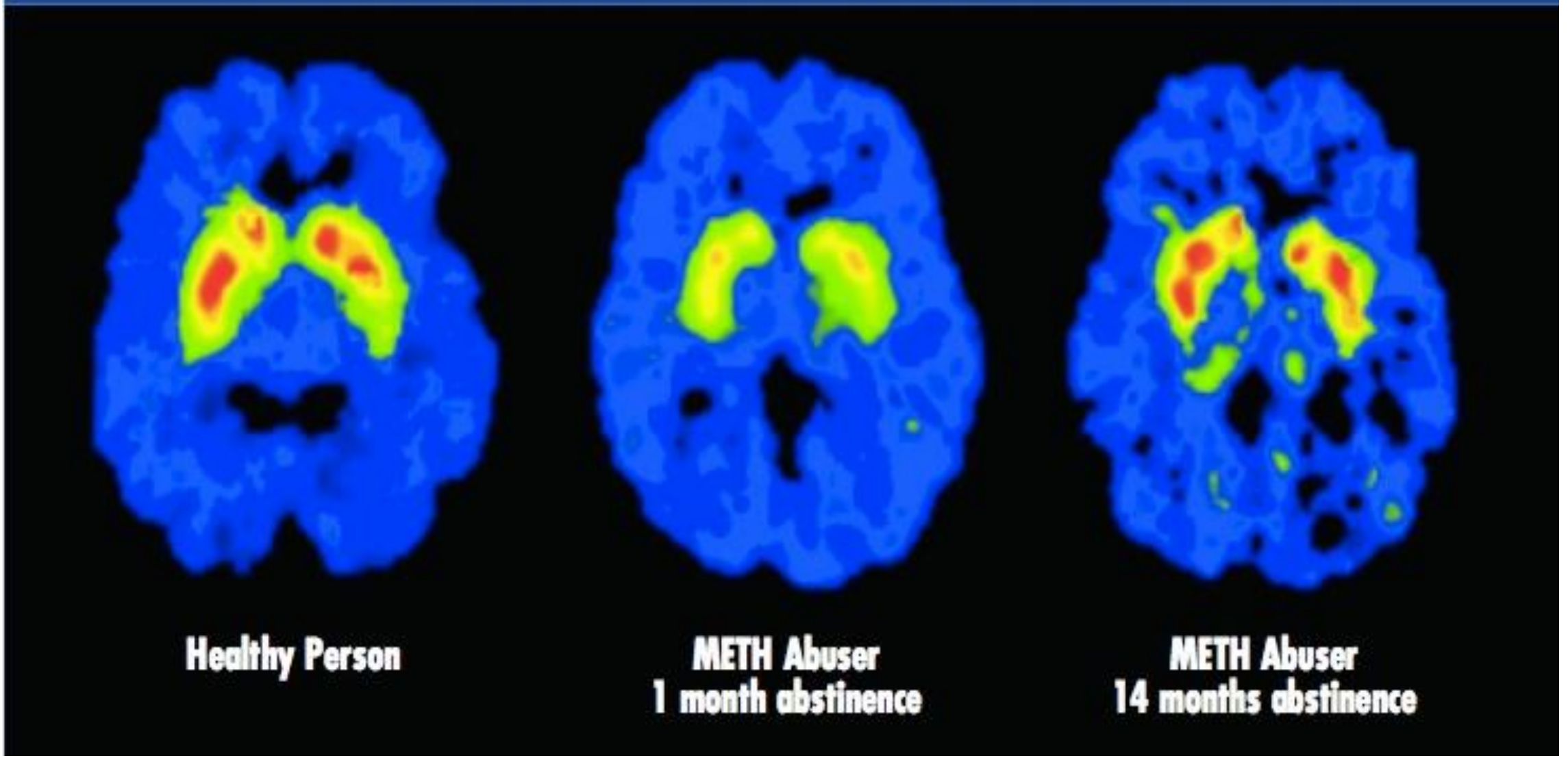
Healthy Brain



Diseased Brain

NIDA. Drugs, Brains, and Behavior: The Science of Addiction.
https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction

BRAIN RECOVERY WITH PROLONGED ABSTINENCE



Social Stigma



Social stigma manifests as the disapproval of a person because they do not fit the required social norms that are given in society

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When Stereotypes and Bias are not Addressed...Can Lead to Stigma Which Can Lead to Discrimination

- Withholds treatment
- Withholds medication
- Housing
- Ability to get a job
- Ability to get insurance



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Self-Stigma



Perhaps the most malignant trigger for an individual to have a reoccurrence is the guilt and shame that they have about the harm they might have caused to others and to themselves



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Self-Stigma

Becoming aware of stigmatization	"Society thinks that people who use drugs are bad"
Agreeing with public stereotypes and prejudice	"They're right"
Self-application	"I have this condition; therefore, I am a bad person/mother"
Decrease in self-esteem and self-efficacy	"Why should I even try"

(Adapted from Recto et al, 2020)





Pre/Peri Natal and Complex Stigma

Mothers with SUDs perceive stigma throughout the perinatal period from:

- Healthcare Providers
- General Public
- Loved Ones
- Themselves
- Addiction Community

Frazer, McConnell, Janssen, 2019; Paterno, Low, Gubrium, Sanger, 2019)

Time Frame	Mothers' Perception
Preconception	You shouldn't have a baby
Prenatal	You are hurting your baby
Postpartum	You can't care for your baby

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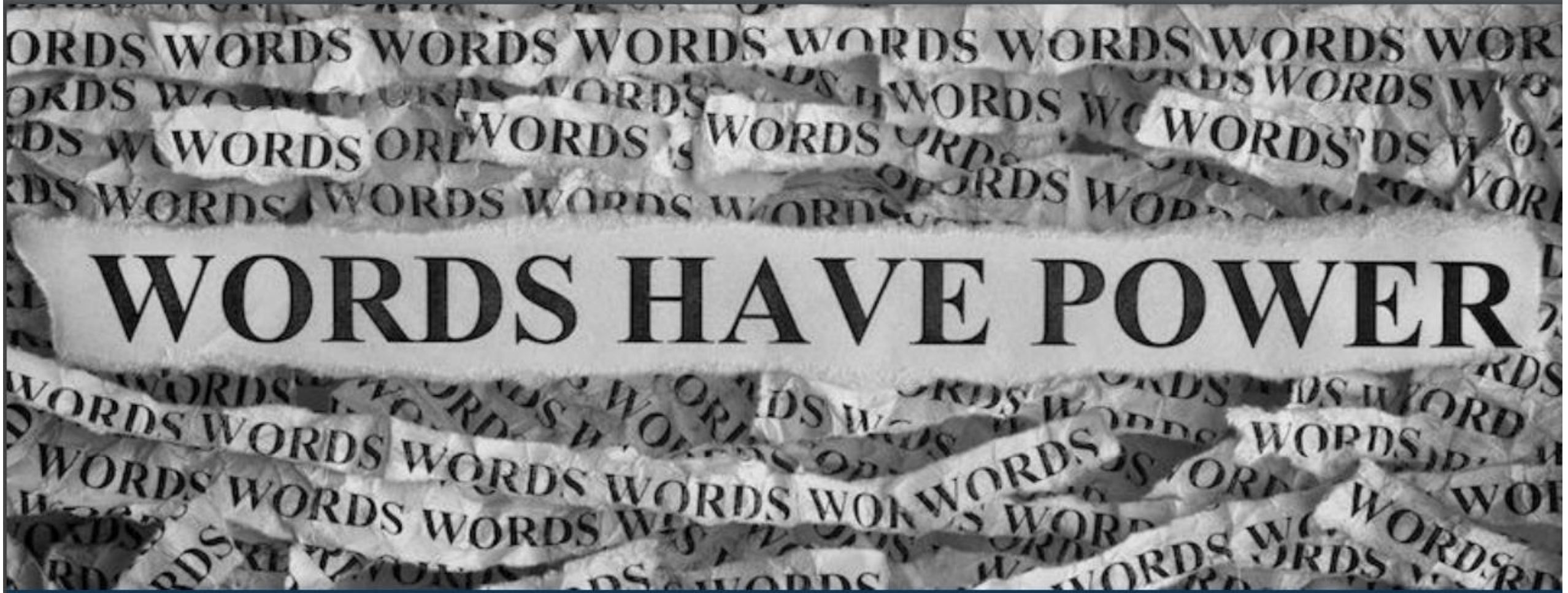
Where Patients Experience Stigma

Healthcare Setting

- Waiting room
- Intake with MA/nurse
- Pharmacy
- Other healthcare provider's practice
- Emergency Department
- Mutual help group

Outside Healthcare Setting

- Significant other
- Work
- Friend group
- Family
- Interest/hobby group
- Religious institution
- Media representation



Non-Stigmatizing Language

Patient-Centered Care - Language plays a major role in shaping people's thoughts and beliefs – we believe what we say – harmful stereotypes & assumptions

Words Matter

"Words have power. They have the power to teach, the power to wound, the power to shape the way people think, feel, and act toward others."

~Otto Wahl



Language Matters

If we want to nurture something, we call it a flower.

If we want to kill something, we call it a weed.

~unknown



Language & Stigma

STIGMATIZING	PREFERRED
Addict, Alcoholic, Junkie, Abuser	**Person with a Substance Use Disorder**
Problem with the terms: It can be demeaning because the person is labeled by their illness and can imply a permanency to their condition, leaving no room for the hope of change in their condition	First person language is the accepted standard for discussing people with a chronic medical condition. The person has, or the person with...

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Language & Stigma

STIGMATIZING	PREFERRED
Clean (When referring to recovery)	**In remission (partial-sustained)**
Problem with the Term: It implies that when the person was in active addiction, they were dirty, unclean and unwanted (Stigmatizing , pushing away)	Remission is a medical term that describes a period of time in which signs and symptoms of the illness have disappeared and that addiction is indeed a medical condition

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Language & Stigma

STIGMATIZING	PREFERRED
Clean/Dirty (When referring to urine screen)	**Positive/Negative for (substance)**
Problem with the terms: Treats the urine of a person with a SUD differently than a person with other medical conditions	Treats the urine of the individual with a SUD in the same way that they would any other chronic illness

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Language & Stigma

STIGMATIZING	PREFERRED
Drug Overdose	**Drug Poisoning**
Problem with the term: Implies that the individual caused the condition	According to a CDC report, 86% of drug poisoning deaths were unintentional. Approximately 8% were suicides, while there is no precise determination of the real intent in 6% of cases.

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Language & Stigma

STIGMATIZING	PREFERRED
Relapse	**Reoccurrence/Return to Use**
Problem with the term: Can imply a moral failing as the origin of the word states that there is a return to heresy or wrongdoing	The terms tend to be less moralizing and carry greater hope

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Language & Stigma

STIGMATIZING	PREFERRED
Medication Assisted Treatment (MAT) *Problem with the term*: The term MAT implies that medication should have a supplemental or temporary role in treatment.	Opioid agonist therapy/Pharmacotherapy/ Addiction medication/Medication for a substance use disorder/Medication for opioid use disorder (MOUD) The terms align with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics, as critical tool that are central to a patient's treatment plan

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To understand the pain connected with addictive behavior, one must first understand the pleasure side of these activities.

"The culture of drink endures because it offers so many rewards: confidence for the shy, clarity for the uncertain, solace to the wounded and lonely".

Pete Hamill (1994) "A Drinking Life"

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Stigma and Health Care

View patients with SUDs differently

- Have lower expectations for health outcomes
  - Perceived Control
  - Perceived Fault

Individuals are suffering in the shadows because they are afraid to go to medical for help



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Stigma and Health Care

Implicitly stigmatizing terms like “addict,” “alcoholic,” “abuser,” and so on persistently are used, even in professional literature. So not surprising that the treatment gap is so wide.

Even though we are in the midst of a devastating, widely publicized opioid crisis, and despite the existence of three effective medications to treat opioid use disorder (OUD), in 2019 only 18% of people with OUD received medications to treat it.

Treatment rates for AUD are especially low (e.g., 7.6% in 2019)

There are three effective medications to treat AUD, yet in 2019 fewer than 2% of people with AUD received any of those medications .

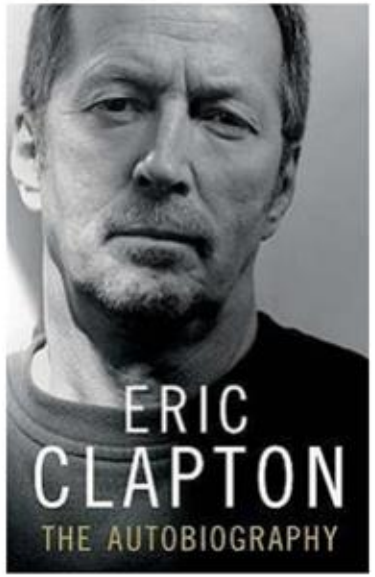
Volkow, N.D., Gordon, J.A. & Koob, G.F. Choosing appropriate language to reduce the stigma around mental illness and substance use disorders. *Neuropsychopharmacol.* **46,** 2230–2232 (2021). https://doi.org/10.1038/s41386-021-01069-4

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The Hijacked Brain

In my lowest moments, the only reason I didn't commit suicide was that I knew I wouldn't be able to drink any more if I was dead.



ERIC CLAPTON, *Clapton: The Autobiography*

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Mary's Case

Case Information

- A 22-year-old individual with multiple opioid-related ER visits.
- She presents to you after her 4th visit to the ER in the past 30 days.

Stigma and Treating OUD

Provider Myths

- It's substituting one drug/addiction for another.
- It's not really "recovery."
- The shorter the duration of therapy, the better.
- You can't be on buprenorphine if you are pregnant or breastfeeding.
- I'm worried about the DEA storming into my office.

Patient Myths

- It's substituting one drug/addiction for another.
- It's not really "recovery."
- The shorter the duration of therapy, the better.
- Other people may relapse, but not me.
- It must be damaging my liver, brain, kidney, heart, or bones.
- They won't be able to treat my pain.
- The pre-employment drug test will disqualify me.
- If I miss a dose, I'll go into terrible withdrawal.

Are you using first person language?



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Why we use first person language

- A person is a person first and behavior is something that can be changed, addict or user implies that someone is “something” instead of describing a behavior
- Stigma is a barrier to care and we want people to feel comfortable when accessing services
- People are more than their drug use and harm reduction focuses on the whole person

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Adverse Childhood Experiences (ACEs)

Common ACEs

- Abuse (physical, emotional, sexual)
- Neglect
- Household substance use
- Mental illness in the home
- Domestic violence
- Parental separation or incarceration

Health Impact

- Increased risk of substance use disorders
- Depression and anxiety
- Chronic diseases (heart disease, diabetes)
- Poor educational and social outcomes
- Higher health care utilization

•Potentially traumatic events occurring before age 18 that can have lasting effects on health, behavior, and well-being.

Key Message: Don’t think what is wrong with you but consider what happened to you.

Where do we go from here? Addressing Barriers



IT IS BECAUSE OF STIGMA THAT:

* **Some people don't seek out treatment**
* **Some doctors won't treat people with SUDs**
* **Some pharmaceutical companies won't work toward developing new treatments for individuals with SUDs**

~The National Institute on Drug Abuse (NIDA)

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*The ACTS Script

- **ACTS** is a guide for responding respectfully and constructively to clinical situations where you see your coworkers stigmatizing or judging your patients
  - **Acknowledge**
    - Create an opportunity to open the dialogue
    - Do not criticize
  - **Create Circumstance for Reflection**
    - Ask questions or think out loud
  - **Teach**
    - Share an article
    - Ask permission to share some knowledge about what you have learned
  - **Support**
    - Encourage peers to try new approaches to clients and then debrief those approaches
    - Celebrate successes!

- Please consider "ACTing" when you encounter a colleague who is using stigmatizing language!

Marcellus, L., & Poag, E. (2016). Adding to our practice toolkit: Using the ACTS script to address stigmatizing peer behaviors in the contact of maternal substance use. Neonatal Network, 35 (5), 327-332. doi: 10.1891/0730-0832.35.5.327

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Key Takeaways

- First, stigma remains a major barrier to treatment and recovery.
- Second, substance use disorder is a chronic medical condition.
- Third, language influences patient outcomes.
- Fourth, cultural humility strengthens therapeutic relationships.
- And fifth, every healthcare interaction presents an opportunity to support recovery and reduce harm.
- Small changes in communication can create significant changes in outcomes."



"Here is what we seek... a compassion that can stand in awe at what (people) have to carry rather than stand in judgement about how they carry it"

Fr. Greg Boyle, Tattoos on the Heart; the Power of Boundless Compassion

Thank You