



# Stigma and Medications for Opioid Use Disorder (MOUD)

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# Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.





# Overview

- ▶ Terms and definitions
- ▶ Implicit bias and cultural humility
- ▶ Stigma and language
- ▶ Case presentation

# Imagine...

- ▶ You are visiting with your sister after a recent visit to the doctor for numbness and tingling in her feet.
- ▶ She says that her doctor told her that she has diabetes and that she is stupid for letting her diet get so out of control.
- ▶ The doctor's recommendation is that she see a dietician and gain some self control. Once she does that, he will consider treating her diabetes directly with medicine.
- ▶ The doctor tells her that treatment with insulin will not do her any good unless she really is ready and he will know that is true when she loses some weight.
- ▶ The doctor tells her to come back when she really wants to change. No follow-up appointment is scheduled.



# What impact might this have?

- ▶ For the patient
- ▶ For her family
- ▶ For the doctor and health care team



# What is Stigma?



- ▶ A mark of shame: Stain
- ▶ An identifying mark or characteristic; especially: a specific sign that indicates the presence of a disease



Merriam-Webster

# Evidence-Based Practices and Personal Beliefs





# Evidence-Based Practices (EBPs) and Personal Beliefs

- ▶ Clinicians are ethically bound to provide the services that give the client the best chance of success
- ▶ For both MH and SUD, this means using EBPs whenever they exist
- ▶ Personal belief and clinical practice may come into conflict (E.g., “I don’t believe in using medicines in addiction treatment.”)
- ▶ Engaging clients with empirically-based choices is essential







# Beliefs about MOUD

“Methadone is just substituting one addiction for another.”

“A patient should get weaned from medications as quickly as possible.”

“Patients on MOUD will be disruptive to the clinic.”

“I’ll get swamped with patients if anyone knows we’re providing MOUD services.”

# Remember: MOUD is the Gold Standard

Methadone  
Buprenorphine  
Naltrexone





# SUD Meets Criteria for Chronic Illness

- ▶ Common features with other chronic illnesses:
  - ▶ Heritability
  - ▶ Influenced by environment and behavior
  - ▶ Responds to appropriate treatment
  - ▶ Without adequate treatment can be progressive and result in substantial morbidity & mortality
  - ▶ Has a biological/physiological basis, is ongoing and long term, can involve recurrences

# Effects of Historical Trauma on Chronic Disease

- ▶ The effects of historical trauma may perpetuate chronic diseases, including substance use, within AI/AN communities.
- ▶ Integrating EBP, including MAT, may help to decrease the effects of historical trauma on chronic diseases, including substance use.
- ▶ Shame and stigma within communities may act as a barrier toward achieving wellness within AI/AN communities.
- ▶ Utilizing currently available EBTs may help to restore health and wellness, inherent within AI/AN communities.



# Implicit bias

Attitudes or stereotypes  
that affect our  
understanding, actions,  
and decisions in an  
unconscious manner





# Substance Abuser or Substance Use Disorder?

- ▶ **Substance Abuser:** Mary is a white woman who has completed college. She is also a substance abuser but has managed to get through the challenges she has faced. As a recovering addict, she lives with her family and enjoys spending time outdoors and taking part in various activities in her community. She also works at a local store.
- ▶ **Substance Use Disorder:** Mary is a white woman who has completed college. She also has a substance use disorder but has managed to get through the challenges she has faced. As a woman in recovery, she lives with her family and enjoys spending time outdoors and taking part in various activities in her community. She also works at a local store.



# Findings

## Negative

- ▶ Substance Abuser
- ▶ Relapse
- ▶ Medication-Assisted Treatment
- ▶ Overdose
- ▶ Addict
- ▶ Alcoholic
- ▶ Opioid Addict

## Positive

- ▶ Person who uses substances
- ▶ Recurrence of use
- ▶ Pharmacotherapy
- ▶ Accidental drug poisoning
- ▶ Person with a substance use disorder





# Language and perception of treatment need

- ▶ Participants felt the “substance abuser” was
  - ▶ Less likely to benefit from treatment
  - ▶ More likely to benefit from punishment
  - ▶ More likely to be socially threatening
  - ▶ More likely to be blamed for their substance related difficulties
  - ▶ More able to control substance use without any help

Kelly, J. F., Dow, S. J., & Westerhoff, C. (2010). [Does our choice of substance-related terms influence perceptions of treatment need? An empirical investigation with two commonly used terms.](#) *Journal of Drug Issues*, 40(4), 805-818.

# Cultural Humility



“Lifelong process of learning, self-examination and refinement of one’s own awareness, knowledge, behavior and attitudes on the interplay of power, privilege and social contexts.”

*Tervalon, M. & Murray-Garcia, J. (1998)*

*Journal of Health Care for the Poor and Underserved, 9(2), 117*

# Language Matters

The use of affirming language inspires hope and advances recovery.

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LANGUAGE MATTERS.

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**Words have power.**

===== **PEOPLE FIRST.** =====

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



**ATTC**

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



# Questions and Discussion

