

UNC SON **ECHO** ABC for MOUD

Addiction and Behavioral Clinic for Medication for Opioid Use Disorder Treatment

STIGMA, DISCRIMINATION AND SUBSTANCE USE DISORDERS

ELISABETH JOHNSON, PHD, FNP-BC

UNC SON ECHO ABC for MOUD is made possible by funding from the Health Resources & Services Administration (HRSA) Grant numbers: T94HP30882 (2017-2023) and T14HP33207 (2019-2023)



UNC
SCHOOL OF NURSING



University of North Carolina
at Chapel Hill
School of Nursing

Objectives for this session

1. Define stigma and discrimination and how they work
2. Reflect on how these issues impact access to care and quality of care
3. Identify ways that we can all improve our practices

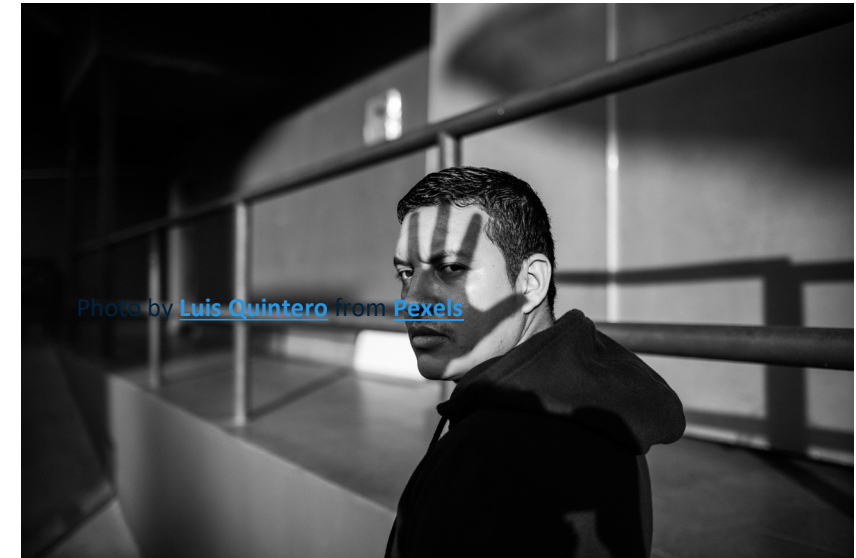
Disclosures

None

Stigma

“an attribute that is deeply discrediting” that reduces someone “from a whole and usual person to a tainted, discounted one”. The stigmatized, thus, are perceived as having a “spoiled identity” Goffman, 1963

“The complex 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” National Academies of Sciences, Engineering, and Medicine.



Discrimination

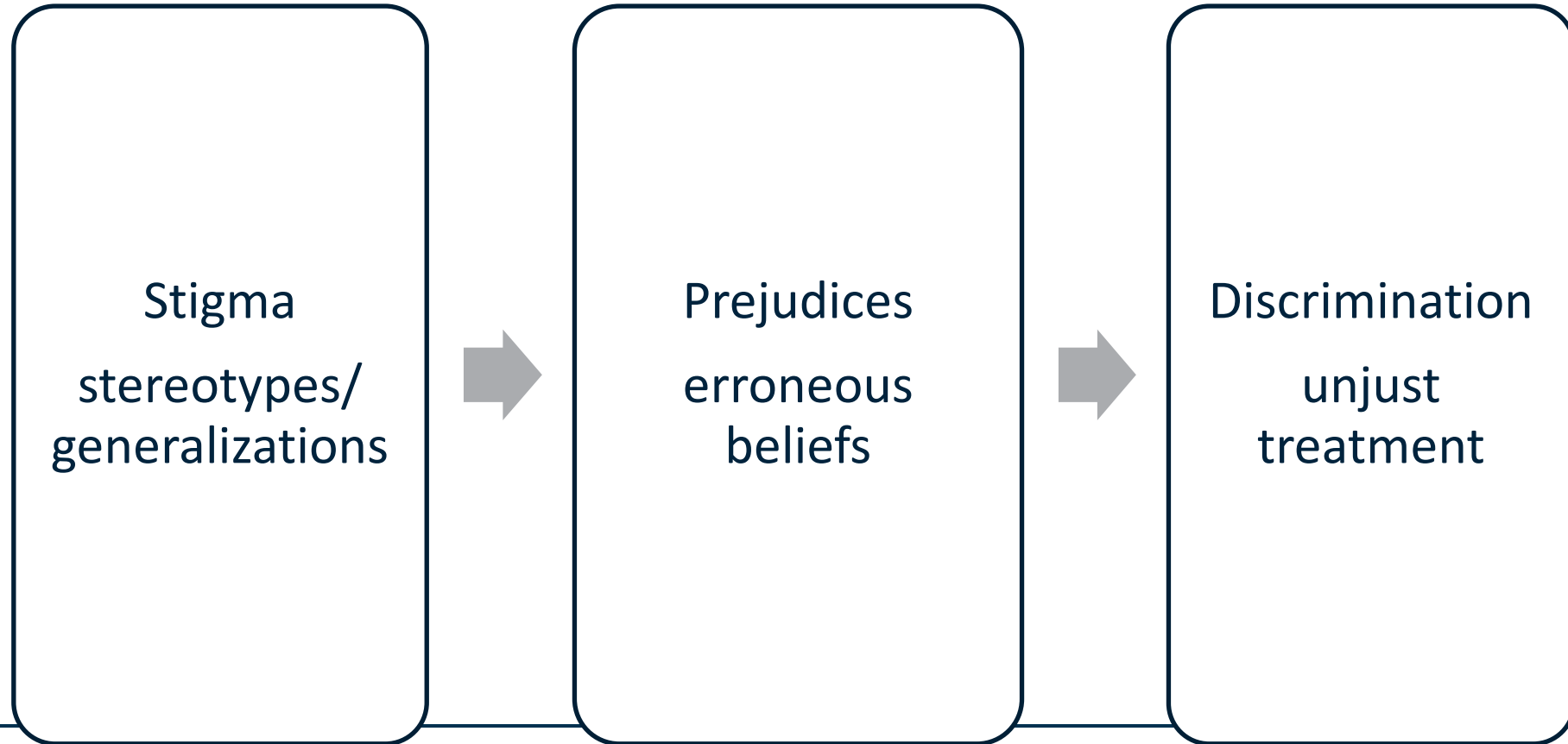
The act of making unjustified distinctions between human beings based on the groups, classes, or other categories to which they are perceived to belong

Amnesty International

Discrimination is the unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age or sexual orientation American Psychological Association



Stigma and Discrimination



Stigma and Discrimination: Intersectionality

Stigma and discrimination often occur and are more intense at the intersections of identities

- Race
- Class
- Ability
- Gender identity and expression
- First language
- Religion

Important to acknowledge these intersections so that all narratives are seen and heard



Photo by [Anna Shvets](#) from [Pexels](#)



How Stigma and Discrimination Show Up: Language

The language we use shapes and reinforces the beliefs we hold

How Stigma and Discrimination Show Up: Implicit Bias

- Healthcare professionals exhibit the same levels of implicit bias as the wider population
- Interactions between multiple patient characteristics and between healthcare professional and patient characteristics reveal the complexity of the phenomenon of implicit bias and its influence on clinician-patient interaction
- Biases are likely to influence diagnosis and treatment decisions and levels of care
- There may sometimes be a gap between the norm of impartiality and the extent to which it is embraced by healthcare professionals

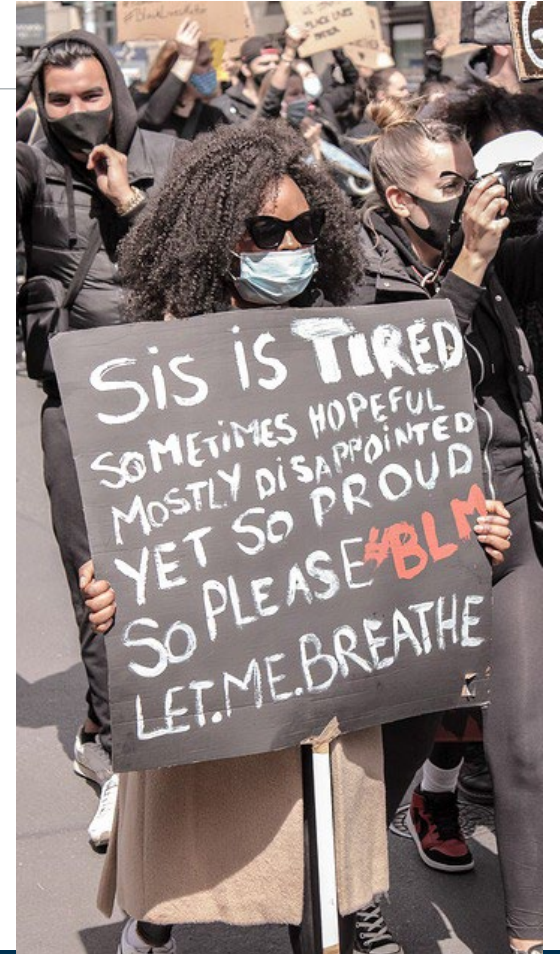
Fitzgerald and Hurst, 2017

How Stigma and Discrimination Show Up: Treatment Disparities

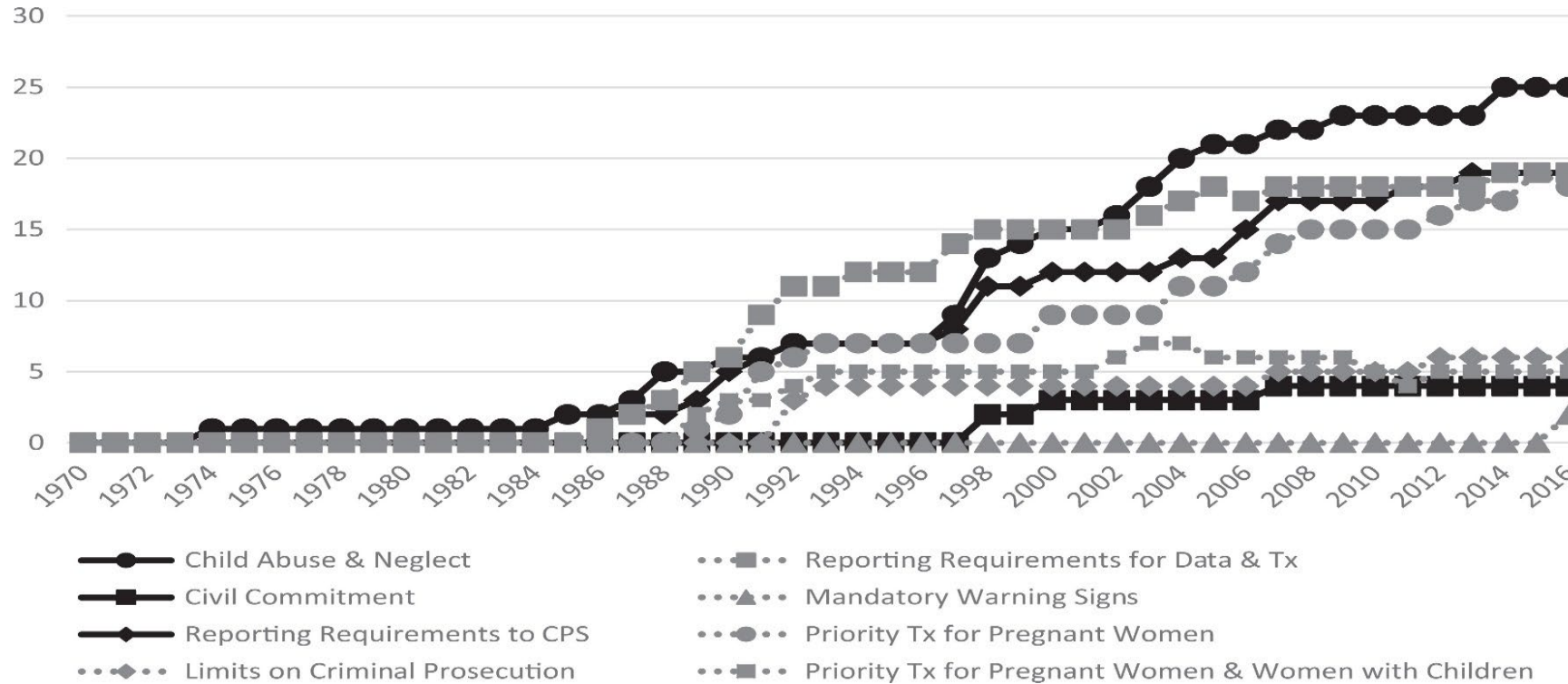
- Access to and retention in treatment differs by race
 - Weinstein and colleagues found that minority patients were much less likely than whites to be retained in treatment for at least 1 year
 - A national retrospective cohort study found that non-Hispanic black and Hispanic youth were less likely to receive treatment with buprenorphine or naltrexone than were non-Hispanic white youth
 - A study of patients attending the Veterans Health Administration found that non-white patients were much more likely to receive methadone than buprenorphine for the treatment of opioid use disorder
- Overdose deaths are rising at higher rates among American Indians and African Americans
- Disparities in access and retention in treatment exacerbates other disparities that are present in healthcare
- *It is imperative that the same high standards of evidence-based addiction treatment and emergency services are available to all people regardless of race, gender, or class*

How Stigma and Discrimination Show Up: Pregnancy

It prevents pregnant and post-pregnant people from seeking care, engaging in care and they are then blamed for poor outcomes



Policies Targeting Pregnant People Using Substances



Published in: Sue Thomas; Ryan Treffers; Nancy F. Berglas; Laurie Drabble; Sarah C. M. Roberts; *Contemporary Drug Problems* Ahead of Print
 Copyright © 2018 SAGE Publications

How Stigma and Discrimination Show Up: Policies Removing Children from Their Parents

- Foster care placement is far too common
- From birth to 18 years old
 - 5.91% of U.S. children (1 in 17) will experience foster care placement
 - 15.44% (1 in 7) of Native American children
 - 11.53% (1 in 9) of Black children will enter foster care at some point before they turn 18.
- Foster care risk is shared almost equally by boys and girls



Champions for Change

- Understanding and overcoming stigma and discrimination will lead to a more positive clinic experience for patients and staff and result in better patient outcomes



Champions for Change

Recognize that nurses, medical assistants, administrative & all practice staff are integral to changing attitudes and behaviors in clinic and hospital settings.

Promote ongoing staff training to

- Help providers manage their own feelings and thoughts (supervision, consultation with team, collegial support, personal self care plan)
- Increase knowledge about implicit bias
- Increase knowledge of addiction disorders and the treatment/recovery process, including MAT

Champions for Change: Prenatal Care

- Verbally screen all pregnant people for substance use and have resources available when a referral is needed
- Actively promote a trauma-informed approach to prenatal care
- Ensure that every pregnant individual, including individuals that are incarcerated, have adequate and quality healthcare
- Provide or refer to case management to address issues related to housing, food insecurity, transportation, etc.
- Refer individuals to doulas that embrace cultural humility or community doulas (WOC/AA) to augment physical care
- Remember that postpartum planning starts at the first OB appointment

Champions for Change

- For incarcerated mothers:
 - Empower to be part of the foster care placement process during and post-incarceration
 - Allow fictive kin, communal supports, and other cultural influences/wishes of the parent to be embedded in the treatment plan
 - Encourage phone calls, letter writing to offer a connection, provide updates, offer ways to ensure breastfeeding
 - Ensure that housing, treatment, MAT (and other resources) exist for those transitioning from prison so that reunification can occur, and healthy attachment can be restored
 - Provide intensive behavioral health supports post-delivery and post-release
 - Be aware of local and state legal advocates who can help promote treatment instead of incarceration

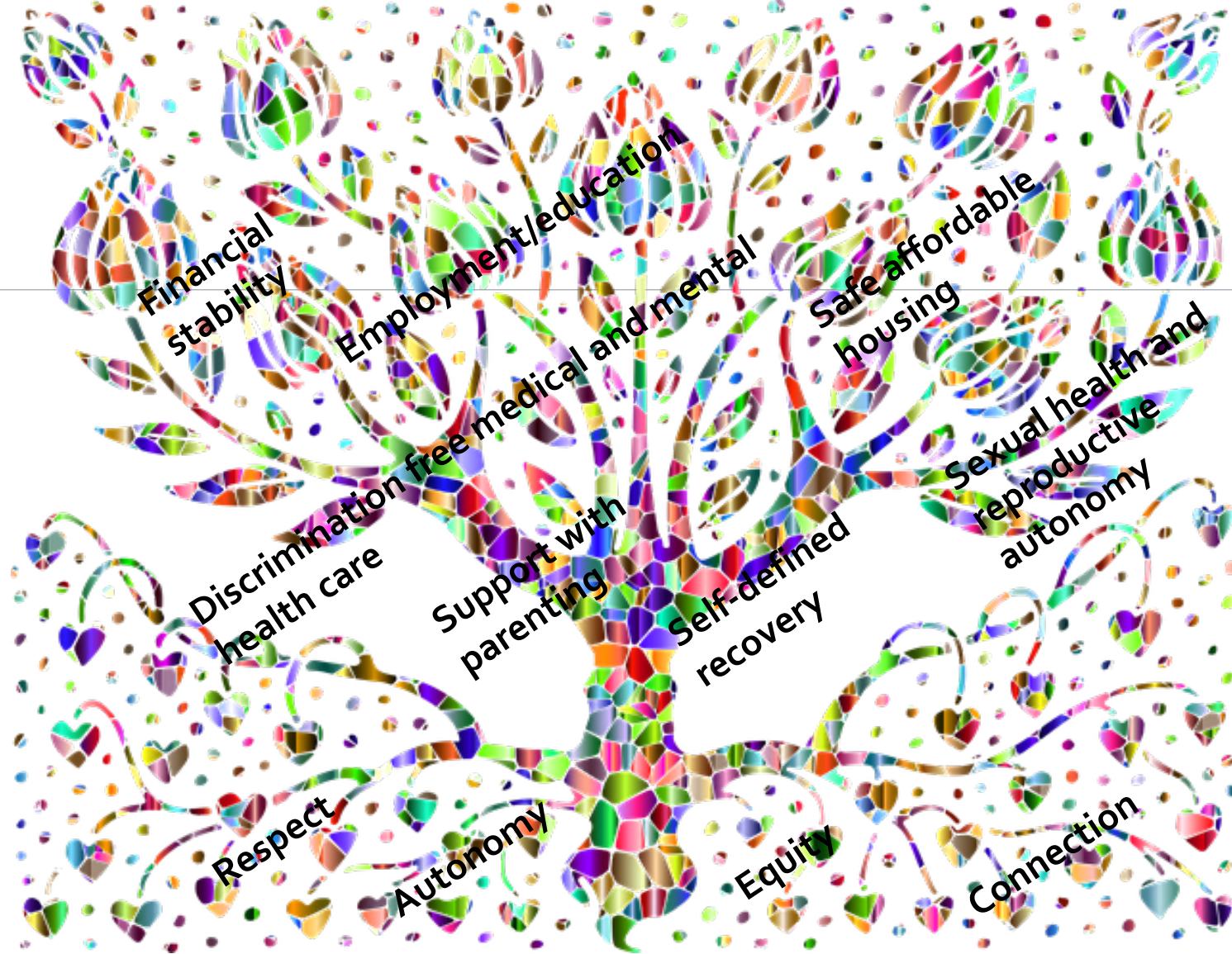
Champions for Change: Next Steps

- Walk around your practice location and look through your materials. What messages are being sent to patients?
- Engage patients in formal and informal ways to seek their wisdom in improving culturally responsive care practices
- Take time to examine your own internal biases



Group Discussion

- How do we define success in treatment? How do our patients define success? Why does this matter?
- How do you interact with colleagues who may make assumptions about our patients?
- How can we acknowledge and monitor our own assumptions?
- How does our training impact the way we make assumptions about our patients?



References

- Botticelli, M. P., & Koh, H. K. (2016). Changing the language of addiction. *JAMA*, *316*(13), 1361–1362. doi:doi:10.1001/jama.2016.11874
- Botticelli, M. P. (2016, October). Addiction is a disease. We should treat it like one. [Video file] Retrieved from https://www.ted.com/talks/michael_boticelli_addiction_is_a_disease_we_should_treat_it_like_one
- Glod, S. A. (2017). The other victims of the opioid epidemic. *The New England Journal of Medicine*, *376*(22), 2101–2102. doi:10.1056/NEJMp1702188
- Kennedy-Hendricks, A., Busch, S. H., McGinty, E. E., Bachhuber, M. A., Niederdeppe, J., Gollust, S. E., Webster, D. W., et al. (2016). Primary care physicians' perspectives on the prescription opioid epidemic. *Drug and Alcohol Dependence*, *165*, 61–70. Retrieved from <http://dx.doi.org/10.1016/j.drugalcdep.2016.05.010>
- Kennedy-Hendricks, A., Barry, C. L., Gollust, S. E., Ensminger, M. E., Chisolm, M. S., & McGinty, E. E. (2017). Social stigma toward persons with prescription opioid use disorder: associations with public support for punitive and public health oriented policies. *Psychiatric Services*, *68*(5), 462–469. Retrieved from <http://ps.psychiatryonline.org.libproxy.lib.unc.edu/doi/pdf/10.1176/appi.ps.20160056>
- Leahy, L. G. (2017). The opioid epidemic What does it mean for nurses? *Journal of Psychosocial Nursing & Mental Health Services*, *55*(1), 18–23. Retrieved from <http://dx.doi.org.libproxy.lib.unc.edu/10.3928/02793695-20170119-03>
- Olsen, Y., & Sharfstein, J. M. (2014). Confronting the stigma of opioid use disorder and its treatment. *JAMA*, *311*(14), 1393–1394. doi:10.1001/jama.2014.2147
- Rosenthal, E. S., Karchmer, A. W., Theisen-Toupal, J., Araujo Castillo, R., & Rowley, C. F. (2016). Suboptimal addiction interventions for patients hospitalized with injection drug use-associated infective endocarditis. *The American Journal of Medicine*, *129*(5), 481–485.
- Volkow, N. D., Koob, G. F., & McLellan, T. (2016). Neurobiological advances from the brain disease model of addiction. *The New England Journal of Medicine*, *374*(4), 363–371. Retrieved from <https://search-proquest-com.libproxy.lib.unc.edu/docview/1761134089?accountid=14244>
- Wakeman, S. E. (2016). Using science to battle stigma in addressing the opioid epidemic: Opioid agonist therapy saves lives. *The American Journal of Medicine*, *129*(5), 455–456.

American Psychological Association (2019) Discrimination: What it is, and how to cope“ October 31, 2019. Retrieved May, 2021

Committee on the Science of Changing Behavioral Health Social Norms; Board on Behavioral, Cognitive, and Sensory Sciences; Division of Behavioral and Social Sciences and Education; National Academies of Sciences, Engineering, and Medicine Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change. Washington (DC): National Academies Press (US); 2016 Aug 3.

FitzGerald, C., Hurst, S. Implicit bias in healthcare professionals: a systematic review. *BMC Med Ethics* **18**, 19 (2017).
<https://doi.org/10.1186/s12910-017-0179-8>

Goffman E. *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs NJ: Prentice Hall; 1963.