

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

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Maryland Addiction Consultation Service (MACS)

Provides support to prescribers and their practices 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

Audience Question

- Share in the chat any of the terms below that you have heard used when discussing a patient with a substance use disorder:
 - Drug Addict/Addict**
 - Substance Abuser**
 - Clean/Dirty**
 - Medication Assisted Treatment (MAT)**

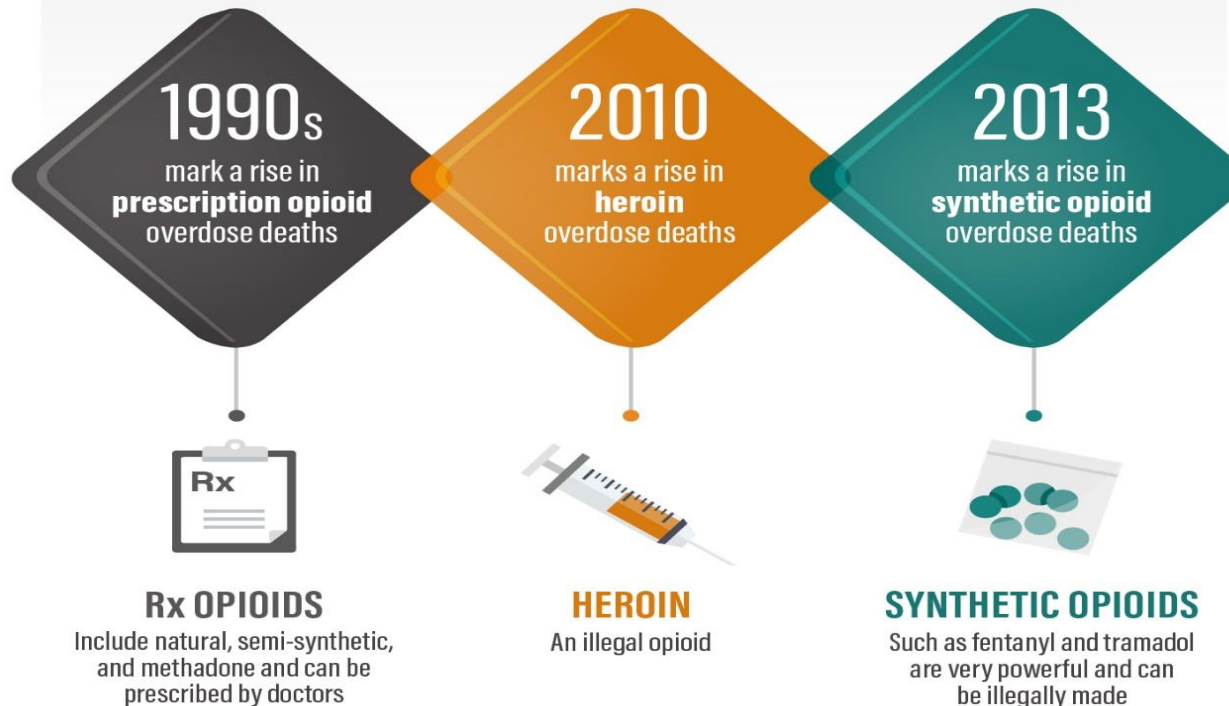
Learning Objectives

- At the end of this presentation, participants should be able to
 - Describe the extent of the opioid crisis in the US
 - 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 where reducing stigma might improve outcomes for patients with OUD

RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

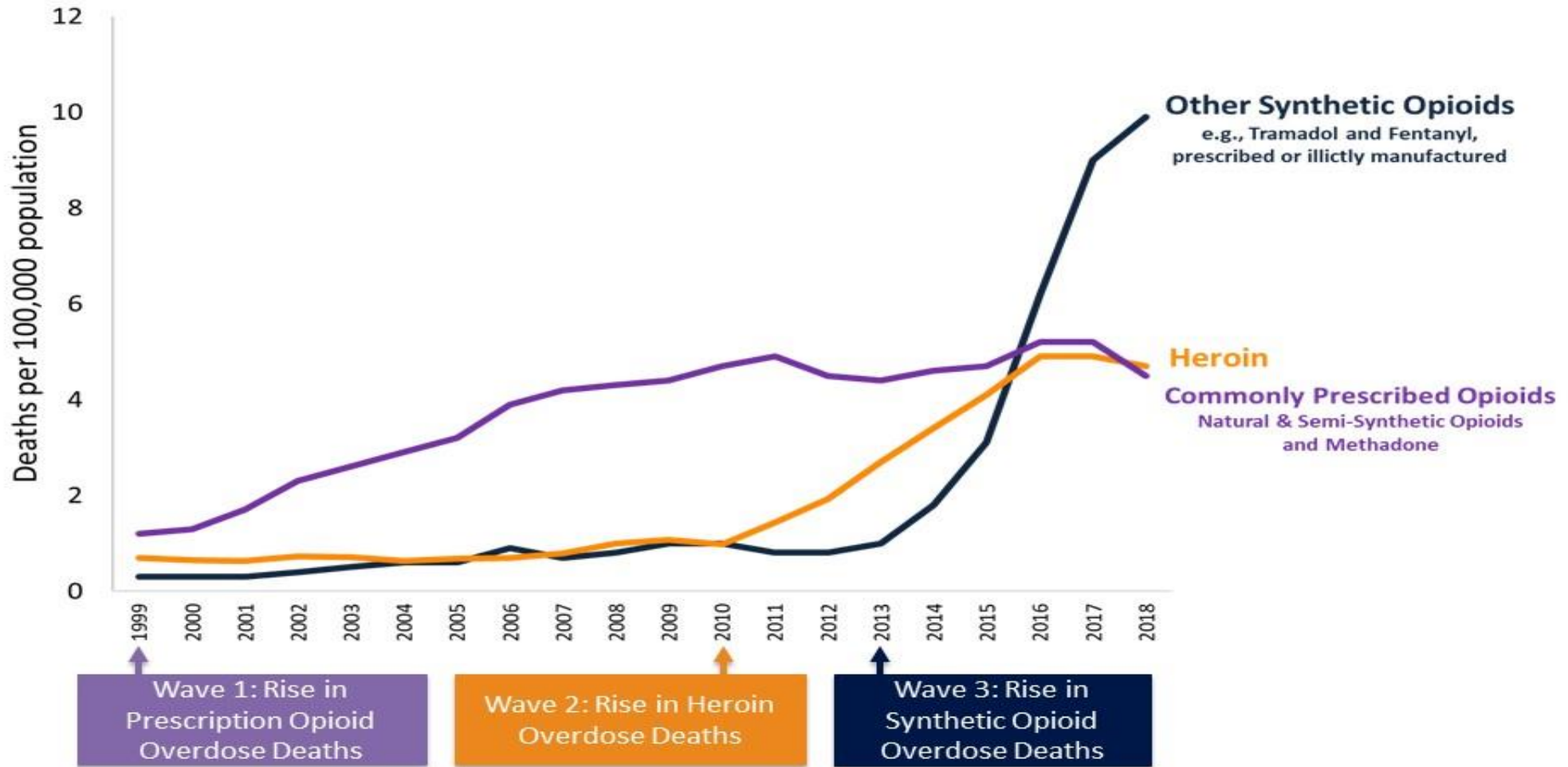
A Multi-Layered Problem in Three Distinct Waves

399,000 people died from an opioid overdose (1999–2017)



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

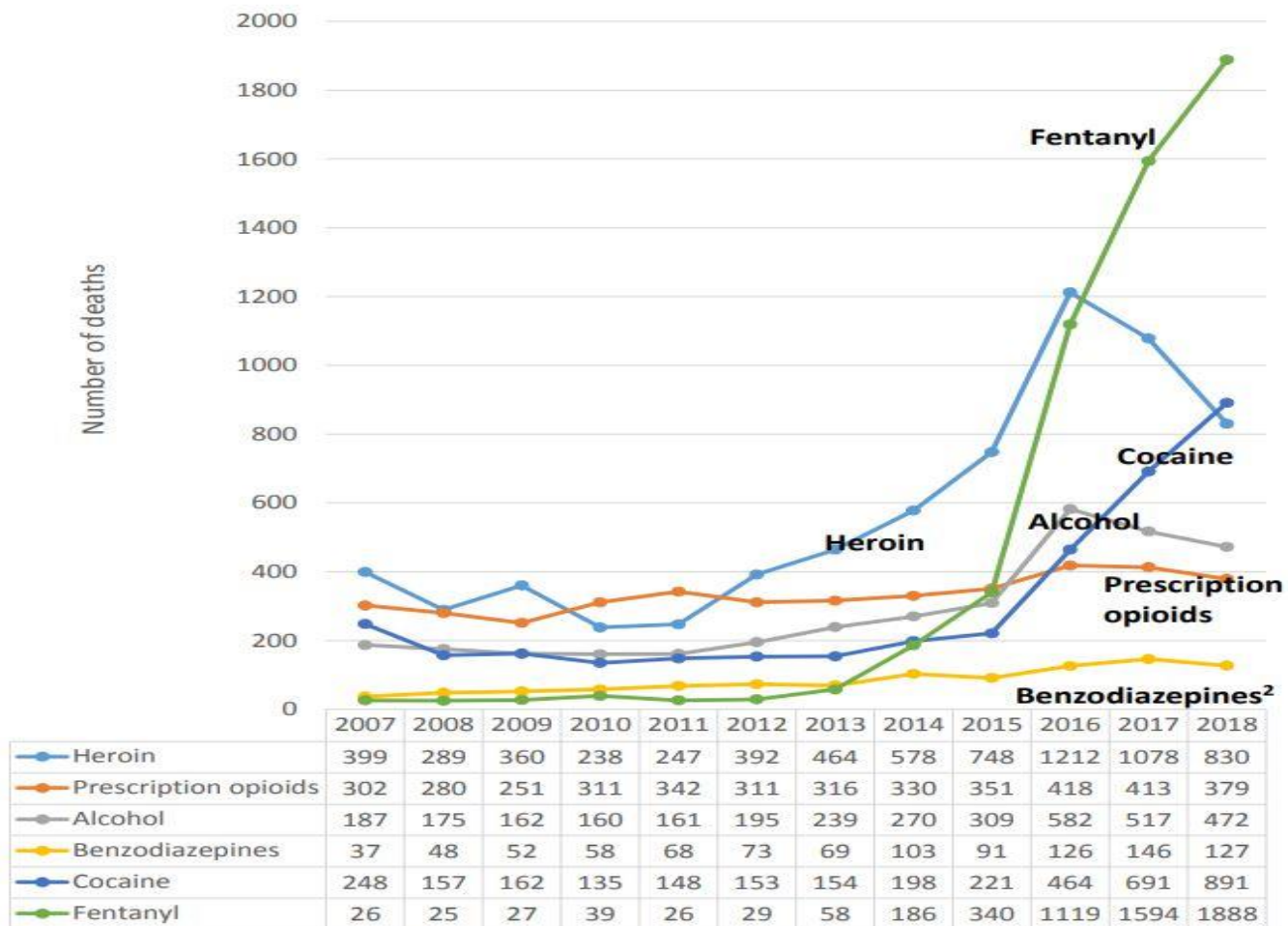
3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

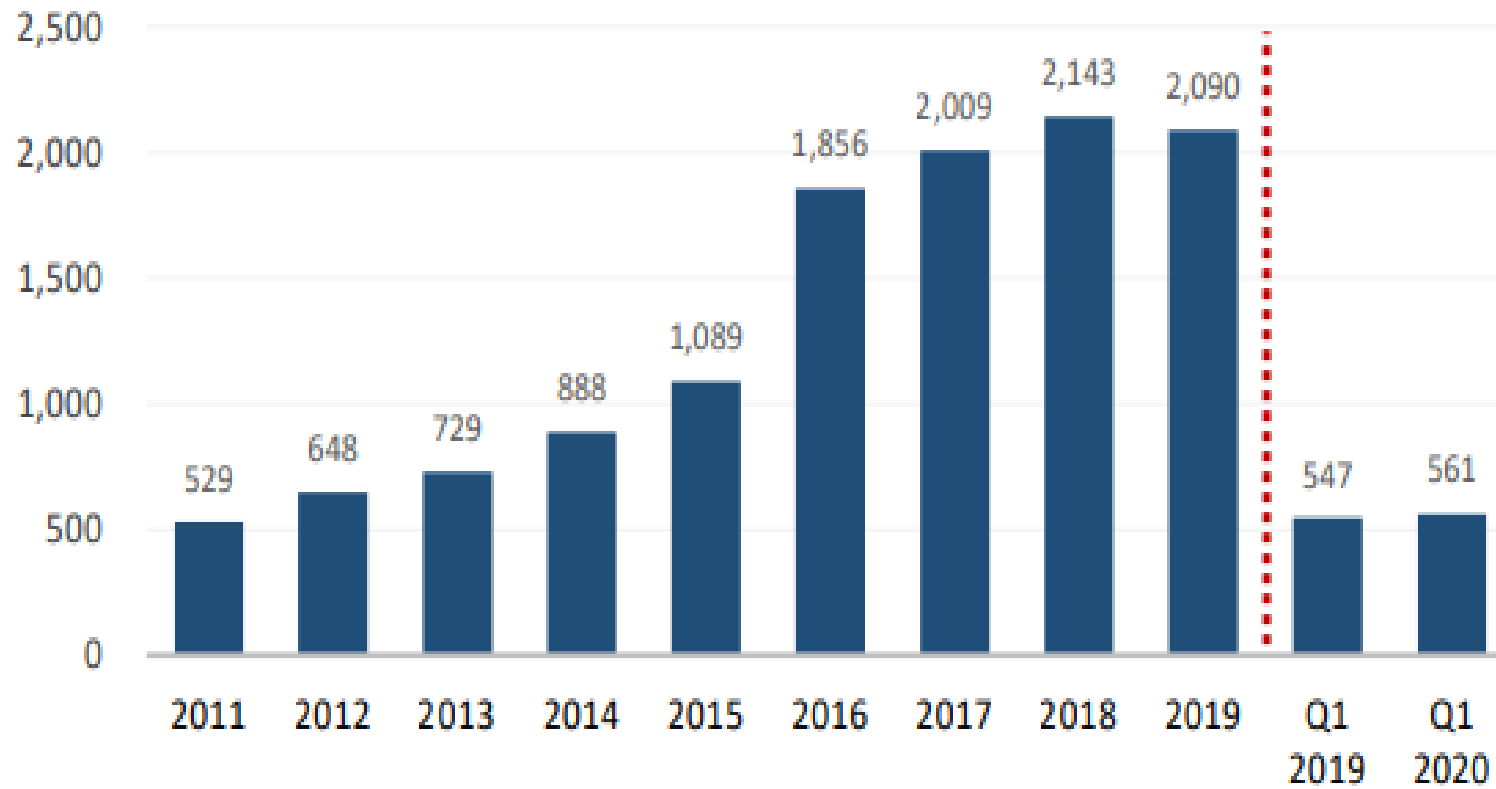
Maryland Data

Figure 5. Total Number of Drug- and Alcohol-Related Intoxication Deaths by Selected Substances¹, Maryland, 2007-2018.



¹Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum to the total number of deaths.

Figure 1. Opioid-Related Fatalities
*2011 Through the First Calendar Quarter, 2020**



2019 NSDUH OUD Incidence Data

- 1.6 million aged ≥ 12 yo met criteria for opioid use disorder (OUD)
- 21.6 million aged ≥ 12 yo needed substance use treatment
 - 4.2 million received any substance use treatment

Intersection of COVID-19 and OUD

- CDC's National Center for Health Statistics Data
 - 75,500 OD deaths occurred between March 2019 and March 2020 (↑10%)
 - 81,230 OD deaths occurred between March and May 2020, with the largest spike after COVID-19 public health emergency
 - Most states experienced ↑ OD deaths during 1st quarter of 2020 compared with 2019
 - 7 states and DC ↑ 25% to 50% from March 2019 to March 2020
 - Health Alert Network Advisory issued 01/2021-OD deaths at highest rates ever recorded in 12-month period
- Pandemic disrupted treatment service delivery and harm reduction efforts
- Access to SUD care has been interrupted (12 step, treatment programs limited hours/closing)

What is stigma?

- 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)
- SUD-related stigma remains
 - Stems from belief that addiction is a moral failing
 - Compared to other psychiatric disorders, patients with SUD more often blamed
- Significant # seeking treatment report experiencing stigma





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: SA Treatment Programs

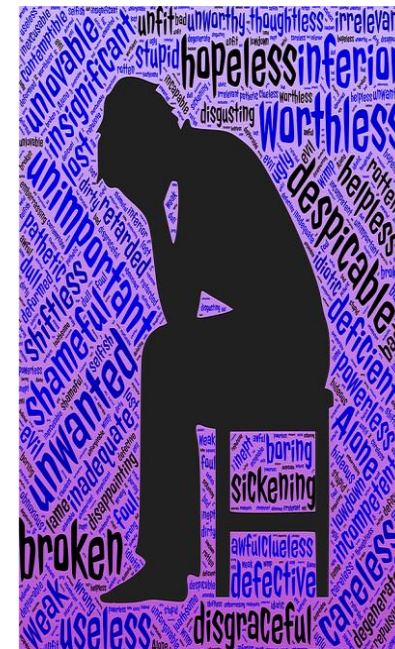
- Peer Support (12 step)/SA treatment programs:

“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. Funding isn’t the barrier.” *NY Times*



Negative Effects of Stigma in SUD

- Causes social isolation (Anticipated Stigma)
 - Solitary Use (↑ risk for OD)
 - Leads family/public to desire social distance from people with SUD (Enacted Stigma)
 - Further exacerbated in time of COVID-19
- ↓ willingness to seek/engage in treatment
 - ↓ treatment retention unclear in OUD but is affected in others (HIV)
 - Avoidance of methadone
- 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 to prevent OD





Negative Effects of Stigma in SUD

- 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 companies 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
- Shapes public opinion favoring punitive vs health-oriented management
 - People with OUD who have been incarcerated and released need evidence-based treatment
- Media representation adds to public stigma by instilling fear towards people with OUD



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What can providers do?

- 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
- 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 providers do?

- Assess patients using criteria for OUD defined in DSM-5
- Prescribe 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)
- 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
- Atypical on Netflix



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Language to Use and Avoid

Terms to avoid	Alternatives	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

Language to Use and Avoid

Terms to avoid	Alternatives	Why?
Abuse	For illicit drugs: <ul style="list-style-type: none"> • Use For Rx medications: <ul style="list-style-type: none"> • Misuse, used other than prescribed 	<ul style="list-style-type: none"> • Associated with negative judgments/punishment
Clean/Dirty	For toxicology screen results: <ul style="list-style-type: none"> • Testing negative/positive For non-toxicology purposes: <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

Language to Use and Avoid

Terms to avoid	Alternatives	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 	<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/resources-2/>

–Handouts/Documents: Words Matter

–Video PSAs:

- <https://youtu.be/Z6OTQ5n5654>
- <https://youtu.be/baEI6B9LS5I>

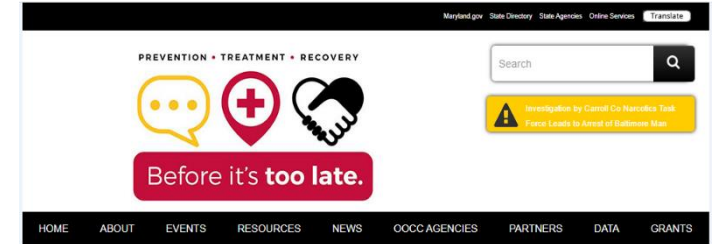
- Providers Clinical Support System (PCSS)

–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/>



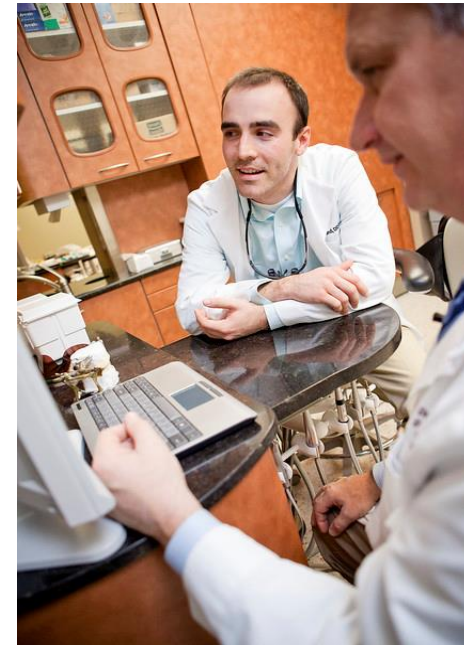
Societal strategies to address stigma

- Campaign for equality and parity in insurance coverage
- Changes in regulations/legislation that ↓ criminal penalties for people who use drugs
 - Promote treatment in the judicial system
- ↓ or eliminate regulations on medications to treat OUD



Case

- You are working in a community clinic and overhear:
“He is a drug addict, who always has dirty urines. Suboxone is a substitution of one addiction for another. Why can’t he just stop using?”
- 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
 - Prescribe evidence-based medication
 - Share resources



Conclusion

- Opioid Use Disorder/Addiction is a chronic medical disease.
- Using medical, person-first terminology can improve patient outcomes by reducing stigma!
- Need additional evidence-based research on how to effectively combat stigma and improve outcomes.



Discussion

- What experiences have you had with stigma? How did you address?
 - Hiding medications from NA
 - Pain ignored for patient with OUD



Questions

