



Northwest (HHS Region 10)

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Northwest ATTC presents: The Impact of Stigma on Healthcare for People with Substance Use Disorders

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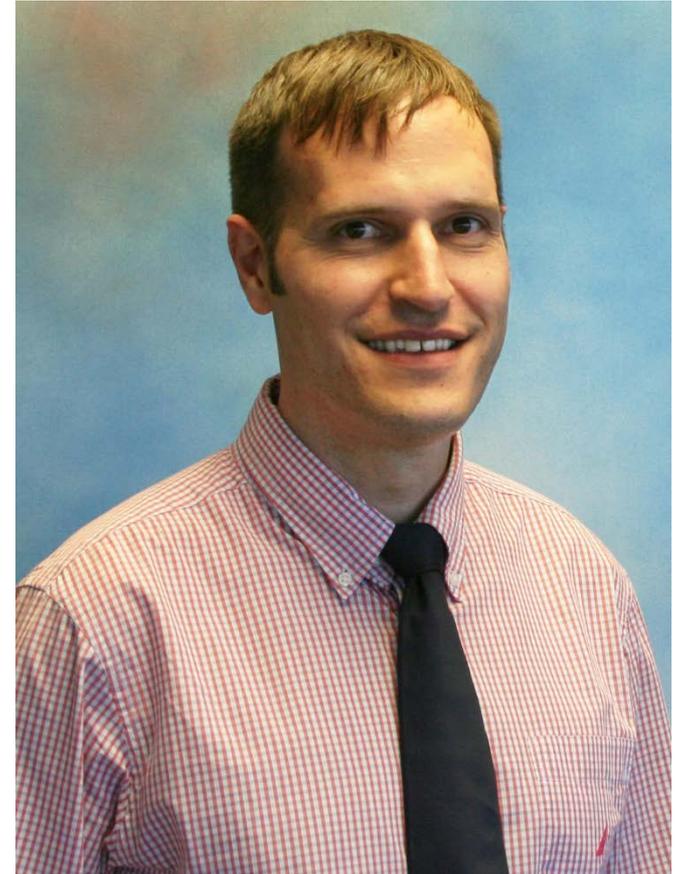
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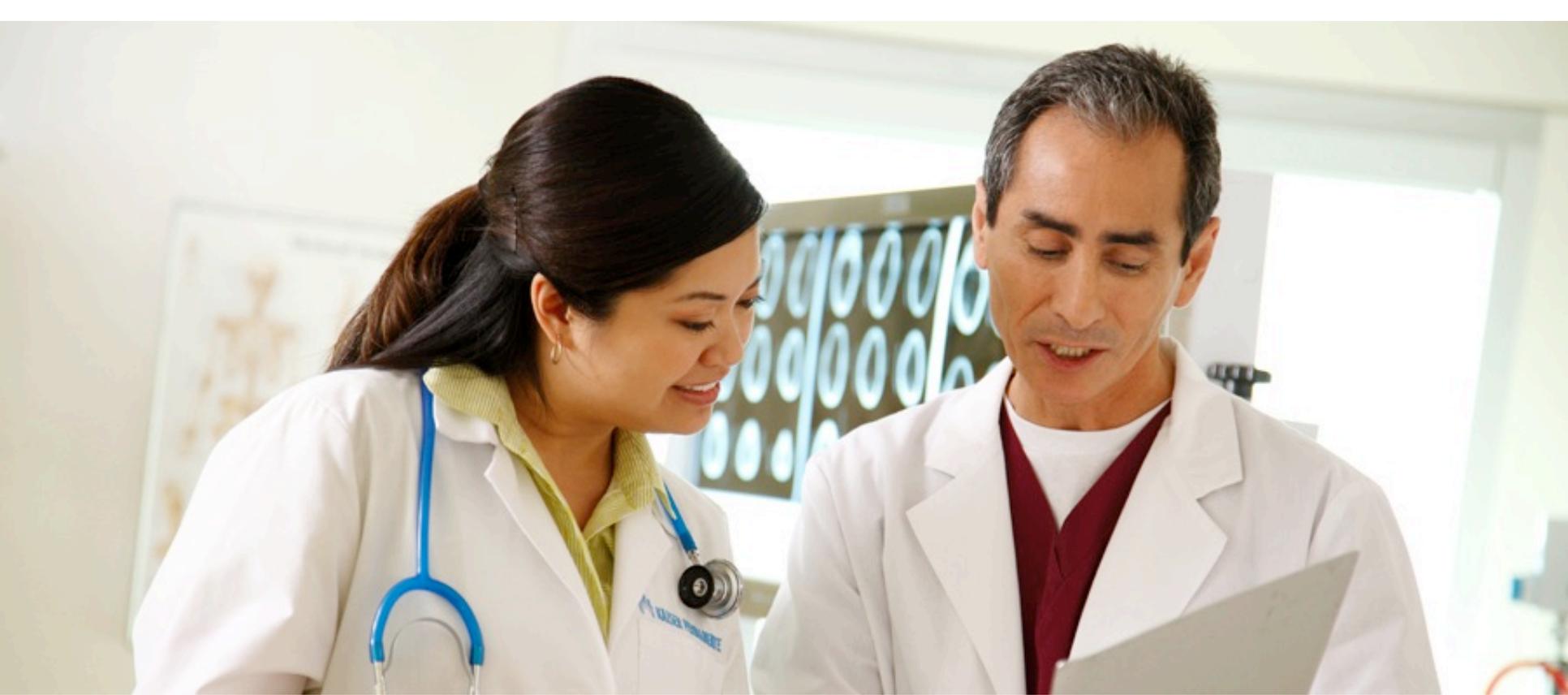


Today's Presenter

Joe Glass, PhD, MSW

- Assistant Investigator, Kaiser Permanente Washington Health Research Institute
- Affiliate Professor, UW Dept. of Psychiatry and Behavioral Sciences
- Licensed clinical social worker
- Focuses:
 - Brief interventions in healthcare settings
 - Stigma of substance use disorders
 - Health disparities
- Career development award, NIH
 - Online treatments for SUD in healthcare settings





The Impact of Stigma on Healthcare for People with Substance Use Disorders

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- Collaborators

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- Amy K. Lee, MPH, Kaiser Permanente Washington Health Research Institute

Stigma and Substance Use Disorders

- What is stigma and how is it relevant to substance use disorders?
- What evidence is there regarding how stigma impacts care for people with substance use disorders?
- How can we as stakeholders avoid perpetuating stigma when providing services to people with substance use disorder?

There is wide recognition that the stigma of substance use disorders is a problem

- Substance use disorders are among the most stigmatized health conditions (Schomerus, et al., 2010)
- U.S. Surgeon General reports have recognized the “long and continuing history of discrimination against people with substance use disorders” (U.S. Department of Health and Human Services, 2016)
- Numerous recovery organizations acknowledge the problem of stigma and are actively working to address it

What is stigma and how is it relevant to substance use disorders?

Stigma

- When a mark, attribute, or condition that society views unfavorably (e.g., substance use disorder) leads society to reject that person (Goffman, 1963)
- Negative stereotypes about, and attitudes towards, people with substance use disorders (Link et al., 1999; Crisp et al, 2000)
- Labeling, devaluation, and discrimination towards persons with substance use disorders (Link et al., 1997; Glass et al., 2013a, 2013b)

Stigma in society

- Why people stigmatize others (Phelan et al., 2008; Allport, 1954)
 - Keeping people “down”, keeping people “in”, and keeping people “away”
- Six “dimensions” of a stigmatized condition (Jones, 1984)
 - Origin, concealability, course, disruptiveness, aesthetics/disgust, peril

How stigma affects individuals

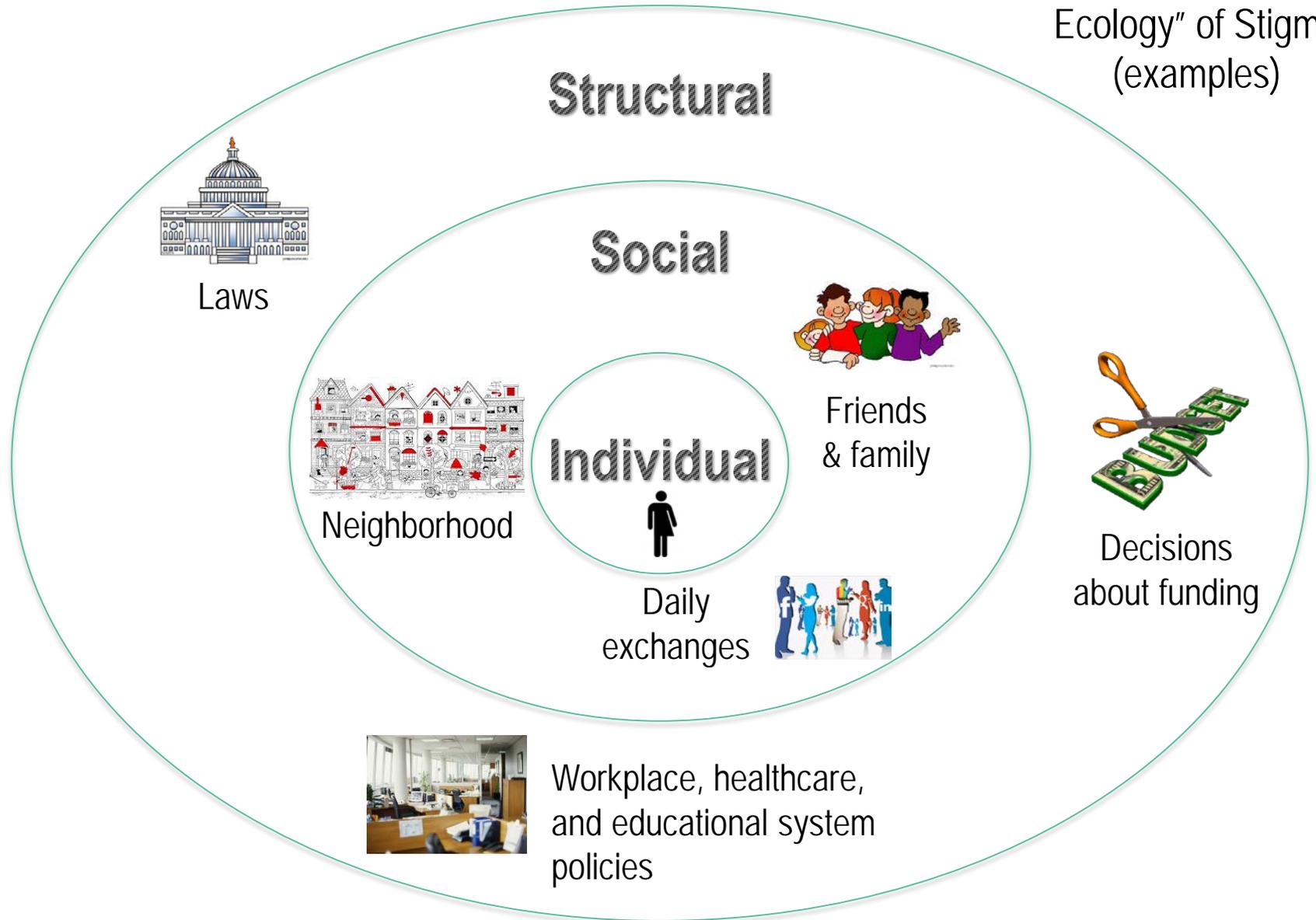
- The stigma “process” and its components (Link & Phelan, 2001)
 - Distinguishing and labeling differences (labeling)
 - Associating differences with negative attributes (stereotyping)
 - Separating “Us” from “Them”
 - Status loss and discrimination
- This stigma process is dependent on a *power differential*

How stigma affects individuals: Key concepts

- Enacted stigma (external experiences)
 - Occurrences of stigma experienced by people with substance use disorders (e.g., rejection, discrimination, stereotyping)
 - “My counselor started ignoring my concerns once I admitted I used drugs”
- Internalized stigma (internal experiences)
 - Feeling ashamed or inferior because of one’s substance use disorder
 - “Why can’t I just quit using... I’m such a failure.”
- Anticipated stigma (expected future experiences)
 - Concerns among people with substance use disorders about being stigmatized in the future
 - “My counselor wouldn’t listen to my concerns if s/he knew I use drugs.”

Earnshaw & Chaudoir, 2009; Smith et al, 2016; Glass et al., 2013a, 2013b, 2014; Schomerus et al., 2011

The "Social Ecology" of Stigma (examples)



What evidence is there regarding how stigma impacts care for people with substance use disorders?

How might exposure to stigmatizing labels impact health care professionals?

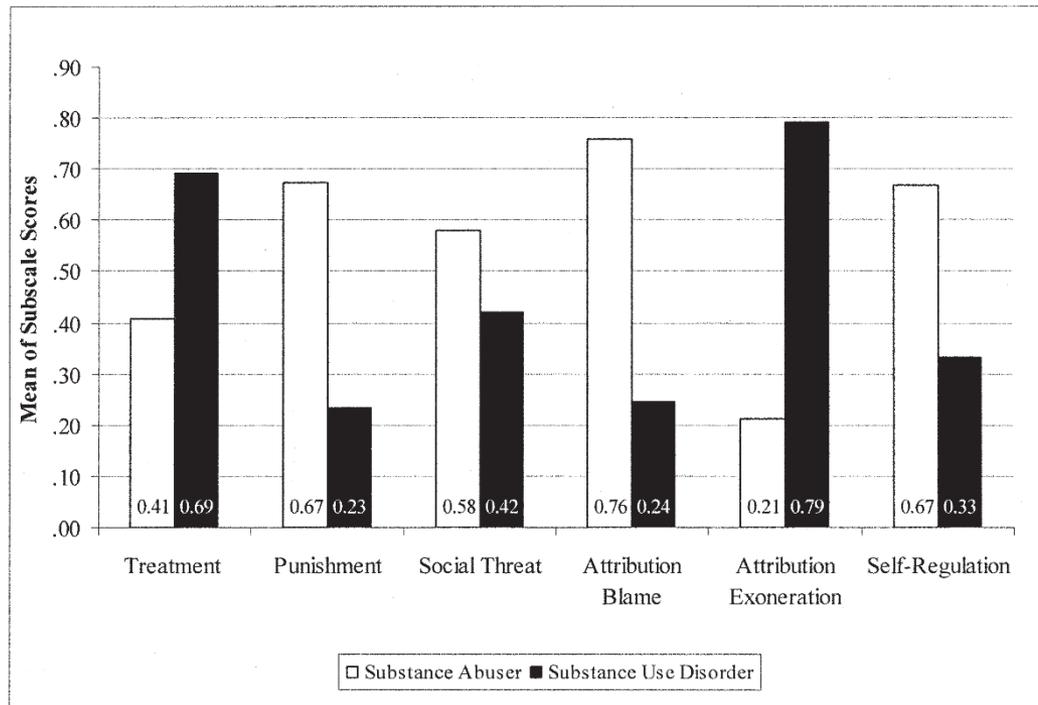
“Substance Abuser”

Mr. Williams is a substance abuser and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has been a substance abuser for the past few years. He now awaits his appointment with the judge to determine his status.

“Substance Use Disorder”

Mr. Williams has a substance use disorder and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has had a substance use disorder for the past few years. He now awaits his appointment with the judge to determine his status.

Subscales comparing "Substance Abuser" and "Substance Use Disorder" labels



Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record

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BACKGROUND: Clinician bias contributes to healthcare disparities, and the language used to describe a patient may reflect that bias. Although medical records are an integral method of communicating about patients, no studies have evaluated patient records as a means of transmitting bias from one clinician to another.

OBJECTIVE: To assess whether stigmatizing language written in a patient medical record is associated with a subsequent physician-in-training's attitudes towards the patient and clinical decision-making.

DESIGN: Randomized vignette study of two chart notes employing stigmatizing versus neutral language to describe the same hypothetical patient, a 28-year-old man with sickle cell disease.

PARTICIPANTS: A total of 413 physicians-in-training: medical students and residents in internal and emergency medicine programs at an urban academic medical center (54% response rate).

MAIN MEASURES: Attitudes towards the hypothetical patient using the previously validated Positive Attitudes towards Sickle Cell Patients Scale (range 7–35) and pain management decisions (residents only) using two multiple-choice questions (composite range 2–7 representing intensity of pain treatment).

KEY RESULTS: Exposure to the stigmatizing language note was associated with more negative attitudes towards the patient (20.6 stigmatizing vs. 25.6 neutral, $p < 0.001$). Furthermore, reading the stigmatizing language note was associated with less aggressive management of the patient's pain (5.56 stigmatizing vs. 6.22 neutral, $p = 0.003$).

KEY WORDS: bias; stigma; language; disparities; medical record; communication; clinical decision-making.

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INTRODUCTION

It is well documented that patients are not treated equally in our healthcare system: some receive poorer quality of healthcare than others based on their racial/ethnic identity,^{1–4} independent of social class. Others, such as older adults^{5,6} and individuals with low health literacy,^{7,8} obesity,^{9,10} and substance use disorders¹¹ may also be viewed negatively by health professionals in a way that adversely impacts their healthcare quality. Implicit bias among clinicians is one factor that perpetuates these disparities.^{1,12,13} Implicit bias is the automatic activation of stereotypes derived from common cultural experiences, which may override deliberate thought and influence one's judgment in unintentional and unrecognized ways,^{2,14,15} and may affect communication behaviors and treatment decisions.^{3,16–18}

Clinicians may acquire implicit bias towards patients from one another when communicating verbally or when writing or reading medical records; physicians-in-training may absorb these attitudes as part of the “hidden curriculum” of medical

Goddu et al.,
2018;
Robinson,
2017

Impact of stigma on collaborative relationships

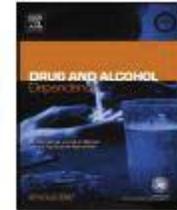
- Study goal: To investigate the concept of empowerment and collaboration from the perspective of patients and clinicians in alcohol and drug treatment settings
- Stigmatizing beliefs were carried into the treatment setting, impacting empowerment and collaboration
 - Multiple manifestations of power differentials, e.g., “dividing practices”
 - Attempts to provide structure were felt as being at odds with autonomy
 - Both staff and patients expressed feelings of disempowerment



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Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review

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ABSTRACT

Background: Healthcare professionals are crucial in the identification and accessibility to treatment for people with substance use disorders. Our objective was to assess health professionals' attitudes towards patients with substance use disorders and examine the consequences of these attitudes on healthcare delivery for these patients in Western countries.

Methods: Pubmed, PsycINFO and Embase were systematically searched for articles published between 2000 and 2011. Studies evaluating health professionals' attitudes towards patients with substance use disorders and consequences of negative attitudes were included. An inclusion criterion was that studies addressed alcohol or illicit drug abuse. Reviews, commentaries and letters were excluded, as were studies originating from non-Western countries.

Results: The search process yielded 1562 citations. After selection and quality assessment, 28 studies were included. Health professionals generally had a negative attitude towards patients with substance use disorders. They perceived violence, manipulation, and poor motivation as impeding factors in the healthcare delivery for these patients. Health professionals also lacked adequate education, training and support structures in working with this patient group. Negative attitudes of health professionals diminished patients' feelings of empowerment and subsequent treatment outcomes. Health professionals are less involved and have a more task-oriented approach in the delivery of healthcare, resulting in less personal engagement and diminished empathy.

Conclusions: This review indicates that negative attitudes of health professionals towards patients with substance use disorders are common and contribute to suboptimal health care for these patients. However, few studies have evaluated the consequences of health professionals' negative attitudes towards patients with substance use disorders.

Peckover et al., 2007; Curtis et al., 2001; Brener et al., 2010; van Boekel et al., 2013; Brener et al., 2007; Brener et al., 2010

Stigma and provision of high-quality care

- Pharmacotherapy provision among patients with alcohol use disorder
- Alcohol screening among patients with hypertension
- Population-based screening for substance use

Williams et al., 2018; Hanschmidt et al., 2017; McNeely et al., 2018

Stigma and help seeking for substance use disorders

- Are people with alcohol use disorders less likely to utilize treatment services if they perceive more stigmatizing attitudes towards this condition?
- Study design: Nationally-representative sample of persons in the U.S. with lifetime alcohol use disorders
- Survey assessed:
 - Perceptions of stigma towards persons with alcohol use disorders
 - Whether or not survey respondents ever received treatment, including professional services and 12-step groups

Keyes et al., 2010

Stigma and help seeking for substance use disorders (study findings)

Table 3. Association Between Alcohol Stigma and Any Lifetime Treatment Utilization Among Individuals With a Lifetime Alcohol Disorder, United States, 2004–2005 (*n* = 6,309)

	Utilized Alcohol Services, Lifetime (<i>n</i> = 1,401)				
	% (SE)	Unadjusted OR	95% CI	Adjusted OR ^a	95% CI
High stigma (<i>n</i> = 1,911)	21.25 (1.32)	0.88	0.71, 1.08	0.37	0.18, 0.76
Middle high (<i>n</i> = 1,692)	17.69 (1.06)	0.70	0.58, 0.84	0.47	0.23, 0.95
Middle low (<i>n</i> = 1,533)	17.17 (1.05)	0.67	0.57, 0.81	0.61	0.32, 1.16
Low stigma (<i>n</i> = 1,173)	23.51 (1.06)	1.00		1.00	

Abbreviations: CI, confidence interval; OR, odds ratio; SE, standard error.

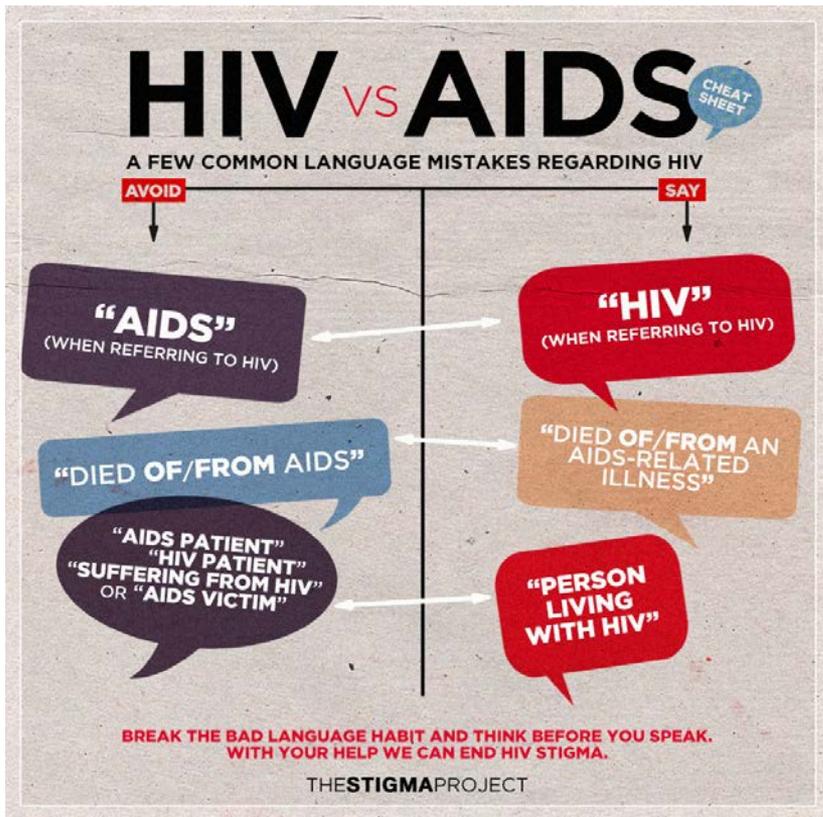
^a Adjusted for sex, age, race/ethnicity, income, education, marital status, and number of lifetime alcohol dependence criteria met.

Am J Epidemiol 2010;172:1364–1372

Keyes et al., 2010; also see Brener et al, 2010; Grant et al., 1997; Kroska & Harkness, 2006; and Ober et al., 2018

How can we as stakeholders avoid perpetuating stigma when providing services to people with substance use disorder?

Use accurate and non-stigmatizing language



Stigmatizing Language ("Try not to use")	Preferred Language ("Use this instead")
HIV-infected person	
HIV or AIDS patient, AIDS or HIV carrier	Person living with HIV; PLHIV Never use "infected" when referring to a person
Positives or HIVers	
Died of AIDS, to die of AIDS	Died of AIDS-related illness, AIDS-related complications, end-stage HIV
AIDS virus	HIV (AIDS is a diagnosis, not a virus; it cannot be transmitted)
Full-blown AIDS	There is no medical definition for this phrase; simply use the term AIDS, or Stage 3 HIV

<http://thestigmaproject.org>

<http://www.thewellproject.org/hiv-information/why-language-matters-facing-hiv-stigma-our-own-words>

The right way to say it

- Two simple guidelines:
 - Use language that is medically accurate and current
 - Say *substance use disorder* instead of *substance abuse*
 - Use person-first language (person with _____)
 - Say *person with a substance use disorder* instead of *addict*
- Common things to **avoid**:
 - Negative labels (e.g., *alcoholic*)
 - Pejorative language (e.g., *smells like an ashtray*)
 - Loaded attributions such as blame for the cause or controllability (e.g., *they could quit if they wanted to*)
 - Negative sentiment or tone in verbal and non-verbal communications (including clinical documentation)

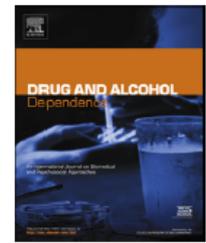


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Drug and Alcohol Dependence

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Full length article

Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias



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ABSTRACT

Background: The general public, treatment professionals, and healthcare professionals have been found to exhibit an explicit negative bias towards substance use and individuals with a substance use disorder (SUD). Terms such as “substance abuser” and “opioid addict” have shown to elicit greater negative explicit bias. However, other common terms have yet to be empirically studied.

Methods: 1,288 participants were recruited from ResearchMatch. Participants were assigned into one of seven groups with different hypothesized stigmatizing and non-stigmatizing terms. Participants completed a Go/No Association Task (GNAT) and vignette-based social distance scale. Repeated-measures ANOVAs were used to analyze the GNAT results, and one-way ANOVAs were used to analyze vignette results.

Results: The terms “substance abuser”, “addict”, “alcoholic”, and “opioid addict”, were strongly associated with the negative and significantly different from the positive counterterms. “Relapse” and “Recurrence of Use” were strongly associated with the negative; however, the strength of the “recurrence of use” positive association was higher and significantly different from the “relapse” positive association. “Pharmacotherapy” was strongly associated with the positive and significantly different than “medication-assisted treatment”. Both “medication-assisted recovery” and “long-term recovery” were strongly associated with the positive, and significantly different from the negative association.

Conclusions: Results support calls to cease use of the terms “addict”, “alcoholic”, “opioid addict”, and “substance abuser”. Additionally, it is suggested that “recurrence of use” and “pharmacotherapy” be used for their overall positive benefits. Both “medication-assisted recovery” and “long-term recovery” are positive terms and can be used when applicable without promoting stigma.

Ashford, 2018

Stigmatizing (“try not to use”)	Preferred language (“use this instead”)
Substance abuse Alcoholism	Substance use disorder (note severity and specifiers); Addiction
Addict/alcoholic/drunk Substance abuser	Person with a drug/alcohol use disorder
Clean/dirty urine	Urine test negative/positive for __
Abuses/abusing drugs Alcohol/drug user Pot smoker Drinker	Unhealthy use At-risk drinking Drug/alcohol use or consumption Using __ not as directed/more than prescribed Smokes cannabis, uses edible cannabis
Substitution	Opioid agonist treatment
High Strung out	Intoxicated
Relapse	Recurrence of use
Recovering alcoholic/addict	Person in (long-term) recovery

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Strive for patient-centered care

- Respect
- Empathy
- Autonomy
- Transparency
- Empowerment and collaboration
- Evidence-based

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Surveys

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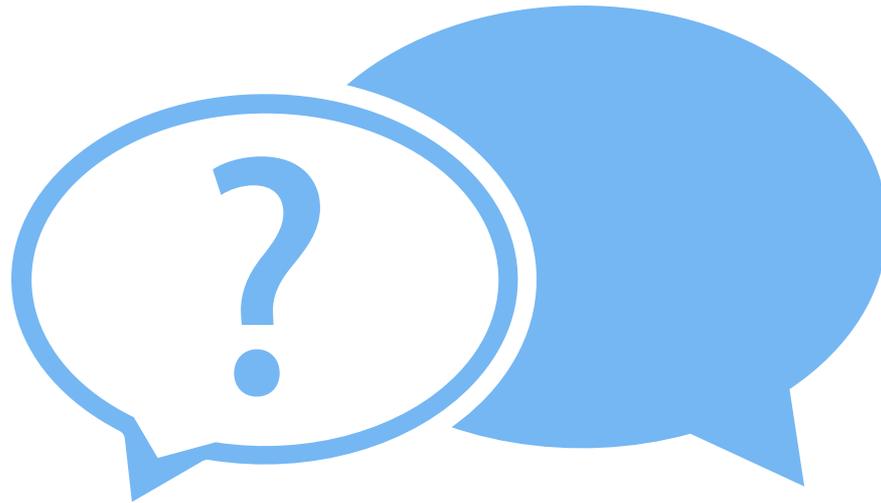
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one now, and
one in a month.



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Q&A

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Thank you for coming!

Join us for our next webinar:

Addressing Youth Substance Abuse in the Juvenile Justice System: Reconciling Treatment Court and Clinical Intervention Approaches

Joshua Leblang, Ed.S, LMHC, LCPC

Jacqueline van Wormer, PhD

August 29, 2018, 12-1pm