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EXTENSION

We are all in this together

**Module 3:
Stigma and
Opioid Use
Disorder**

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Meet The Developers

The following Montana State University faculty and staff helped create the content of this toolkit:

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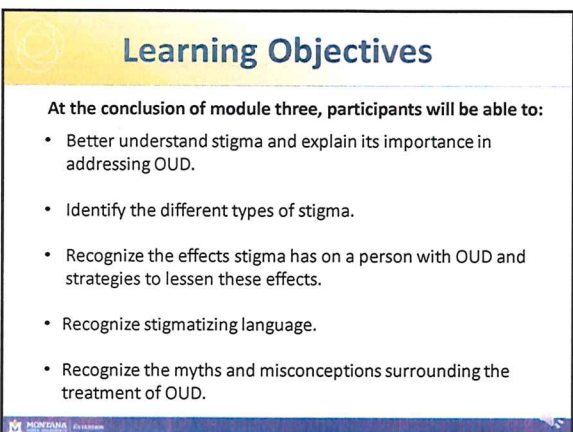
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Learning Objectives

At the conclusion of module three, participants will be able to:

- Better understand stigma and explain its importance in addressing OUD.
- Identify the different types of stigma.
- Recognize the effects stigma has on a person with OUD and strategies to lessen these effects.
- Recognize stigmatizing language.
- Recognize the myths and misconceptions surrounding the treatment of OUD.


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What Is Stigma?

A mark of disgrace associated with a particular circumstance, quality, or person.

Terms that describe stigma include:

- Shame
- Disgrace
- Dishonor
- Stain
- Taint
- Blemish




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Seven Types Of Stigma

- 1) **Social Stigma:** When the public supports negative stereotypes and prejudices, resulting in discrimination against others.
- 2) **Self Stigma:** When a person takes the stereotypes and prejudices supported by the public and internalizes them.
- 3) **Perceived Stigma:** When a person believes that others have negative viewpoints about them or about people with undesirable characteristics or behaviors.
- 4) **Label Avoidance:** When a person chooses not to seek treatment just to avoid being assigned a stigmatizing label. Label Avoidance is one of the most harmful forms of stigma.




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Seven Types Of Stigma Cont'd.

- 5) **Stigma by Association or "courtesy/associative stigma":** When the effects of stigma are extended to someone linked to a person with Substance Use Disorder.
- 6) **Structural Stigma:** When institutional policies or other societal structures are in place that result in decreased opportunities for people with Substance Use Disorders.
- 7) **Health Practitioner Stigma:** This occurs any time a health care professional allows the stereotypes and prejudices about those with Substance Use Disorders to negatively affect a patient's care.



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"We're All In This Together"

Labelling: labels are constructed and applied to certain individuals or groups in order to criticize their actions.
= "Othering" (us vs. them)



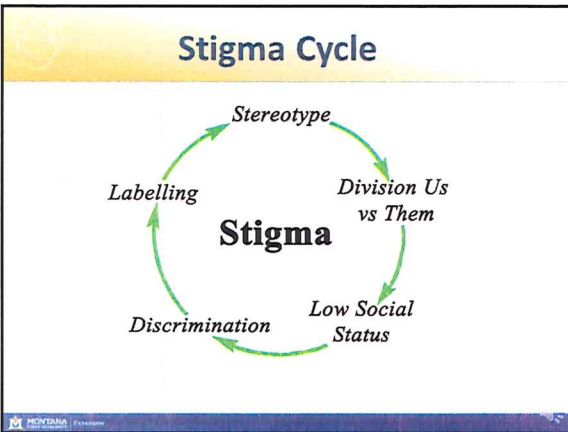
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= Poor health and social outcomes
= Lower economic or political power



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Quote

? *Stigma is a process by which the reaction of others spoils normal identity.* ?
-Erving Goffman




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The Harmful Effects of Stigma

- Disparities in public and political support for treatment policies and criminal justice preferences.
- Creates barriers to employment/housing/education/services.
- Reduces the will of individuals with SUD to seek treatment.
- Can negatively influence health care provider perceptions and alter the care they provide.
- Can lead others to feel pity, fear, anger, and a desire for social distance.



"Stigma not only impedes access to treatment and care delivery; it also contributes to the disorder on the individual level." (Nora D. Volkow, M.D.)



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Lessening These Effects


- Educate
- Inform the misinformed
- Let hope persist
- Model respect
- Don't define others by their illness
- Use stigma reducing language
- National Drug Policy Reform in 2013



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Eliminating Stigmatizing Behavior

- ALWAYS use non-stigmatizing language that reflects an accurate, science-based understanding of SUD.
- Health professionals should "take all steps necessary to reduce the potential for stigma and negative bias."
- Learn the terms and language to avoid/use.
- Use person-first language. This maintains the integrity of the whole human being vs. equating people to their condition.



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Language: Reinforcing vs. Reducing

Stigma Reinforcing Language	vs	Stigma Reducing Language
Addict, junky, tweaker	vs	Person with an addictive disorder
Alcoholic, drunk, lush	vs	Person with an alcohol use disorder
Substance abuser	vs	Person with a substance use disorder
Substance abuse/Misuse	vs	Non-medical use or substance use
Relapse	vs	Return of symptoms, resumption of use, flare-up
Dirty Drug Screen	vs	Drug screen that tested positive for a specified substance
Clean	vs	Person who is in recovery or who is abstinent from substances or other addictive behaviors
Dependence, chemical dependency	vs	Person who has a substance use disorder
Substance abuse treatment, chemical dependency treatment, rehab	vs	Substance use treatment, addictions treatment

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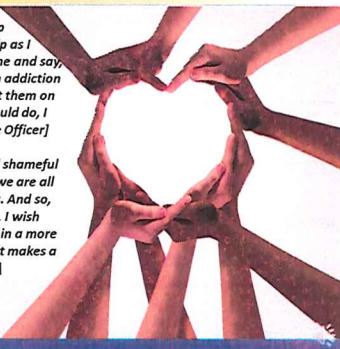
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Stigma - Professional Community

"I would be more than happy to help somebody. I would give as much help as I could, if somebody did come up to me and say, "I need help with meth. I got a meth addiction or opiate problem." I'd definitely get them on the right track to get help, what I could do, I guess as much as I could do." [Police Officer]

"I wish it wasn't so stigmatized and shameful of an experience for people. I think we are all in some level of recovery in our lives. And so, whether it be drugs or whatever. So, I wish that we embraced our communities in a more loving, supportive way. Because that makes a huge difference." [Medical provider]

Testimony from the State Opioid Response Evaluation provided by the Addictive and Mental Disorders Division at the Department of Health and Human Services.




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Stigma - Societal/Community

"You can tell whenever I'm in line or at the store or something. They just treat me a little differently than everyone else. I notice they'll say 'hi' to everybody else in line and then they get to me and they make this grimace. It's just one of those things. It's subtle, but you can tell they don't really treat me like everybody else. They don't have any respect for me. I get respect is earned or whatever. I wish I wouldn't have been so public about my use. I would pass out on park benches and stuff like that. It wasn't a good time. They still harbor a grudge over it, I guess." [Patient]

Testimony from the State Opioid Response Evaluation provided by the Addictive and Mental Disorders Division at the Department of Health and Human Services.

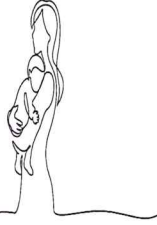


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Stigma - Family

"It's pretty sad. I have a sister that judges me because I'm an addict, recovering addict, I should say. So, I know how it feels to be judged about it every day. She treats me different. And when she found out that my son was in withdrawal because of the medicine I was on, I just can tell by her body language that she was just disgusted with me. And she's only seen my son like twice. So, I just feel like she doesn't want to come around because she doesn't like the fact that I used drugs at one point." [Patient]




Testimony from the State Opioid Response Evaluation provided by the Addictive and Mental Disorders Division at the Department of Health and Human Services.

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Reality of Substance Use Disorders (SUDs): Like Opioid Use Disorder (OUD)

- Reality: SUDs are often caused by genetic, physiological, and/or environmental factors.
- Reality: the chronic use of substances like prescription opioids have altering effects on parts of the brain that control impulse, judgement, and the ability to control one's use of a substance, resulting in SUDs.
- Reality: SUDs are not stand-alone disorders (co-occurring).
 - Anxiety and depression may also be present and may contribute to the onset and continued use of a substance.
 - Nearly 45% of those with one mental disorder meet criteria for having two or more disorders (NIMH, 2021)



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Two Approaches To Treatment

Abstinence based treatment: based on the complete cessation of substance use. Any use of substances is considered a relapse.

Medication-Assisted Treatment: the use of medications + counseling/behavioral therapies. MAT is primarily used for the treatment of Alcohol Use Disorder and Opioid Use Disorder.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), MAT has been proven to:

- Improve patient survival by reducing overdose deaths.
- Increase retention in treatment.
- Decrease illicit opioid use and other criminal activity among people with substance use disorders.
- Increase patients' ability to gain and maintain employment.
- Improve birth outcomes among women who have substance use disorders and are pregnant.

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Stigma Associated with Expanding Access to OUD Medications

- Only 21.5% of people with OUD received treatment from 2009 to 2013.
- How can an evidenced-based treatment program be so stigmatized? Multiple forms of stigma
- Recently, to incorporate language reducing stigma, the treatment of OUD has been referred to as MOUD or Medication for Opioid Use Disorder.


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Three Steps in MAT

According to a 2019 CDC publication, there are three typical approaches in MAT:

1. Stabilization and opioid withdrawal management
2. Medication Maintenance
 - Maintenance vs. Abstinence
 - Opioid tolerance
3. Counseling and behavioral therapies

**Work with healthcare providers to address the underlying health condition that influenced the prescription opioid use.*



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MAT Provider Perspective

"So, I think what I find with those kinds of steps, they really established a strong relationship, and the medication makes such a huge difference. Once they've been stabilized on medication, they're much more open to counseling, and it's really cool having a team effort because there's been a couple patients where we're all on the same page, and the person has a crisis and then we're able to talk to each other and figure out what everybody's doing. I just can't get over how people's lives change so miraculously. Unbelievable. Holding jobs, taking care of their kids, it's just great."
[MAT provider]

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Client Perspective

"Okay. I would say it's not a drug. Its more like a stepping stool, like a crutch, that you can use, so that you can go to work and do stuff at first. You can get away from all kinds of people, so you can get out of that scene because you already have that part that makes your brain and body okay. You don't have to go and look for that, you already have it. So you can spend your time, instead of looking for drugs and spending all your money on drugs, you can go out to eat and do normal things." [Patient]

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MAT Provider Experiences

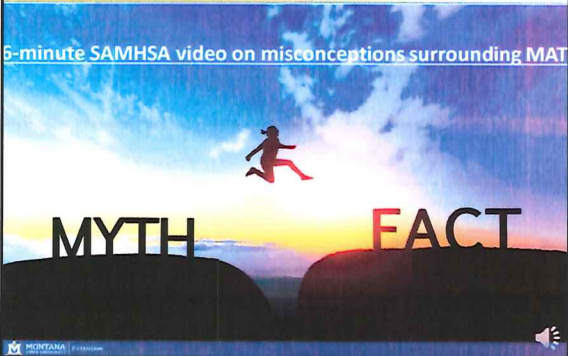
"I would definitely say it can be really stressful, especially when you are initially starting patients. Our program is really nice and I feel like we have a lot of support from upper management. That we're not getting pushed to just take on as many MAT patients as humanly possible." [MAT Provider]

"Historically, we're not a harm reduction agency outside of medication assisted treatment. Folks that are enrolled in our services are asked to abstain or do their best to abstain. We will work with relapses, we'll work with that stuff. But if somebody comes in and says, I want my Suboxone, but I'm also going to continue to drink potentially or smoke marijuana. What happens to those folks? So what does that look like? So that's kind of the question that I've had, for our different MAT teams." [MAT site administrator]

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Stigma Surrounding MAT

6-minute SAMHSA video on misconceptions surrounding MAT




MYTH FACT

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Dispelling The Myths

- **MYTH:** There is a diversion risk associated with MAT medications.




- **FACT:** Only 15% of diversion reports involve the maintenance medications used in MAT while 67% of reported diversions involve oxycodone and hydrocodone (medications typically prescribed after surgery) (NIDA, 2021).

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Dispelling The Myths

- **MYTH:** MAT just trades one drug for another.




- **FACT:** MAT bridges the biological and behavioral components of addiction.

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Dispelling The Myths

- **MYTH:** MAT is only for the short-term



- **FACT:** Research shows that patients on MAT for at least 1-2 years have the greatest rates of long-term success

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Dispelling The Myths

- **MYTH:** MAT increases the risk for overdose in patients.




- **FACT:** MAT helps to prevent overdoses from occurring. Even a single use of opioids after detoxification can result in a life-threatening or fatal overdose.
 - Why? Changes in tolerance after being in jail, detoxing, or abstaining.
 - 2010 study, of drug-related deaths soon after release from prison, a three-to-eightfold increased risk of drug-related death, especially in the first 2-weeks after release (Merrall et al., 2010).

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Dispelling The Myths

- **MYTH:** Providing MAT will only disrupt and hinder a patient's recovery process




- **FACT:** MAT has been shown to assist patients in recovery by improving quality of life, level of functioning and the ability to handle stress.

**Above all, MAT helps reduce mortality while patients begin recovery*

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Dispelling The Myths

- **MYTH:** My patient's condition is not severe enough to require MAT



- **FACT:** MAT utilizes a multitude of different medication options (agonists, partial agonists and antagonists) that can be tailored to fit the unique needs of the patient

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Dispelling The Myths

- **MYTH:** There isn't any proof that MAT is better than abstinence.




- **FACT:** MAT is evidence-based and is the recommended course of treatment for opioid addiction by the following organizations: NIDA, SAMHSA, NIAAA, CDC

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Dispelling The Myths

- **MYTH:** Most insurance plans don't cover MAT.




- **FACT:** As of May 2013, 31 state Medicaid FFS programs covered methadone maintenance treatment provided in outpatient programs. Extended-release naltrexone is listed on the Medicaid PDL in over 60% of states.

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Quote

“The ability to speak exactly is intimately related to the ability to know exactly.”
—Wendell Berry




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Conclusion

Please visit our website:
http://health.msuextension.org/opioid_misuse.html

Access to all five modules and PowerPoints
 Access to the Native American Toolkit
 Access to informational and recovery story videos
 Print/download educational resources
 Order a medication disposal pouch (while supplies last)
 If you have any questions, please email our program director Barbara Allen
bjallen@montana.edu

Montana Department of Health and Human Services website:
<https://dphhs.mt.gov/opioid/>



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