SITE EXAMPLE

People First: A Team Approach to Stigma Reduction

An innovative, stigma reduction training

CA Bridge shares independent examples from selected hospital sites for the purpose of providing insight into how different sites treat substance use disorder. Please note that CA Bridge is not responsible for the content of any site examples and does not formally recommend them as best-practices.

Background

Marshall Medical Center in Placerville developed a stigma reduction training that combined perspective taking and stories of lived history with information about the neurobiology of addiction and guidance on how participants can take action to change. The two hour sessions launched in January 2022 and were repeated three times to accommodate emergency department (ED) staff, all of whom were required to participate.

Based on the success of the trainings in the ED, the hospital asked the team to approach nursing leaders in other departments, such as inpatient, labor and delivery, and the intensive care unit. This resulted in many more sessions and a plan to extend the training to ancillary staff, including registration, cafeteria, and security. External community-based organizations have also requested this training.

Although there has been no formal evaluation, participants have expressed appreciation for how the training changed their perspective, humanizing patients who use drugs, and helping participants treat patients who use drugs with more care and respect. The hospital also doubled its volume of naloxone distribution since the trainings began, which they attribute to greater appreciation among staff of the value of harm reduction.

"This is one of the most valuable trainings we have done and has completely changed some of our clinicians' practice."

This tool summarizes the training program developed by Marshall Medical Center for others to adopt or adapt. Please share your experiences with us at info@cabridge.org so we can improve this tool.

Introduction

Stigma can prevent patients who use drugs from seeking care and lead to unidentified substance use disorders (SUDs), untreated withdrawal, leaving against medical advice (AMA), and not receiving standard of care treatment. Reducing the stigma around substance use is essential to providing quality care to patients who use drugs and hope for them and their loved ones.

This stigma reduction training consists of three sections: **perspective taking, neurobiology of addiction, and best practices in treating and managing opioid use disorder (OUD).** The training is designed to be a two-hour, mandatory training that can be easily integrated into annual skills days or refreshers.

The goal is to **reach as many of the employees in the organization as possible.** Start by prioritizing the clinical teams, such as those in the ED, then expand outward. Depending on the size of the organization, this training could be done in segments or all at once.

Housekeeping Items
Create a safe environment - it is okay to leave/cry/laugh.
Say it raw - ask questions and share. Reassure that it is okay not to know the 'right' or 'correct' words to use.

Best-Practices - Do's and Don'ts

1. **DO** include perspective taking - it is essential. Any stigma reduction training should have someone who uses drugs in front of the group telling their story. Without this, the easy thing to do is detach from the training - make it personal and grounded.
2. **DO** advertise the training extensively and, if possible, require it.
3. **DO** help people understand SUD as a chronic disease state. We can explain the disease state of type 2 diabetes, so we need to do the same for SUD.
4. **DO** emphasize the safety and effectiveness of buprenorphine for OUD. Also, show that it is effective by sharing internal site data when possible (e.g., number of buprenorphine starts, navigator consults, medication for addiction treatment (MAT) referrals, and/or rate of successful follow-ups).
5. **DO NOT** give an academic rundown of the different kinds of stigma. The point is to help build empathy for an outgroup. Giving a long definition of stigma, the different types of stigma, cycles, etc., is not particularly helpful.

Perspective Taking

Time: 30-45 minutes

Fostering empathy for people who use drugs by considering their perspective can decrease stigma. Providing an opportunity for healthcare clinicians to hear a firsthand personal testimony normalizes their experience and humanness.

This component of the training is an in-person exercise where a facilitator supports a person with lived experience to share their personal story. The content will vary depending on who is telling the story, but common themes and content to highlight are outlined below. A question and answer interview format can be used to create the opportunity for someone to be thoughtfully and intentionally guided through their story. Other ways of sharing can be effective; explore what will work best for your presenter and team. Be sure to take the time to recognize and thank the presenter for sharing such a personal experience. *An example outline of an interview is available in Appendix 1.*

Points to Consider Highlighting:

The following topics may be included in the story as determined by the experiences, comfort, and consent of the person telling their story.

- Adverse childhood experiences (ACEs)
- Trauma
- Family history of substance use or SUDs
- Identity (e.g., race, pregnancy status (particularly people of color who are pregnant), gender, sexuality, incarceration status, housing status, etc.)
- Age of onset
    - Emphasize if adolescent or young adult
    - First substance use to the development of SUD (e.g., first experience with opioid withdrawal)
- Escalation of use
    - Transitions in use (e.g., percocet or oxycodone advancing to heroin)
    - Increases in use (amount or frequency)
- Early attempts at recovery or asking for help
    - Barriers (stigma, medical treatment, etc.)
    - Recovery timelines (emphasizing that recovery takes more than 30 days)
- Interactions with medical professionals
    - How were they treated?
    - Did they avoid medical care?

    - How did their identities (race, gender, nationality, etc.) impact these interactions?
- Chronic nature of substance use and return to use
    - Looping back to emphasize the length of time passing while struggling with use
    - Recovery does not typically happen the first time (e.g., attempts at rehab)
- People going above and beyond to help navigate next steps
    - Most recovery stories are full of people going to great lengths to help someone make next steps (e.g. providing transportation to appointments, paying for prescriptions, offering housing, etc.)
    - Consider emphasizing that the navigator position is 'hardwiring' having someone that will go above and beyond to help navigate next steps as part of ED/hospital standard process for SUD

Note from CA Bridge: Perspective taking is an important time to hold space for the ways that stigma and institutionalized oppression negatively impact people from various identities. Discuss the ways in which the speaker's identity has affected their experiences. If they do not feel it has, ask them why that might be.

Neurobiology of Addiction

Time: 30-45 minutes

Developing an understanding of the neurobiology of SUD can change how they are perceived. Addiction is not a moral failing but is, instead, a disease. Understanding that in itself reduces stigma.

This component of the training is a lecture covering the neurobiology of addiction, highlighting choice vs chronic disease. Ideally, this is taught in person by a qualified expert, but an alternative option is to play the video Addiction Neuroscience 101 Video.

Best Practices in Treating and Managing OUD

Time*:* 30 minutes

Our teams need to know the standard of care for treating patients with SUDs. We can't provide best practice treatment if we do not know what it is. Low barrier SUD treatment creates access to care, saves lives, and is the standard of care.

This component of the training is a lecture covering the opioid crisis, how to identify OUD, how to identify withdrawal, MAT/evidence-based treatment options, and harm reduction principles. Ideally, this component would be taught in person by a qualified clinician (MD/DO/PA/NP/RN) who is experienced in using medication to treat opioid withdrawal. See examples below.

Trainings:

- Treating Acute Opioid Withdrawal in the ED
- Nurses Drive Care for Opioid Use Disorder
- Best-Practices in Nursing Management of Opioid Use Disorder and Acute Withdrawal

Suggested Handouts:

- Buprenorphine Emergency Department Quick Start
- Quick Reference for Nurses
- A Caring Culture in Healthcare OR Culture of Care : Nursing Resource
- Equity and Harm Reduction for Communities of Color

Stigma Assessment

Ask participants to complete the Stigma Assessment Survey prior to the training and again about 6 months after completing it. This survey was adapted from the Cal Hospital Compare survey, Assessing perceptions of hospital providers on treatment for substance-use disorder.

References

1. Clinton AJ, Pollini RA. Using Positive Empathy Interventions to Reduce Stigma Toward People Who Inject Drugs. *Front Psychol.* 2021;12:616729. Published 2021 Jul 9. doi:10.3389/fpsyg.2021.616729

Appendix 1 - Example Outline/Interview

Kari's Story - Shared with permission

Introduction: *"We are going to do an exercise on perspective taking. Kari is going to share her story. Due to its personal nature, it may be triggering. It is okay to laugh, cry, or leave the room. We know that many of us have loved ones who have substance use disorders, so this may hit close to home. Thank you, Kari, for being willing to share your story with us."*

- **Childhood** – *"What was your childhood like?"*
    - ACEs/Trauma – Father died by suicide when she was 8 years old
    - Stable home with mother where father was not talked about
- **Tween/teen** – *"During your teen years, you learned some difficult information. Can you tell us about that?"*
    - Found out father's cause of death – *"How did this make you feel and how did you handle it?"*
        - Anger over mom hiding cause of death
        - Conflict with mom and ran away from home
    - Dating a person with OUD – *"So you met somebody!"*
        - Living with boyfriend and his mom
        - Boyfriend and his mom using oxy
            - Kari first tries oxy – *"What did you know about opioids at this time?"*
                - Nothing.
        - Boyfriend in and out of rehab
    - Pregnancy and shift in use
        - Pregnant senior year of high school and living with best friend
        - Miscarried – was given two prescriptions for oxycodone
        - Trauma of miscarriage – used oxycodone to cope
        - Taught friend how to snort
    - Withdrawal and transition to heroin
        - Using frequently and can't afford habit – *"How much were you using every day?"*
        - 'Dope sick' for the first time and a friend explains what that is - *"What does withdrawal feel like?"*
            - Uses heroin for the first time – *"How did using heroin make you feel?"*
        - Drug seeking with friend who uses heroin (have Kari tell story)
            - Staying at traps
            - Got a car and crashed it
            - Got apartment they could not afford – lost it
            - Running with boosters
            - Story of asking elderly woman for help
- **In severe withdrawal** – *"So you decided to go to the hospital for help. What was that experience like?"*
    - Asked bus to take her to hospital – laid on floor
        - Crawled to ED doors
        - Experience at the hospital: *"I need help!"* – Hospital response: *"We can't do anything for you. You need a detox center."*
        - Discharged without medication and no navigation to next steps
    - Taxi to detox – let in as an exception (because of benzo use) – *"How long was your stay at the detox center?*
        - 5 days – was given Benadryl and told to 'sweat it out'
        - *"Was 5-days of detox sufficient?"*
- **Escalating use with family** – *"So then you moved to Arizona. What happened there?"*
    - Moved to uncle's home in Arizona – barely knew him
        - Still very sick
        - Uncle used meth – began using meth with uncle. *"It's all I could find."*

    - Living with grandpa in California – Tuolumne County *"Tell us about that experience."*
        - Grandpa was injecting oxycodone
        - Grandpa was abusive when feeling dope sick – Kari was forced to inject for grandpa
        - Continuing to use meth; hard to get opioids – *"It happened in the blink of an eye."*
        - *"What was your state of mind like at this point in time?"*
    - Meets Grandpa's caretaker
        - Pressured by grandpa to be with caretaker
        - Grandpa passed & Kari finds out she is pregnant
        - No money, no resources – *"I didn't know how to get out."*
- **Pregnant** – *"What was that like?"*
    - No obstetrician, no prenatal care – struggled to stop using long enough to go to an obstetrician
    - Ended up staying with her grandpa's friend
        - Was given a bag of meth and sold it for baby supplies & food. *"I felt like a piece of shit."*
        - Grandpa's friend wants relationship and becomes abusive
    - Stops using meth at the end of her pregnancy
- **Delivery** – *"So you had a baby!"*
    - *"I never knew my due date."*
    - *Child Protective Services (CPS)* never involved
    - Went back to same house with abusive friend of grandpa
    - Father of the baby was not present
    - Could not leave – too rural, nowhere to go
    - Returned to meth use after 6 weeks
    - Altercation with a friend of grandpa and the baby was hit
    - Left the home of abusive friend of grandpa to go to the father of the baby's home – *"How did you feel in this moment?"*
- **Asking for help** – *"What did it feel like to contact CPS?"*
    - Called CPS in the father of baby's driveway – *"I fully surrendered."*
    - CPS connects to inpatient rehab through the Welfare to Work program – *"Is this a common pathway?"*
    - Kicked out of the program and ended up at another location – *"Did you connect with rehab immediately?"*
    - *"Did you connect with MAT services?"*
    - *"There are several moments in your story where someone helped navigate you to the next step."*
- **Take-Away:** By the time someone comes to the ED asking for help, consider all of the barriers and stigma this person may have experienced. It is difficult to ask for help. It is difficult to come to the ED to ask for help. Hospital staff should be the supporters who help navigate someone along their recovery journey.
