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The University of Texas at Austin
Dell Medical School

STIGMA KILLS

Addressing Opioid Use Disorder by Changing Culture

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DISCLOSURES

No commercial interests to disclose relating to the educational content of this webinar.

But, I'm from New Jersey and am very passionate about this content. I will try not to speak too quickly.



WHY AM I SPEAKING TODAY?

Our Journey: A Brief Story

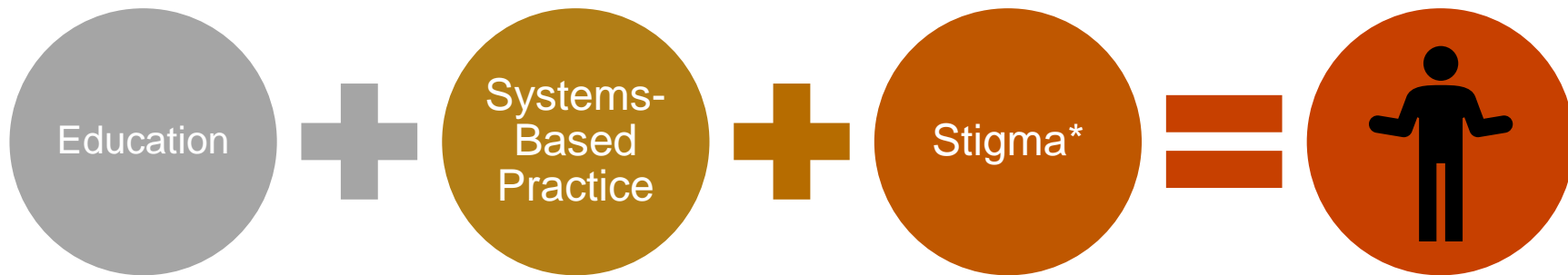
OBJECTIVES:

- Define stigma and its different forms
- Describe the impact of stigma on care delivery
- Identify opportunities to offer hospital-based Opioid Use Disorder (OUD) treatment





WHY ISN'T HOSPITAL-BASED TREATMENT THE STANDARD OF CARE?






DEFINITION OF STIGMA

Originates from Greek “stizein”

A mark burned onto the skin of slaves to signify their low place in the social hierarchy in ancient times.¹



“An attribute that links a person to an undesirable stereotype, leading other people to reduce the bearer from a whole and usual person to a tainted, discounted one.”²



“A social construct whereby a distinguished mark of social disgrace is attached to others in order to identify and to devalue them. Thus, stigma and the process of stigmatization consist of two fundamental elements: the recognition of the differentiating ‘mark’ and the subsequent devaluation of the person.”³

1. Link & Phelan, 2001

2. Goffman, 1963, p. 11

3. Jacobsson & Arboleda-Flórez, 2002, p.25



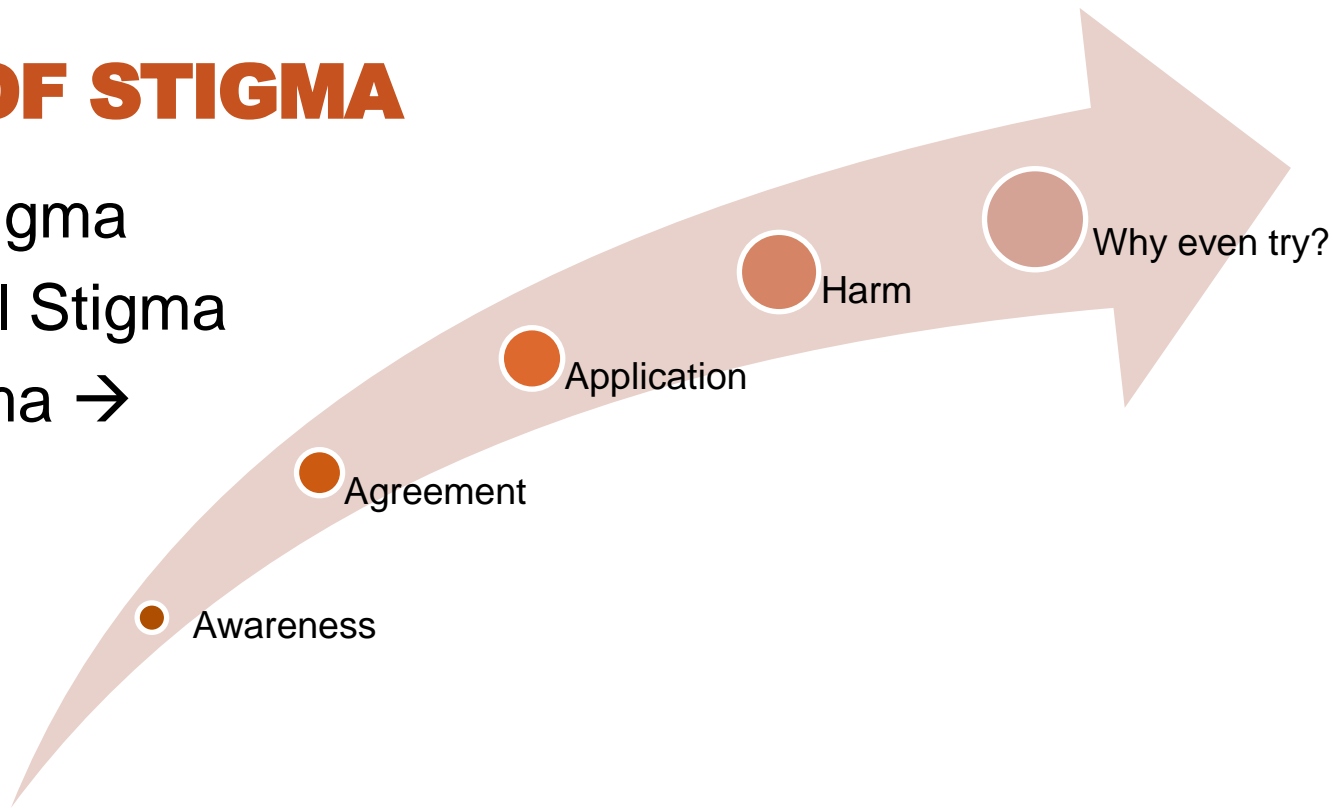
WHAT EXACTLY IS STIGMA?





TYPES OF STIGMA

- Social Stigma
- Structural Stigma
- Self stigma →





STIGMA IS COMPLICATED

Describing Stigma:

What stigma looks and feels like

- Negative attitudes, judgements, and stereotypes
- Problematic labels and language use
- Negative client-provider interactions
- Shame and the internalization of addiction
- Punitive and exclusionary policies and practices

Impacts of Stigma:

How stigma gets in the way

- Affects how we conceptualize, frame, and prioritize the current crisis
- Leads to hiding and creates barriers to help seeking
- Contributes to ongoing system mistrust and avoidance of services, particularly among marginalized populations
- Results in poorer quality care and response

Sources of Stigma:

Tension points and contributing factors

- Punitive views about addiction, treatment, and recovery
- Illegality of illicit opioids and other drugs
- Viewing people with opioid use problems through a paradigm of worthiness and deservingness
- Trauma, compassion fatigue, and burnout

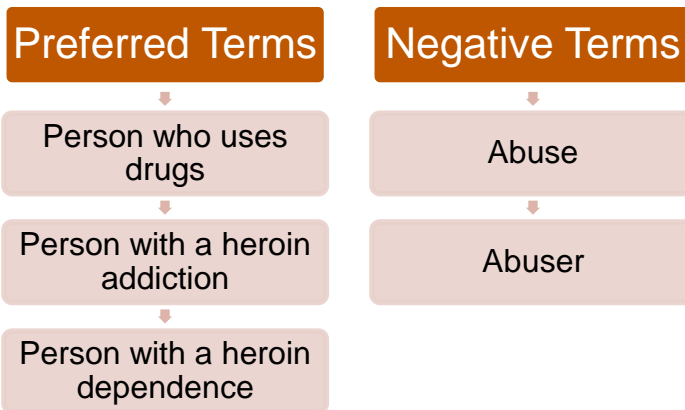
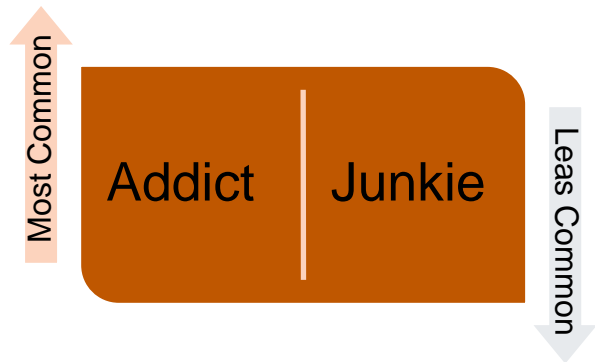
Tackling Stigma:

Promising approaches

- Education on addiction, treatment, and recovery
- Interventions focused on building client-provider trust
- Social contact as a key stigma reduction tool
- Training in trauma informed practice and care
- Inward-facing training to build resilience and mitigate burnout
- Address system gaps and barriers

HOW DO PATIENTS REFER TO THEMSELVES?

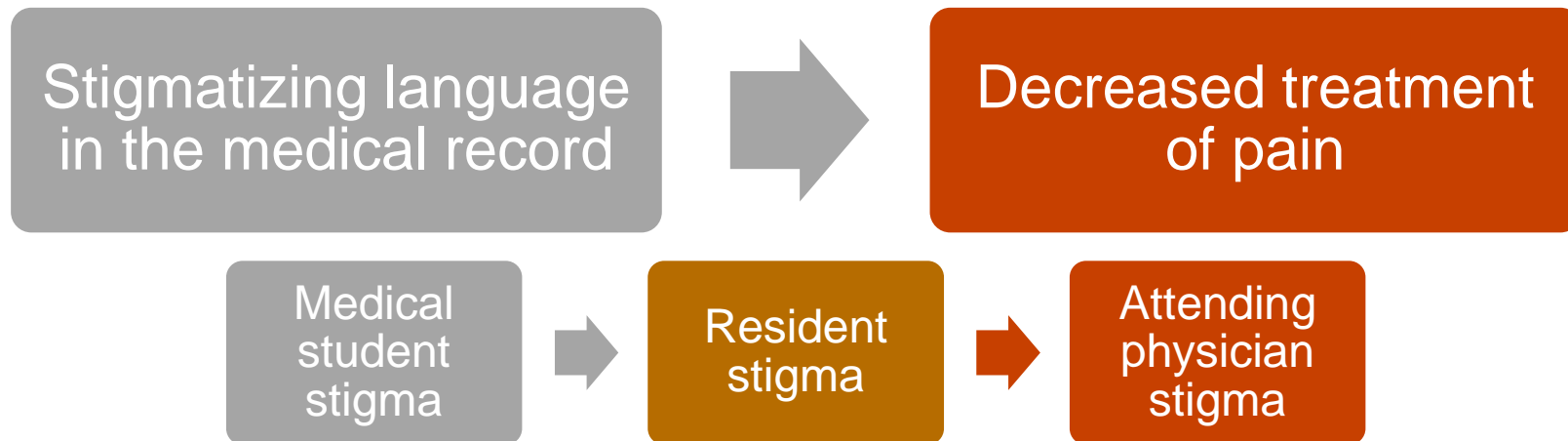
- 250+ patients evaluated at a Massachusetts substance use clinic





HOW DOES STIGMA MANIFEST IN CLINICAL PRACTICE?

Health professionals have a negative attitude towards patients with SUDs.





HOW DOES STIGMA MANIFEST IN CLINICAL PRACTICE?

- Discontinuation of life-saving treatment to receive liver transplant.
- Denial of valve repair surgery in endocarditis.
- Shame, prolonged hospitalization, and potential justice-system involvement for pregnant patients.

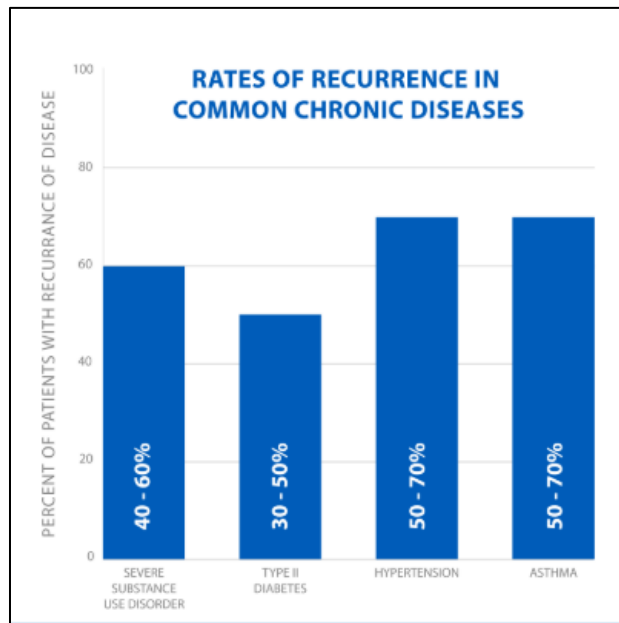


HOW DOES STIGMA MANIFEST IN CLINICAL PRACTICE?

Substance use disorders are treated as a moral failing.

In reality:

- SUDs are driven by genetic and environmental factors
- Rates of recurrence very similar to other chronic diseases





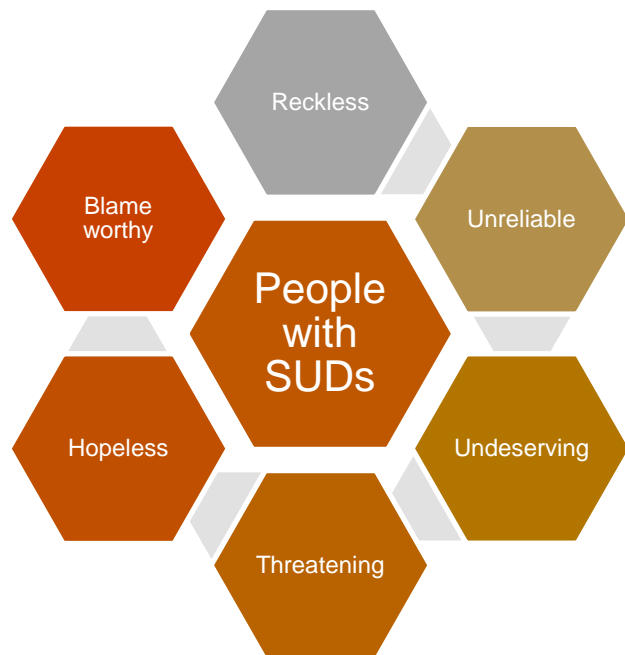
DEFINITION OF ADDICTION

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. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

-American Society of Addiction Medicine, 2019



HOW DOES THE GENERAL PUBLIC THINK ABOUT SUDs?



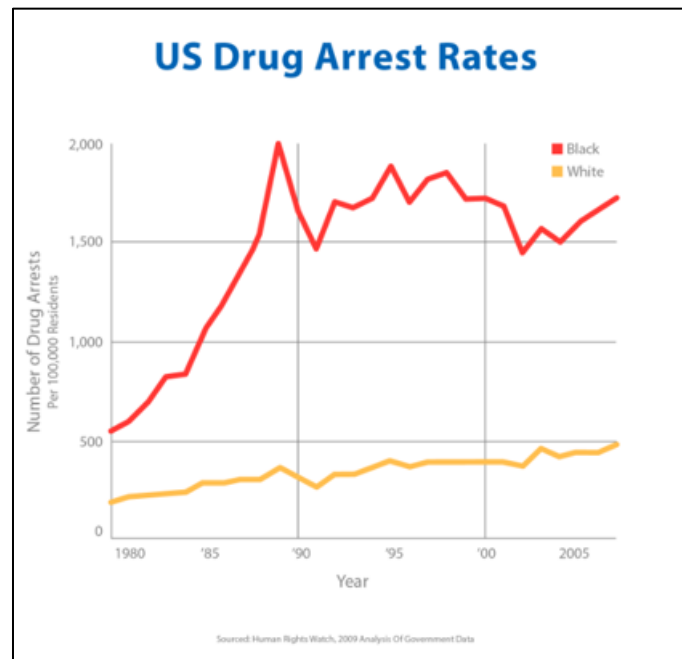
- SUDs are seen as being intimately linked to HIV, hep C, and DUI.
- In a survey of 1,000 adults, 75% felt patients with OUD were, themselves, to blame.



DRUG POLICY

1970s “War on Drugs”

- Cocaine then, heroin now.
- Responsible for large disparities among individuals of racial minority groups.
- Today, White patients are **35 times more likely** to receive treatment for OUD compared to Black patients. →





HOW DO HOSPITALS COME INTO PLAY?

Hospitals are **CRITICAL** access points.

and...

OUD screening, management, treatment, and harm reduction must be better addressed in hospitals.

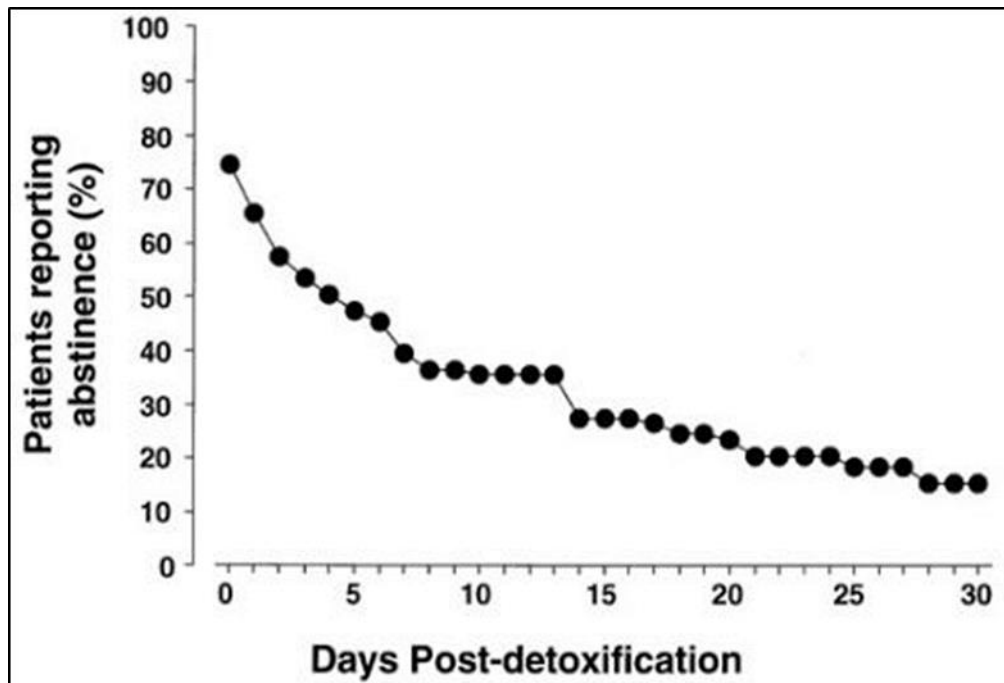
(True of all SUDs.)





WHAT WE DO AT MOST HOSPITALS TODAY:

- “Treat” withdrawal
- No long term treatment plans





PATIENTS HOSPITALIZED FOR OUD CONSEQUENCES

Overdose/
Poisonings

Withdrawal

Sexually
transmitted
infections

Hepatitis C

Endocarditis

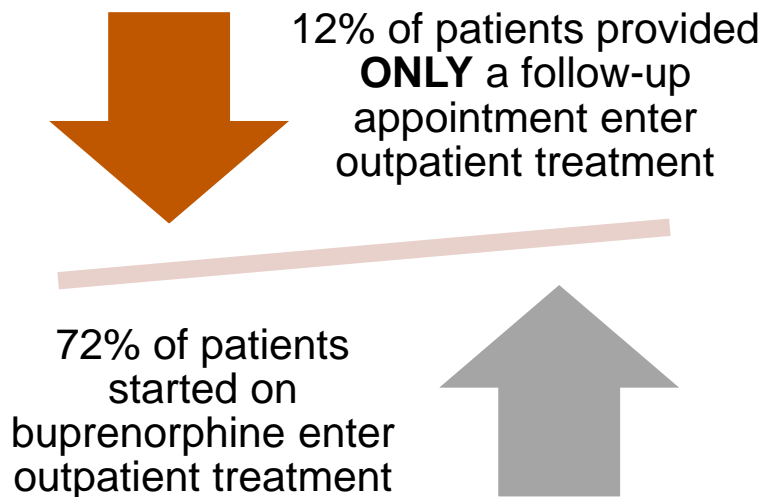
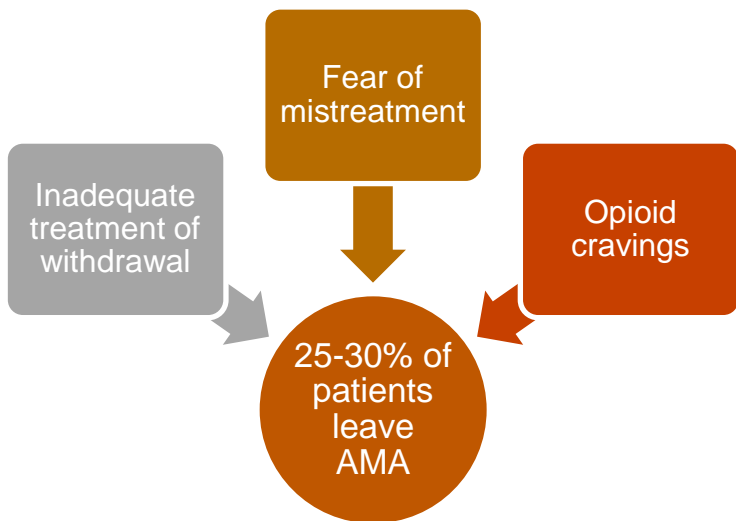
Epidural/
spinal
abscesses

Cellulitis



HOSPITALIZATION: A RECOVERY OPPORTUNITY

Hospitalization is a reachable moment.



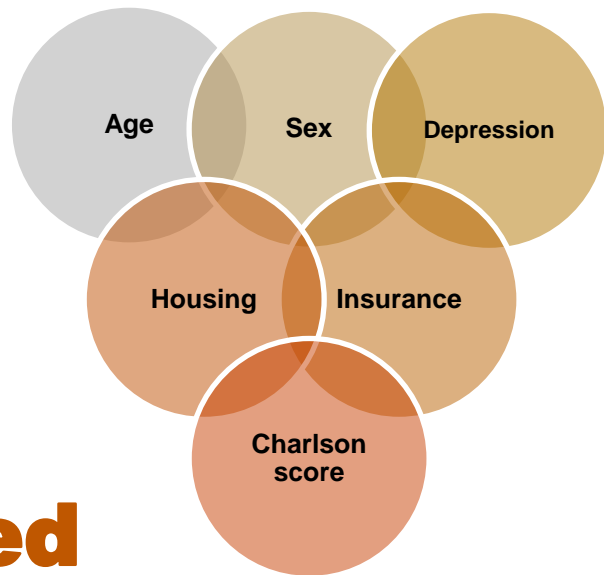


READMISSIONS

Patients with SUDs are more likely to be readmitted within 30-days.

1.7 times more likely to be readmitted

Even when adjusted for:





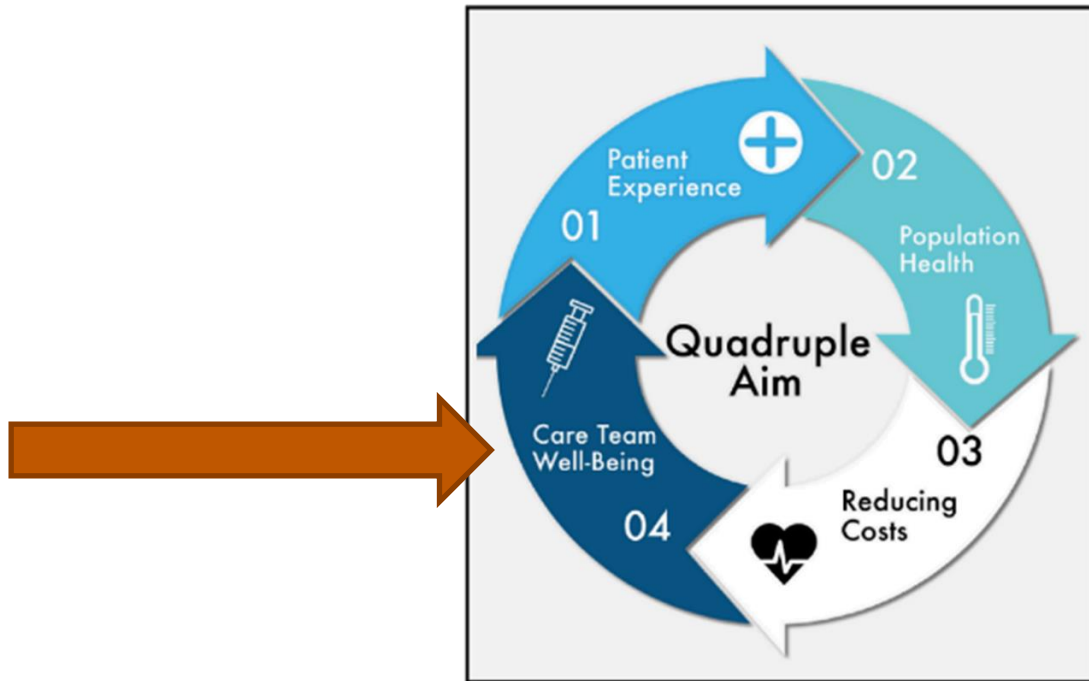
Among patients with opioid use disorder taking buprenorphine at the time of hospital admission...

53% reduction





THE QUADRUPLE AIM





BACK TO OUR JOURNEY

Our problem:

How can we treat hospitalized patients with opioid use disorder at our 200-bed academic hospital **without** a formal addiction medicine service?

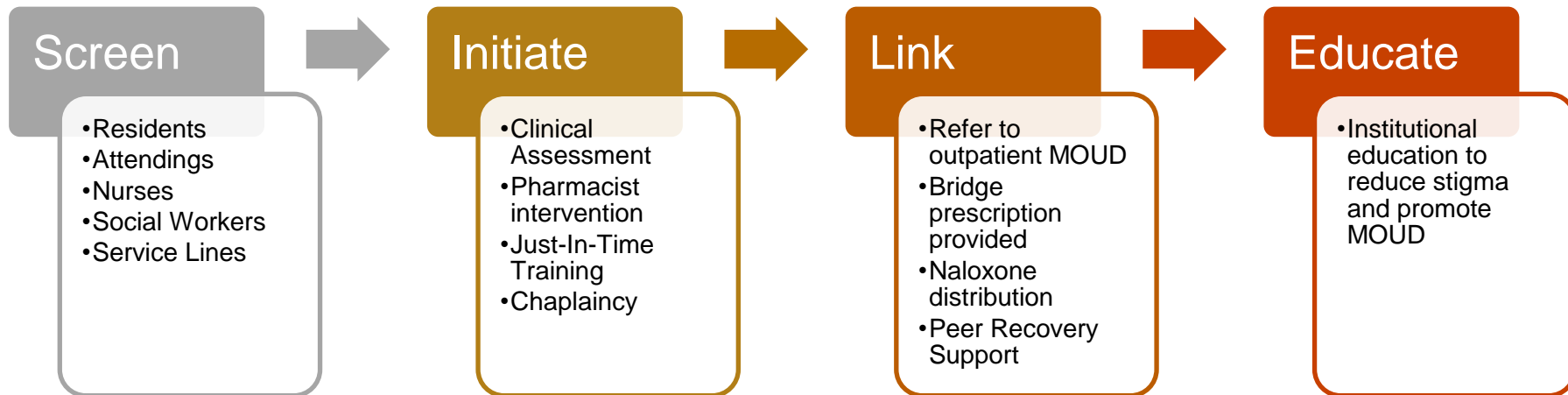
Our solution:

Empower existing teams



THE BUPRENORPHINE TEAM

An interprofessional and multidisciplinary group that works to:



* Without the presence of addiction medicine consultation service but with planned obsolescence



WHAT WE LEARNED ABOUT OUD TREATMENT AND STIGMA

Our initial focus was on medication administration but we inadvertently reduced stigma by:

The Bottom Line:

We recognize our hospital as a critical access point.
Addressing OUD is now our standard of care.



WHAT CAN YOU DO?

- Use person-first recovery-centered language



- Identify and eliminate structural barriers



- Sympathetic narratives → share patient stories



- Focus on solutions, not “problems”





USE APPROPRIATE LANGUAGE



Changing the Language of Addiction

ASAM
American Society of
Addiction Medicine

Terms that stigmatize addiction can affect the perspective and behavior of patients, clients, scientists, and clinicians. Clinicians especially need to be aware of person-first language and avoid more stigmatizing terms.

Terms Not to Use

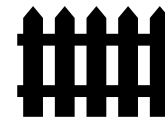
- addict, abuser, user, junkie, druggie
- alcoholic, drunk
- oxy-addict, meth-head
- ex-addict, former alcoholic
- clean/dirty (drug test)
- addictions, addictive disorders

Terms to Use

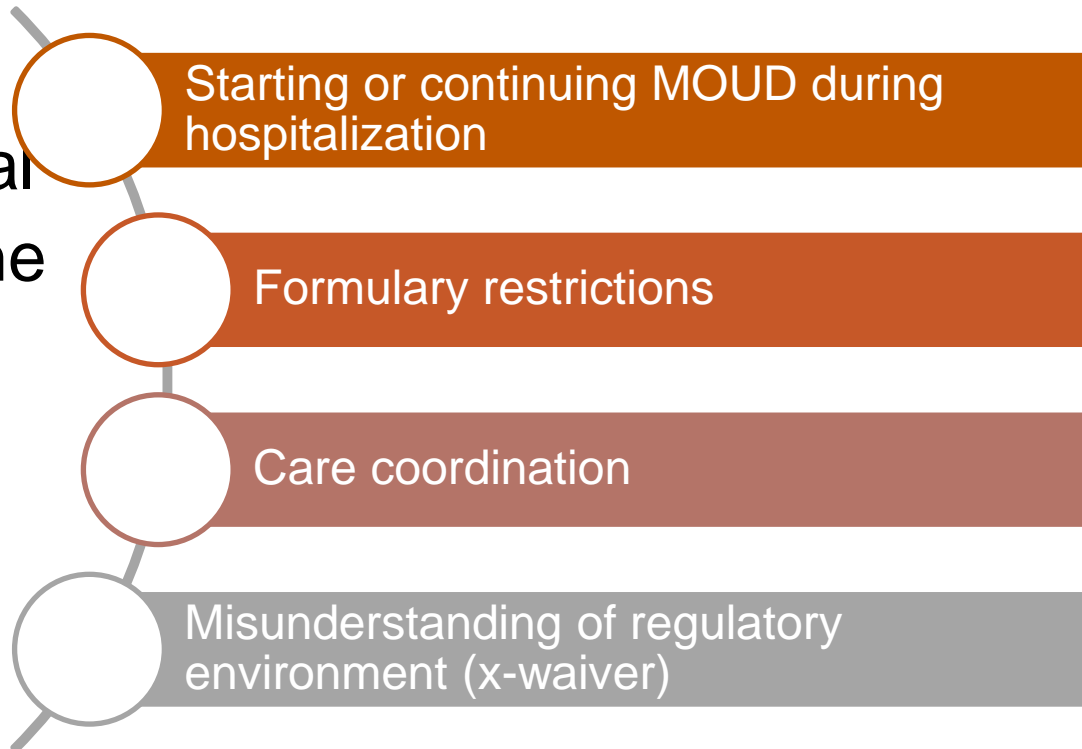
- person with a substance use disorder
- person with an alcohol use disorder
- person with an opioid use disorder
- person in recovery
- negative/positive result(s)
- addiction, substance use disorder



IDENTIFY STRUCTURAL BARRIERS

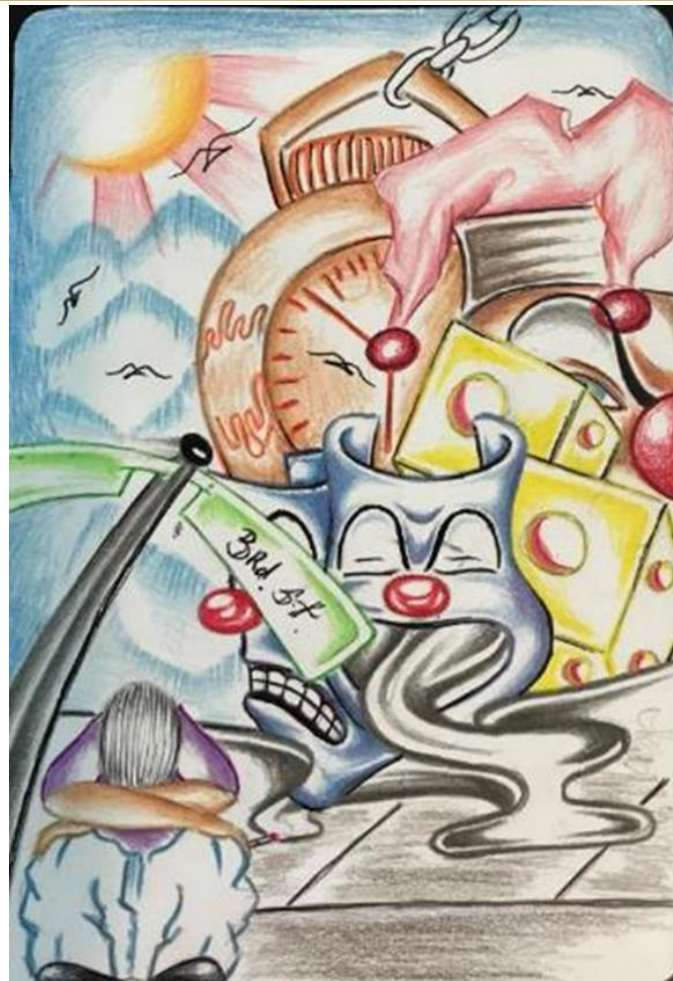


Policies or institutional actions that restrict the opportunities of targeted groups, whether intentional or not.





SYMPATHETIC NARRATIVE AND PATIENT STORIES





CONTINUE LEARNING

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PROJECT OBJECTIVES



- Design, create, and release two 20-minute learning modules for health professional learners related to stigma reduction of people with opioid use disorder (OUD).
- Disseminate free online tools to medical schools and residency programs across the country.
- Offer CME for physicians and other health professions.



Stigma and Opioid Use Disorder
MODULE 1 | SECTION 1 OF 5

Stories from People in Recovery

Reducing Stigma Educational Tools (ReSET)

www.ResetStigma.org



CONTINUE LEARNING

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THANK YOU

Please reach out with questions and collaborations!

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www.ResetStigma.org
