

# Shaping Reality: Addressing the Stigma Associated with Opioid Use Disorder (OUD) and the Medicines Used to Treat It

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Los Angeles County Annual Drug Court Conference

June 6, 2019

# Disclosure

I do not have relevant financial relationships with commercial interests.

# What we will cover

- Terms and Definitions
- Impact of stigma
- Recommendations for Providers

# 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 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

# Words and Attitudes Have Power

- Many people place great value on health and religion.
- It is generally accepted that people should not be discriminated against for these issues. Yet, people continue to experience bias in these areas.
- People also experience reactions to race/ethnicity, sexual orientation, gender, class, ability, and many other characteristics.
- We often refer to this experience as stigma.

# Language and Stigma

- No other medical condition is shrouded in stigma like that of substance use disorders. This harmful stigma affects those who are suffering, their loved ones, and often numerous others connected to the individual.
- Sadly, it is often due to this stigma that those in need of treatment do not seek medical attention.

# 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.

Ashford, RD, Brown. AM & Curtis, B (2018): The Language of Substance Use and Recovery: Novel Use of the Go/No-Go Association Task to Measure Implicit Bias. Health Communication.

# 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



## The Real Stigma of Substance Use Disorders

In a study by the Recovery Research Institute, participants were asked how they felt about two people  
*“actively using drugs and alcohol.”*

One person was referred to as a  
**“substance abuser”**



The other person as  
**“having a substance use disorder”**

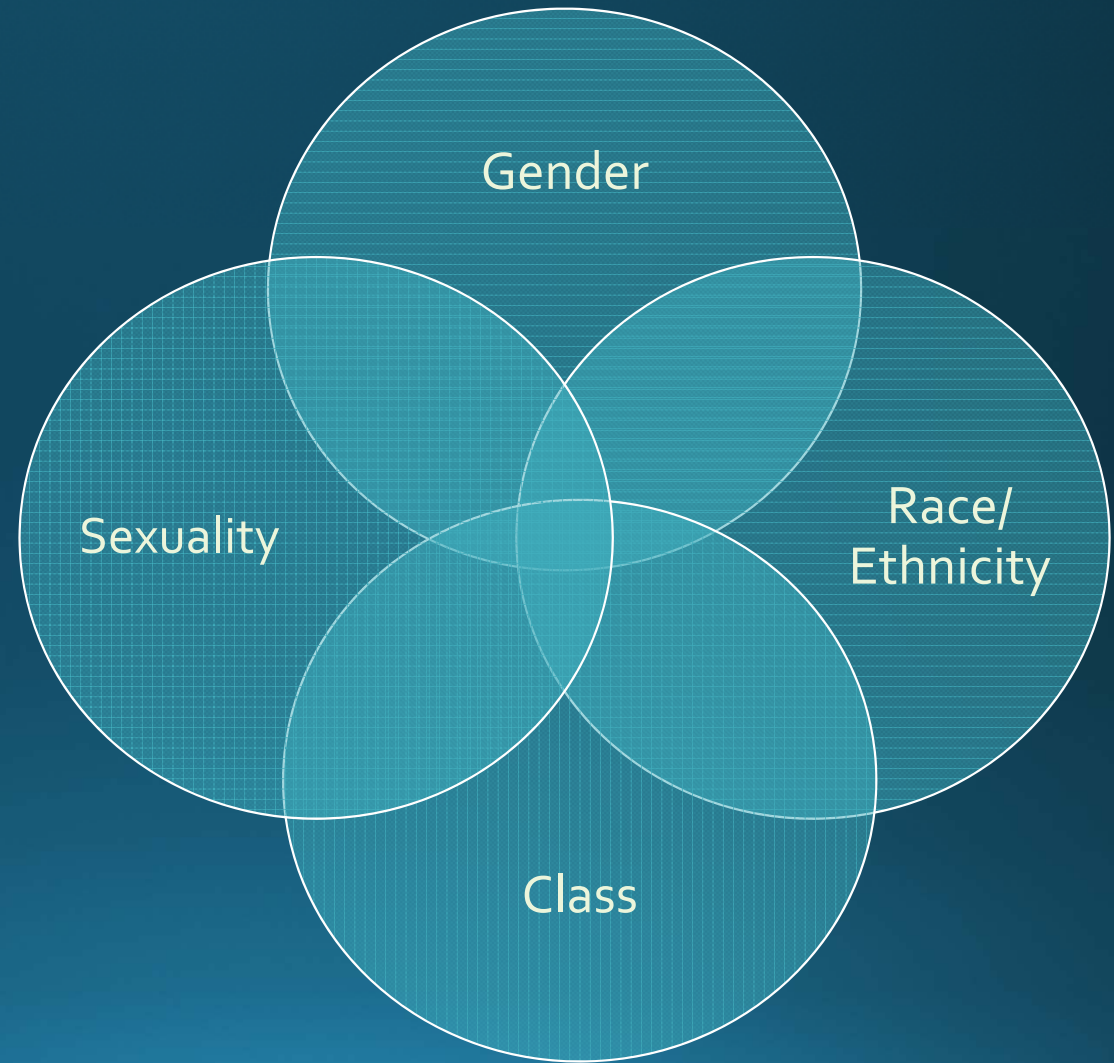


No further information was given about these hypothetical individuals.

# Intersectionality

Intersectionality: “a theoretical framework for understanding how multiple social identities such as race, gender, sexual orientation, SES, and disability intersect at the micro level of individual experience to reflect interlocking systems of privilege and oppression (i.e. racism, sexism, heterosexism, classism) at the macro social-structural level.” (Bowleg, 2012)

# Intersectionality



When you consider the following characteristics, how many categories of your identities have led to the experience of discrimination or stigma?

- Gender
- Sexual Orientation
- Race/ethnicity
- Class/SES
- Weight
- Educational level
- Substance use
- Mental health
- Legal status/issues
- Trauma
- Others

# Intersectionality

- Internalized substance use stigma is associated with poor outcomes including worse mental health and less engagement in substance use treatment services (Luoma et al., 2007)
- Internalized substance use stigma and internalized HIV stigma combined have a greater association with depression symptoms than either type of stigma alone (Earnshaw et al., 2015)

# Stigma

- 3 important stigma mechanisms:
  - **Enacted stigma:** degree to which people believe they have actually experienced prejudice and discrimination
  - **Anticipated stigma:** degree to which people expect they will experience prejudice and discrimination
  - **Internalized stigma:** degree to which people endorse/ believe society's negative beliefs and feelings

Source: Earnshaw & Chaudoir, 2009



# Stigma

- In one study (Hatzenbuehler et al., 2008):
  - Enacted stigma predicted substance use
  - Anticipated stigma predicted depression
  - Internalized stigma predicted sexual risk behavior

# Internalized Stigma

- People who experience a high degree of internalized stigma may suffer poor psychological well-being and social isolation.
- People who experience a high degree of enacted stigma may experience increased psychological distress (i.e. PTSD), which in turn negatively impacts physical health outcomes

...that old joke

Rustbelt 2017 Minneapolis, MN

# Stigma Versus Discrimination

- In 2017, Dr. Kim Johnson, former Director of CSAT, issued guidance that providers should talk less about stigma and more about discrimination.
  - In doing this we talk about the **perpetrator of the problem** rather than the victim of the trauma.
  - By more directly identifying the source, we can more easily **see it** when it occurs and identify strategies to **intervene earlier** and/or prevent it

# Gender, Racial, Class, and Ability Status Disparities in Health

- **GENDER** | Women are less likely than men to be diagnosed and treated effectively, efficiently, and appropriately for heart disease even with standardized presenting symptoms, keeping it the leading cause of death among women.

(Shah, Palaskas, & Ahmed, 2016; Virani et al., 2015; Ski, King-Shier, & Thompson, 2014; Spencer & Grace, 2016).

- **ETHNICITY** | The five-year relative survival is lower for blacks than whites for most cancers at all stages of diagnosis.

(DeSantis et al., 2016)

# Gender, Racial, Class, and Ability Status Disparities in Health

- **CLASS** | A 2015 review in The Lancet medical journal identified numerous studies documenting increased stroke risk, incidence, mortality, and related negative health outcomes among individuals with lower socioeconomic status.

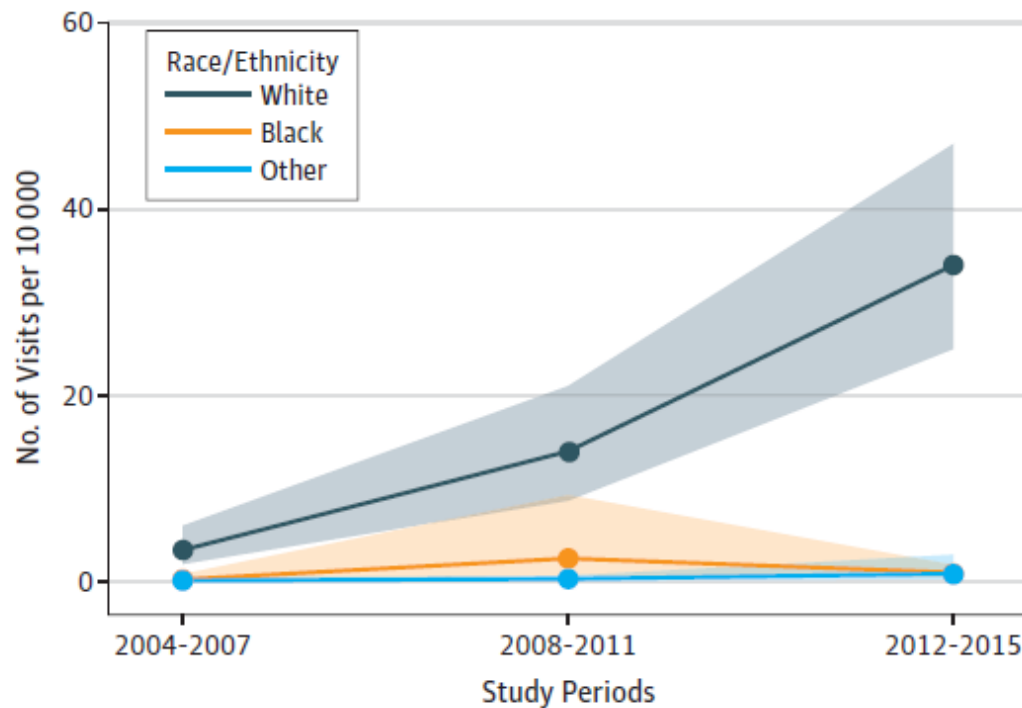
(Marshall, Crichton, McKeivitt, Rudd & Wolfe, 2015).

- **DISABILITY** | People with disabilities have higher rates of chronic diseases and conditions, and are significantly less likely to receive preventive care.

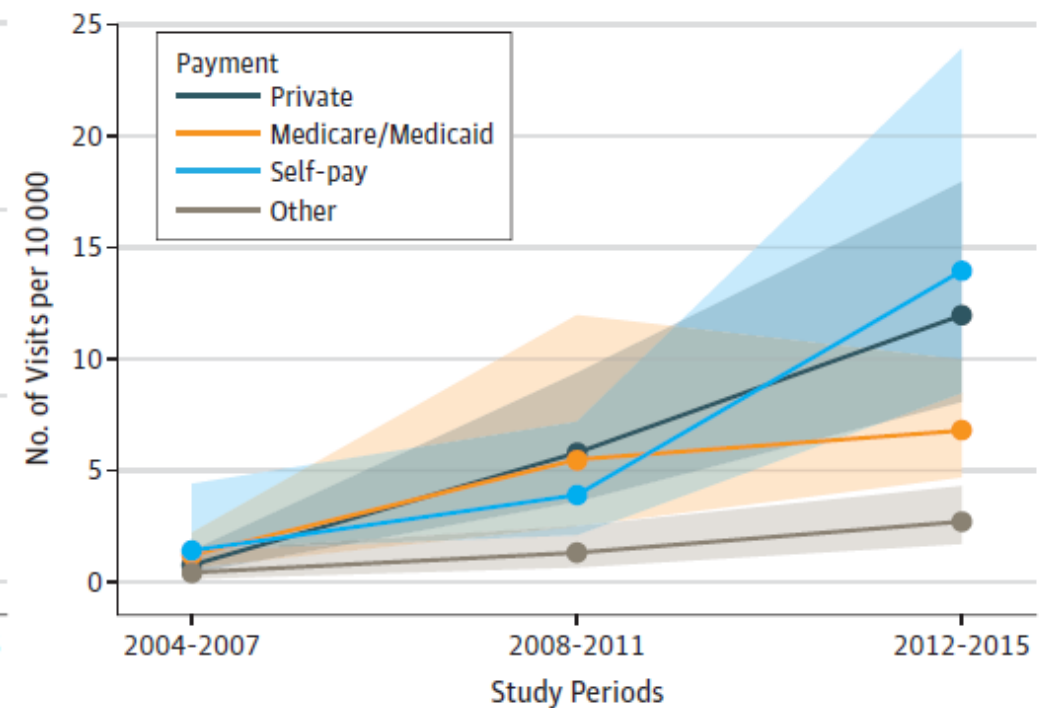
(Krahn, Walker, Correa-De-Araujo, 2015).

# Buprenorphine by Race and Payment Method

**A** Visits by race/ethnicity



**B** Visits by payment





# Ethical Considerations



# A Big Dilemma...

- What do you do if your personal beliefs or values conflict with your client's?
  - What if, for instance, you believe...
    - Homosexuality is a sin
    - People with certain skin tones are inferior
    - Your religion is the TRUE religion
    - Women should not hold certain jobs
    - People with certain disabilities should not be in the workplace
  - ...and because of these beliefs, you do not want to or cannot work with these individuals?

## 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



## Evidence-Based Practices and Personal Beliefs

“Methadone is just substituting one addiction for another.”

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

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

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

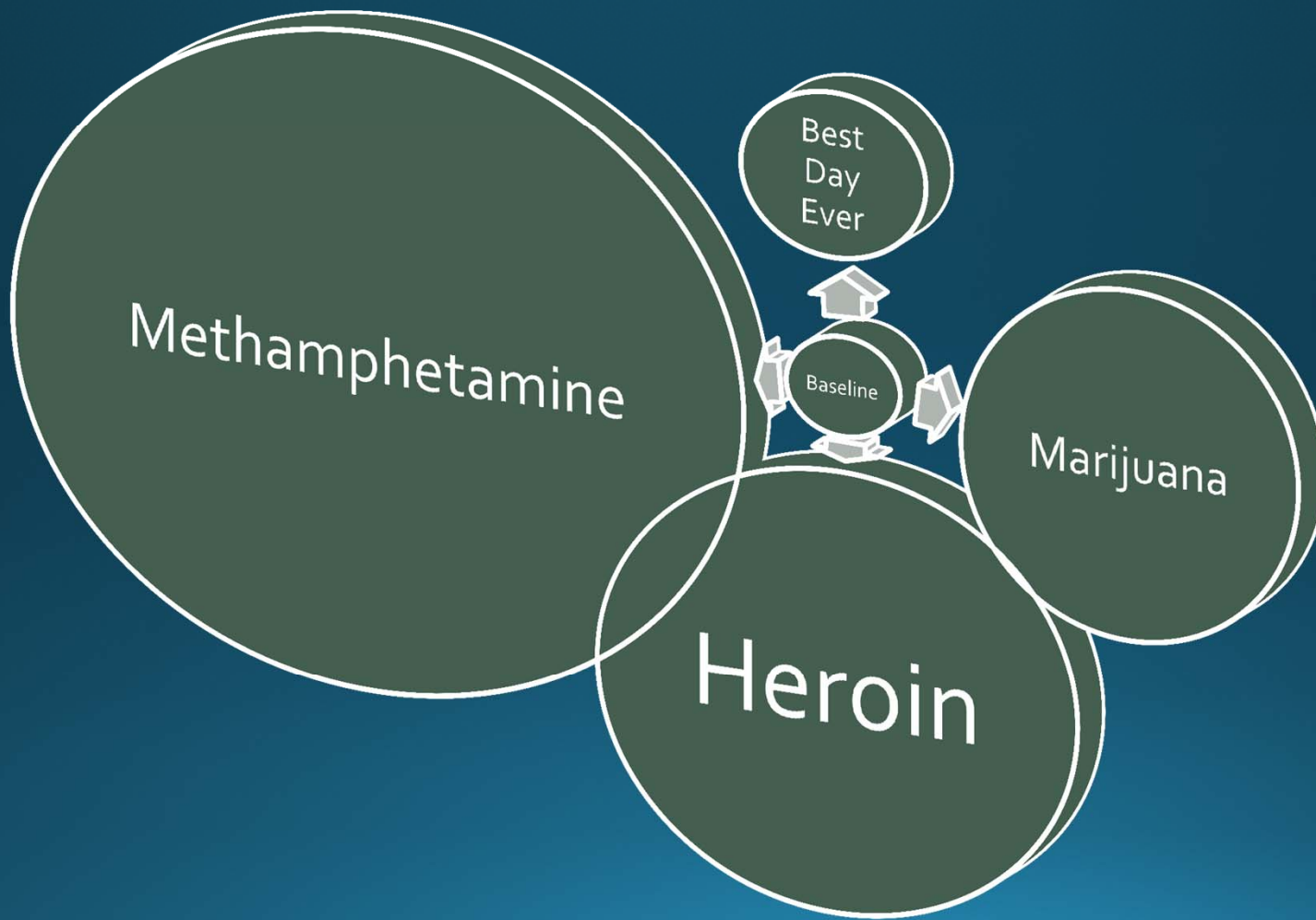
# Evidence-Based Practices and Personal Beliefs

- We 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
- This another place where personal belief and practice may come into conflict. (E.g., “I don’t believe in using medicines in addiction treatment.”)
- Fully informing client and engaging client choice is essential

Remember:

Medicines are the **GOLD STANDARD**  
for treatment of OUD

Methadone  
Buprenorphine  
Naltrexone



Methamphetamine

Best Day Ever

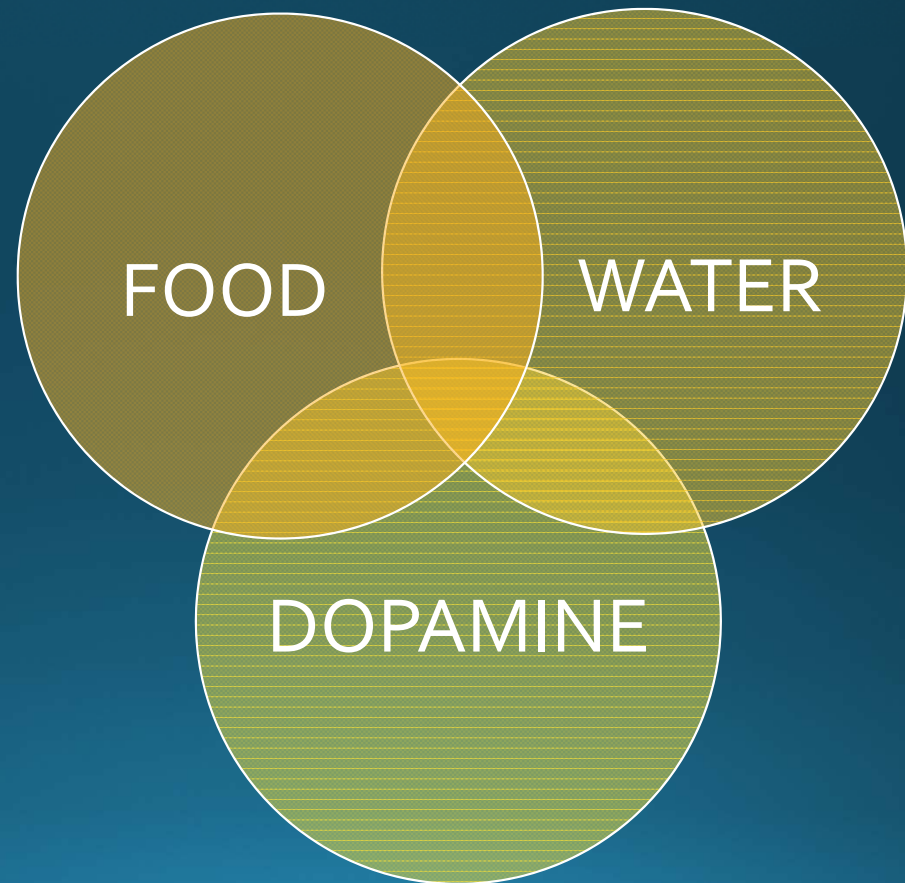
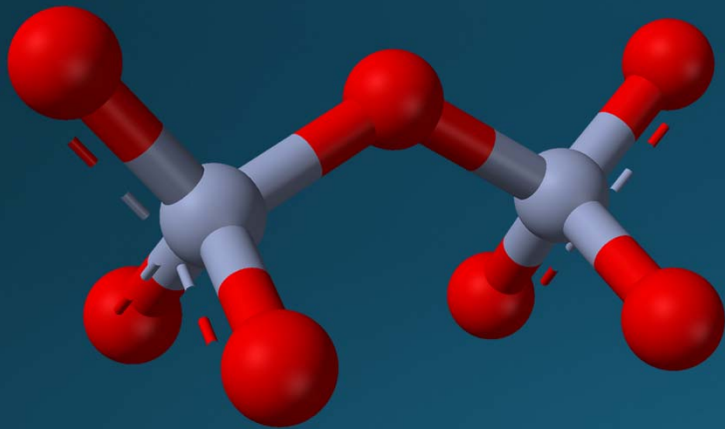
Baseline

Marijuana

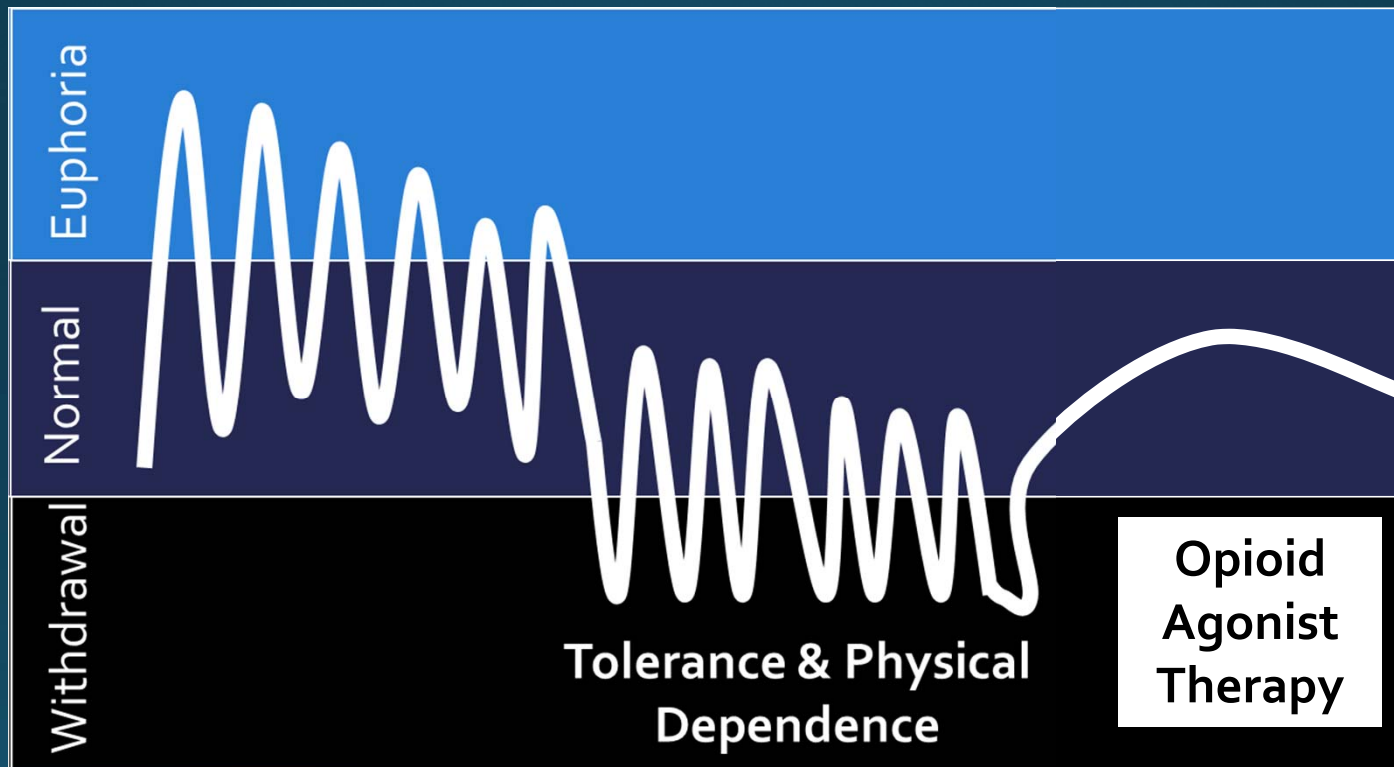
Heroin

# Dopamine = Motivation

Survival



# MAT = Dopamine Support





# *Provider Considerations:*

## Provider recommendations cont.:

- Seek clinical supervision if there are issues or feelings about working with any individuals.
- Working with your feelings and reactions toward a client (counter-transference) is an ethical obligation and requires supervision



# *Clinical Supervision:*

- Clinical supervisors should:
  - Observe staff interactions with clients for unconscious bias and address it directly
  - Meet in supervision regularly, creating a safe space for staff to explore personal reactions.
  - Maintain zero tolerance for any discrimination or stigmatizing language



## *Provider Considerations:*

Maintain ethical interactions with clients:

- The ethics of our professions mandate that we care for people equitably and free from discrimination
- Deciding that you cannot work with certain clients because of some characteristic is therefore unethical
- Your personal beliefs are yours—keep them or change them as you see fit. However, we must remember that they are yours, so it is inappropriate for them to color your client interactions





# Personal Beliefs and Evidence-Based Practices



# Counteracting Stigma Language Matters

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## **ADDITIONary**

A Glossary of Key Terms Concerning  
Addiction & Recovery

# The Significance of Language

- Language can bind us together OR tear us apart. The words we choose in personal and professional settings powerfully and indefinitely impact impressions.
- **How we talk about addiction matters.**
- Substance use disorders are one of the most misunderstood and mischaracterized health conditions we face as a society. Every year, more people die from alcohol and drug overdoses than in car crashes.
- **Now is the time to unify behind a common language, appropriate terminology, and precise definitions.**

# The Negative Power of Stigma

- One can argue that no other medical condition is shrouded in stigma like that of substance use disorders. This harmful stigma affects those who are suffering, their loved ones, and often numerous others connected to the individual.
- Sadly, it is often due to this stigma that those in need of treatment do not seek medical attention.
- The language we all use can play a significant role in stigma reduction – but too often, inappropriate use of language unintentionally strengthens the harmful effects of the disorder.



# Stigmatizing Language

- Often we use stigmatizing terms every day, not realizing the extent of their negative impact. In order to collectively work to humanize the issue of substance use disorders, the following terminology must be avoided when either discussing or writing about this issue.
- Think about the negative sentiment attached to each of the following statements:
  - “My friend is a *heroin addict*”
  - “She can’t seem to get *clean*”
  - “Our community has a serious *drug abuse* problem”
  - “He can’t seem to avoid *relapse*”



# Stigmatizing vs. Affirming

## Stigmatizing Language

Abuser, Addict, Alcoholic

”Clean”

“Dirty”

Drug Abuse

Relapse

Substance Abuse or Misuse

Drug

Lapse

Opioid Replacement Therapy

## Affirming Language

A person suffering from a substance use disorder

A person in recovery

A person not yet in recovery

Substance Use

Recurrence

Substance Use Disorder

Medication OR non-medical psychoactive substances use

Resume OR Experience a recurrence

Medications for addiction treatment

**BREAKING THE CYCLE:  
TIPS FOR AVOIDING  
STIGMATIZING LANGUAGE**

# No. 1 Language Audit

Perform a “language audit” of existing materials for language that may be stigmatizing, then replace with more inclusive language.

## No. 2 Reflection

Critically reflect on the types of information you choose to disseminate (for example, an email alert) to ensure that you are doing so responsibly.

## No. 3 Message Bias

Are you unintentionally editorializing or adding commentary that would bias the message?

## No. 4 Opportunity

Every time you develop a prevention message, consider it as an opportunity to dispel myths and convey respect.

## No. 5 Maximize

Am I maximizing connection, worth, and community membership related to substance use?



## No. 6 Staff Training

Train staff on issues related to substance use and stigma, including the important negative health and community outcomes related to perpetuating stigma.

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.



**ATTC**

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

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