



Center on  
Rural Addiction  
UNIVERSITY OF VERMONT





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## This presentation is part of the Community Rounds Workshop Series

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# Addressing Stigma and Bias in the Treatment and Prevention of Substance Use Disorders

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## Session Objectives

- Recognize the impact that bias and stigma can have on individuals and families affected by substance use and substance use disorders
- Consider strategies to decrease personal and organizational strategies towards decreasing substance use related stigma and bias
- Improve understanding of the disease model of addiction
- Increase compassionate care for individuals and families impacted by substance use disorders
- Build confidence in ability to champion language and treatment approaches that improve compassionate care

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# First Patient Encounter

- First ever patient assigned to me on the medicine wards

**“What a piece of Sh\*\*!”**



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# Are we preaching to the choir?

- The people who are attending a lecture on stigma...
- Basic needs assessment
  - “Please select the top three provider barriers to treating opioid use disorders in your practice”
    - LEAST **commonly** selected barrier = provider stigma
    - Number one **most commonly** selected barrier = medication diversion
  - Please select the top three patient barriers to treating opioid use disorders
    - Stigma was second only to transportation as the most commonly selected response

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# Types of Stigma

- Perceived stigma: a person's understanding of how others may act towards, and think or feel about, an individual with a certain trait or identity
- Anticipated stigma: expectations of stigma experiences predicted to occur at a future time.
- Internalized stigma: individual awareness, acceptance, and application of stigma to oneself
- Experienced stigma: discriminatory acts or behaviors

Kane, 2019

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## “Flavors” of stigma

- Stereotypical beliefs
  - Someone with an addiction is.... (unintelligent, criminal, etc.)
- Attribution beliefs
  - Someone with an addiction is in control
  - Someone with an addiction is responsible for this
- Expectations for Recovery
  - Someone with an addiction will be able to... find a job, maintain a relationship
- Social distance
  - I would be willing to have someone with an addiction... live next door, sit down by me on a train

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# Stigma against Substance use disorders is HIGH

- WHO study of 18 most stigmatizing conditions found drug addiction to rank #1, Alcohol addiction to rank #4.

Room, 2001

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# Language

- Insert examples of good and bad from Theresa's slide
- Insert reference to study from John Kelly's lecture about what term we use... "problem vs. chronic relapsing medical condition"

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# Deep Roots, Wide Spread, In High Places

- “Public Enemy number one” – Nixon 1971
- “The War on Drugs” – Reagan 1982
  - Anti Drug Abuse Act, “minimum mandatory sentences for drug offences”
- SAMHSA = Substance *Abuse* Mental Health Services Administration
- NIDA – National Institute on Drug *Abuse*

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## Person-first language

- ~~Diabetic~~ -> Person with diabetes
- ~~Asthmatic~~ -> Person with asthma
- ~~Addict or substance abuser~~ -> Person with a substance use disorder
- ~~Schizophrenic~~ – Person with schizophrenia
- ~~(raging) Borderline~~ -> Person with borderline personality disorder

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## Terminology influences attitudes

- Mr. Williams is a substance abuser and is attending a treatment program through the court.... Mr. Williams has been a substance abuser for the past few years. He now awaits his appointment with the judge..
- Mr. Williams has a substance use disorder and is attending a treatment program through the court.... Mr. Williams has had a substance use disorder for the past few years. He now awaits his appointment with the judge..



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## Mr. Williams continued

- “His problem is caused by a reckless lifestyle”
- “Mr. Williams is responsible for causing his problem”
- “He should be given some kind of jail sentence to serve as a wake-up call”
- “His problem is caused by poor choices that he made”
- “Mr. Williams could have avoided using alcohol and drugs
- “I believe Mr. Williams will do something violent to himself”
- “I believe he will do something violent to others
- “He should be referred to a spiritual or natural healer”

Kelly, 2010

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## False Dichotomies, errant binary thinking

- Ready vs. not ready gives way to stages of change
- Abstinence based vs. harm reduction -> multiple models of recovery and treatment
- You have that expertise/specialty clinic or you don't -> treatment embedded within primary care
- Take care of SUD before we can treat your mental health condition -> dual-diagnosis, co-occurring treatment
- Suboxone is too scary, requires an X-license?

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## Results of SUD related Stigma and Bias

- Poorer health outcomes
- Less treatment seeking for SUD
- Less engagement in primary care
- Less clinical providers educated in that field or area of expertise
- Less education, less full-time employment
- Social isolation, anxiety, depression
- This is ubiquitous, worldwide

Kane, 2019

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# Rural Implications

- Stigmatizing attitudes prevalent amongst all groups
- But social distancing and negative perception about treatment and prognosis more common in general public, then GPs, then specialists
- More frequent contact and familiarity are associated with reduced social distance towards an identified group

VanBoekel, 2015

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## Rural implications

- Word of mouth information about whether there is compassion for individuals with SUDs may distribute more completely. People know people more easily in a small town.
- “There’s nowhere else to go.”
- Rural areas often have a culture of self-efficacy, self-sufficiency, may feel that they should be able to take care of the problem without help
- Decreased privacy, can emphasize that treatment can be embedded into primary care so it’s not viewed so differently from other conditions

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## Rural implications

- One study showed increased access to and use of legal substances, culture may be more accepting on average of alcohol and tobacco use. Study showed increased access in homes. (Warren, 2015)
- Remembering not to focus on a single path to recovery.

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# Unconditional Positive Regard

- Insert picture of Carl Rogers

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# The Spirit of Motivational Interviewing

- The Spirit of MI
  - Partnership
  - Evocation
  - Compassion
  - Acceptance
    - Four pillars of acceptance: **absolute worth**, affirmation, autonomy, accurate empathy




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## Why did this happen?

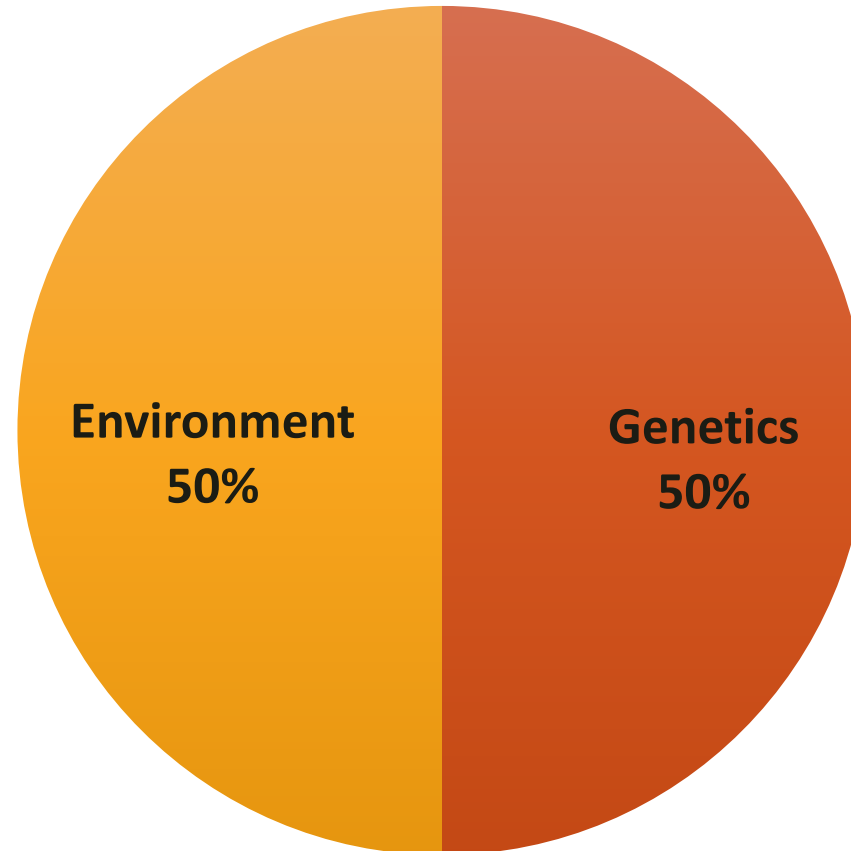


“Your  
fault”



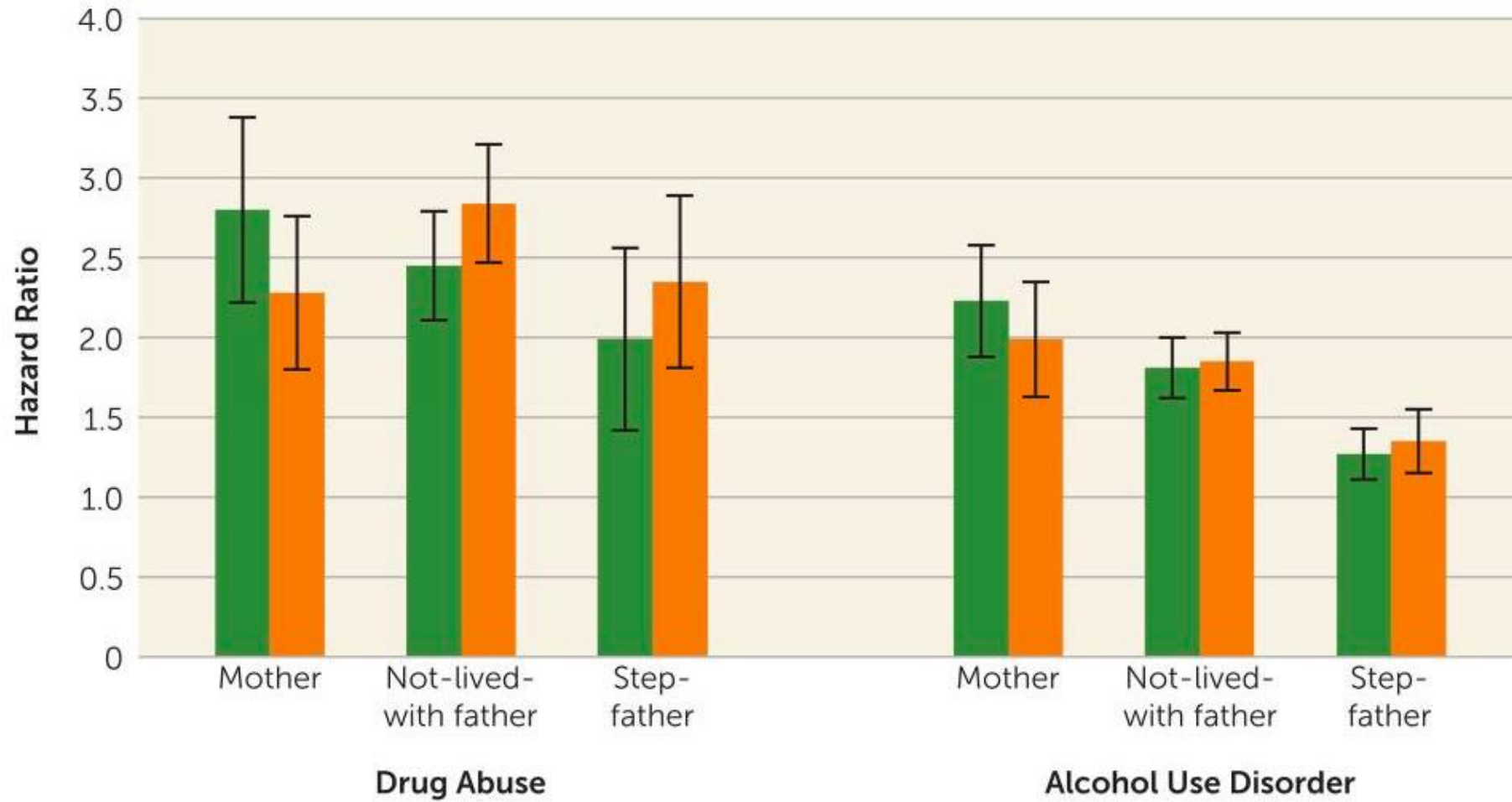
“Not your  
fault”

# Approximately half of risk is genetic



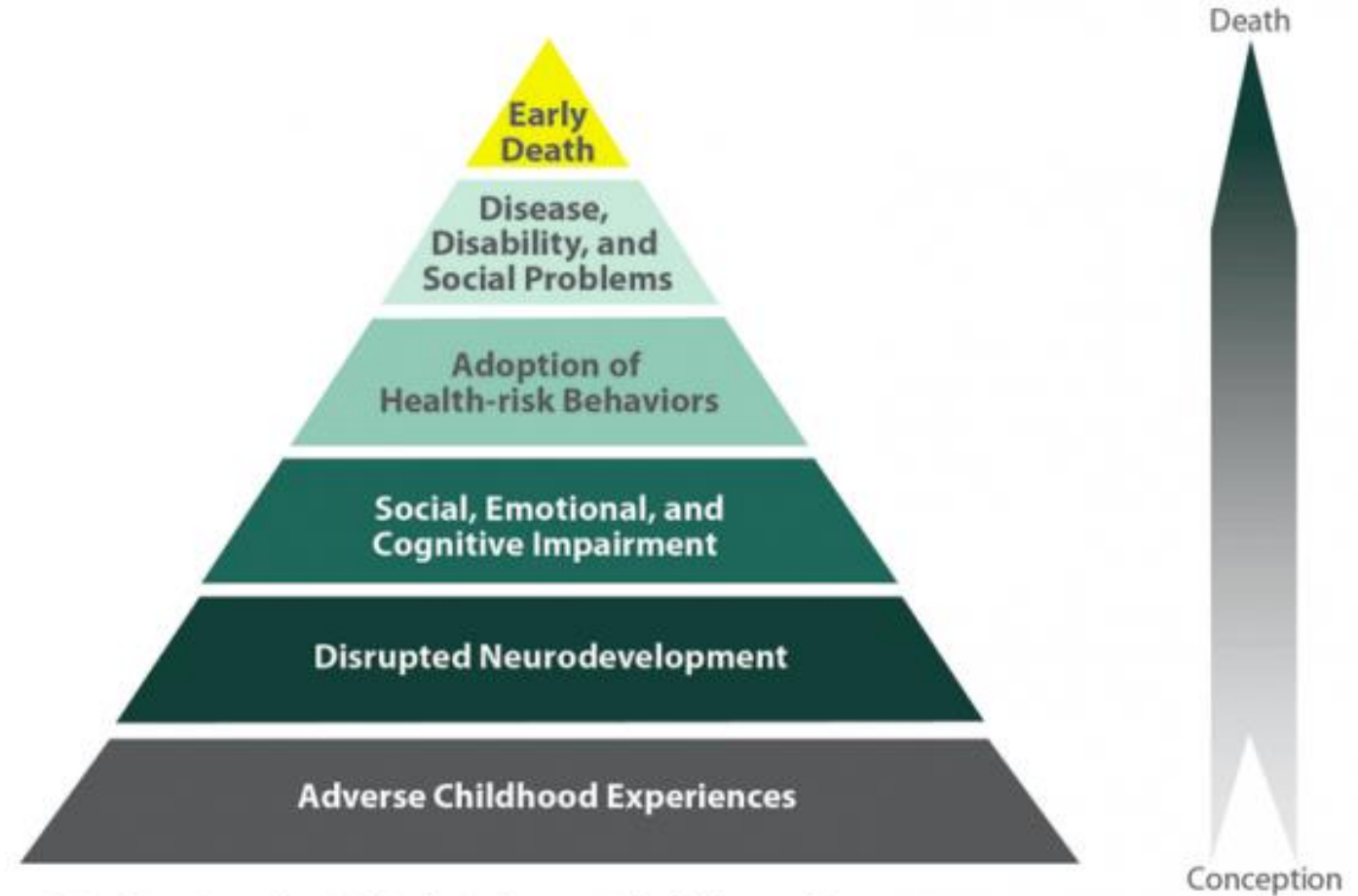
**Heritability of Substance Use Disorders**

# Nature of Nurture?



Kendler L et al, 2015

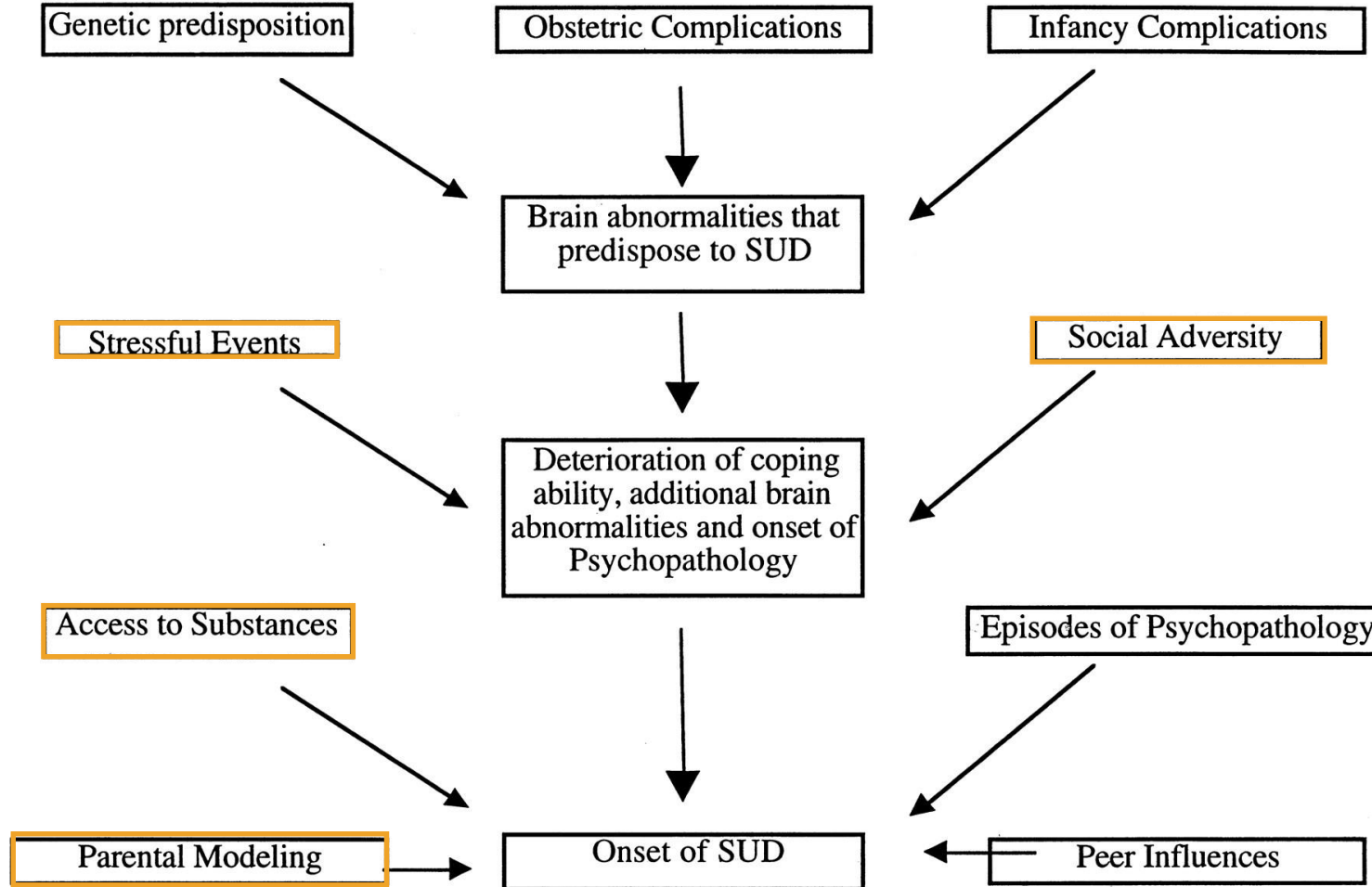
# Adverse Childhood Experiences



Mechanism by Which Adverse Childhood Experiences  
Influence Health and Well-being Throughout the Lifespan

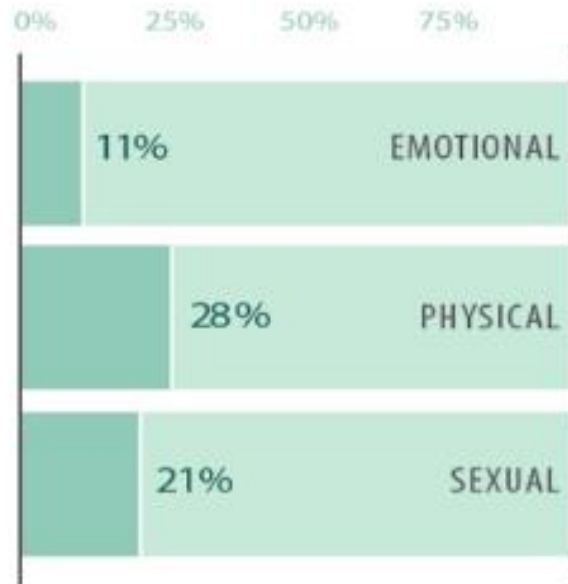
<https://www.cdc.gov/violenceprevention/acestudy/about.html>

# Hypothetical Developmental Sequence of the Cause of Substance Use Disorders



# Adverse Childhood Experiences

## ABUSE



## HOUSEHOLD CHALLENGES



## NEGLECT



<https://www.cdc.gov/violenceprevention/acestudy/about.html>

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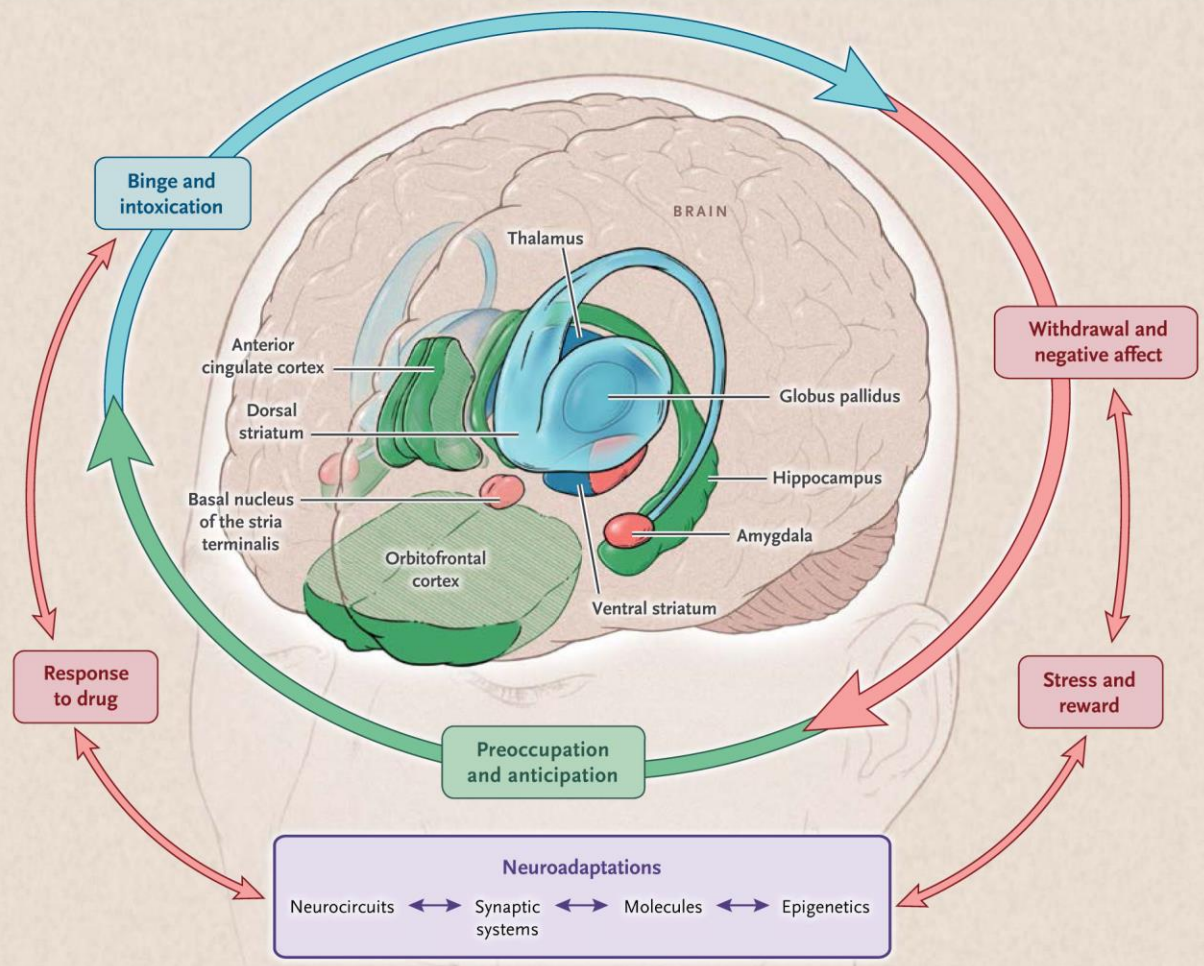
# Why is this still happening?



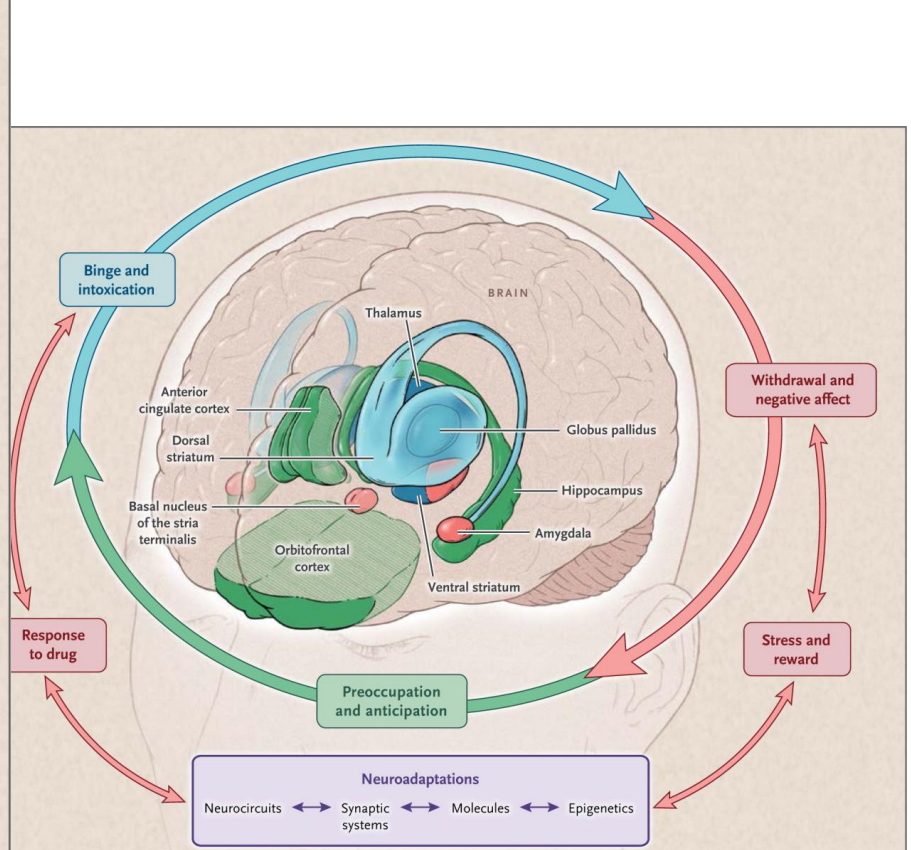
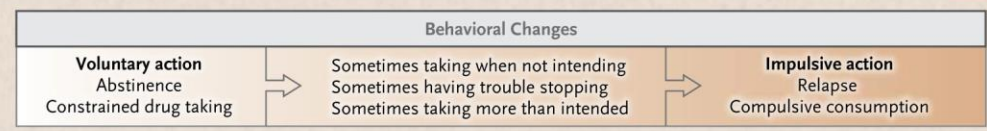
Controllable



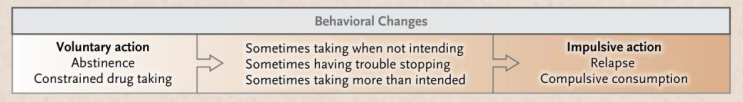
Uncontrollable



| Stage of Addiction             | Shifting Drivers Resulting from Neuroadaptations |                            |                                      |
|--------------------------------|--|----------------------------|--------------------------------------|
| Binge and intoxication         | Feeling euphoric                                 | Feeling good               | Escaping dysphoria                   |
| Withdrawal and negative affect | Feeling reduced energy                           | Feeling reduced excitement | Feeling depressed, anxious, restless |
| Preoccupation and anticipation | Looking forward                                  | Desiring drug              | Obsessing and planning to get drug   |



| Stage of Addiction             | Shifting Drivers Resulting from Neuroadaptations |                            |                                      |
|--------------------------------|--|----------------------------|--------------------------------------|
| Binge and intoxication         | Feeling euphoric                                 | Feeling good               | Escaping dysphoria                   |
| Withdrawal and negative affect | Feeling reduced energy                           | Feeling reduced excitement | Feeling depressed, anxious, restless |
| Preoccupation and anticipation | Looking forward                                  | Desiring drug              | Obsessing and planning to get drug   |



ow, 2016



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# Impact on Professionals

- Lower individual regard
- Decreased motivation
- Feelings of dissatisfaction, resentment, powerlessness
  
- Resulting from perception that individuals are potentially violent, amotivated and manipulative

van Boekel, 2013

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# Impact on individuals

- Poorer prognosis
- Lower self-esteem
- Less empowerment
- Less treatment seeking

van Boekel, 2013

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# Is this a problem or is this a disease?

- Problem:
  - Pros - Fixable, controllable
  - Cons – Moral failing, if you had enough motivation you'd just change
- Disease:
  - Pros – compassion for causality and controllability, less blaming
  - Cons- Prognostic pessimism, can't be fixed, too engrained, doomed heritability

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## Finding a balance

- Insert X-Y axis, or 2x2 square cause vs. controllability
- Balancing blame reduction against prognostic pessimism (Kvaale, 2013)
- Balancing education about science against treatment principles
  - “I don’t have to know why it snows, I just have to shovel it”

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# Overcoming Stigma and Bias

- Telling stories (Feiler, 2013)
- FAVOR – Faces and Voices of Recovery – a national organization
- Helping families communicate about hard things. Make things “talk-about-able”
- Person centered language and treatment
  - Recovery oriented prescribing from psychiatry... are we treating your GAD-7, PHQ-9 or your Addiction Severity Index or are we focusing on your goals?
  - What will life look like when you’re well? What will you be doing?

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# Overcoming Stigma and Bias

- Increasing contact between the affected population and the larger population. (Corrigan, 2018)
- Mental health and SUD parity laws for coverage of these conditions
- Communication standards to avoid stigmatizing language
- Widespread access to treatment, no wrong door to access treatment
  - Treatment embedded in other care settings

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# Overcoming Stigma and Bias

- Ask honest introspective questions
- Own and recognize counter-transference
- Work with a supportive team, be humble enough to ask for feedback
- Work with a supportive team and be confident enough to give feedback, or at least to ask hard questions

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# Overcoming Stigma and Bias

- Understanding the disease model of addiction
- Understanding heritability
- Balancing both of the above with prognostic optimism and data about change and recovery



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# Overcoming Stigma and Bias

- Unconditional positive regard, Carl Rogers
- The Spirit of MI
  - Partnership
  - Evocation
  - Compassion
  - Acceptance
    - Four pillars of acceptance: **absolute worth**, affirmation, autonomy, accurate empathy

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# Tools and resources

- [Focus.org](https://www.focus.org/)
- Others...

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