

UNC SON **ECHO** ABC for MOUD

Addiction and Behavioral Clinic for Medication for Opioid Use Disorder Treatment

STOP STIGMA, REDUCE HARM,
SAVE LIVES

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UNC
SCHOOL OF NURSING



University of North Carolina
at Chapel Hill
School of Nursing

Objectives

Reduce stigma

Reduce harm

Advocate

Take action

Contributing factors

Stigma: negatively impacts access to health, wealth, and safety

- Shame: may increase substance use and other high-risk behaviors
- People living with SUD with internalized shame and stigma less likely to seek addiction treatment and harm reduction services
- Strong predictor of SUD
- SUD associated with high disapproval and discrimination

Implicit bias from providers and nurses

- Provider attitudes: more likely to blame patients for their condition
- Tend to support more punitive versus rehabilitative measures

SUD is a chronic illness



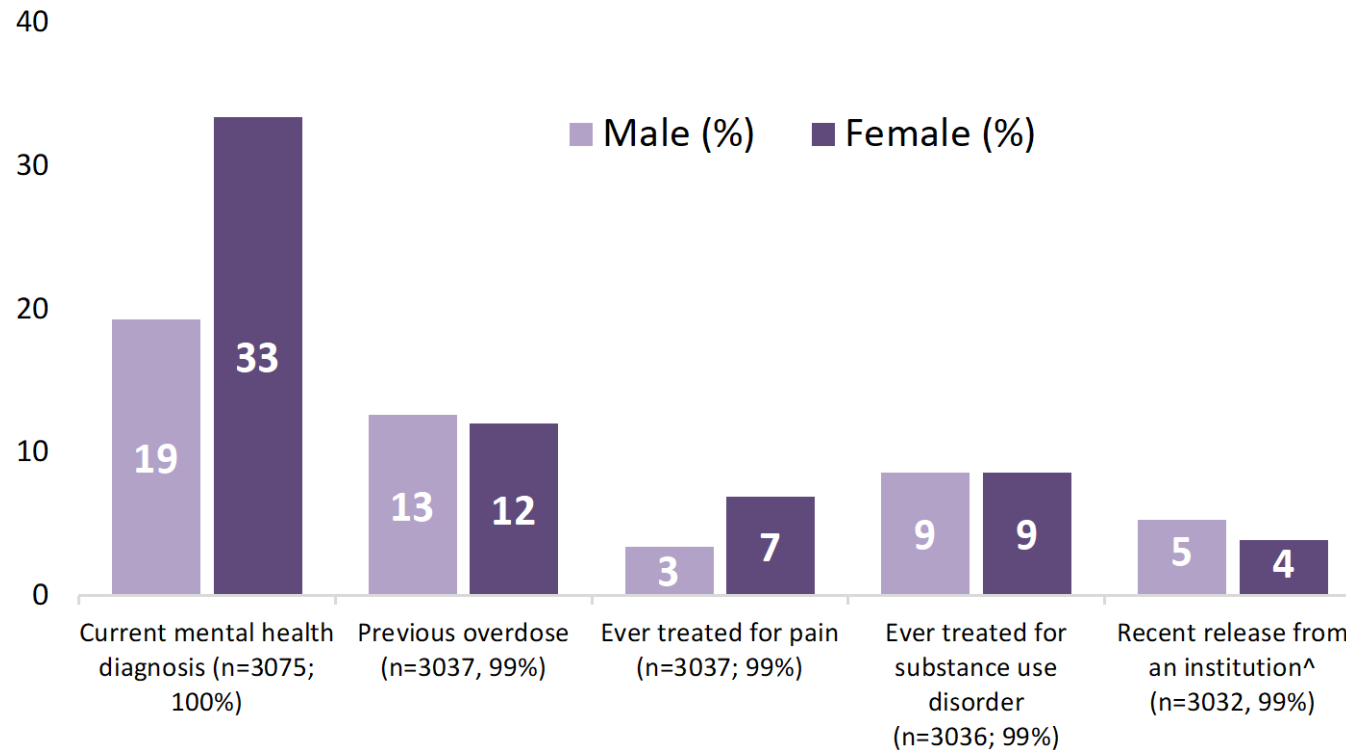


Communities of color have been systematically marginalized through decades of a criminalized response to addiction. This has taken root in critical systems, including education, employment, housing, child welfare, immigration, and public benefits

Acknowledge the systems that have disproportionately harmed historically marginalized persons who use drugs and implement programs that reorient those systems towards service and treatment.

Increase access to comprehensive, culturally competent, and linguistically appropriate drug user health services for Historically Marginalized Populations (HMPs).

Healthcare System Intervention Opportunities,* NC-SUDORS, 2020



Opportunities for intervention exist every time a patient interacts with a medical provider in the healthcare system.

41% of 2020 NC-SUDORS decedents had at least one documented interaction with a healthcare provider[□] prior to their fatal overdose.

33% of female and 19% of male decedents were known to have at least one current mental health diagnosis at the time of fatal overdose. When accounting for undiagnosed or undocumented mental health conditions, this value is likely higher.

* SUDORS decedents

[^]Deaths that occurred within a month of the decedent being released from or admitted to an institutional setting (includes)

[□]

Source: NC-SUDORS, 2020



Substance use screening

Hidden,
overlooked, often
not the focus, yet
so important

If you don't ask,
you may not find
out

NC Opioid and Substance Use Action Plan



Reducing stigma



Changing the language of addiction

Preferred language	Stigmatizing language
Substance use disorder, substance use	Abuse, addiction, habit, problem
Person with a substance use disorder (Person-first language)	Addict, alcoholic, crackhead, junkie, abuser, user
Drug monitoring, drug screen, positive/negative, unexpected	Dirty or clean drug test
Actively using. In recovery. Not actively using.	Dirty, clean, sober
Medications for opioid use disorder	Drug replacement substitution therapy

Source: Federal Bureau of Prisons OPIOID USE DISORDER: DIAGNOSIS, EVALUATION, AND TREATMENT

Reduce Harm



Harm Reduction

Humanism

Pragmatism

Individualism

Autonomy

Incrementalism

Autonomy without termination



Respect

Listen

Build rapport and trust

Explore and respect patient beliefs, values, meaning of illness, preferences and needs

Be aware of your own implicit bias



Advocacy

Education—incorporate SUD education in all health programs

Policy

- Housing first—addressing federal laws
- Employment—remove barriers
- Expand access to harm reduction
- Expand access to treatment
- Change hospital policy





Take action:

What can we do?

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