

Fight Stigma in the Pharmacy: Using the Right Words to Support Patients with Opioid Use Disorder

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Provides support to prescribers and their practices, pharmacists, and healthcare teams in addressing the needs of their patients with substance use disorders and chronic pain management.

All Services are FREE

- Phone consultation for clinical questions
- Education and training opportunities related to substance use disorders and chronic pain management
- Assistance with addiction and behavioral health resources and referrals
- Technical assistance to practices implementing or expanding office-based addiction treatment services
- MACS TeleECHO™ Clinics: collaborative medical education through didactic presentations and case-based learning

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DACS provides support to primary care and specialty prescribers in addressing the needs of their patients with substance use disorders and chronic pain management.

All Services are FREE

- Phone consultation for clinical questions provided by expert addiction medicine specialists
- Education and training opportunities related to substance use disorders and chronic pain management
- Assistance in the identification of substance use and behavioral health resources and referrals that meet the needs of the patients in your community

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1-866-337-DACS (3227) • www.DistrictACS.org

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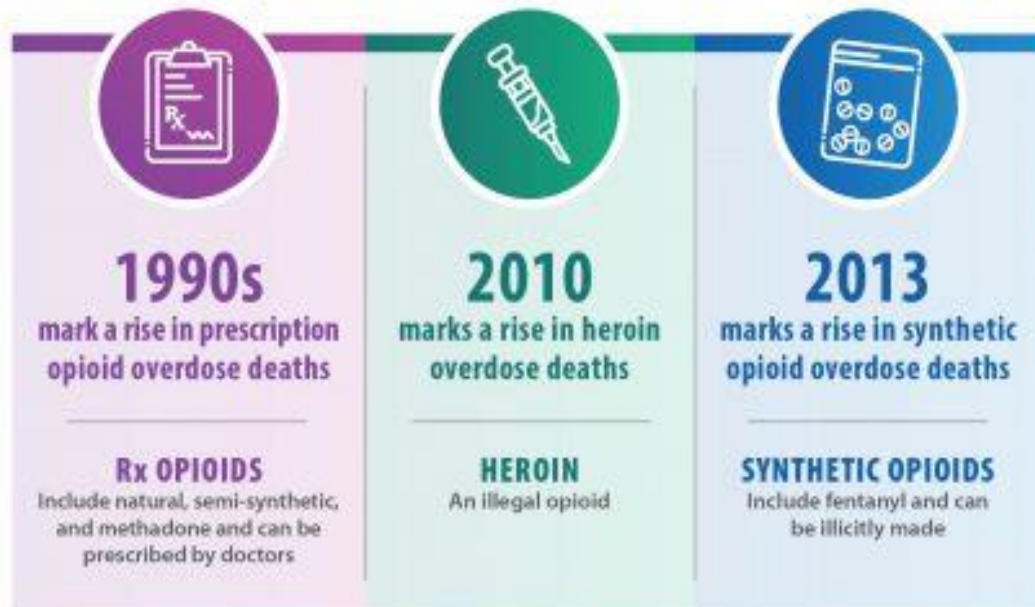
Learning Objectives

- At the end of this presentation, participants should be able to
 - Identify stigmatizing language commonly associated with opioid use disorder (OUD)
 - Determine person-first alternative terms, which can be employed in reducing stigma and supporting patients with OUD
 - Propose scenarios within a pharmacy setting where reducing stigma might improve patient outcomes and create strategies to reduce stigmatizing language

RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

NEARLY
500,000
PEOPLE DIED FROM AN
OPIOID OVERDOSE
(1999-2019)

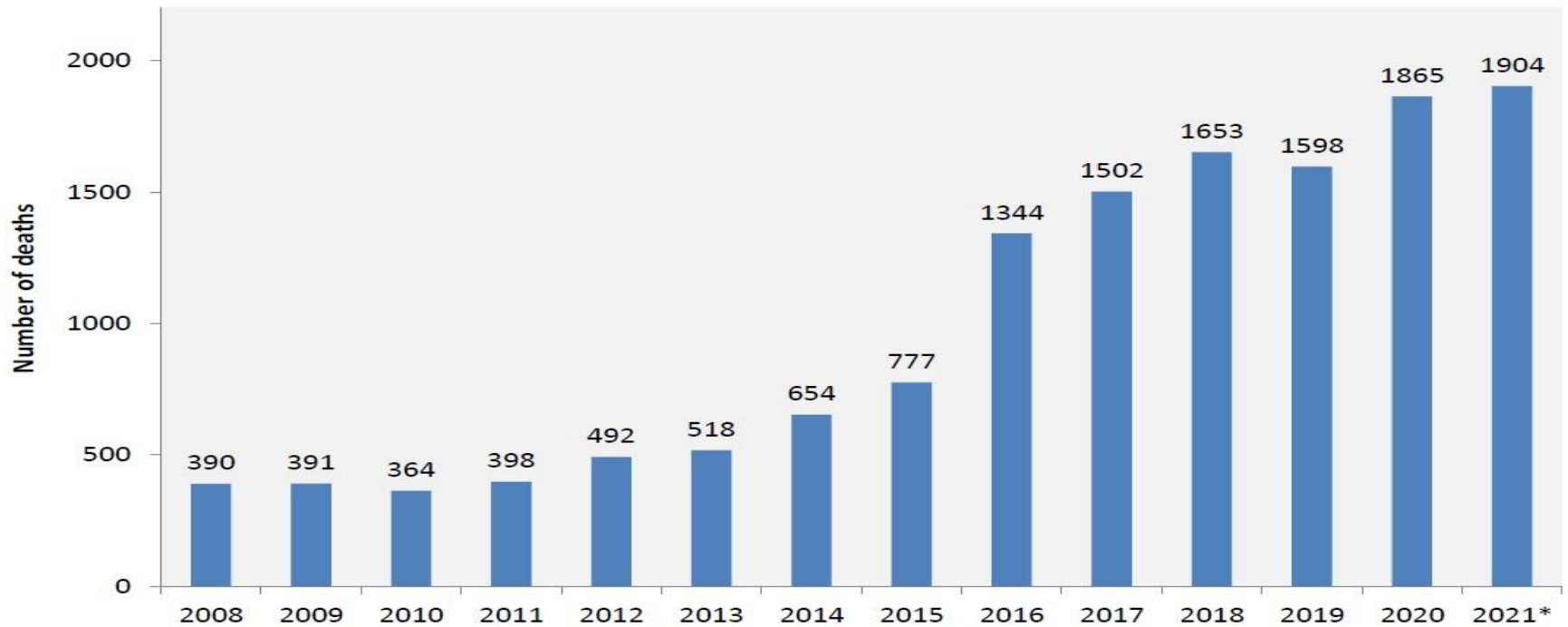
A Multi-Layered Problem in Three Distinct Waves



www.cdc.gov

Learn more about the evolving opioid overdose crisis: www.cdc.gov/drugoverdose

Figure 2. Number of Opioid-Related Deaths Occurring in Maryland from January through September of Each Year.*



*2021 counts are preliminary as of March 10, 2022.

2020 NSDUH Incidence Data

- 9.5 million aged ≥ 12 past yr misuse opioids in US
 - Rx opioids: 9.3 million
 - Heroin: 902,000
- 2.7 million aged ≥ 12 yo met criteria for opioid use disorder
- 41.1 million aged ≥ 12 yo needed substance use treatment
 - 4 million received any substance use treatment

What is stigma?

- Discrimination against an identifiable group of people, a place, or a nation
 - A label with an associated stereotype that elicits a negative response
- Common stigma towards patients with SUD include:
 - Dangerous
 - Unpredictable
 - Incapable of managing treatment
 - Caused their condition
 - Can stop at will



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Type of Stigma

- **Public stigma**: driven by stereotypes about people with OUD which translate into negative attitudes
- **Anticipated stigma**: stigmatized individuals are subjectively aware of negative attitudes and develop expectations of being rejected
- **Internalized (self) stigma**: people with a stigmatized identity accept their devalued status as valid, thereby adopting for themselves the prevailing negative attitudes embedded in public stigma

Type of Stigma (cont.)

- **Courtesy stigma**: family members and friends experience as a result of their affiliation with people with OUD
- **Enacted stigma**: behavioral manifestations of public stigma, including discrimination and social distancing
 - Leads to suboptimal care and affects access treatment/harm reduction services
- **Structural stigma**: totality of ways in which societies constrain those with stigmatized identities through mutually reinforcing institutions, norms, policies, and resources
 - Becomes encoded in cultural norms, laws, institutional policies
- **The types of stigma are interrelated/reinforcing and result in poorer health outcomes for patients with OUD**

Why are patients with SUD stigmatized?

- Progress with some mental illnesses (depression)
 - Focus on improving mental health
- SUD-related stigma remains
 - Stems from belief that addiction is a moral failing
 - Compared to other psychiatric disorders, patients with SUD more often blamed



National Institute of Drug Abuse. <https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>. Accessed 04/16/2020.



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Extent of the Problem: Media shapes our culture and societal policies

- “**Apparent junkies turn stretch of NYC’s Midtown into a shooting gallery**” *New York Post*. July 28, 2020
- “**Addicts at high risk of contracting the coronavirus.**” *Boston Herald*. March 14, 2020
- “**To some, Maddie was just a junkie': Obituary gives new take on drug addiction**” ABC News. October 18, 2020

Extent of the Problem: Healthcare Professionals

- Rates of stigma high among public and healthcare professionals

Kennedy-Hendricks, et. al. (family practice, internal medicine, pediatrics)

Beliefs about population	Endorsed
People addicted to Rx pain medication are more dangerous than the general population	66.4%
Landlords should be allowed to deny housing to a person addicted to Rx pain medication	37.5%
Perceptions of effectiveness of opioid addiction treatment options	
Most people addicted to Rx pain medication can, with treatment, get well and return to productive lives	69.2%
Effective treatment options are available to help people who are addicted to Rx pain medication	57.8%

McGinty, et. al. (family practice, general medicine, internal medicine)

Perceived effectiveness of medication for OUD	
Treatment of OUD is more effective with medication than without	67%
Persons can safely use medications in the long term to help them manage their OUD	63%



Extent of the Problem Pharmacy

- >59% (187) of pharmacists surveyed had high social distance scores
 - Indicates lack of willingness to interact with a patient with opioid misuse
 - Comfortable performing pharmacy tasks
 - Not comfortable forming therapeutic relationships which is important for patient care
- 20% (183:921) pharmacies surveyed in counties with high OD rates stated that they would not dispense buprenorphine

Werremeyer A, et al. Substance Abuse.2021;42(4):1-9.
Kazerouni NJ, et al. Drug and Alcohol Dependence. 2021;224:1-6.

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Extent of the Problem: SUD Treatment Programs

- Peer Support (12 step)/SUD treatment programs:
 - “Most programs view medication as a crutch for short-term use and provide only talk therapies. This widespread rejection of proven addiction medications is the single biggest obstacle to ending the overdose epidemic.” Maia Szalavitz, Author/Reporter *NY Times*
- Survey of 516 providers attending mental health care/addiction conference
 - Vignette using “substance abuser” vs “SUD”
 - Found abuser associated with > perception of blame and deserving of punishment compared with SUD

Szalavittx, Maia. OP-ED: Wrong Way to Treat Opioid Addiction. *NY Times*. January 17, 2018

Kelly JF, et.al. *International Journal of Drug Policy*.2010;21:2020-207.

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Negative Effects of Stigma in OUD

- Media representation adds to public stigma by instilling fear towards people with OUD
- Contributes to underinvestment in addiction treatment infrastructure
- Results in discrimination with insurance benefits, employment, housing
 - Parity legislation and the Affordable Care Act (ACA) requires insurance to cover SUD treatment in same way medical conditions covered, including medications
 - >50% of the states offering ACA plans in 2017 did not comply with coverage of SUD benefits
 - Interviews of SUD treatment providers demonstrated wide-variation in coverage (methadone, residential or intensive outpatient) between states and no state provided all ASAM levels of care
- Shapes public opinion favoring punitive vs health-oriented management
 - People with OUD who have been incarcerated and released need evidence-based treatment



What can healthcare professionals do?



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- Awareness of stigma and available resources
- Patient Centered
 - Use person-first and recovery-oriented language
 - Be familiar with terms to avoid (negative stereotypes, slang)
 - Listen without judgement
 - Treat everyone with dignity and respect
 - Humanize experiences of people with OUD
- OUD is a chronic relapsing brain disease
 - Use appropriate medical language with patients/colleagues
 - Understand susceptibility affected by genetic, developmental, psychiatric, and social factors, which are outside individual control



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What can healthcare professionals do?

- Assess patients using criteria for OUD defined in DSM-5-TR
 - Use specifiers (mild, moderate, severe) in discussing severity
- Prescribe and dispense evidence-based medications, when warranted
 - Identify local treatment programs supportive of all evidence-based treatment
- Understand duration of treatment is patient-specific (no single duration or limit)
- Use a universal approach ie naloxone
- Emphasize patients with OUD respond to treatment and can lead productive lives but it can take time

What is Person-First Language?

- “Maintains the integrity of individuals as whole human beings—by removing language that equates a person to their condition or has negative connotations.”
 - Neutral tone
 - Distinguishes person from his or her diagnosis



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Terms to Use and Avoid-Yourself or Others

Terms to avoid	Terms to use	Why?
Addict User Substance or Drug Abuser Junkie Alcoholic Drunk Substance Dependence	<ul style="list-style-type: none">• Person with...(OUD, AUD, SUD)• Person with opioid addiction...• Patient• Person in recovery	<ul style="list-style-type: none">• Person-first language• Shows that a person “has” a medical problem, rather than “is” the problem• Avoids negative associations, punitive attitudes, and blame
Habit	<ul style="list-style-type: none">• Substance use disorder• Drug addiction	<ul style="list-style-type: none">• Implies a choice• Undermines severity of the disease

Terms to Use and Avoid-Substances

Terms to avoid	Terms to use	Why?
Abuse	<p>For illicit drugs:</p> <ul style="list-style-type: none">• Use <p>For Rx medications:</p> <ul style="list-style-type: none">• Misuse, used other than prescribed	<ul style="list-style-type: none">• Associated with negative judgments/punishment
Clean/Dirty	<p>For toxicology screen results:</p> <ul style="list-style-type: none">• Testing negative/positive <p>For non-toxicology purposes:</p> <ul style="list-style-type: none">• Being in remission or recovery• Abstinent from drugs or alcohol• Person who uses drugs	<ul style="list-style-type: none">• Accurate terminology consistent with a medical disorder

Terms to Use and Avoid-Treatment

Terms to avoid	Terms to use	Why?
Methadone clinic	<ul style="list-style-type: none">• Opioid Treatment Program	<ul style="list-style-type: none">• Accurate terminology. Treatment with various evidence-based medications
Opioid Substitution Therapy/ Replacement Therapy	<ul style="list-style-type: none">• Opioid agonist therapy• Evidence-based medication for OUD• Pharmacotherapy	<ul style="list-style-type: none">• Avoid misconception medications substitute for another drug/addiction
Medication Assisted Treatment (MAT)	<ul style="list-style-type: none">• Medication to treat OUD• Pharmacotherapy for OUD• Medication for Addiction Treatment	<ul style="list-style-type: none">• “Assisted treatment”<ul style="list-style-type: none">-undervalues the role of medication-unlike other medical disorders

Resources

- MDH Website: **Before it's too late.** <https://beforeitstoolate.maryland.gov/>
 - Handouts/Documents: Words Matter
 - Video PSAs:
 - <https://youtu.be/Z6OTQ5n5654>
 - <https://youtu.be/baEI6B9LS5I>
- Providers Clinical Support System (PCSS)
 - Continuing Education: Stigma and OUD
 - <https://pcssnow.org/education-training/training-courses/stigma-and-oud/>
 - ↓ stigma involving addiction begins with the medical professional
 - <https://pcssnow.org/education-training/training-courses/decreasing-stigma-involving-addiction-begins-with-the-medical-profession/>
- NIDA: Words Matter-CME, video
 - <https://nida.nih.gov/drug-topics/addiction-science/words-matter-preferred-language-talking-about-addiction>
- Maryland Addiction Consultation Service (MACS)



MACS

**What if I need help managing patients with
OUD/SUD?**

MACS

Maryland Addiction Consultation Service

1-855-337-MACS (6227)
www.marylandMACS.org

*Provides support to prescribers and their practices across
Maryland in the identification and treatment of Substance
Use Disorders and chronic pain management.*

MACS Services

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MACS Team



Principal Investigator:
Eric Weintraub, M.D.

Physician Consultants:

- Family Medicine
- Internal Medicine/Primary Care
- Adult Psychiatry
- Child & Adolescent Psychiatry
- Anesthesia/Pain
- Infectious Disease

Other Consultants:

- **Pharmacists**
- Social Workers
- Psychologists
- Public Health Professionals
- TA Specialists
- Outreach Specialists
- IT Specialists

MACS Consultation



Prescriber/
Pharmacy staff
calls
1-855-337-MACS



Call is answered
by a behavioral health
consultant



Addiction specialists
including pharmacists
are available to answer
questions.



Within 24 hours caller
receives a summary of
consultation along with
relevant resources, referrals,
and tools



Pharmacists/Technician Calls

- Addressing buprenorphine ordering, dispensing or patient-related issues
- Selecting alternative buprenorphine manufacturers
- Understanding evidence-based dosing
- Discussing recommendations for alternatives based on medication indication and availability
- Prescribing pain medications for patients with history of SUD
- Providing harm reduction services such as naloxone
- Tackling access issues

MACS Trainings

Training is available to prescribers and **pharmacists** related to SUDs and chronic pain management. Training content is tailored to the needs of individual practices/practitioners.

- Webinars
- Presentations at conferences
- Grand Rounds
- CMEs
- Project ECHO
- Wavier qualifying trainings



Project ECHO

- Project ECHO empowers front-line healthcare professionals to provide the right care, in the right place, at the right time.
- Monthly
- Community of healthcare providers
- Case-based discussion
- Didactic presentation



Image Credit: NEJM : 364: 23, June 9-2011, Arora S, Thornton K, Murata G

www.marylandMACS.org/ECHO/

Humanizing/shared experiences reduce stigma

- <https://www.youtube.com/watch?v=PfwO4rrd5CM>



Discussion!

You are in a community pharmacy, and you hear the following discussion:

“He is a drug addict with long history of abuse, who just came by to pick up his Suboxone. Substituting one drug for another isn’t going to get him clean.”

- What stood out as stigmatizing language?
- Have you had a similar experience?
- What can you do to combat stigma?
 - Model person-first centered language and empathy
 - Emphasize chronic disease model/evidence-based treatment
 - Treatment is effective and patients can live productive lives
 - Routinely screen for SUD
 - Refer for treatment
 - Share resources



Conclusion

- Opioid Use Disorder/Addiction is a chronic medical disease.
- Using medical, person-first terminology can improve patient outcomes by reducing stigma!
- MACS is a free service available to answer your questions and provide resources on managing patients with substance use disorders and pain.



Questions



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