PERxU

Program Evaluation and Research Unit

Attitudes & Perceptions of Substance Use Disorder (SUD)

Training Series Part 2

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Training Series

PERU MOUD TA and CQI Expansion Project

Session 1: **July 13, 2022**
Attitudes and Perceptions of Substance Use Disorder

Training Series Part 1

Session 2: **August 17, 2022**
Attitudes and Perceptions of Substance Use Disorder

Training Series Part 2

Logistics

- **Participate** to the best of your ability.
- **Mute** yourself if you are not speaking.
- Enter **questions in the chat**.
- Use your **camera** (if possible).
- Complete **training evaluations**.

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Participant Awareness

- Some topics that are being discussed may be **uncomfortable** or triggering for some participants.
- Please feel free to take short **breaks** if needed.

Training Requests

- **Consider** the impact of **patients' experiences**.
- Allow for safe and **open discussion**.
- **Set an intention** to make some change(s) in your practice.

Learning Objectives

- Define **recovery** and its elements.
- Challenge **negative beliefs** about opioid use disorder and **medications** for opioid use disorder (MOUD).
- Recognize the **impact** of provider **language** on **patient engagement**.
- Recognize **strategies** for identifying and **avoiding stigma**.

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Training Series Part 1 Summary

- Staff may experience **compassion fatigue** and **burnout** that can impact their work.
- There is a **strong connection** between **trauma** and the development of an **SUD**.
- Patients experience **stigma** both **internally** and **externally**.
- **Structural or institutional** stigma occurs when assumptions and stereotypes are **adopted** into policy, resource allocation, and practice.[1]

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([1]HRC, n.d)

Recovery

Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

(SAMHSA, 2012)

Common Elements of Recovery

Treating addiction as a chronic disease that can enter a stage of “remission”

Understanding that complete abstinence from substance use is not a goal for everyone

Viewing recovery as a journey that may involve cycles of recurrence/return to use

Addressing whole-person wellness beyond substance use behaviors or patterns

(US DHHS, 2016)

Recurrence of Use

A return to substance use can be a normal part of the recovery process.

- Patient substance use recurrence may happen but **DOES NOT** equate to a “moral failing” of the patient or the patient being a “lost cause.”
- **No one treatment** will work for all patients with an SUD.
- Replace value-laden terms like “relapse” with **descriptive language** like “return to substance use.”

(US DHHS, 2016)

Recovery Process

The treatment plan may require adjustment; recovery is a process that involves change.

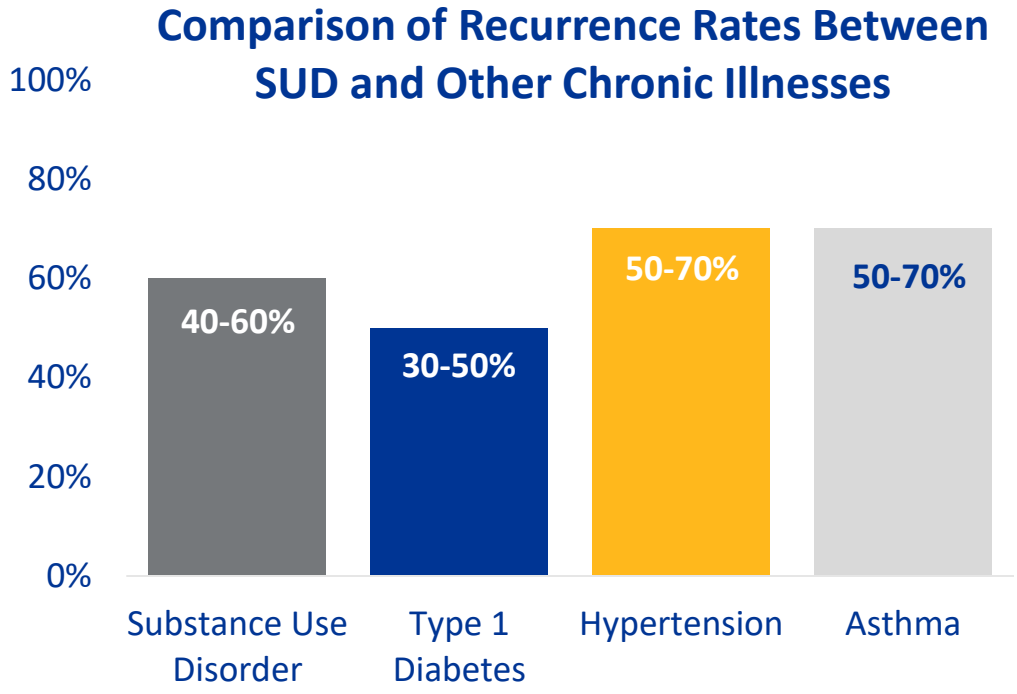
- Treatment options should be carefully considered, and decisions made based on what is **best for the patient**, just as when treating chronic illness.
- If someone is unable to maintain recovery with their current treatment plan, they may need a referral to **more intensive treatment** or additional recovery supports.

(SAMHSA, 2020)

Treatment and Recovery

Recovery is a reality for 23.5 million Americans with SUDs.

Patients involved in SUD treatment have shown as good or better treatment adherence and **comparable rates of recurrence** as patients in treatment for chronic illnesses like hypertension and diabetes.



(McLellan et al., 2000)

Opioid Use Disorder Treatment

Medications for Opioid Use Disorder (MOUD)

Medications for opioid use disorder (MOUD) refers to the use of medications, with or without behavioral therapies, to treat OUD.

- In this approach, the medication is considered the first-line treatment.
- This contrasts with the framing of medication as “assisting” other treatment.

(NASEM, 2019)

Goals of MOUD

- MOUD is **not intended to 'cure'** OUD or addiction.
- Addiction can be a chronic illness that impacts individuals for their **entire lifetime**.

Misconception:

"MOUD is not effective because it doesn't cure opioid use disorder."

(NIDA, 2018; SAMHSA, 2019)

Goals of MOUD

- MOUD **manages** the **physiological aspects** of addiction.
- This allows patients to focus on identifying the **underlying causes** of substance use and work toward recovery.

Misconception:

"MOUD is not effective because it doesn't cure opioid use disorder."

(NIDA, 2018; SAMHSA, 2019)

MOUD and Addiction

Misconception:

"MOUD replaces one addiction with another."

- One characteristic of addiction is repeated use of a substance **despite negative effects** on mental health, physical health, and interpersonal relationships.
- Taking a medication prescribed by your doctor **does not meet this definition**.[1,2]

([1]Wakeman & Barnett, 2018; [2]NIDA, 2018)

MOUD and Addiction

Misconception:

"MOUD replaces one addiction with another."

- Addiction involves a cycle of drug use leading to **euphoria, a crash, and cravings** to use again.
- Methadone and buprenorphine have gradual mechanisms of action; they **stabilize brain chemistry** without producing euphoria or leading to a crash.
- All three OUD medications help to **reduce cravings and the euphoric effects** of opioids.

(NIDA, 2018)

Treatment Length

Misconception:

"MOUD is only for the short term."

- There is **no one-size-fits all approach** to treatment length.
- Addiction may be viewed as a **chronic disease** requiring long-term care.

(SAMHSA, 2019)

Treatment Length[1,2,3]

Misconception:

"MOUD is only for the short term."

- In general, the **longer** that patients stay in treatment, the **better** their outcomes.
- Research **does not** support unassisted abstinence as an effective treatment for opioid use disorder.
- MOUD is **more effective** at reducing opioid use than treatment without MOUD.

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([1]SAMHSA, 2019; [2]Mattick et al., 2009; [3]Mattick et al., 2014;)

Role of Medically Supervised Withdrawal

- There is **no evidence** that detoxification programs are effective at treating OUD.[1,2]
- Medically supervised withdrawal can be the **first step** in addiction treatment.[1,2]

Misconception:

"MOUD should only be used for detoxification."

([1]SAMHSA, 2019; [2]NIDA, 2018)

Role of Medically Supervised Withdrawal

- Without treatment after detoxification, patients are **likely to start using again**.[1,2]
- Detoxification, without other treatment, may increase chance of **overdose death** by lowering tolerance.[1,3]

Misconception:

"MOUD should only be used for detoxification."

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([1]SAMHSA, 2019; [2]NIDA, 2018; [3]Wakeman & Barnett, 2018)

Unassisted Abstinence

Misconception:

"MOUD is morally wrong. It is inferior to complete, unassisted abstinence."

- Scientific evidence suggests that addiction can be viewed as a **chronic disease.**
- It is caused by **repeated exposure** to a drug, coupled with genetic or environmental **risk factors**.
- This process leads to **physical changes** in the brain's opioid receptors.

(SAMHSA, 2019; NASEM, 2019)

Unassisted Abstinence

Misconception:

"MOUD is morally wrong. It is inferior to complete, unassisted abstinence."

- Addiction can be treated and managed with medication and counseling, much **like other medical conditions**.
- MOUD is **more effective** than treatment approaches that focus on complete, unassisted abstinence.

(SAMHSA, 2019; Nielsen et al., 2016)

Buprenorphine Diversion

- Most people who use diverted buprenorphine do so to **stave off withdrawal** and not use other opioids.
- People may use illicit buprenorphine because they cannot afford or **access treatment**.

Misconception:

"Patients prescribed buprenorphine will sell it."

(Velander, 2018)

Buprenorphine Diversion

- Review buprenorphine levels with **UDS** and conduct **film/pill counts** to check for diversion.
- Diversion is observed with **all types** of medications. Buprenorphine and antibiotics are both diverted about 20% of the time.

Misconception:

"Patients prescribed buprenorphine will sell it."

(Velander, 2018)

Healthcare Provider Perceptions of SUD

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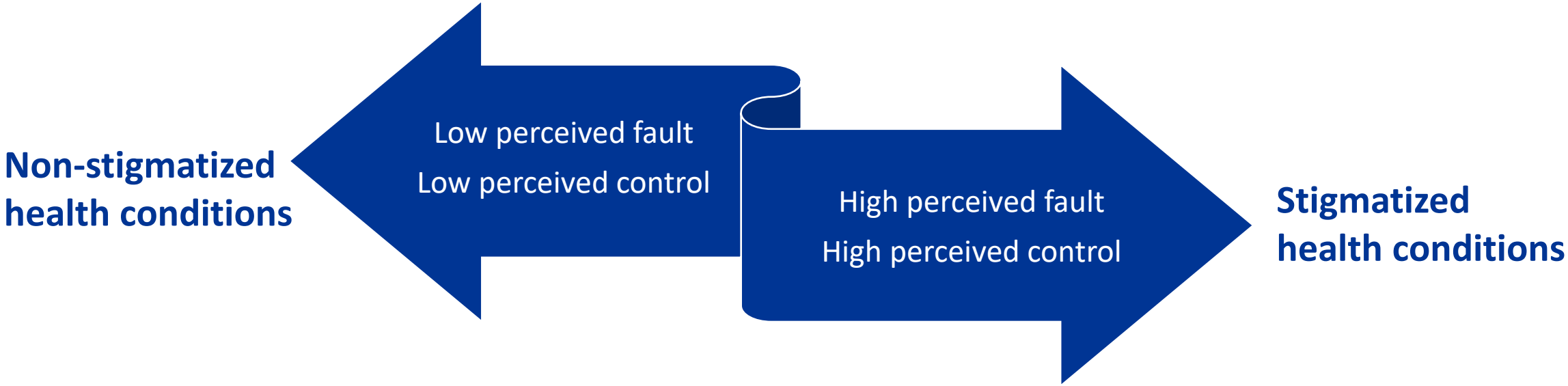
Components of Healthcare Provider SUD Perception

Two main factors affect stigma surrounding patient health conditions

- Perceived **fault** of the patient in acquiring the condition
- Perceived **control** that the patient has over the condition



(SAMHSA, 2017)

Stigma in Healthcare

"The complex set of **attitudes, beliefs, behaviors,** and **structures** that interact at different **levels of society** (i.e., individuals, groups, organizations, systems) and manifest in **prejudicial attitudes** about and **discriminatory practices** against people with mental and substance use disorders."

(Committee on the Science of Changing Behavioral Health Social, 2016)

Healthcare Treatment: Components of Stigma[1,2]

Labeling	Noticing and **naming** differences
Stereotyping	Associating named differences with **negative traits**
Separation	Labeling people as **separate** (i.e., “us” and “them”)
Status Loss	Assigning a **lowered placement** in social hierarchy
Discrimination	Allowing **unfair treatment** due to differences (may be individual or structural)

([1]Link & Phelan, 2001; [2]Phelan et al., 2014)

Impact of Stigma in Health and SUD Treatment

Stigma can contribute to suboptimal healthcare by:

- Making **shorter** visits[1]
- Creating social **distance** between clients and providers[2]
- **Discouraging** appointment **attendance** and follow-up
- **Diminishing** personal **engagement**[1,3]
- Impacting **referrals** to specialty care
- **Disrupted trust** with the clinician[3]
- Encouraging **guarded behavior**[3]

([1]van Boekel et al., 2013; [2]van Boekel et al., 2015, [3]Scott and Wahl, 2011)

Patient Advocacy with Professional Peers

Recognize and **mitigate** the effects of **stigmatization** and subsequent health disparities.[1]

Provide **education** and resources such as the *SAMHSA TIP: 63: Medications for Opioid Use Disorder Document.*

Strengthen practice environments by **refusing** to practice in ways that would create a **negative** impact on the quality of care.[2]

Address confidentiality issues and **discrimination** against patients who take OUD medication.[3]

([1]Mundy, et al., 2012, [2]ANA, 2015, [3]SAMHSA, 2020)

Strategy Share

How can you advocate for all patients with SUD in your practice setting?

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Stigma & Language

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Stigma and Language

Stigma can be perpetuated through **language**.

- Word choice has a **measurable effect** on the way that individuals with a substance use disorder (SUD) are perceived.[1]
- Using stigmatizing and negative language to describe people with an SUD can **negatively impact** their physical and mental health.[2]

([1]Van Boekel et al., 2013; [2]Kelly et al., 2016)

Research Findings

Some terminology is more likely to universally evoke a **negative response**. **These terms should not be used:**

- "Abuser," "addict," "junkie," and "alcoholic"

Terms that are more likely to universally evoke a **positive response:**

- People-centered terms (e.g., "person with an SUD") and recovery-focused language (e.g., "long-term recovery")

(Ashford et al., 2019)

Implications

- Groups become **sensitized** to specific words and phrases.
- Viewed as **unwelcoming** to the individual and could negatively impact patient connection and care.
- This necessitates very **thoughtful consideration** of the use of language with each group to enable **effective** engagement.

(Ashford et al., 2019)

Discussion Questions

How do you address stigmatizing language with **colleagues**?

Stigma Impact Levels

Individual:

Anticipation of being stigmatized can lead to **hiding** substance use, social **isolation**, and **not seeking help** or engaging with treatment

Health System:

Underinvestment in a high-addiction treatment

Societal:

Discrimination in insurance benefits, employment, and housing; **resistance** to community-based services; **punitive** rather than public health–oriented solutions

(McGinty & Barry, 2020)

Person First Language

Use "**person first**" language.[1-3]

- Calling someone "an addict" implies the person ***is*** the problem.
- Referencing "a person with substance use disorder" implies a person ***has*** a problem that can be addressed.

([1]SAMHSA, 2017; [2]Kelly et al., 2015; [3]Ashford et al., 2018)

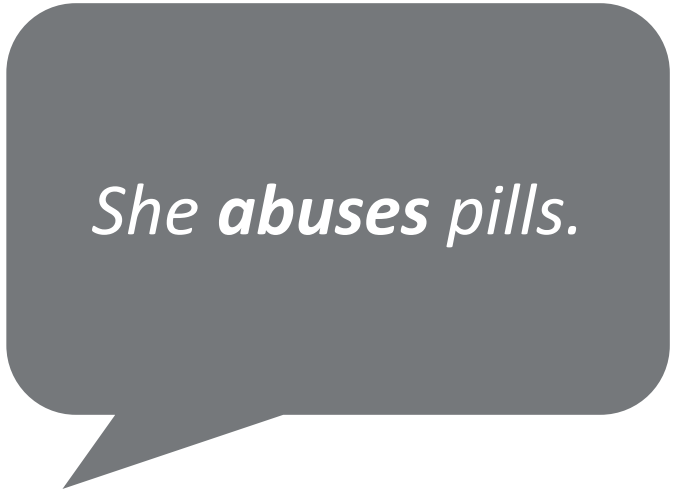
Clear, Technical Language

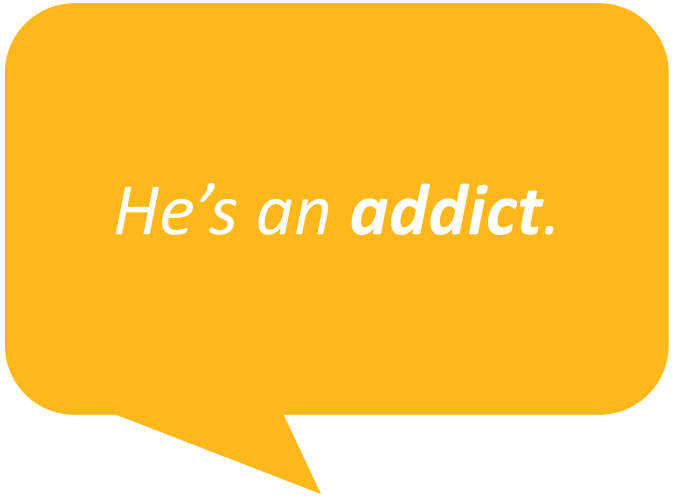
Use **clear, technical language** with a single, clear meaning.[1,2]

- Referencing "dirty urine" **conflates drug use status with cleanliness**.
- Referencing a "positive urine drug screen" presents a **clear depiction** of test results.

([1]SAMHSA, 2017; [2]Kelly et al., 2015)

Common Examples





The word "abuse" has negative, immoral associations.

Labels and depersonalizes the patient.

([1]Van Boekel et al., 2013; [2]Kelly et al., 2015)

Language Replacement

Stigmatizing Terminology	Alternative Terminology
Abuser, Addict, Alcoholic, Junkie	Person with a Substance Use Disorder
Substance Abuse	Substance Use Disorder
Denial	Ambivalence
Relapse	Recurrence/Return to Use
Relapse Prevention	Recovery Management
Clean/Sober	Drug Free, Substance Not Used for [Time Period]
Resistant to Treatment	Choosing Not To/Ambivalent about
Noncompliant	Not Adhering to Treatment Plan

([1]SAMHSA, 2017; [2]Kelly et al., 2015)

Nonverbal Communication

Nonverbal communication includes **tone**, **posture**, and face/body **movements**.

- Poor nonverbal communication reinforces stigma and is associated with worse patient outcomes.
- Appropriate **eye contact**, encouraging **tone of voice**, and open **body posture** are recommended.

(Chahal, 2017)

Stigmatizing Images

Stigmatizing images of people who use substances are common and harmful.

- Police departments have **shared photos** of people who have **overdosed**.
- Shocking or extreme images of people who use drugs increase the sense of **social separation** and otherness.

(Schuppe, 2016)

Stigma in Visual Portrayals

- **Media** coverage of overdoses and addiction
- Portraying people as "**other**" not deserving the same rights as "**us**"
- Visuals and wording used in creating client facing **literature**

Bremond, Addiction Stigma from an Intersectional Perspective, 2022

(Khushminder, 2017)

Video Reflection

(Montgomery College, 2018)

Key Points

- Recurring substance use is a **normal part of the recovery process**.
- There is strong **evidence** of negative treatment outcomes related to OUD and MOUD **stigma**.
- Performing a **language audit** can help to reduce the effect of stigma in your work.
- The use of non-stigmatizing language supports **retention in services**.

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Questions?

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Receiving Credit & Next Steps

1. **Complete the continuing education registration.**

LINK: https://cce.upmc.com/content/ushering-out-stigma-training-substance-use-disorder-attitudes-and-perceptions-peru-session-2817

2. Complete the training evaluation.

LINK: Attitudes and Perceptions of Substance Use Disorder Training Evaluation Part 2 - August 17

3. Thank you for attending the 2-part training series!

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