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

Source: https://archives.drugabuse.gov/about/welcome/aboutdrugabuse/chronicdisease/de long-term lifestyle modification 11
http://www.asam.org/quality-practice/definition-of-addiction
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

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.”

Language Matters

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

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.
Questions and Discussion