

Stigma: An Overarching Barrier to Inclusion

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- Former Program Manager Residential Services Hazelden Betty Ford Foundation, Center City, MN
- Former Executive Director CEA Nicaragua
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- Master's Clinical Mental Health Counseling Saint Mary's University San Antonio
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Arcadia Trails - Our History

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- Arcadia Trails opened for operations in May 2019 in Edmond, OK
- Part of the INTEGRIS Health system
- Has offered residential services since opening
- Original concept of a 90-day residential program, mostly self-pay

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	Arcadia Trails and Hazelden Betty Ford Foundation formalized a partnership in early 2021
ARCADIATRAILS INTEGRIS Center for Addiction Recovery	 Leveraging Hazelden Betty Ford's expertise to build a high-quality continuum of care and recovery services
Hazelden Betty Ford	 SUD as a chronic condition Moving from clinical management to self-management Focus on:
Foundation	therapeutic alliance self-efficacy length of engagement

1. What are the Factors that Influence Stigma 2. How Stigma is a Barrier to Inclusion 3. Review Research on Stigma 4. What are the Evidence-Based Recommendations 5. How do Personal Views Affect Stigma



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What is Stigma?

Negative attitudes or discrimination against someone due to a characteristic, condition, or attribute that can be socially discrediting

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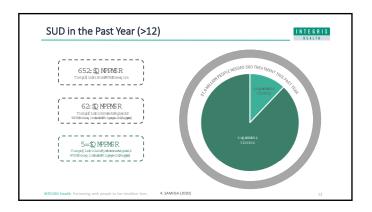
or attribute or attribute Person does NOT cause the characteristic, DECREASES Person does NOT control the characteristic, DECREASES			
characteristic, condition, or attribute characteristic, condition, or attribute characteristic, or attribute characteristic, characteristic, or attribute characteristic, condition, or attribute characteristic, characteristic, condition, or attribute characteristic, characterist	Cause	Controllability	Stigma
the characteristic, the characteristic, DECREASES	characteristic, condition,	characteristic, condition,	INCREASES
condition, or attribute condition, or attribute			DECREASES

Genetics Genetics can influence risk of developing addiction (CAUSE) It can mediate sensitivity, metabolism, and response The degree of reward and the individual preference from different substances can vary with genetic differences

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Effects of substances on neurochemistry Brain changes its structure and functionality Repeated use despite negative consequences (CONTROLLABILITY) Bus Angulation Among Matter and Angul

1. Social Stigma: Society endorses negative stereotypes and prejudices that result in discrimination 2. Self Stigma: Internalized social stigma 3. Structural Stigma: Institutional structures and policies that limit opportunities and result in discrimination



Needed SUD Treatment I 5=\$0.MPRSR Traced late studied years independs WithStudied Individual individual individual Traced Late Supplied (Supplied Copy) Traced Late Supplied (Supplied Copy) Trac	but did NOT Receive it (>12) INTERNIT
INTEGRIS Health Partnering with people to live healthier lives.	4. SAMHSA (2020)

Stigma as a Barrier to Inclusion

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WHY did the 1 Million people that needed treatment, felt they needed it, but did not receive it?

42% had reasons related to stigma:

- 1. Might cause neighbors/community to have a negative opinion
- 2. Might have negative effect on job
- 3. Did not want others to find out

WHY were there 18 Million people that needed treatment but did not feel they needed it?

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MHSA (2020)

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"Effective integration of prevention, treatment, and recovery services across health care systems is key to addressing substance misuse and its consequences; it represents the most promising way to improve access and quality of treatment."

Dr. Vivek Murthy, Surgeon General of the US

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Department of HHS (2016)

Norld Health Organization study of stigma	atized conditions		
14 countries, 18 conditions			
Drug addiction ranked #1			
Alcohol addiction ranked #4			
iterature Review of 20 international studie	es on stigma and SUD		
Level of stigma higher for SUD versus other psych	niatric conditions		
Individuals with SUD seen as dangerous, unable to treatment, to be blamed for their condition	o make decisions about		
Stigma can result in reduced willingness of policy providers in non-specialty settings to screen for S			
seek treatment	5. Room, R, et al (2001)		
	6. Yang, L.H., et al (2001)	l l	
TEGS Health Partnering with people to live healther lives.			
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.anguage — The Words We Use	INTEGRIS MACH		
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Perception of Treatment Need

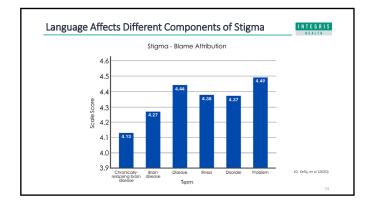
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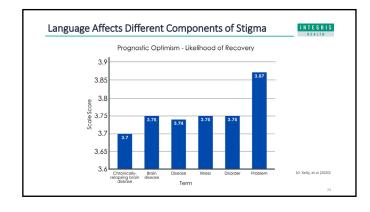
- 516 Clinicians
- 65% were doctoral level
- Divided into two groups and presented two vignettes
- Assessment of:
- 1. Perceived causes of the problem
- 2. Was character a social threat
- 3. Ability to self-regulate substance use
- 4. Should character receive treatment or punitive measures

7. Kelly, JF, et al (2010)

		-
"Substance Use Disorder"		
Mr. Williams has a substance use disorder and is attending a treatment program through the court. As		
the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been co with program requirements, until one month ago, when he was found to have two positive urine toxico		
screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. With past month there was a further urine toxicology screen revealing drug use. Mr. Williams has had a subs		
disorder for the past few years. He now awaits his appointment with the judge to determine his status.		
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"Substance Abuser"		
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INTE REJ	E G R I S	
"Substance Abuser" Group:		
• <u>Mr. Williams is more culpable</u> (can self-regulate impulses)		
Deserves more punitive measures (brought the problem onto head of the problem)	nimself)	
ATTENDED AND ADMINISTRATION OF THE PARTY OF		
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	Why?
Substance use disorder, drug misuse, alcohol use disorder	Clinically accurate
Person with a substance use disorder	- Person first language - Person "has" a problem; person "is" not the problem - Avoids using negative associations
Tested positive / Tested negative	Clinically accurate
	misuse, alcohol use disorder Person with a substance use disorder





Language Affects Different Components of Stigma

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Study findings suggest that there is no single term to describe opioid-related impairment that can reduce all potential stigma biases. In other words, while some terms were very good at reducing certain types of stigma, these same terms increased other types of stigma, and vice versa.

10. Vally at al (202

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Stigma in Healthcare: Systematic Review

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- Health professionals had negative attitude towards patients with SUD
- Perceived as violent, manipulative, with poor motivation
- Providers had an avoidant approach; shorter visits, less empathy, and less engagement with the patient
- Diminished patients' self-esteem, feelings of empowerment, and outcomes



11. Van Boekel, LC, et al (2013)

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Stigma in Healthcare: ED's and the Toll of Addiction

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- Health professionals can be dismissive of someone with an alcohol or other drug problem; might not view it as a medical condition
- Stereotyped as drug-seeking
- Once stigma is internalized, the problem is exacerbated through shame, isolation, and low self-esteem
- Stigma in healthcare impedes the practice of medicine and entrenches the disorder



12. N Engl J Med (2020)

Stigma in Healthcare: MAT Access and Overdoses

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- Overdose deaths 2020
 - 93,000 overdose deaths (30% over 2019)
 - Over 105,00 deaths in 12-month period ending October 2021 (highest ever)
 - 70,000 due to opioids (33,000 in 2015)
- Access to FDA approved medications for OUD
 - \bullet In recent study, it was found that only 28% of those diagnosed with an OUD had begun medications
 - Those on medications for at least 180 days were 5 times less likely to die

13. Johnson, K, et al (2021)

Evidence-Based Recommendations

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- 1. Use of person-first language
- 2. Emphasize solutions
- 3. Use of sympathetic narratives
- 4. Focus on societal causes of addiction 10. Media campaigns; many platforms
- 5. Contact-based programs
- 6. Contact-based education programs
- 7. Availability of treatment in primary care
- 8. Availability of treatment in ER's
- 9. Systematic screening in health systems
- 11. Sustained effort in campaigns
- 12. Advocacy

14. National Academies (2016) 15. AMA J Ethics (2020) 16. Earnshaw, VA, et al. (2019)

INTEGRIS FACES & VOICES OF RECOVERY ADVOCATE. ACT. ADVANCE. THE ANONYMOUS PEOPLE

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Persona	I Beliefs	of Ac	diction
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- 1. What do I believe addiction is?
- 2. How do I believe addiction develops?
- 3. How do I believe someone recovers from addiction?

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Thank You!!



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