

Why Words Matter

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

Types of Stigma

- Public stigma: driven by stereotypes about people with OUD which translate to 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

Types 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 to treatment/harm reduction services

Types of Stigma (cont)

- Structural stigma: totality of ways in which societies constrain those with stigmatized identities through mutually reinforcing institutions, normal, policies and resources.
 - Become encoded in cultural norms, laws and institutional policies.
- **The types of stigma are interrelated/reinforcing and result in poorer health outcomes for patients with OUD**

Intersectionality of Stigma

- When an individual or group experiences multiple stigmas that are not only overlapping but also synergistic
 - **Substance use disorder**
 - **Gender (“unfit mother”)**
 - **Racial**

Parenting people with SUD report 49% greater odds of experiencing stigma compared to non-parenting people with SUD

Assessing Our Own Bias



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Common stigma towards patients with SUD

- Dangerous
- Unpredictable
- Incapable of managing treatment
- Caused their condition
- Can stop at will
- Are difficult to work with
- Do not care about their babies

<https://nida.nih.gov/nidamed-medical-health-professionals/health-professionals-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

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%

Table I Example of How Each Level of Stigma Can Impact Outcomes for Pregnant Populations Using Substances

Level of Stigma	Example Situation*
Individual	A newly pregnant person believes they are a bad person because they use illegal substances and then delay seeking prenatal care.
Interpersonal	A newly pregnant person who uses drugs loses previously supportive friends or partners who may or may not also use drugs. The loss of support causes isolation, depression, and increased risk for overdose.
Organizational	A healthcare institution obtains a urine drug screen in a newly pregnant person without consent. They respond to the positive result by involving child welfare services but cannot provide further SUD care. As a result, the pregnant person loses trust in their new medical provider and is lost to further perinatal care.
Community	A substance use treatment facility does not offer a pregnant person evidence-based medications for the substance use disorder.
Public Policy	Criminalization of substance use and involvement of child welfare services in pregnancy decreases someone's engagement in medical care, increasing morbidity and mortality of the substance use for the parent and child.

Note: *Example situations were generated based on the authors' clinical experiences.

Why are patients with SUD stigmatized?

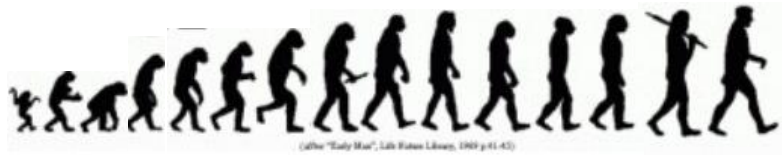
- Progress with some mental illnesses (depression)
 - Focus on improving mental health
- SUD-related stigma remains
 - Stems from belief that addiction is a moral failing
 - Compared to other psychiatric disorders, patients with SUD are more often blamed

<https://nida.nih.gov/nidamed-medical-health-professionals/health-professionals-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

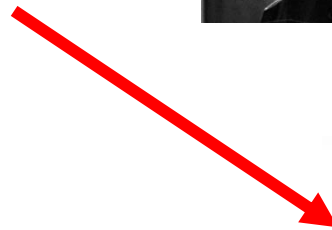
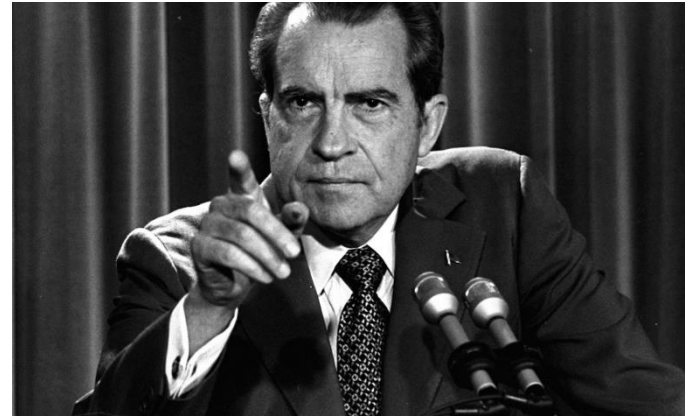
Assessing Our Own Bias



History



1971

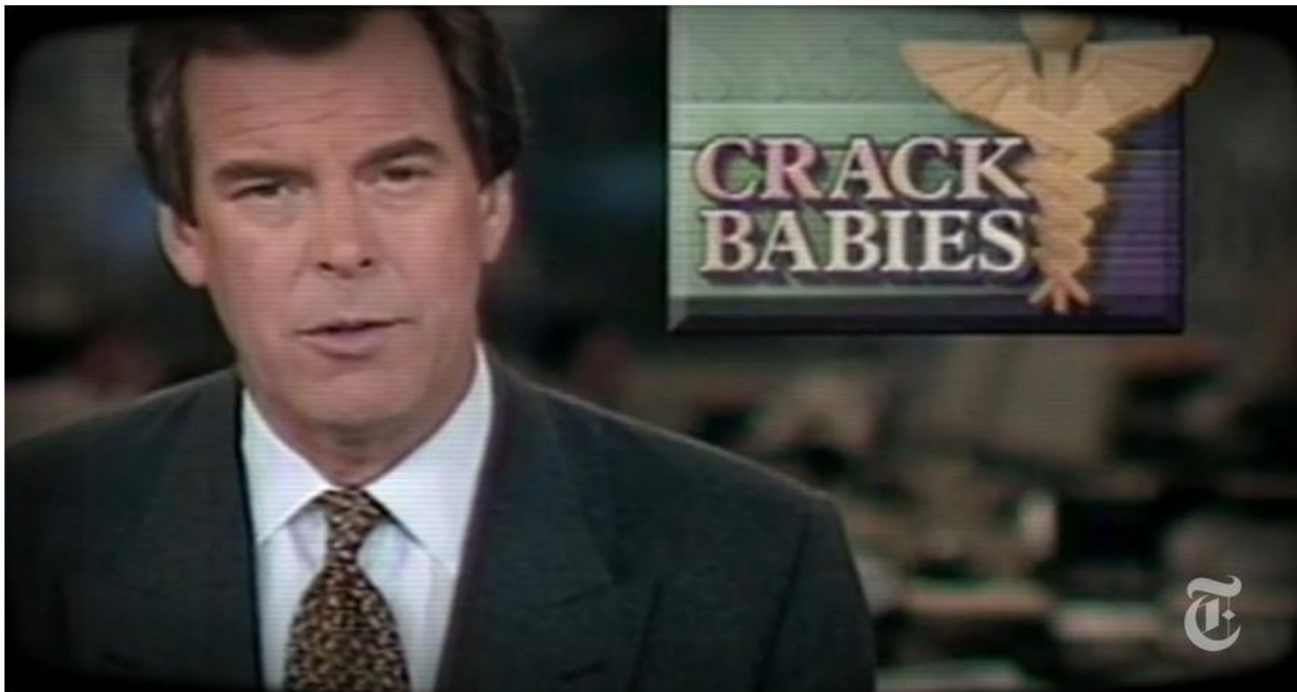


1973



The New York Times

Revisiting the 'Crack Babies' Epidemic That Was Not



HEALTH

A Tide of Opioid-Dependent Newborns Forces Doctors to Rethink Treatment

By CATHERINE SAINT LOUIS JULY 13, 2017



The most vulnerable victims of America's opioid epidemic

Helpless & Hooked

A REUTERS INVESTIGATION

The New York Times

Rise in Infant Drug Dependence Is Felt Most in Rural Areas

By CATHERINE SAINT LOUIS DEC. 12, 2016



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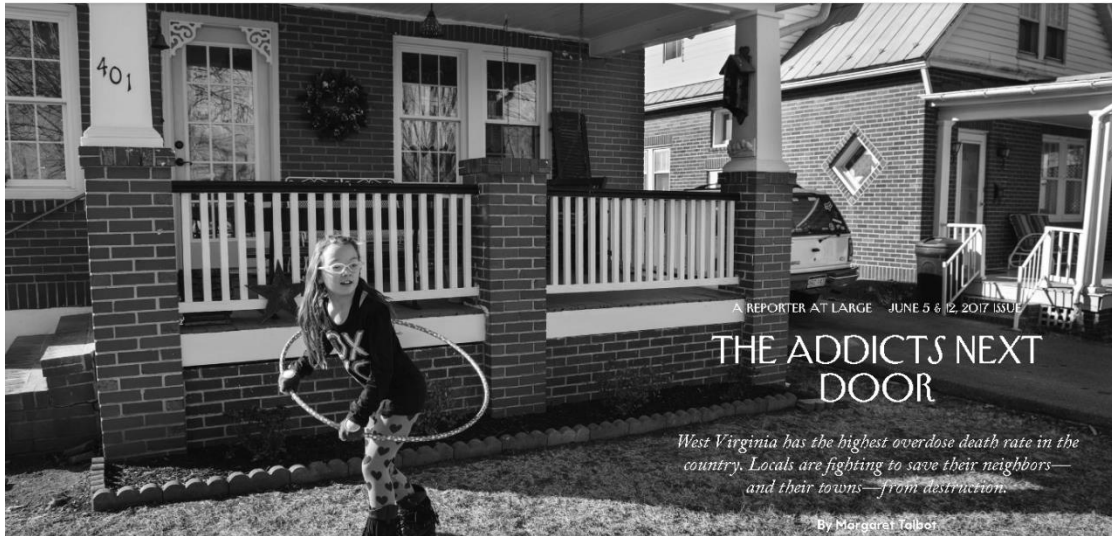
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A REPORTER AT LARGE JUNE 5-6 | 2017 ISSUE

THE ADDICTS NEXT DOOR

West Virginia has the highest overdose death rate in the country. Locals are fighting to save their neighbors—and their towns—from destruction.

By Margaret Talbot

SUD is a chronic medical condition

Negative Effects of Stigma on OUD

- Causes social isolation (Anticipated Stigma)
 - Solitary use = increased risk for overdose
 - Leads family/public to desire social distance from people with OUD (Enacted Stigma)
- Decreases willingness to seek/engage in treatment
 - Decreases treatment retention unclear in OUD but has been shown in others (HIV)
 - Avoidance of methadone treatment programs
- Influences provider perceptions, which impacts care
 - Dismissal of patients presenting to ER with h/o OUD as drug seeking
 - Serves as barrier in using evidence-based medications
 - Reluctance to make naloxone routinely available

<https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

Sederer LI, et al. *Psychiatr Q.* 2018; 89: 891-895.

Words Matter

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

Instead of “drug user”, they are “a person who uses drugs”

Terms to avoid	Terms to Use	Why?
Addict User Drug Abuser Junkie Alcoholic/Drunk	Person with (OUD, AUD, SUD, etc) Person in recovery Patient	Person-first language is humanizing Shows that the person HAS a medical problem rather than IS the problem
Habit	Substance Use Disorder Drug addiction	Implies a choice Undermines severity/medical nature of the disease
Abuse	For illicit drugs: Use For Rx medications: misuse or use other than prescribed	Accurate terminology consistent with medical disorder Less of a negative connotation

<https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

Terms to avoid	Terms to Use	Why?
Clean/dirty	For tox results: Testing negative/positive for... For describing a person: In recovery... Abstinent from... Person so uses drugs...	Associated with negative connotation
Methadone clinic	Opioid treatment program	Clinic can have a negative connotation
Medication Assisted Treatment (MAT)	Medication for treatment of OUD (MOUD)	“Assisted treatment” undervalues the role of medication

I AM NOT AN ADDICT



Terms to avoid	Terms to Use	Why?
Neonatal abstinence syndrome	Neonatal Opioid Withdrawal Syndrome	More medically accurate

OUTDOOR SYSTEMS

IF YOU ARE ADDICTED TO DRUGS

Get birth control - get \$200 cash



STOP THE CYCLE OF ADDICTED NEWBORNS NOW!

1-888-30-CRACK

www.cashforbirthcontrol.com



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Words Effect Behavior

- Survey of 516 providers attending mental health care/addiction conference
- Vignette using “substance abuser” versus “SUD”
- “Abuser” associated with greater perception of blame and deserving of punishment

Strength Based Approach to Documenting

- “Focus on what is strong instead of what is wrong”
- Examples:
 - **Stigmatizing: “Patient arrived 30 minutes late and agitated”**
 - **Strength based: “Despite having transportation and childcare issues, Ms. Smith attended her appointment today”**
 - **Stigmatizing: “Patient relapsed again”**
 - **Strength based: “Ms. Smith presented today to seek care and reports that she is motivated to achieve sustained recovery”**

Misconceptions

Stigma Misconception

Using MOUD is just trading an illegal addiction for a legal one

Stigma of MOUD

- Addiction is a brain disease whose visible symptoms are behaviors
- Dependence ≠ Addiction
- Many medications can cause physical dependence
- Taking medication for opioid use disorder is like taking medication to control heart disease or diabetes.

MOUD is NOT substituting one addiction for another.

Negative Effects of Stigma on 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
- Shapes public opinion favoring punitive versus health-oriented management

Dickson-Gomez et al. Drug and Alcohol Dependence Reports 2022; 3:1-8.

Zwick J, et al. Substance Abuse Treatment Prevention and Policy. 2020; 15(50): 1-4

Tsai AC, et al. Stigma as a fundamental hindrance to the US opioid overdose crisis response. PLoS Med. 2020.

Stigma Misconception

People with OUD are difficult to work with because they are always “drug seeking”

Hyperalgesia

- “A state of nociceptive sensitization caused by exposure to opioids”
- Presents as an exaggerated response to painful stimuli
 - Due to changes in receptor activity due to chronic stimuli from opioids
- Is reproducible in laboratory animals
- Is NOT “drug seeking”

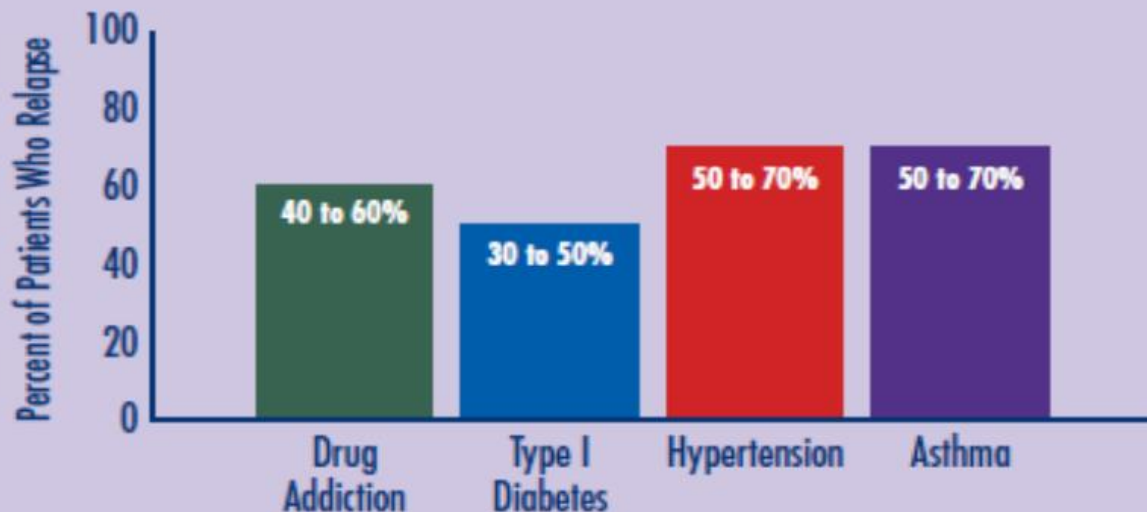
Stigma Misconception

People with OUD never get better/don't want to get better

Substance Use Disorder

- SUD is a chronic medical disease
- Comparison to other chronic diseases
 - Diabetes – DKA is treated with more insulin, even if the person went into DKA because they were not using their medication and eating high amounts of glucose
 - Asthma - an exacerbation is treated with increased medications, even if the exacerbation is because the person was smoking cigarettes
 - Why do we dismiss people with OUD from treatment when their disease worsens?

COMPARISON OF RELAPSE RATES BETWEEN DRUG ADDICTION AND OTHER CHRONIC ILLNESSES



Relapse in this chart refers to patients who experience recurrence of symptoms that requires additional medical care. The recurrence rates are similar across these chronic illnesses, underscoring that drug use disorders should be treated like other chronic conditions; symptom recurrence serves as a trigger for renewed intervention.

Source: JAMA, 284:1689-1695, 2000

Stigma Misconception

People with OUD are always noncompliant and if they really wanted to get better, they'd keep their appointments/seek care

Results of Stigma

- 73.3% of pregnant people who use drugs are afraid of their use being identified by their medical provider
- 54.5% of recently pregnant people with SUD admitted to skipping appointments or delaying care for fear of their SUD being identified

Racial Discrimination in Pregnancy

- Collected urine samples from delivering women in Florida
 - White women: 15.4%
 - African American women: 14.1%
 - Public clinic: 16.3%
 - Private clinic: 13.1%
- **African American women 10x more likely to be reported to social services**

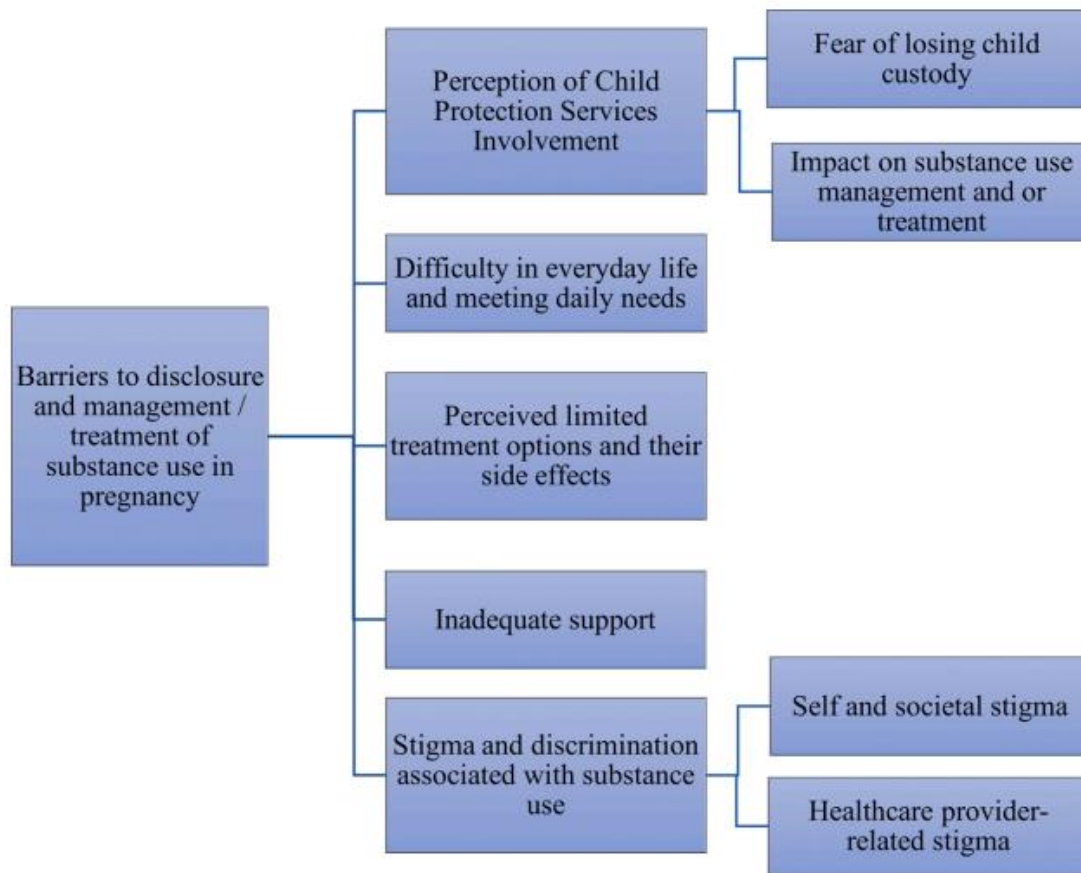


Fig. 1. Barriers to disclosure and management/treatment of substance use in pregnancy.

Comorbidities of SUD in pregnancy

- 2/3 of pregnant people with SUD have co-occurring mental health disorders
- 50-90% have experienced childhood trauma including physical or sexual abuse
- 60-80% have experienced IPV in the past year
- Higher than average rates of
 - Housing instability
 - Transportation issues
 - Childcare issues

Take Home Point

- Pregnant people with SUD face more barriers than the average patients. Many have guilt/shame and have had many negative healthcare encounters in the past.
- ***It is our job to make care as accessible to them as possible in a non-judgmental and supportive environment***

***Assumption that people with SUD
do not want to access care is a
self-fulfilling prophecy***

"There is always light, if only we are
brave enough to see it – if only we
are brave enough to be it."

-AMANDA GORMAN



What can we providers do?

- Awareness of stigma and available resources
- Patient Centered Care and Language
 - Use person-first and recovery-oriented language
 - Listen without judgement
 - Evaluate our own biases
 - 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 that are outside of our control

Volkow ND, NEJM 2020; 382(14): 1289-1290.

Broyles LM, et al. Subst Abus 2014; 35(3): 217-221

Cheetham A, et al. Subst Abuse Rehab. 2022; 13: 1-12

What can providers do? (Cont)

- Assess patients using criteria for OUD defined by DSM-5
- Prescribe evidence-based medications, when warranted
- Understand duration of treatment is patient-specific (no single duration or limit)
- Be clear about screening/testing policies, patient's rights and reporting mandates
- Emphasize patients with OUD respond to treatment and can lead productive lives but it can take time
- Strength-based documentation



People will **forget**
what you **said**, people
will forget what you
did, but people will
never forget how you
made them **feel**.

-Maya Angelou

Maryland Addiction Consultation Service (MACS) for Maternal Opioid Misuse (MOMs)

Provides support to maternal health providers and their practices in addressing the needs of their pregnant and postpartum patients with substance use disorders (SUD), particularly opioid use disorder (OUD).

All Services are FREE

- Phone consultation for clinical questions
- Education and training opportunities related to substance use disorders and pregnancy
- Assistance with addiction and behavioral health resources and referrals
- MACS for MOMs TeleECHO Clinics: collaborative medical education through didactic presentations and case-based learning