

# University of Tennessee Virtual Training

**RCORP-Eastern Tennessee Consortium Meeting**  
**Friday October 23, 2020 1:00 – 3:00 PM**  
**Via Zoom**

**Event Lead By**

Yanika Lewis

Co-lead Robert Childs

**Presenters**

Dr. Melinda Campopiano

Zachary Talbott

Donald McDonald

Dr. Jenny Crowley

**RCORP-TA**

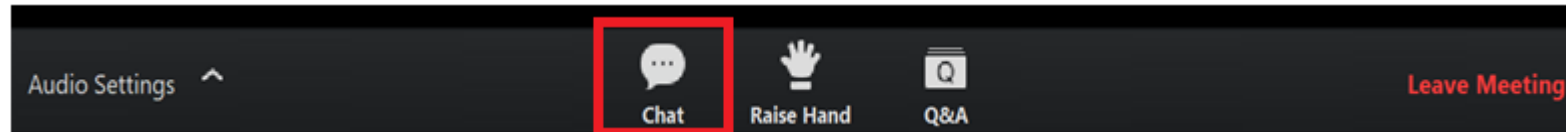
RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - TECHNICAL ASSISTANCE

# Housekeeping Items

We ask that everyone keep their lines muted during presentations.

There will be a 30-minute Q&A segment at the end.

Submit questions by using the chat feature. To open your chat window, click the chat icon on the bottom center of your Zoom window.



*You will receive a satisfaction evaluation email after this training via email. We thank in advance for the for your participation in this training and the evaluation.*





# **Stigma and Medication for Opioid Use Disorder**

Melinda Campopiano, MD

# Learning Objectives

- Moving from abstinence-only to the many pathways and philosophies of recovery
- Addressing stigma against Medication for Opioid Use Disorder (MOUD) in the medical field



# Stigma and Medication for Opioid Use Disorder

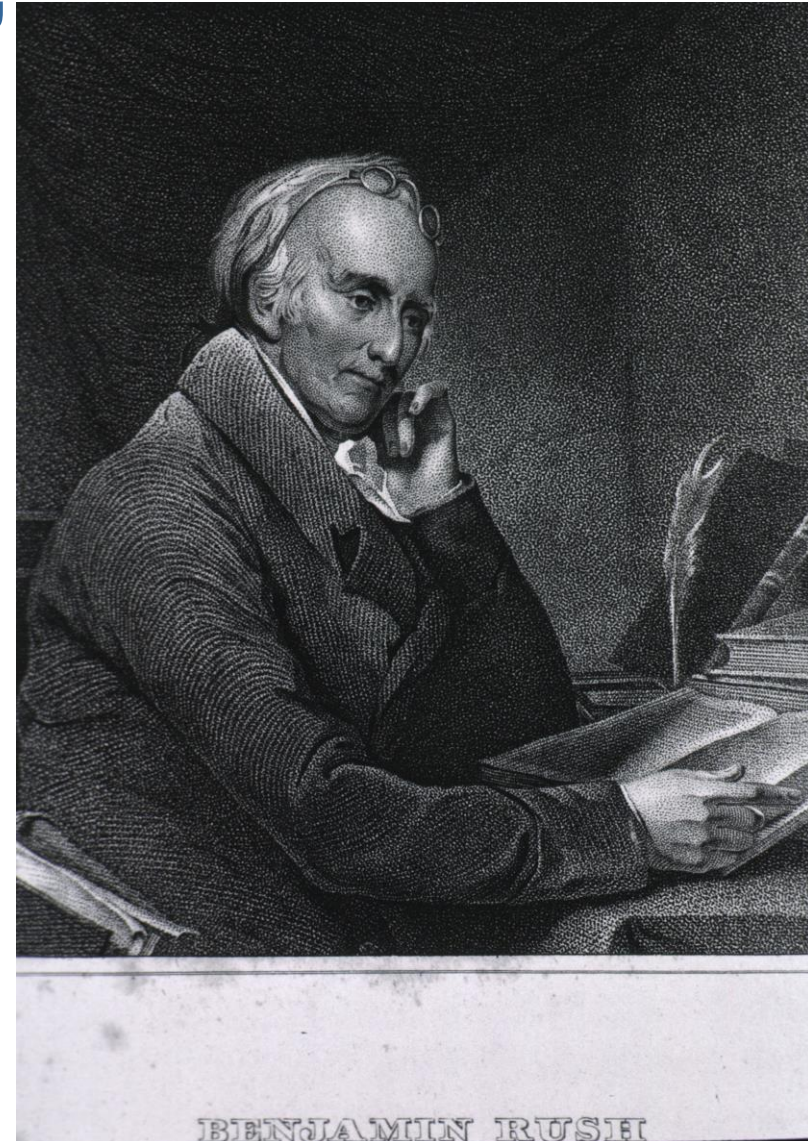
- Historical context for stigma in addiction treatment
- Definitions of stigma and discrimination
- Describing stigma and discrimination among health professionals
- Myths and stigma
- Individual and system strategies for reducing stigma



# “Medical inquiries and observations, upon the diseases of the mind”

The use of strong drink is at first the effect of free agency. From habit it takes place from necessity. This is the case, I infer, from persons who are inordinately devoted to the use of ardent spirits being irreclaimable by all the considerations which domestic obligations, friendship, reputation, property, and sometimes even by those which religion and the love of life, can suggest to them....

1812



# Moral Failure vs. Medical Illness

- The remedies for this disease have hitherto been religious and moral, and they have sometimes cured it. They would probably have been more successful, had they been combined with such as are of a physical nature...
- ... to these I shall add one more, and that is, the establishment of a hospital in every city and town in the United States, for the exclusive reception of hard drinkers. They are as much objects of public humanity and charity, as mad people.



# Stigma

- Stigma marks people as dishonored or disgraced.
- Stigma depersonalizes people replacing their individual or personal qualities and identity with a set of negative assumptions or associations.
- People with substance use disorder are more stigmatized than people who smoke cigarettes and people who are obese (Chapman, 2013).
- Being subject to stigma is a deterrent to seeking care.





# Stigma in Health Professional Training

- Among medical students and resident physicians, stigmatizing attitudes towards patients with substance use disorders often increases during training. (Avery, 2019; Lindberg, 2006)
- Opioid use disorder is viewed more negatively and harshly compared to other disorders involving substances such as alcohol. (Avery, 2017)
- This stigma lingers into post-training practice. (Wakeman, 2016)



# Stigma in Healthcare Practice

- Only 20% of general internists feel prepared to screen individuals for substance use disorders,
- 1 in 3 internists view substance use disorders as being different from other chronic diseases, and
- 1 in 10 believe that those who use substances inappropriately should be punished. (Wakeman, 2016)
- In the emergency department, working with patients who have substance use disorders may be seen as unsatisfying and those patients may be seen as irritating. (Mendiola, 2018)
- Working in fast-paced environments using time-limited interactions to manage complex acute and chronic conditions is associated with greater reliance on unconscious or conscious stereotyping. (Santoro, 2018)



# Stigma and Professional Satisfaction

- Physicians reported less professional satisfaction treating patients with substance use disorders than patients with hypertension. (Saitz, 2002)
- Physicians reported lower regard for patients with substance use disorders than other medical conditions with behavioral components. (Mendiola, 2018)
- Cognitive stressors in the emergency department such as overcrowding and patient load are associated with increased implicit bias in physicians. (Johnson, 2016)



# Stigma and Discrimination in Healthcare

- Stigma triggers discriminatory behavior by others including health professionals.
- Discrimination in health care can result in inferior care.
- Stigma and bias among health care providers towards patients with substance use disorder occurs across disciplines and negatively impacts the care provided.



# Discrimination in Addiction Treatment

- Unrealistic requirements to access care
  - Photo ID, daily program attendance, forbidding children in facilities
- Dangerous prerequisites to care
  - Specific past treatment attempts; being “drug free”; resolution of pending criminal justice issues
- Withdrawing care in response to disease progression or persistence
  - Discharging people from care because of relapse or “rule violations”
- Providing only the medication preferred by the program or the clinician
- Expecting a single medication is suitable for everyone
- Manipulating medication doses and schedule to control behavior



# Myth vs. Truth: Detoxification

## Myth

- Detoxification is all they need.

## Truth

- Detoxification is not treatment. It is the medical management of acute withdrawal.
- Relapse to opioid use after detox is common and often deadly.
- Subacute withdrawal symptoms and cravings last long after detox ends.



# Myth vs. Truth

## Myth

- 12-step programs are all they need.

## Truth

- 12-step programs alone are only successful for 10 to 15% of people with OUD. MOUD is successful for 50–80%.



# Myth vs. Truth: Buprenorphine

## Myth

- MOUD with buprenorphine or methadone just substitutes one drug for another.
- Buprenorphine is just a way to get high or make money.

## Truth

- Buprenorphine and methadone reduce mortality by half, reduce Hepatitis C and HIV infection, and improve retention in treatment.
- Buprenorphine bought on the street is most often used to manage withdrawal or prevent relapse, especially when access to treatment is poor. People who have experience with buprenorphine on the street are more likely to stay in treatment once they start.





# Myth vs. Truth: Naltrexone

## Myth

- Naltrexone is the only opioid blocker.
- Naltrexone “shuts down the brain’s reward center.”

## Truth

- Both buprenorphine and methadone block the effects of other opioids when dosed correctly.
- Naltrexone blocks only opioid receptors.



# Tools and Strategies for Eliminating Discrimination for Individual Health Professionals

- Individuate
  - Have I selected the therapy that is most appropriate for this patient?
  - Are my expectations realistic for this patient in their current circumstances?
  - Am I interpreting the patient's behavior in the context of their illness?
- Perspective taking
  - How alike or different is this interaction/experience from other healthcare interactions for this patient?
  - How likely is it that this patient is feeling heard and recognized as an individual?
- Cultural humility
  - Are my expectations of this patient consistent with those I have for patients with other medical illness?
  - Am I applying clinical reasoning and decision making in the same manner I would for another condition?
  - Meet and talk to people in recovery. (Open 12-step meetings)
- Monitor
  - Ask patients for feedback about their care experience.
  - Look back at your notes, how does your language look?



# Tools and Strategies for Eliminating Discrimination in Addiction Treatment

- Drug and Drug Problem Perceptions Questionnaire
  - Validated 20-Item Scale with 5 subscales
  - 5 subscales: role adequacy, role support, job satisfaction, role-specific self-esteem, and role legitimacy (Watson, 2007)
  - Identify challenges such as: lack of training; difficulty in accessing support structures; and problematic issues with multidisciplinary decision making and processes (Howard, 2010)
- Training on Stigma reduces bias (Avery, 2019)
  - Reducing Stigma Education Tools (ReSET)  
<http://www.resetstigma.org/>
  - Caring for Ms. L.— Overcoming My Fear of Treating Opioid Use Disorder. <https://www.nejm.org/doi/full/10.1056/NEJMp1715093>



# Provider Training in MOUD

- Waiver training for all disciplines
  - Provider Clinical Support System: PCSSnow.org
- Additional training
  - NIDAMED Health Professional Education
    - <https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/centers-excellence/curriculum-resources-overview/substance-use-disorder-patient-case-studies>
  - Scope of Pain Micro-Cases
    - <https://www.scopeofpain.org/micro-cases/>
  - PCSSnow.org
    - Clinical Roundtable; SUD 101

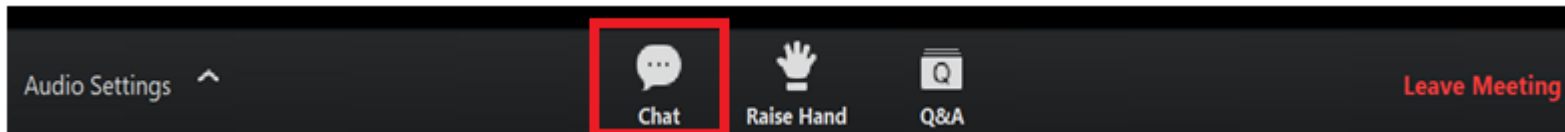


# Q & A Part 1 with Dr. Campopiano



Submit questions by using the chat feature.

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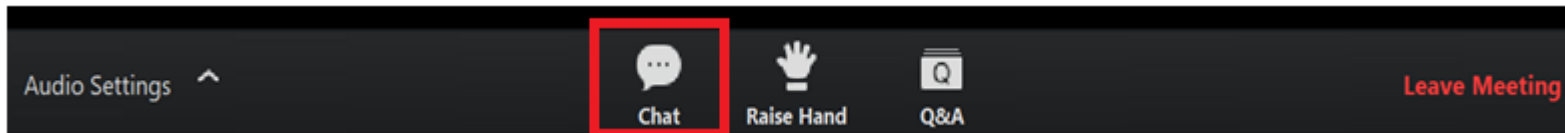
# Zachary Talbott

# Q & A Part 2 with Zachary Talbott



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# Donald McDonald



# HEALTH & SOCIAL IMPACTS

Incidence, morbidity, mortality, quality of life, social inclusion

## Outcomes

### Affected Populations

Access to justice, right to health (access and acceptability), uptake of testing, adherence to treatment, resilience, and advocacy

### Organizations and Institutions

Laws and policies, media, right to health (availability and quality), law enforcement practices, social protections

## Manifestations

### Stigma Experiences

Experienced stigma and discrimination, internalized, perceived, anticipated, secondary stigma

### Stigma Practices

Stereotypes, prejudice, stigmatizing behavior, discriminatory attitudes

## Stigma 'Marking'

Health condition-related stigma

Intersecting stigmas

Race, gender, sexual orientation, occupation, class-related stigma

## Drivers

&

## Facilitators

Fear of infection, fear of social and economic ramifications, authoritarianism, lack of awareness, social judgment, blame, stereotypes, prejudice

Cultural norms, social and gender norms and equality, occupational safety standards, legal environment, health policy

Individual

Interpersonal

Organizational

Community

Public Policy

monitoring

key areas for research, intervention and program monitoring

# Required Reading





ENDING DISCRIMINATION AGAINST  
PEOPLE WITH MENTAL AND  
SUBSTANCE USE DISORDERS

**The Evidence for Stigma Change**

# Required Reading



# Interventions | Non-Stigmatizing Language

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RECOVERY  
RESEARCH  
INSTITUTE



 THESE HELP

substance use/misuse  
people with substance use disorder  
positive/negative drug screen  
person in recovery  
return to use/recurrence  
people who use drugs  
substance exposed newborns  
overdose crisis

 THESE HURT

substance abuse  
addicts/alcoholics  
dirty/clean drug screen  
former addict  
relapse  
junkies/druggies/users  
addicted babies  
opioid epidemic

@DMcDRecovery



# Recovery Dialects


Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
Addict	✓	✗	✗	✗	✗
Alcoholic	✓	✗	✗	✗	✗
Substance Abuser	✗	✗	✗	✗	✗
Opioid Addict	✓	✗	✗	✗	✗
Relapse	✓	✗	✗	✗	✗
Person w/ a Substance Use Disorder	✓	✓	✓	✓	✓



#LanguageMatters

#RecoveryMovement



**THE NORTH CAROLINA**  
**~~SUBSTANCE ABUSE~~**  
**ADDICTIONS SPECIALIST**  
**PROFESSIONAL PRACTICE BOARD**

NC SB 537 | 11.6.2019

@DMcDRecovery

# Interventions | Contact Strategy

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**FACES & VOICES  
OF RECOVERY**

**ADVOCATE. ACT. ADVANCE.**



# Interventions | Education

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# Interventions | Activism

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## TOOLS & TOOLKITS:

[Words Matter: Improving the Substance Use Conversation—A Guide for Health Care Teams, 2018.](#)

[\\*Community Opinion Survey to measure the presence of stigma, developed by Maine Quality Counts](#)

[\\*PSAS Measure – Perceived Stigma Toward Substance Users, 2010](#)

[Anti-Stigma Toolkit for Women & Babies, 2020](#)

[Stop the Stigma Language One-Pager, 2019](#)

[Anti-Stigma Toolkit: A Guide to Reducing Addiction-Related Stigma, 2012 \(with 2020 Addendum\)](#)

[Overcoming Stigma, Ending Discrimination Resource Guide, 2018](#)

[\\*The Health Stigma and Discrimination Framework: A Global, Crosscutting Framework To Inform Research, Intervention Development, and Policy on Health-Related Stigmas, 2019](#)

[Correlates of stigma severity among persons seeking opioid detoxification with drug-use stigma scale, 2018](#)

[MAT for Opioid Use Disorder: Overcoming Objections, 2019](#)



## ARTICLES & PUBLICATIONS:

*\*Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change, 2016.*

*Stigma Reduction through Contact Strategies, 2015.*

*Language Matters, 2018*

*The Effectiveness of Interventions for Reducing Stigma Related to Substance Use Disorders: A Systematic Review, 2012*

*Lift the Label Campaign Fights Opioid Addiction Stigma, 2018*

## WEBINARS:

*Community Stigma & Cultural Humility, 2020*

*Stigma, Drugs, and Policy: How Language Drives Change, 2020*

*Recovery & the Stigma of Recovery, 2020*

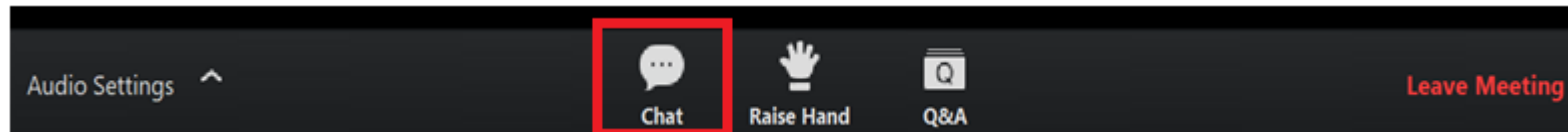


# Q & A Part 3 with Donald McDonald



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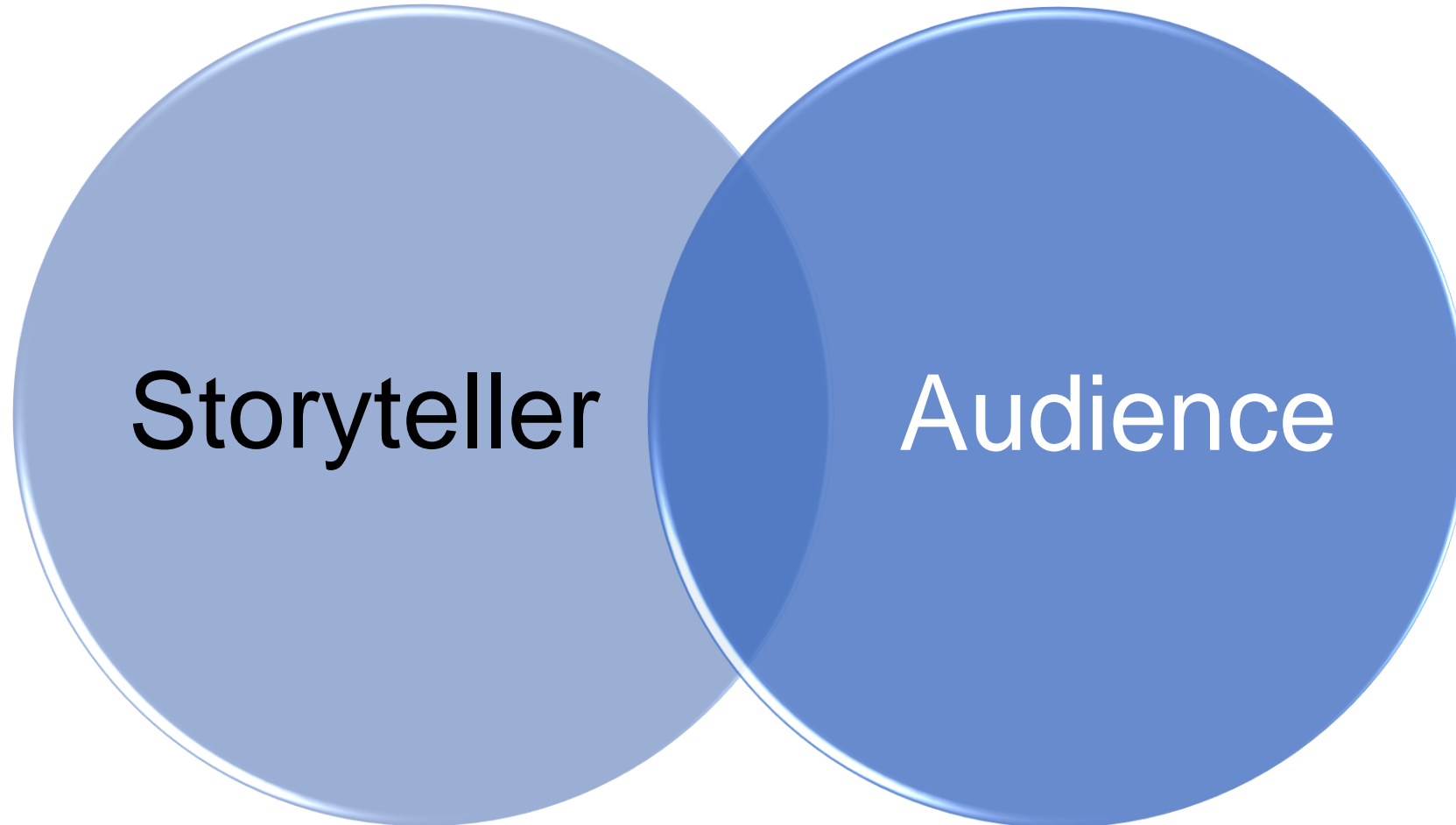
# **Dr. Jenny Crowley**

Reducing Stigma Through Digital Stories

# What is Digital Storytelling?



# Digital Storytelling and Stigma Reduction



# Digital Storytelling in Project HOPE

- Training Support
- Community Asset
- Outreach





# Our Library

## Completed or In Development Videos

- Recovery court
- Adverse childhood experiences (ACES)
- Halfway housing
- Entering recovery with a partner

## Planned Videos

- MOUD
- Harm reduction
- Family impact



# Mallie's Story

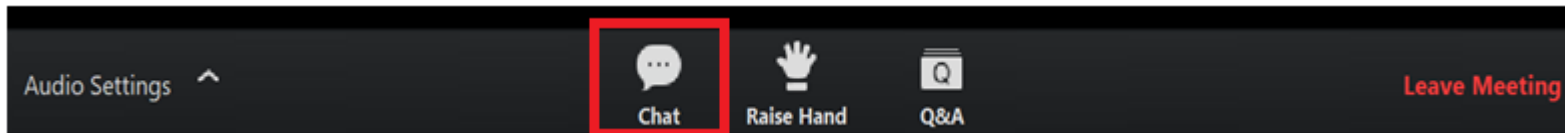


# Q & A Part 4 with Dr. Jenny Crowley



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## Contact Info:

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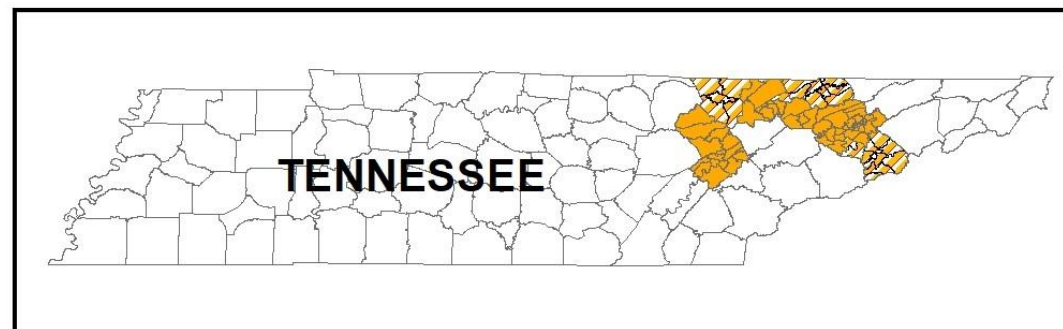
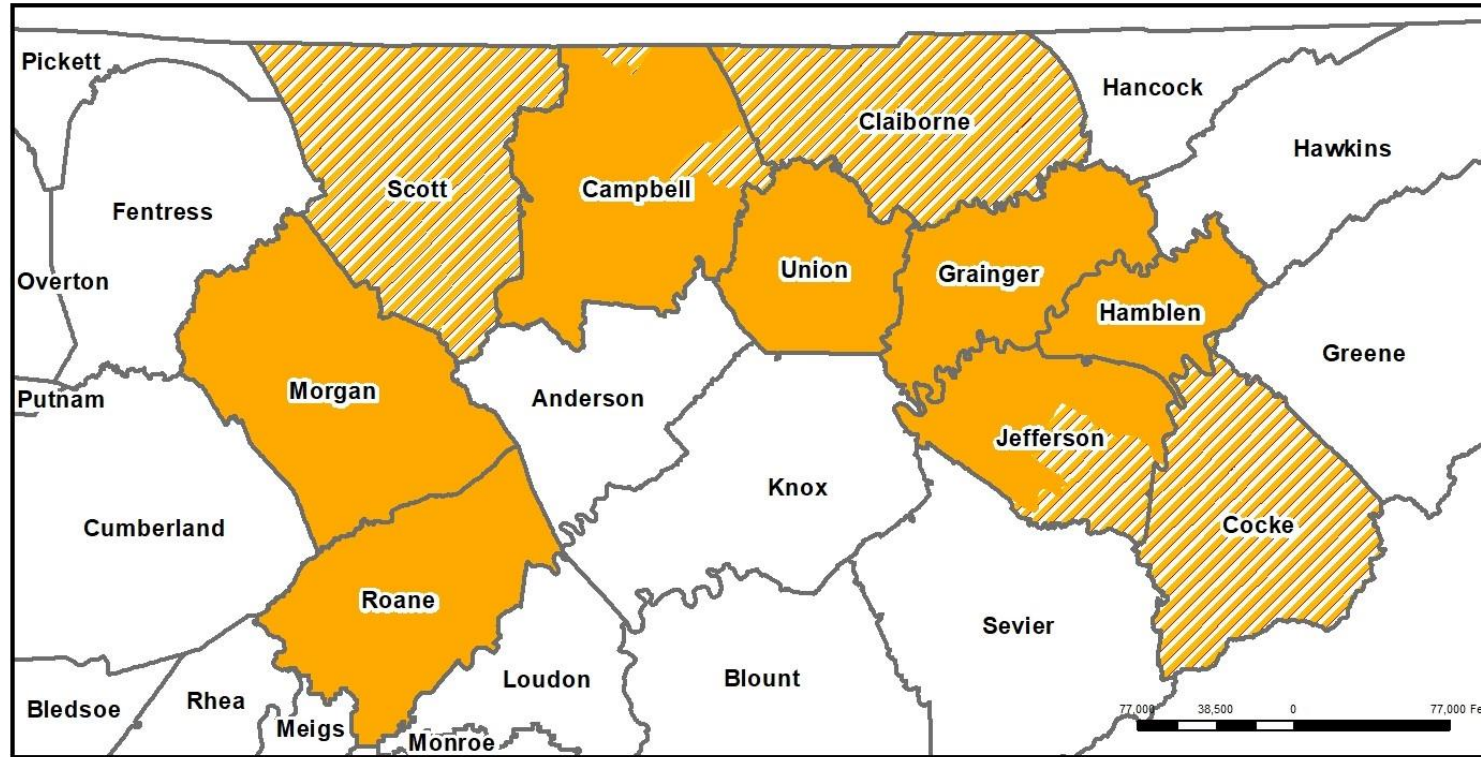




# Celebrations & Announcements

Laurie L Meschke  
Public Health, University of Tennessee-Knoxville

# RCORP-ETC Region



# Expungement Event

- RCORP-ETC (Jennifer Tourville of UTK Nursing) and College of Law
- Judicial officials of Jefferson and Cocke Counties
- Saturday, October 17
- Nearly 200 people signed up
- Goal: to eliminate criminal records and fines accrued in the judicial system



# Youth Development Trainings

- Developmentally appropriate youth development for early adolescents (Youth Development Collaborative meeting; Aug 20)
- Empowerment of youth (Oct 9)
- Upcoming:
  - Youth Recruitment, parts 1 and 2
  - Online programming strategies with youth





# NAS Prevention

- Sept 30, 2020 to Sept 29, 2023; \$500,000
- Focus on RCORP-ETC region
- Services in Claiborne and Scott Counties
  - Servolution
  - The Hill
  - STAND: Schools Together Allowing No Drugs
  - UT-Knoxville
- Expansion of professional education on stigma reduction and family planning
- Expansion of behavioral health services for adolescent girls and women of reproductive age



# RCORP-ETC EVENTS & RESOURCES

- On-line, free continuing medical education units
  - The Opioid Crisis: The Role of Narcan, Opioid Prescribing Laws, and NAS Prevention <https://tnopioid.utk.edu/opioid-crisis-training/>
- Digital stories: <https://tnopioid.utk.edu/digital-stories-of-oud/>
- Next RCORP-ETC meeting: January 22, 2021 – Policy Forum

Visit: <https://tnopioid.utk.edu>



# Thank You!

# Stay Healthy and Safe!

The purpose of RCORP is to support treatment for and prevention of substance use disorder, including opioid use disorder, in rural counties at the highest risk for substance use disorder.

**RCORP-TA**

RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - TECHNICAL ASSISTANCE