Reducing Stigma in Care for Patients with Substance Use

CREATING A CULTURE OF CARE SEEKING

Conflicts of Interest

- None

Learning Objectives

1. To identify sources of stigma in the health care system for patients with substance use disorders.

2. To illustrate the biopsychosocial model of addiction.

3. To understand the importance of taking a non-stigmatizing substance use history.

4. To describe the principles of harm reduction as they relate to patient care.

Outline

- Consequences of stigma

- How to reframe addiction and shift to the biopsychosocial model

- Basics of Stigma Reduction
  - The Language We Use
  - Taking a Better History
  - Written documentation
  - Shifting to a Harm Reduction Framework
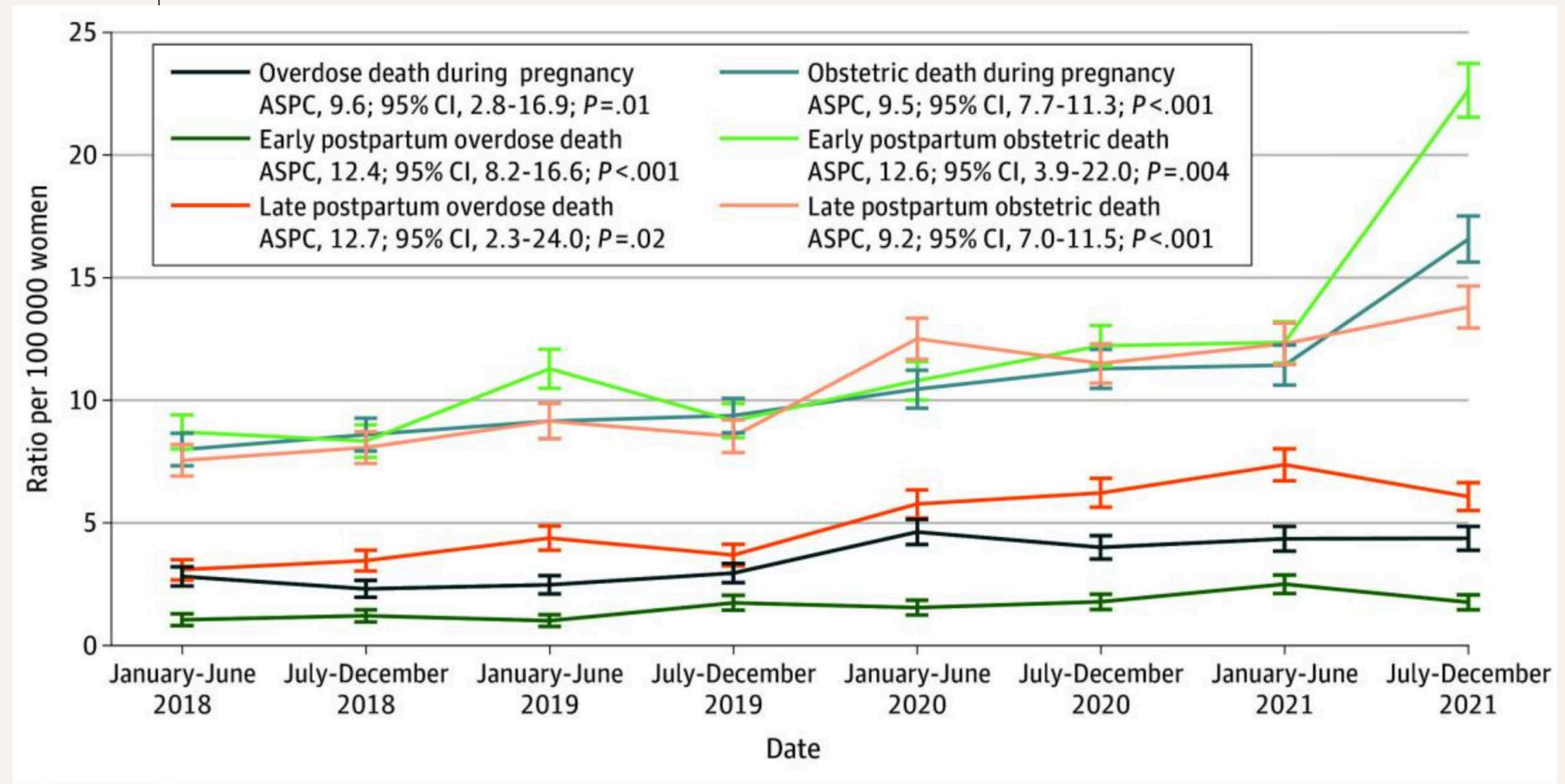
- Moving Forward and Next Steps

Clinical Case

- 21 year old woman who injects fentanyl and methamphetamines is presenting to the Emergency Department because of an injection site infection.

- This is her 6th visit to the ED this year.

- She is found to be pregnant.

- What words come to mind to describe this patient and how you are feeling about her care?
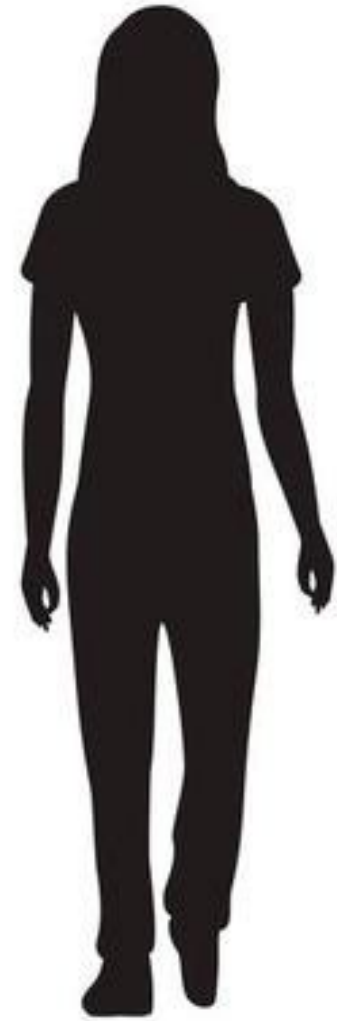
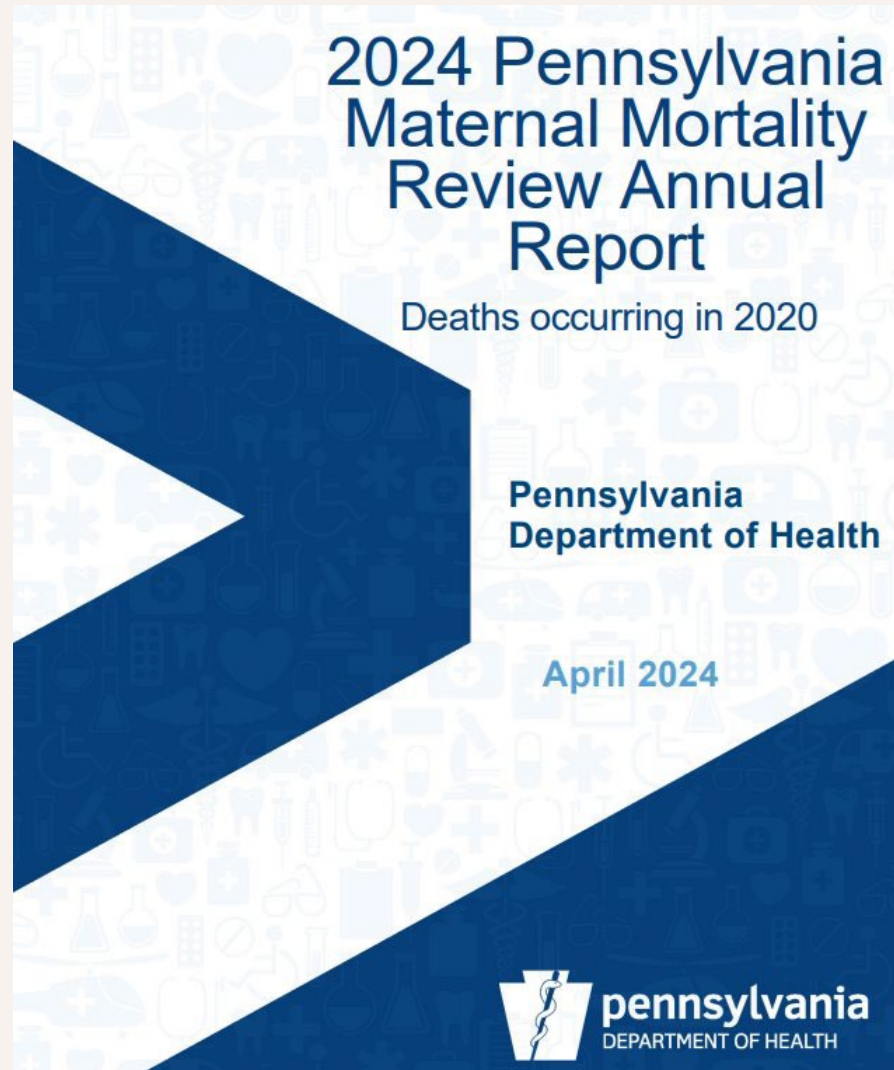# Mentimeter Word Cloud Audience Activity

Opioid Use Disorder and Maternal Mortality

- Overdose is a leading cause of mortality in this population

- Rates are increasing in some populations

Han B, Compton WM, Einstein EB, Elder E, Volkow ND. Pregnancy and Postpartum Drug Overdose Deaths in the US Before and During the COVID-19 Pandemic. JAMA Psychiatry. 2024 Mar 1;81(3):270-283. doi: 10.1001/jamapsychiatry.2023.4523. PMID: 37991773; PMCID: PMC10918496.

Maternal Mortality

41% of cases identified substance use as a contributor to cause of death

2024 Pennsylvania Maternal Mortality Review Annual Report

Deaths occurring in 2020

Pennsylvania Department of Health

April 2024

pennsylvania
DEPARTMENT OF HEALTH

Levels of Stigma

- Individual

- Institutional
  – Carceral system
  – Policies and Social Welfare Organizations
  – Health Care Systems

- By association

- Self-stigma

Pregnancy Amplifies Stigma

Negative Consequences of Stigma

- Care avoidance

- Poor health outcomes

- Misconceptions, inaccuracy, perpetuating of myths

Health Care Systems are Full of Stigma: Why

- Hierarchical decision making

- Care is provided within the medical clinics

- Health defined as absence of disease

- Assumption that abstinence is the goal

- Societal norms and legal stigma are accepted as legitimate

# Health Care Systems are Full of Stigma: So Then

- People who use drugs (PWUD) lose trust in health care settings

- Struggle with access

- Avoid care, especially preventive care

- Use lowest barrier services when absolutely needed

- Have worse medical outcomes

Reframing Addiction: The Biopsychosocial Model

- Genetics
- Neurobiology
- Health Comorbidities

- History of Trauma
- Psychiatric Disease

- Community
- Culture
- Availability
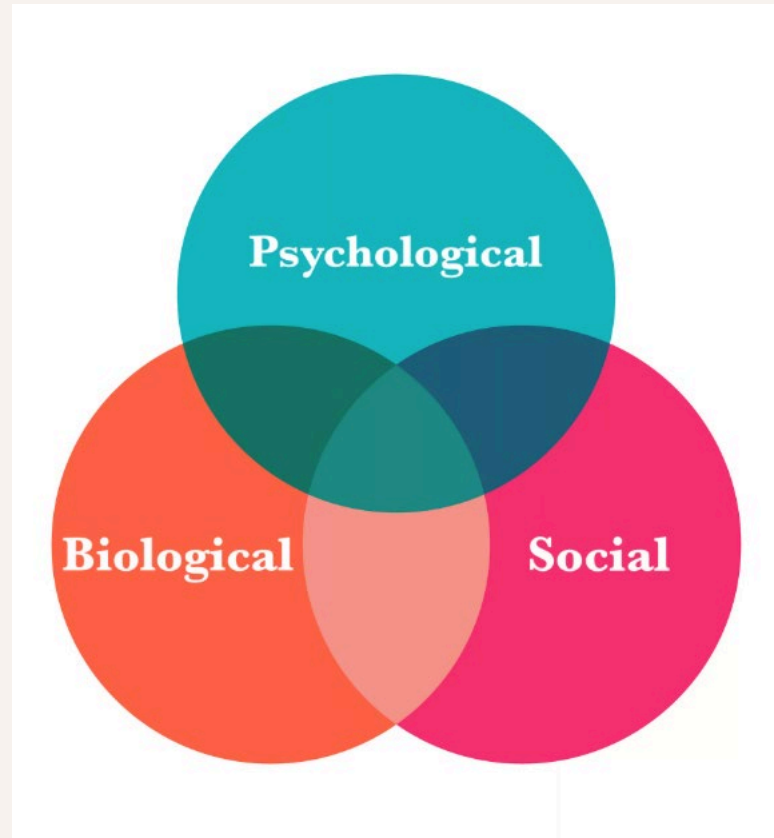
- Addiction is a treatable chronic medical condition

- Outcomes when treated are similar for other chronic diseases

- Addiction is preventable and treatable

Language Matters

- More accurate
- Acknowledges complexity
- Not always reflected in patient language

✔ NON-STIGMATIZING LANGUAGE	✔ STIGMATIZING LANGUAGE
• Person with a substance use disorder	• Substance abuser or drug abuser • Alcoholic • Addict • User • Abuser • Drunk • Junkie
• Babies born with an opioid dependency	• Addicted babies/born addicted
• Substance use disorder or addiction • Use, misuse • Risky, unhealthy, or heavy use	• Drug habit • Abuse • Problem
• Person in recovery • Abstinent • Not drinking or taking drugs	• Clean
• Treatment or medication for addiction • Medication for Opioid Use Disorder/Alcohol Use Disorder • Positive, negative (toxicology screen results)	• Substitution or replacement therapy • Medication-Assisted Treatment • Clean, dirty

Taking a Better History

Make screening part of your practice

Normalizing positive responses

Discussing incarceration in a way that does not presume guilt

Do not make assumptions

Motivational Interviewing

Written Words Also Matter

Notes leave a legacy of bias → Can significantly influence transfers of care → Associated with patient outcomes

Substance abuser vs. Patient w/ SUD

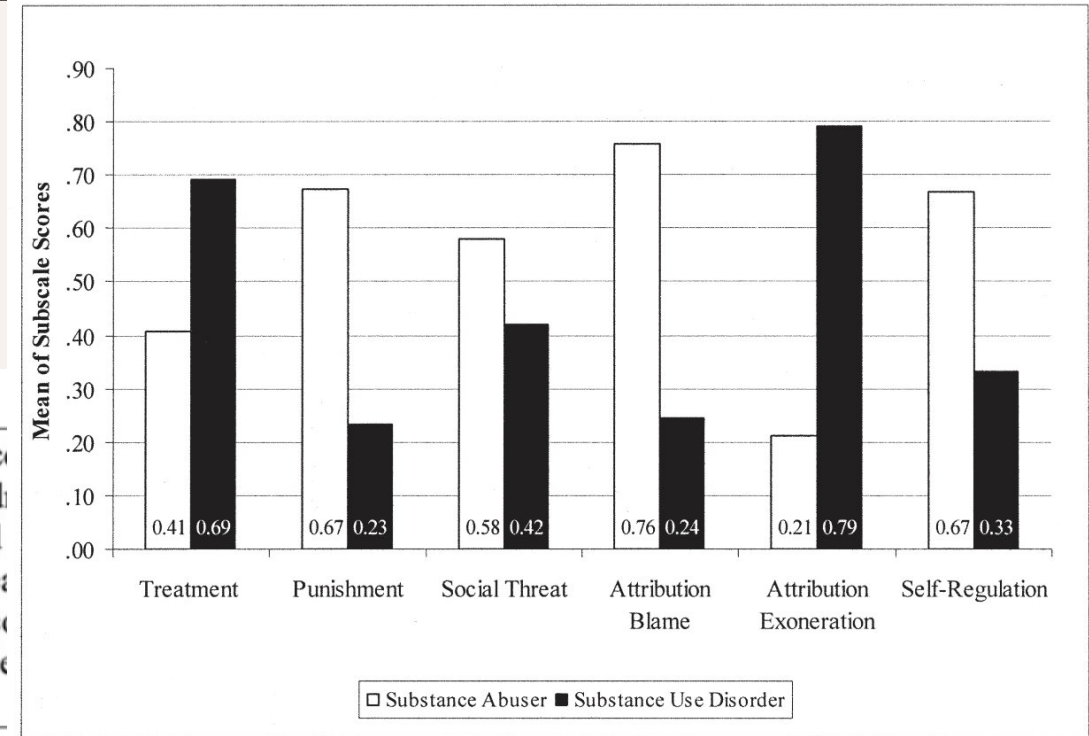FIGURE 1. SUBSCALES COMPARING THE "SUBSTANCE ABUSER" AND "SUBSTANCE USE DISORDER" DESCRIPTIVE LABELS

"Substance Abuser"

Mr. Williams is a substance abuser and is attending a treatment program through the c[...] of the program Mr. Williams is required to remain abstinent from alcohol and other d[...] been compliant with program requirements, until one month ago, when he was found [...] positive urine toxicology screens which revealed drug use and a breathalyzer re[...] revealed alcohol consumption. Within the past month there was a further urine toxic[...] revealing drug use. Mr. Williams has been a substance abuser for the past few years. He [...] his appointment with the judge to determine his status.

"Substance Use Disorder"

Mr. Williams has a substance use disorder and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has had a substance use disorder for the past few years. He now awaits his appointment with the judge to determine his status.

- Treatment recommendations
- Punitive Feelings
- Concern for social threat
- Ability to Self-Regulate

Kelly, J. F., Dow, S. J., & Westerhoff, C. (2010). Does Our Choice of Substance-Related Terms Influence Perceptions of Treatment Need? An Empirical Investigation with Two Commonly Used Terms. Journal of Drug Issues, 40(4), 805-818. https://doi.org/10.1177/002204261004000403

Creating a Culture of Acceptance and Striving

Next Steps:
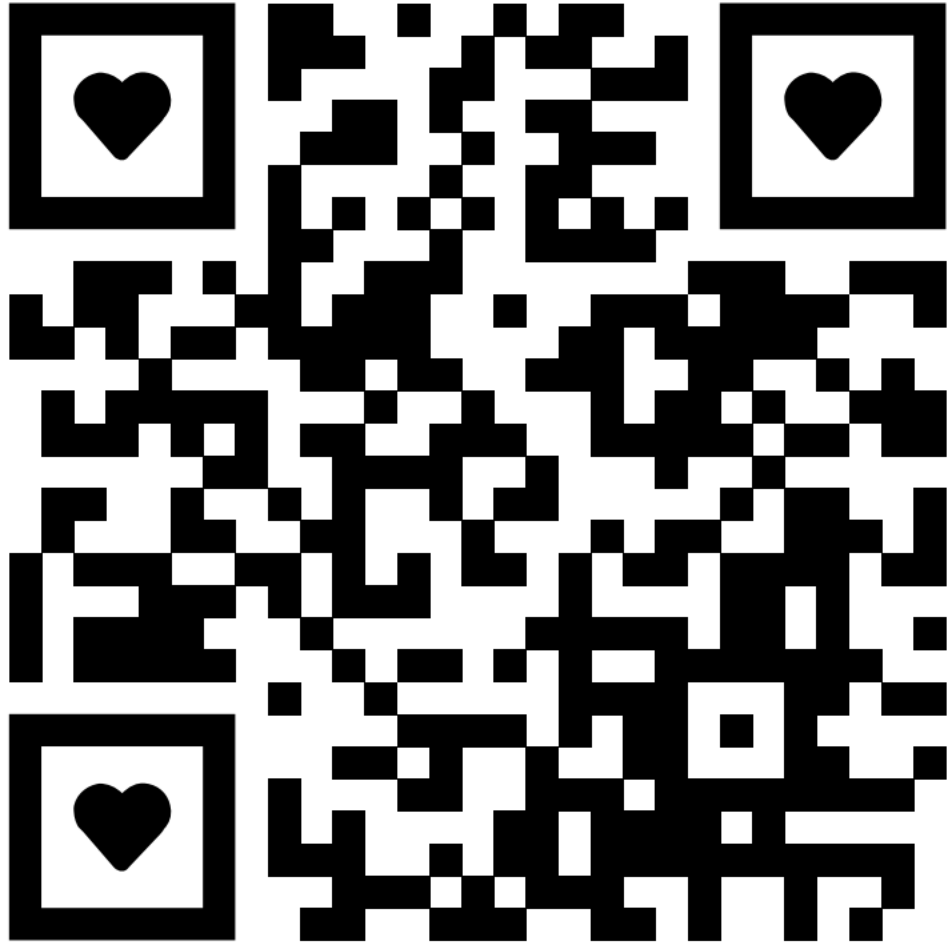# Creating a Culture of Care Seeking

Harm Reduction

Everything has risks and rather than saying DON'T DO IT (which for many things in life is impractical) we try to help people do things more safely to reduce risks.

Shifting to a Harm Reduction Framework

- Humanism

- Pragmatism

- Individualism

- Autonomy

- Incrementalism

- Accountability without Termination

Whether or not patient is using drugs, we care about them and want them to have a healthy pregnancy.

Hawk M, Coulter RWS, Egan JE, Fisk S, Reuel Friedman M, Tula M, Kinsky S. Harm reduction principles for healthcare settings. Harm Reduct J. 2017 Oct 24;14(1):70.

PREGNANCY AND SUBSTANCE USE

A HARM REDUCTION TOOLKIT

NATIONAL HARM REDUCTION COALITION

Academy of Perinatal Harm Reduction

Meeting People Where They Are

Creating Health Systems that Work for Patients

Get Comfortable Talking With Patients

BE CURIOUS

RADICAL EMPATHY

PRACTICE

Education at All Levels of Patient Care and Contact

- Normalizing the care that we are providing

- Fostering a team

- Training, Reinforcing, and Re-Training

Building Trauma- Informed Practices
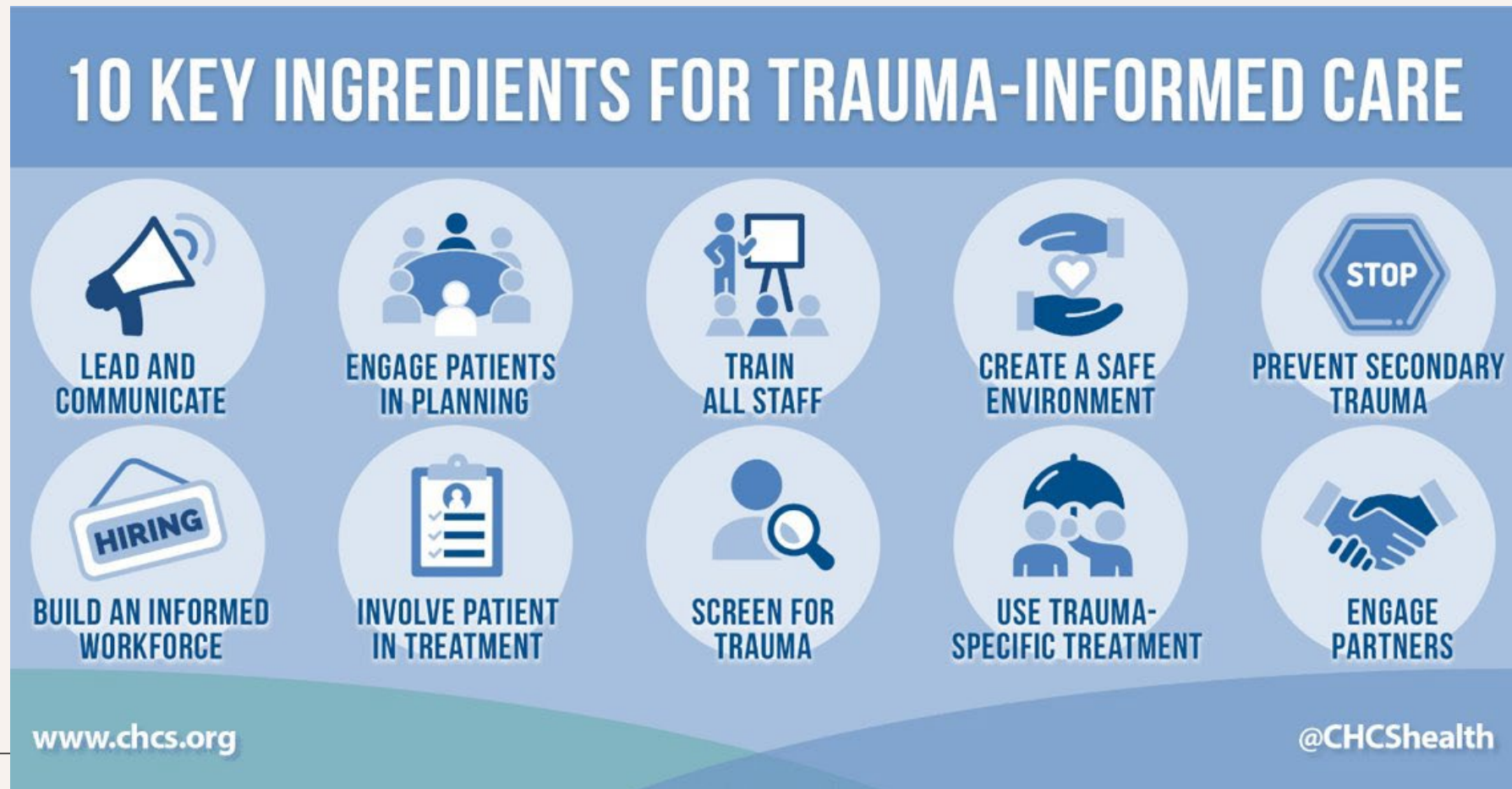
Peer Recovery Specialists: The Magic

- Lived experiences that are relatable
- Certified, have undergone an extensive training pathway
  - Give patients hope
  - Make patients feel understood
  - Help patients feel empowered
- Knowledgeable about resources

Emotional Support

Informational Support

Instrumental Support
(practical help)

Affiliational Support
(support with making social connections)

Conclusions

- We need to actively work to reduce/eliminate stigma.

- Substance use disorders are a chronic disease and have successful evidence-based treatments.

- Health care settings are stressful for patients with substance use disorders.

- There are ways to make it easier for patients with substance use disorders to engage in health care including incorporating harm reduction principles.

Questions?

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