A New Pair of Glasses;
Changing Our Perceptions…

TAMMERA NAUTS LCSW, LAC

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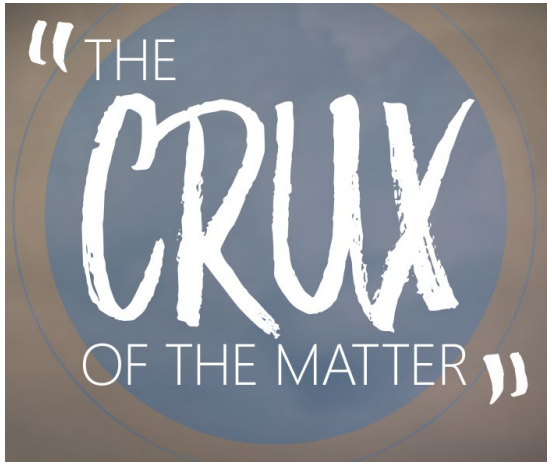
No Disclosures

This training is supported by SOR funds through BHDD from SAMHSA

We offer a multitude of training for SUD, MOUD, healthcare workers, front line workers, providers, clinicians, etc., and have found over and over again that…

….stigma is the crux of the matter…..



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Agenda

What is Bias and What Does it Matter?

- How we become biased and how biases impact patient care

How did we get here?

- Gain awareness of how substance use has been a thorny public health concern throughout human history
- Understand Substance Use as a public health issue and Substance Use Disorders as Chronic Illness

Recognizing Stigma and How it Plays to Negative Outcomes

- Realize stigma as a major barrier to individuals' access to care
- Understand the negative effects on providers

Language

- Identity stigmatizing language that supports negative attitudes that can lead to intentional and unintentional stigma and discrimination

Bias Mitigation Strategies

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Getting Here and Grounding

You are Not Alone

Among people aged 12 or older in 2022:

- **59.8% (or 168.7 million people) used tobacco products, vaped nicotine, used alcohol, or used an illicit drug in the past month (also defined as "current use")**
- **48.7% (or 137.4 million people) who drank alcohol**
- **18.1% (or 50.9 million people) who used tobacco products**
- **8.3% (or 23.5 million people) who vaped nicotine, and**
- **16.5% (or 46.6 million people) who used an illicit drug**

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Untreated Drug and Alcohol Use

Over 106,699 individuals died of drug poisoning in 2021

111,029 in 2022 107, 543 in 2023

Only 6.5% of the 41.1 million people with SUD received necessary treatment. (2020 National Survey on Drug Use and Health)

Imagine the outrage if only 10% of people that suffered a heart attack received access to evidence-based care

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Roughly 1 U.S. Drug Poisoning Death Every 5 Minutes

We'd Like to Get to Know You!

Name

Agency

What Attracted You to This Training?

What Would You Like to Leave With?

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How Our Culture has Engaged Discrimination

THE HEART OF THE MATTER – WHY THIS IS IN A BEST PRACTICE CONFERENCE!

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Widely held, but fixed and oversimplified image or idea that leads to **bias**

Stereotypes

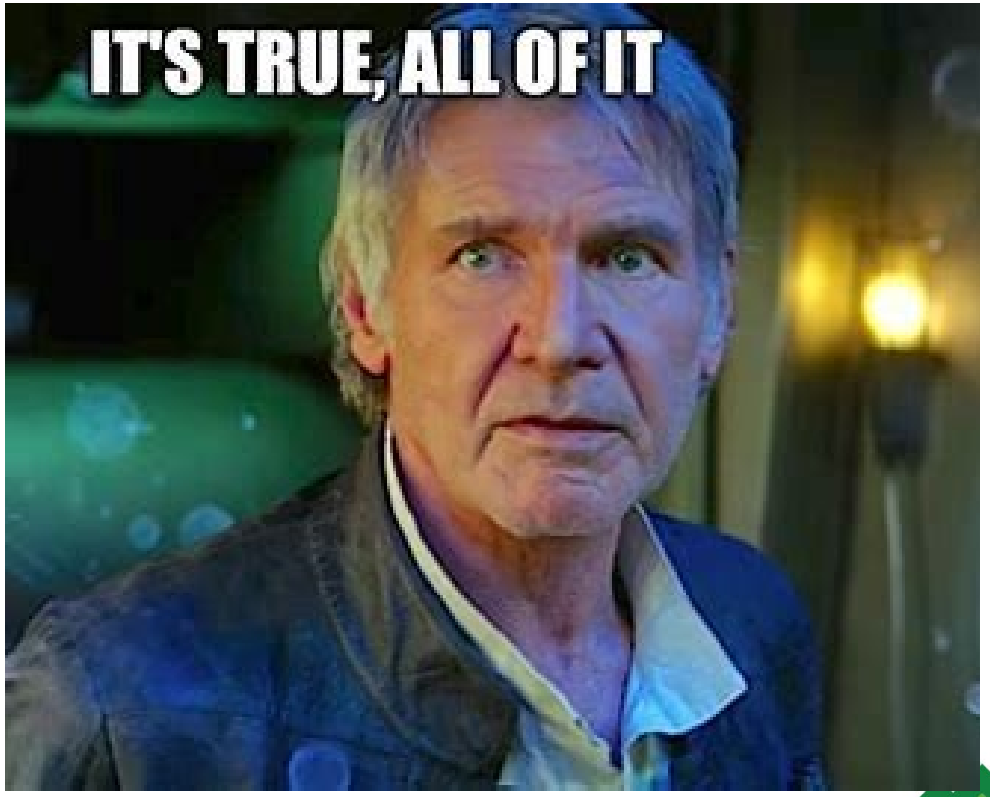
EXPLICIT BIAS

Explicit Bias

Conscious
Speaks of it
Learned

Can result in micro-aggression

I say it out loud, I believe it, I know it, it is fact!



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IMPLICIT BIAS

Develops early in life from repeated social stereotypes

Occurs without conscious awareness and is often in conflict with our personal beliefs

Even though we may actively reject these negative ideas and images, they may unconsciously affect our understanding, actions and decisions

bias contributes to stigma and discrimination

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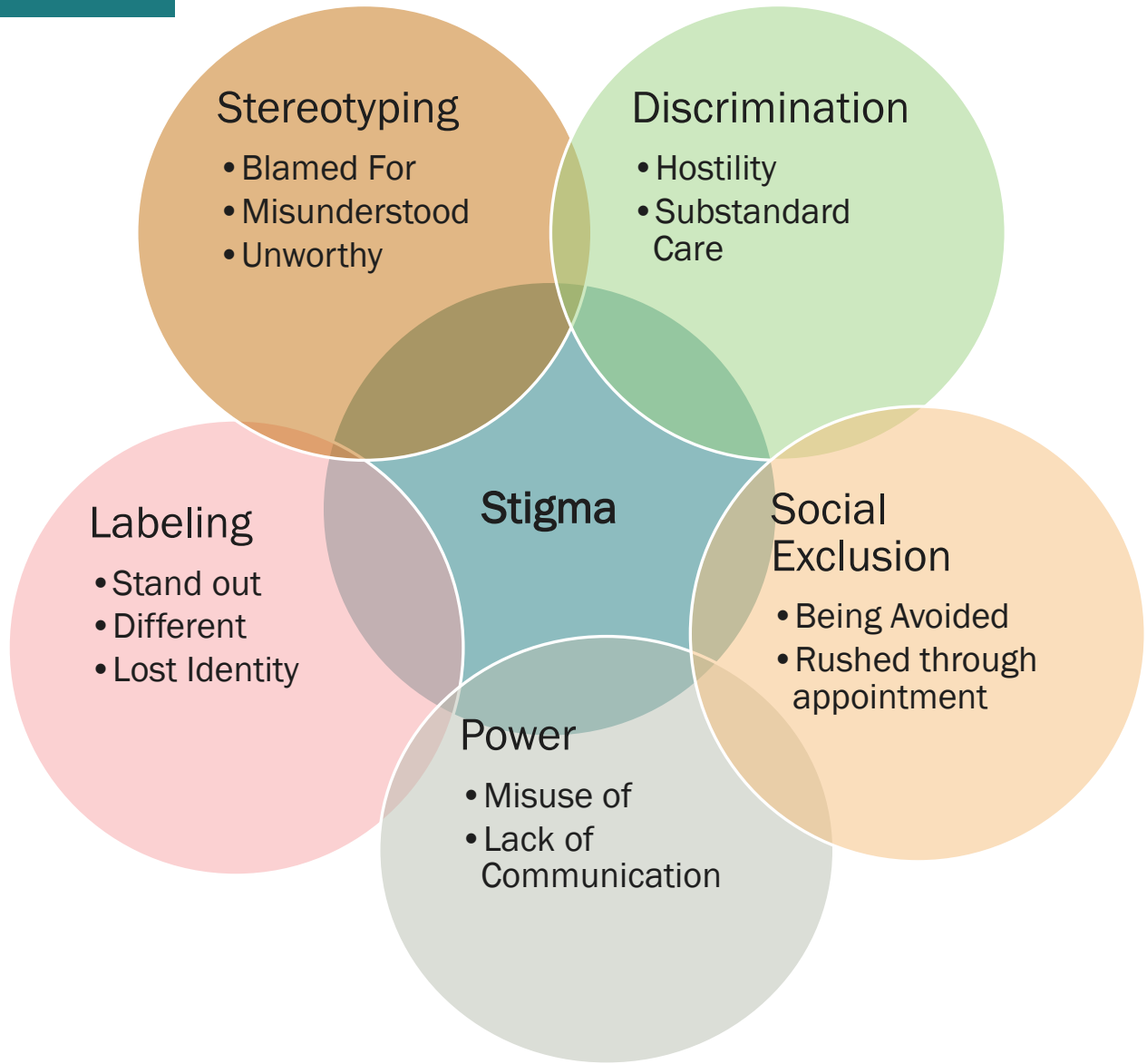
Stigma

Stigma assumes many forms. It appears as prejudice, discrimination, fear, shame, distrust, and stereotyping.



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Patients who experience or expect stigma:

Often develops medical trauma

Are less likely to seek or access services

Drop out of treatment early

Have poor outcomes

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Implicit bias is associated with negative health outcomes

- ✓*Affect Patient/Provider relationships – Patients will not return for follow up appointments, patients may not contact healthcare provider to report changes in their health.*
- ✓*Patients can sense biases from healthcare providers (verbal or non-verbal)*
- ✓*Providers biases may tell them patients do not have the needed health literacy to engage in their healthcare. This may limit referrals to specialists.*
- ✓ *NOTE: NOT INTENTIONAL BY ANY PROVIDER (unconscious biases)*

What elements are needed to build positive relationships?

Trust

Respect

Accuracy

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Blind Spots

Our lived experiences are limited and can create "blind spots" we all have blind spots

We may experience challenges recognizing patient vulnerabilities, particularly if our lived experience is largely from socially dominant, privileged spaces.

Blind spots can be exacerbated by negative messages we have received about certain identities and stored unconsciously, resulting in ***Implicit Bias.***

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~~STIGMA~~

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So, What Can We Do?

- Discuss biases and recognize them for what they are.
- Once recognized, they can be reduced or “managed,” and individuals can control the likelihood that these biases will affect their behavior.
- Engage in positive contacts with members of that group of people.
- “Counter-stereotyping,”
  - Individuals are exposed to information that is the opposite of the stereotypes they believe.

Micro-aggression

Experiences of micro-aggressions have been associated with anger, mistrust, loss of self-esteem, the triggering of old wounds, thinking about and replaying the event;

"Did that really happen?",

and triggering feelings of internalized colonization, racism and homophobia, stress, self-doubt, frustration, isolation, and shame. (Solórzano et al, 2000)

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How Do Biases/Discrimination play a role?

- *Social and Health care providers are committed to providing the best care possible to all clients/patients*
- *Reducing disparities and inequities are shared responsibilities and as such, we must identify and address all possible contributing factors*
- *Implicit Bias is one of those factors*
- *We all have bias. This bias is rooted in:*
  - *Our privilege*
  - *Our worldview*
  - *Our upbringing and socialization*

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The Fatal Attraction

Substance Use

To understand the pain connected with addictive behavior, one must first understand the pleasure side of these activities.

"The culture of drink endures because it offers so many rewards: confidence for the shy, clarity for the uncertain, solace to the wounded and lonely".

Pete Hamill (1994) "A Drinking Life"

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Nora Volkow (2010) states when asked… "Why do people take drugs?"

"First, they take drugs to feel good, to enhance their sense of pleasure. "For example, with stimulants such as cocaine, the high is followed by feelings of power, self-confidence, and increased energy. In contrast, the euphoria caused by opiates such as heroin is followed by feelings of relaxation and satisfaction. Second are people who suffer from anxiety and stress-related disorders. They maybe attracted to intoxicants to feel better. The third temptation to use drugs is to do better, such as to enhance athletic or work performance."

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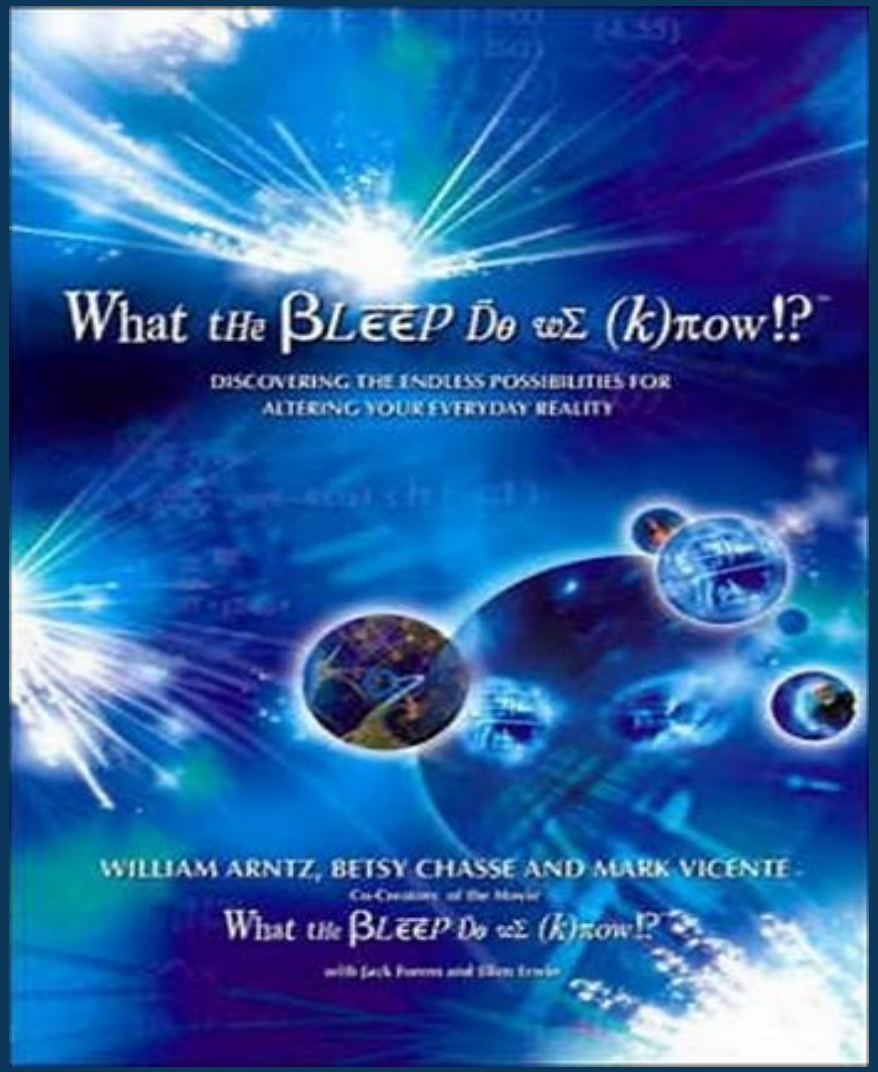
Substance Use Disorders (SUD) are Chronic Illnesses

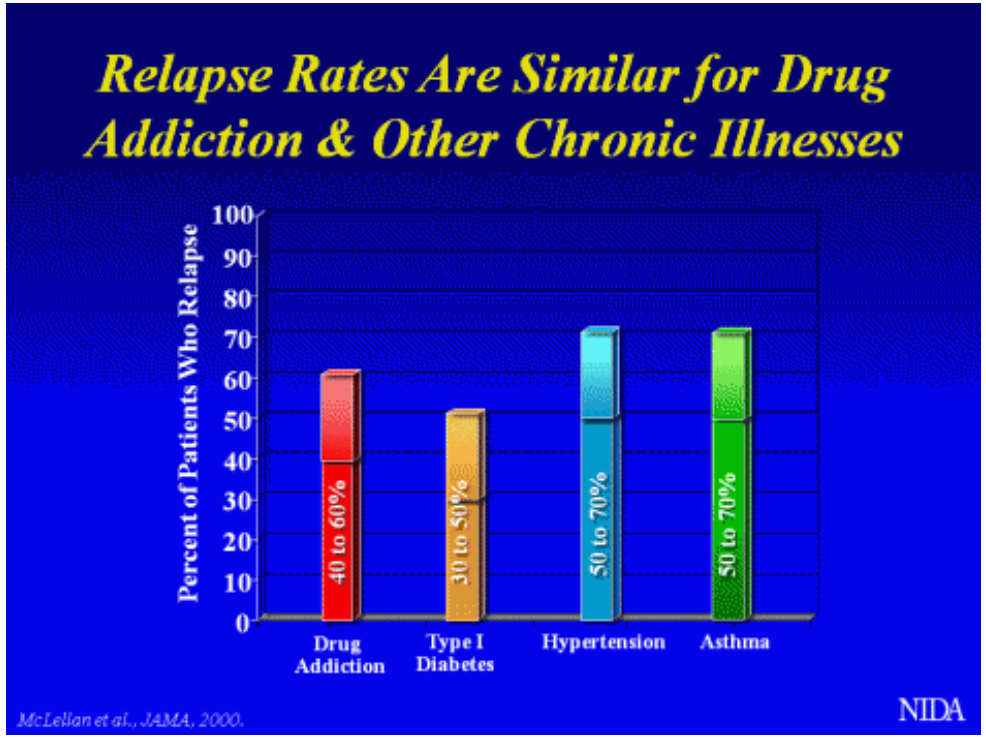
"From a neurobiological perspective, drug addiction is a disease of the brain, and the associated abnormal behavior is the result of dysfunction of brain tissue."

~Christopher Cavacuiti – "*Principles of Addiction Medicine: The Essentials*"

Chronic Disease



Rates of reoccurrence and recovery in the treatment of addiction are very similar to those of other chronic medical diseases



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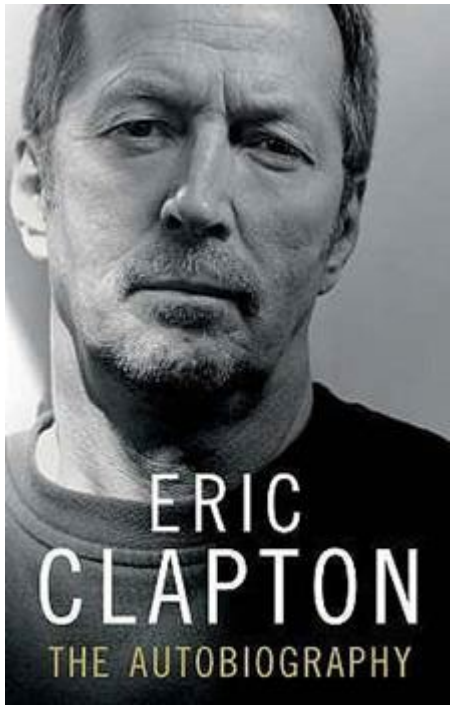
The Hijacked Brain

In my lowest moments, the only reason I didn't commit suicide was that I knew I wouldn't be able to drink any more if I was dead.



ERIC CLAPTON, *Clapton: The Autobiography*

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The idea that somehow, someday he will control and enjoy his drinking is the great obsession of every abnormal drinker.” p.30

Big Book of Alcoholics Anonymous

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How Did We Get Here?

BRIEF HISTORY OF SUBSTANCE USE IN THE US

HOW OUR CULTURE HAS MOLDED CURRENT ATTITUDES TOWARD SUD

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1600s – 1700s

The issue of loss of control of substance use was discussed in some publications (1600s)

Sobriety Circles (1700s)

http://www.williamwhitepapers.com/addiction_history_briefs/

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1800 -

- 1844 Invention of Hypodermic syringe allowed for rapid delivery to the brain
- Morphine and Heroin were marketed commercially as medications for pain, anxiety, respiratory problem
- Majority becoming addicted were women, as they were dx with pain at a higher rate than men
- 1890s Sears & Roebuck Catalogue syringe & small amount of cocaine $1.50

1800s

Inebriety Asylums – 1864 New York State

1879 – Dr. Leslie Keeley announces, “Drunkenness is a disease, and I can cure it” (the beginning of franchised, private, for-profit institutes in America)

Freud recommends cocaine and morphine to treat alcoholism

1890s Sears & Roebuck Catalogue syringe & small amount of cocaine $1.50

http://www.williamwhitepapers.com/addiction_history_briefs/

INEBRIATE ASYLUM, BINGHAMPTON.

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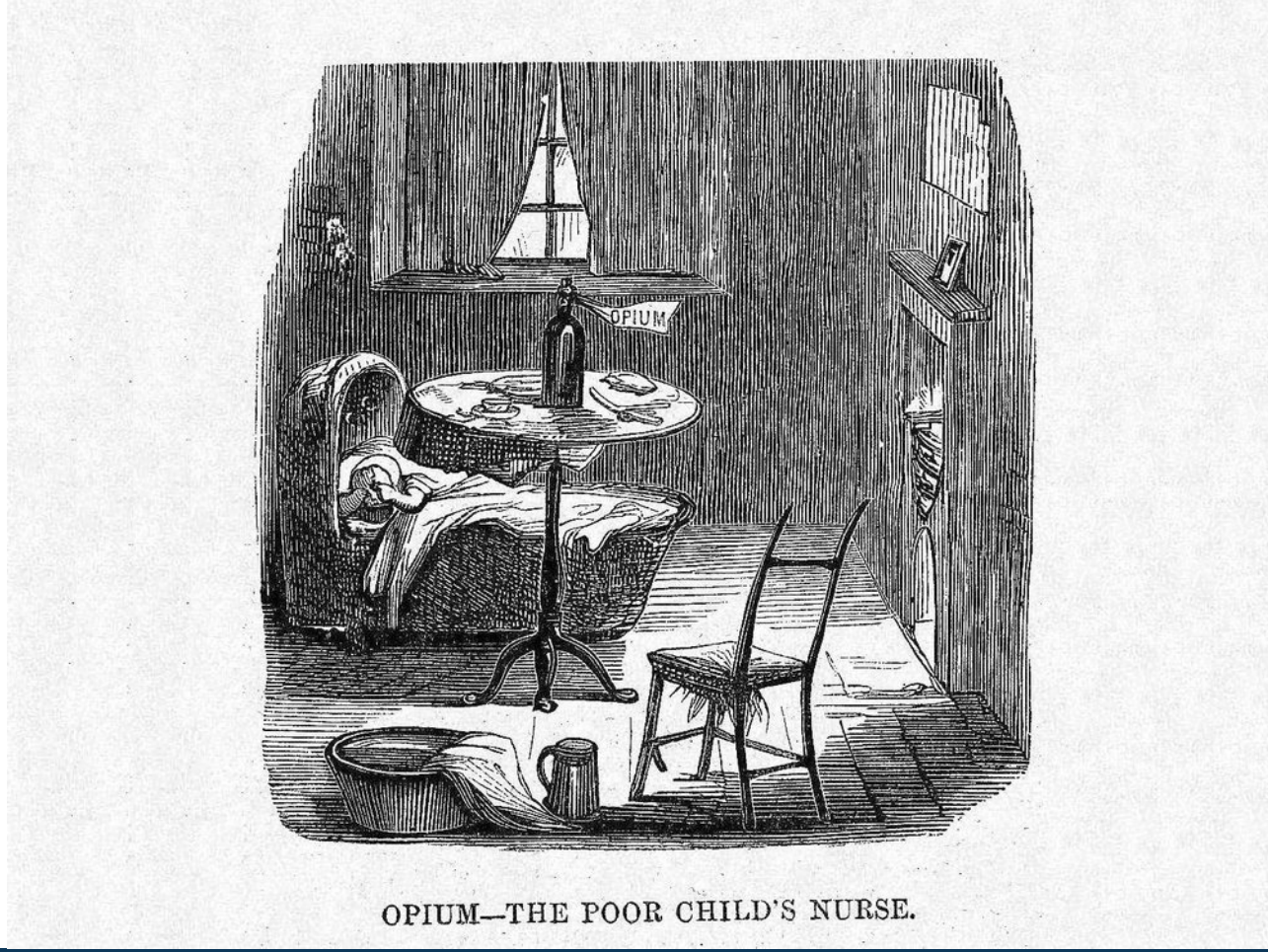

OPIUM—THE POOR CHILD'S NURSE.

Cartoon from *Harper's Weekly* depicts how opiates were used in the 1800s to help babies cope with teething.

1900- 1959

State laws passed (1907-1913) calling for mandatory sterilization of “defectives”: the mentally ill, the developmentally disabled, and “alcoholics and addicts

1914 The Harrison Narcotics Tax Act

The first federal “narcotics farm” (U.S. Public Health Prison Hospital) [1935]

The book, Alcoholics Anonymous, is published [1939] (Note: Medications for SUD and MH were not utilized at this time)

AMA first defines alcoholism as an illness. Recognizes “alcoholics” as legitimate patients. Hospitals urged to consider admissions [1956]

American Hospital Association passes resolution to prevent discrimination [1957]

The end—and the beginning. A. A.'s will not help a drunk unless he admits liquor has licked him as thoroughly as the man in this scene.

Defogging. Called to a hospital bedside, A. A.'s will come any time of the day or night, because they help themselves by helping a dipsomaniac.

fray the expense of getting it started and has gone out of his way to get other prominent men interested.

Rockefeller's gift was a small one, in deference to the insistence of the originators that the movement be kept on a voluntary, nonpaid basis. There are no salaried organizers, no dues, no officers and no central control. Locally, the rents of assembly halls are met by passing the hat at meetings. In small communities no collections are taken, as the gatherings are held in private homes. A small office in downtown New York acts merely as a clearinghouse for information. There is no name on the door and mail is received anonymously through Box 658, Church Street Annex post office. The only income, which is money received from the sale of a book describing the work, is handled by The Alcoholic Foundation, a board composed of three alcoholics and four non-alcoholics.

In Akron, as in other manufacturing centers, the groups include a heavy element of manual workers. In the Cleveland Athletic Club I had luncheon with five lawyers, an accountant, an engineer, three salesmen, an insurance man, a buyer, a bartender, a chain-store manager, a manager of an independent store and a manufacturer's representative. They were members of a central committee which coordinates the work of nine neighborhood groups. Cleveland, with more than 450 members, is the biggest of the A. A. centers. The next largest are located in Chicago, Akron, Philadelphia, Los Angeles, Washington and New York. All told, there are groups in about fifty cities and towns.

Self-Insurance Against Demon Rum

IN DISCUSSING their work, the A. A.'s spoke of their drunk-rescuing as "insurance" for themselves. Experience within the group has shown, they said, that once a recovered drinker shows up in this work he is likely to go back to drinking, himself. There is, they agreed, no such thing as an ex-alcoholic. If one is an alcoholic—that is, a person who is unable to drink normally—one remains an alcoholic until he dies, just as a diabetic remains a diabetic. The best he can hope for is to become an arrested case, with drunk-saving as his insulin. At least, the A. A.'s say so, and medical opinion tends to support them. All but a few said that they had lost all desire for alcohol. Most serve liquor in their homes when friends drop in and they still go to bars with companions who drink. The A. A.'s tipple on

One-hundred-per-cent effectiveness with non-

In Chicago twenty-five doctors work hand in

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1960s

Two federal Appeals Court decision support the disease concept [1966]

The American Medical Association passes resolution identifying alcoholism as a “complex disease that merits the serious concern of all members of the health professions” [1967]

President Johnson address’ nation…“The alcoholic suffers from a disease which will yield eventually to scientific research and adequate treatment.” [1968]

Insurance industry begins to reimburse treatment, which lead to expansion in private and hospital-based inpatient programs [1964-1975]

Silos

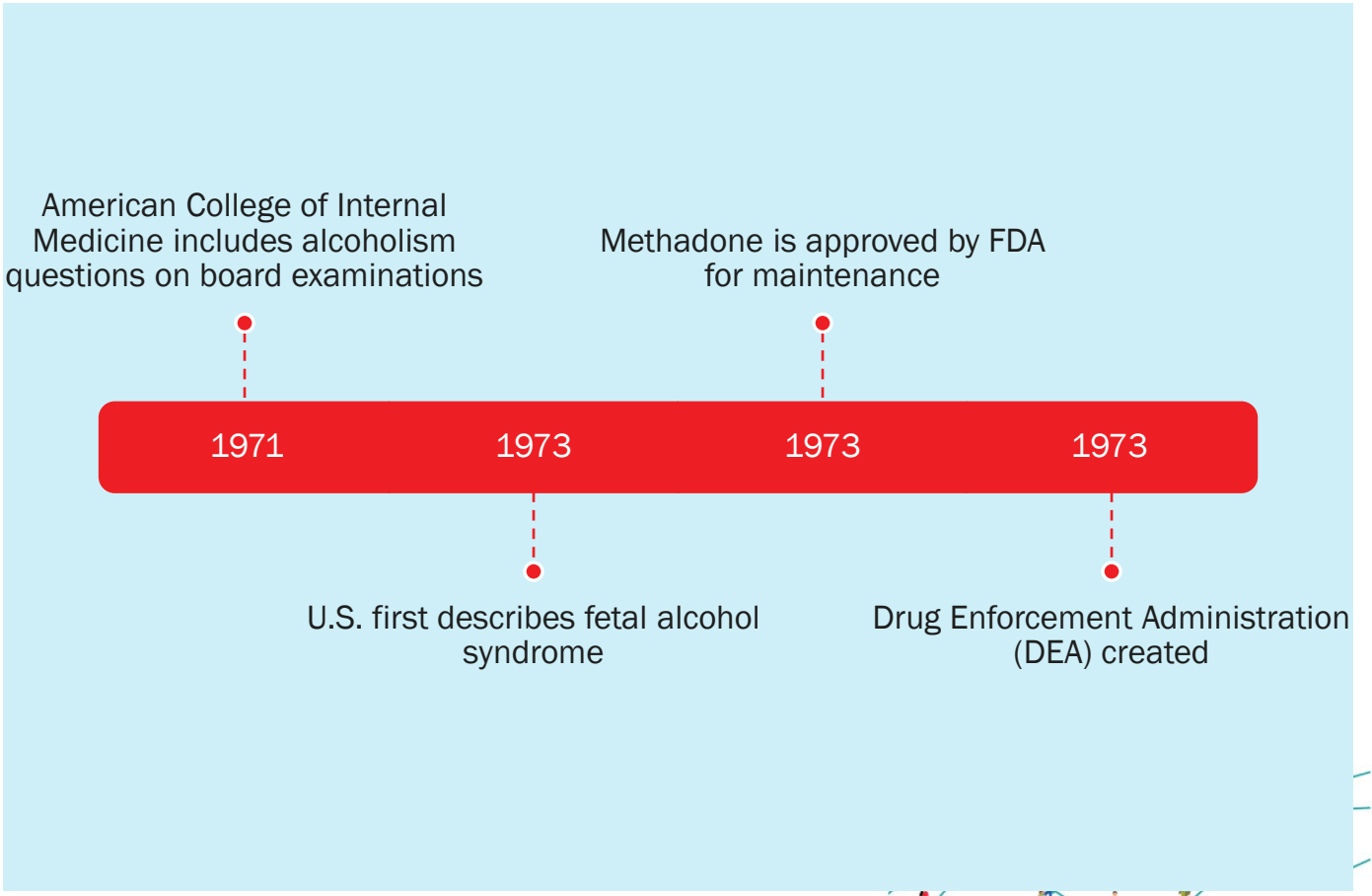
1970s

Congress passes the “Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act [1970]

Legislation establishes the National Institute on Alcohol Abuse and Alcoholism (NIAAA) [1970]

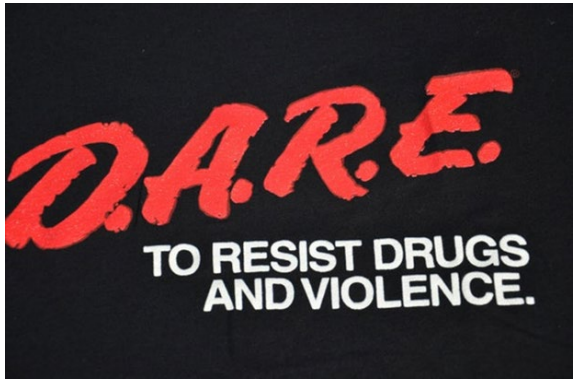
Methadone is approved by FDA for detoxification [1970]

FDA approves Narcan (1971).



Stigma designated the person as being of less value than you, even perhaps, an “enemy” (Nixon declares war on drugs 1971).

1980s



Federal Block Grant Program transfers responsibility for the delivery of treatment and prevention services to the states. [1981]

Anti-Drug Abuse Act authorizes $4 billion to fight drugs, primarily through law enforcement (1986)

President Reagan formally announces a renewed “War on Drugs”; the shift away from treatment toward punishment and incarceration intensifies [1987]

- Erosion of treatment reimbursement benefits by insurance
- All but eliminates the 28-day inpatient treatment programs

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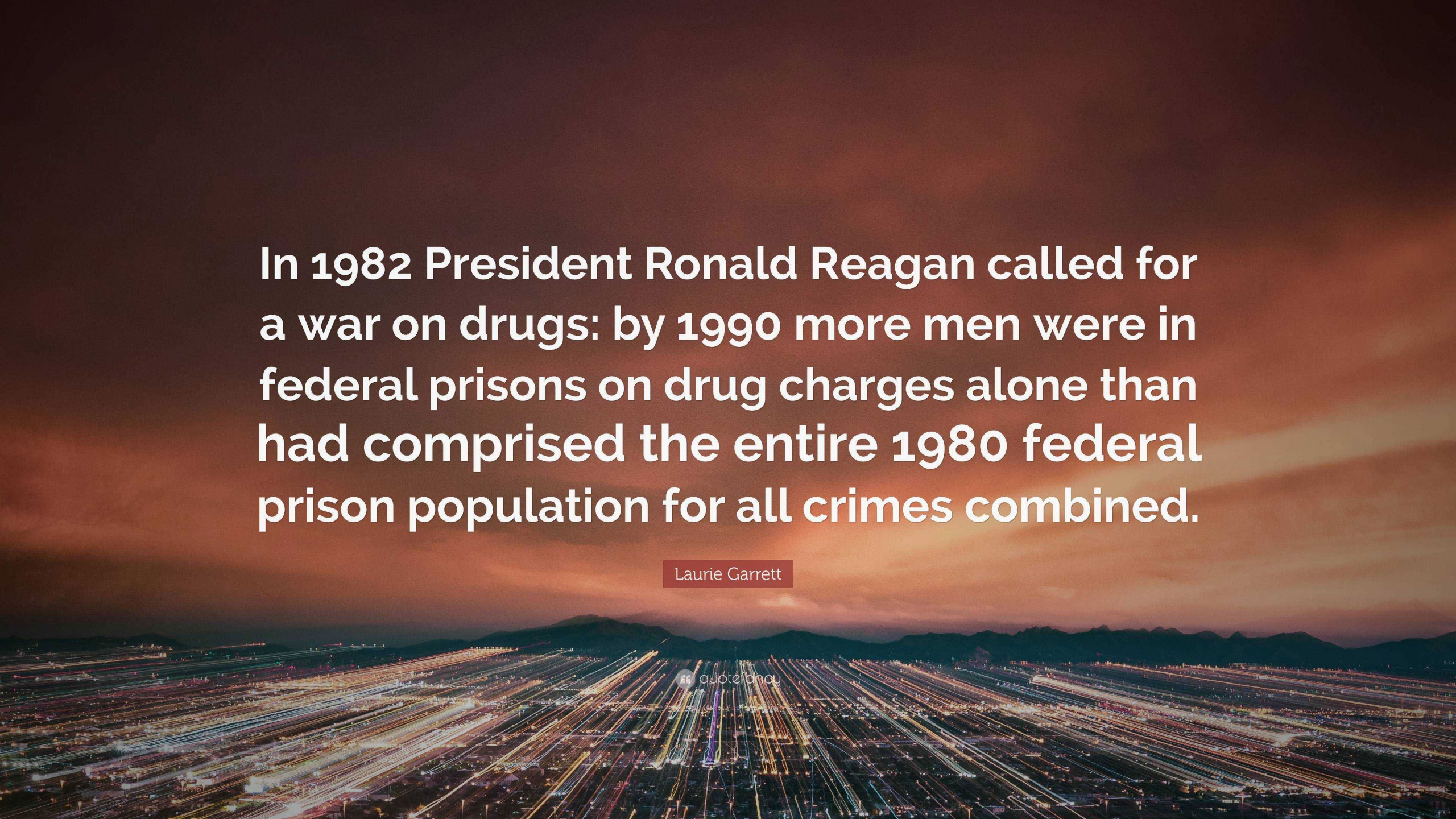
In 1982 President Ronald Reagan called for a war on drugs: by 1990 more men were in federal prisons on drug charges alone than had comprised the entire 1980 federal prison population for all crimes combined.
Laurie Garrett
quotefancy

1990s

President Clinton includes a treatment benefit for “alcoholism” and other addictions in his national health care reform proposal [1993]

Naltrexone approved for alcoholism (1994).

OxyContin launched (1996)

Pain as 5th Vital Sign (1999)

Pain recognized as the fifth vital sign, giving pain equal status with blood pressure, heart rate, respiratory rate and temperature as vital signs.

2000-2010

Drug Addiction Treatment Act of 2000 (DATA 2000) allows qualified physicians to offer Office Based Opioid Treatment (OBOT)

FDA approves buprenorphine for clinical use. (2002)

The Mental Health Parity and Addiction Equity Act (MHPAEA) passed. This act required insurance companies and group health plans to provide similar benefits for mental health and/or substance use treatment and services as other types of medical care. [2008]

AMA recommends that pain be removed as a “fifth vital sign” [2009]

The Affordable Care Act (ACA) expanded coverage for addiction treatment (2010).

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2010 - Present

Comprehensive Addiction and Recovery Act (CARA) Allows Nurse Practitioners and Physicians Assistants to become eligible to prescribe Buprenorphine for treatment of Opioid Use Disorders (2016)

Opioid epidemic declared a national public health emergency [2017]

Support for Patients and Communities Act signed– directs funding to make access to addiction treatment a priority [2018]

U.S. Opioid Poisoning Deaths Top 107,000 a Year as Opioid Crisis Worsens (2021)

Still…EVERY FIVE MINUTES SOMEONE IS DYING FROM AN OPIOID POISONING

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What did we just talk about?

- Prevalence of Substance Use -Alcohol #1 substance used
- 107,000 deaths in 2021 (CDC) from Opioid Poisoning – 1 death every 5 minutes
- Stereotyping can lead to bias, which can lead to discrimination
- Know your biases and blind spots – Robert's case
- Substance Use Disorders are chronic illnesses that can be treated
- Our history of treating substance use is long and slow, yet we are making progress
- Treating Opioid Use Disorders with Medication

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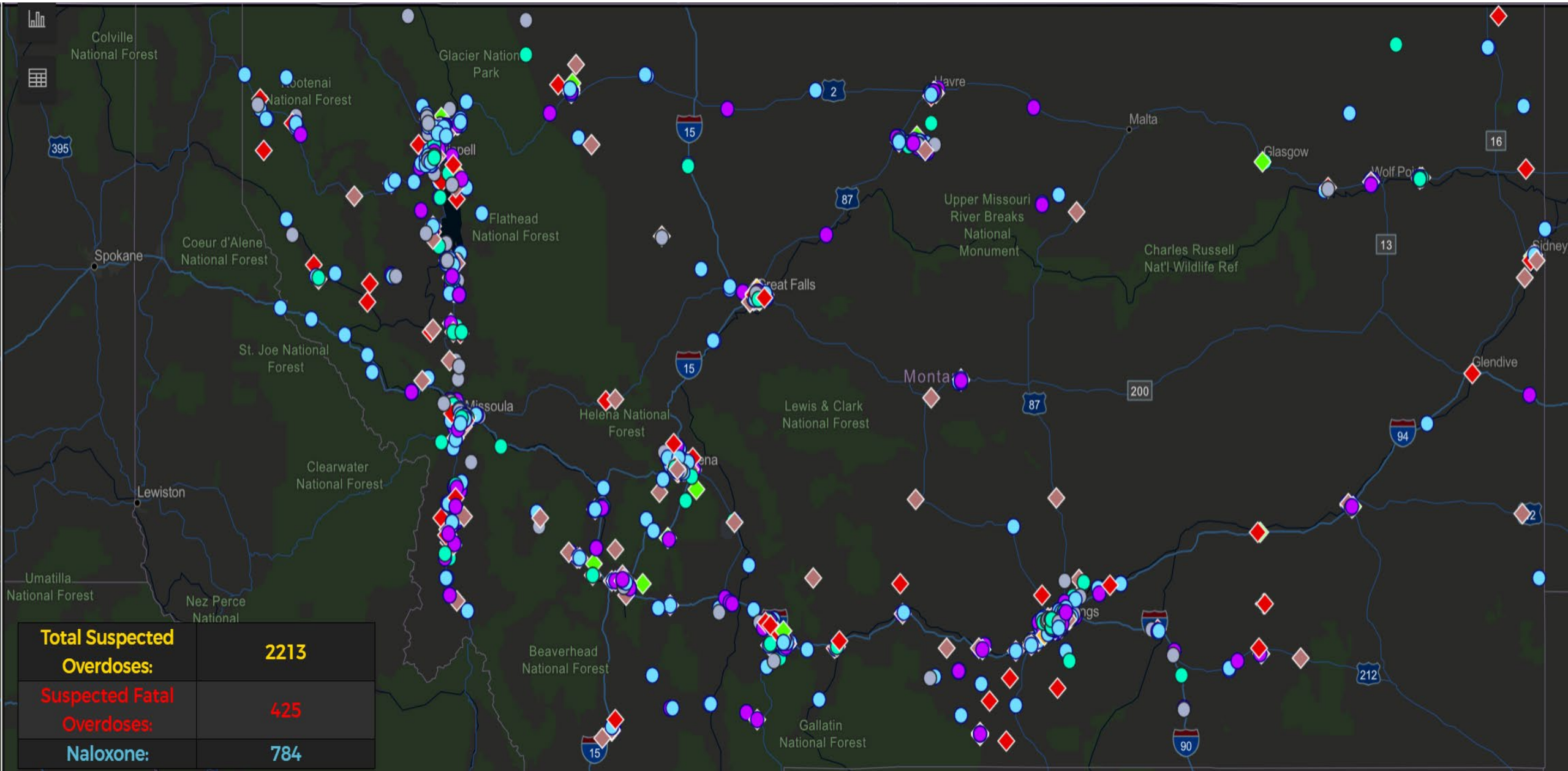
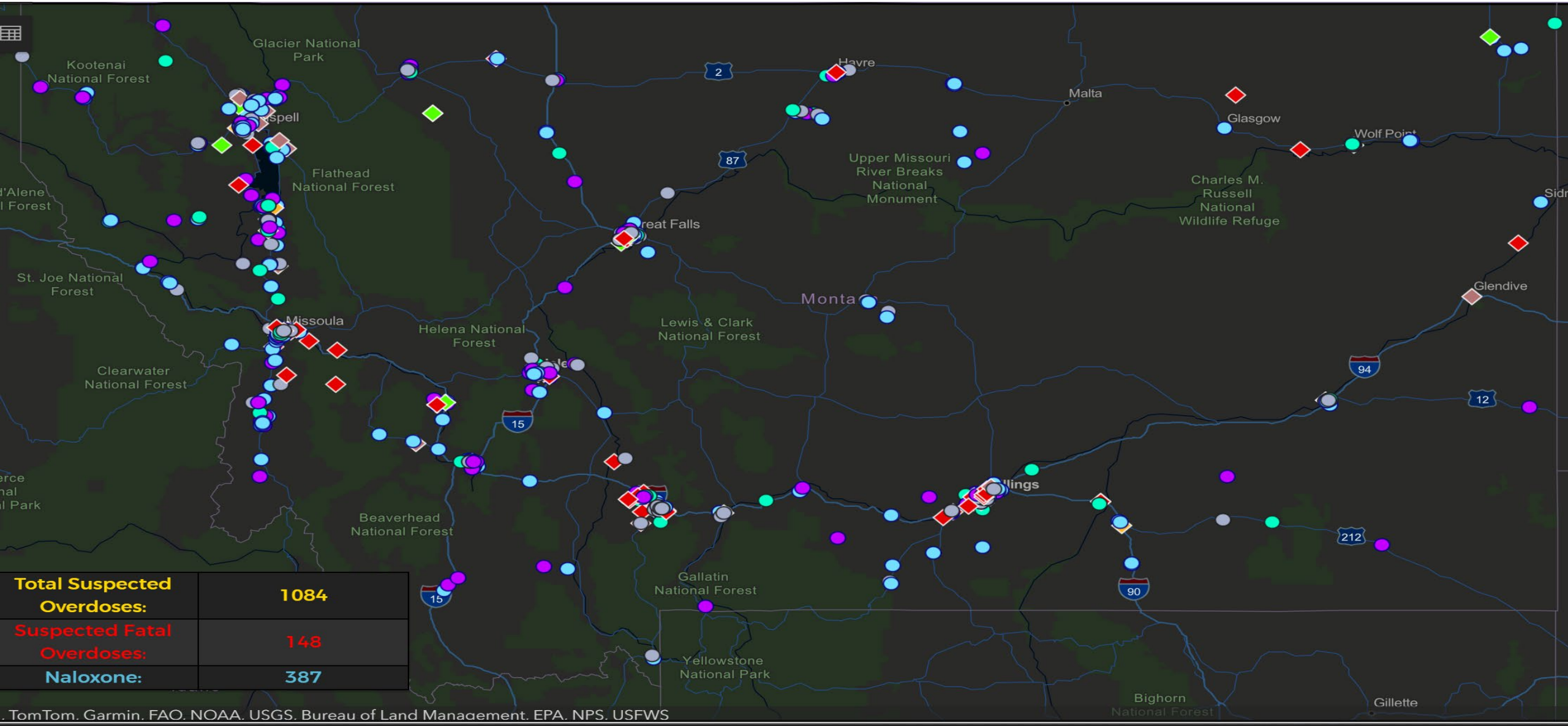
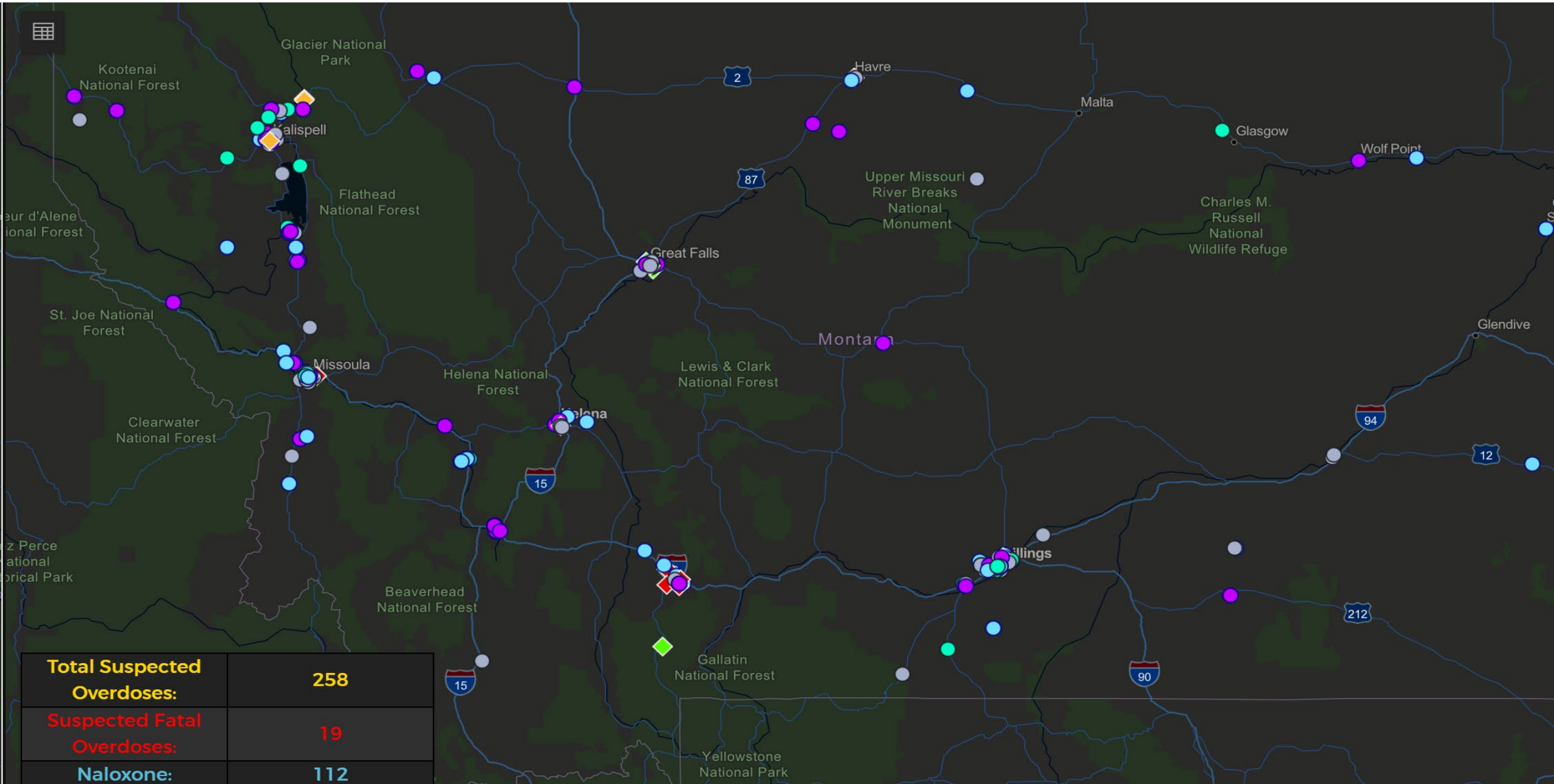
MT OD Map Jan 1, 2020 – Dec. 31, 2022



MT. OD Map Jan 1, 2023 – Dec 31, 2023



MT. OD Map Jan 1, 2024 – Today



Total Suspected Overdoses:	258
Suspected Fatal Overdoses:	19
Naloxone:	112

Why provide treatment for OUD – National Stats

- 2.5 million Americans are addicted to opioids
- 1999 - .3 per 100,00 OD Deaths
  2019 – 11.4 per 100,000 Deaths
- 519.38% increase from 1999 to 2019
- Cost to society of $1.02 trillion in 2017 (CDC)
- 71.8-80% of overdose deaths involve opioids

Why provide treatment for OUD – MT. Stats

45.7% of overdose deaths involve opioids – 4th Leading Cause of Death

Unintentional deaths increased 39% in 2019-20. These were the majority.

.15% of hospital births are cases of NOWS

Enough rx. are written for 50.6 % of residents to have one. This follows a 21% decrease in rx 2014-19

Why Provide MOUD?

Treating OUD with medication is 5-10 times more effective than treating OUD without medication.

There are few medical interventions that have this level of effectiveness.

By treating OUD, you can prevent deaths and give people the stability to get back their lives that have been devastated by their OUD.

MAT to MOUD – A Change in Perspective

"Strong scientific evidence unequivocally shows that for opioid use disorder, **medication is the essential component of treatment**, not merely one component." It is not "assisted treatment". Behavioral treatment can be helpful when the person is ready.

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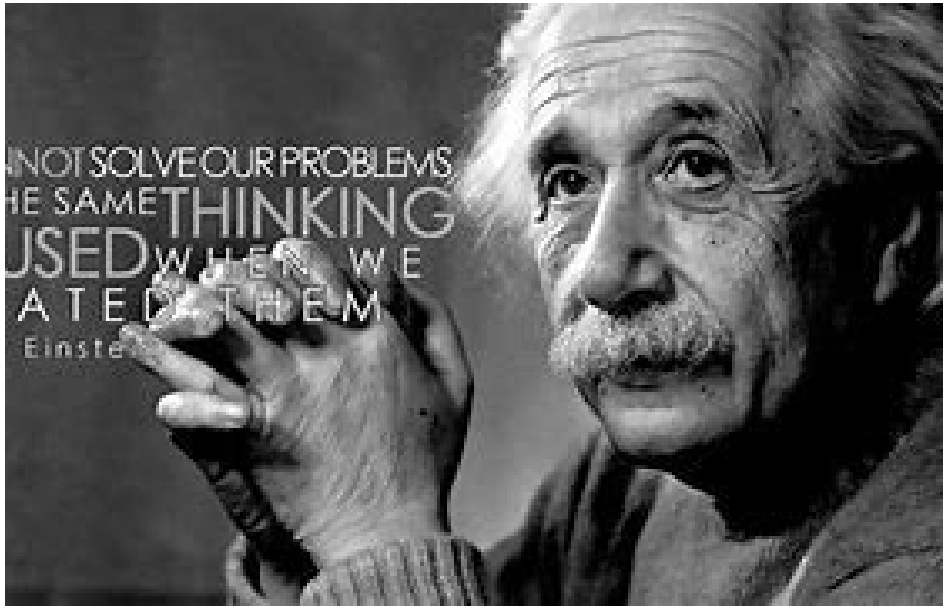
HEROIN
FENTANYL
CARFENTANIL
INCHES
1



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MYTH

MOUD is trading one addiction for another

FACT:

Using MOUD does not create a high. They are eliminating their usage of drugs of abuse and the medication facilitates the mental and emotional stability required for participating in other aspects of recovery.

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MYTH

MOUD is only for short term treatment

FACT:

People can and should remain on medications for as long as the medication is effective. For some this could be a year, for others a lifetime. There is no evidence to support benefits from stopping MOUD.

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MYTH

MOUD increases overdose risks for patients

FACT:

MOUD is the most effective intervention for treating opioid use disorder. The reductions in harmful opioid use are significant compared to approaches that don’t use medication, and reduced use in turn leads to reduced risk of overdose.

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MYTH

MOUD only delays and disrupts true recovery.

FACT:

MOUD has been shown to assist patients in recovery by improving quality of life, level of functioning, and the ability to handle everyday events.

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MYTH

Pregnant women can't receive MOUD

FACT:

The American College of Obstetricians and Gynecologists (ACOG) specifies that MOUD is the recommended treatment for pregnant women with an opioid disorder.

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MYTH

Cold Turkey is better than MOUD

FACT:

Going cold turkey also has the disadvantage of doing nothing to address drug cravings. A central component of MOUD is satisfying the brain's need for opioids and quieting urges to abuse drugs, making it significantly easier to abstain from drugs of abuse.

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MYTH

MOUD is trading one addiction for another

FACT:

Using MOUD does not create a high. They are eliminating their usage of drugs of abuse and the medication facilitates the mental and emotional stability required for participating in other aspects of recovery.

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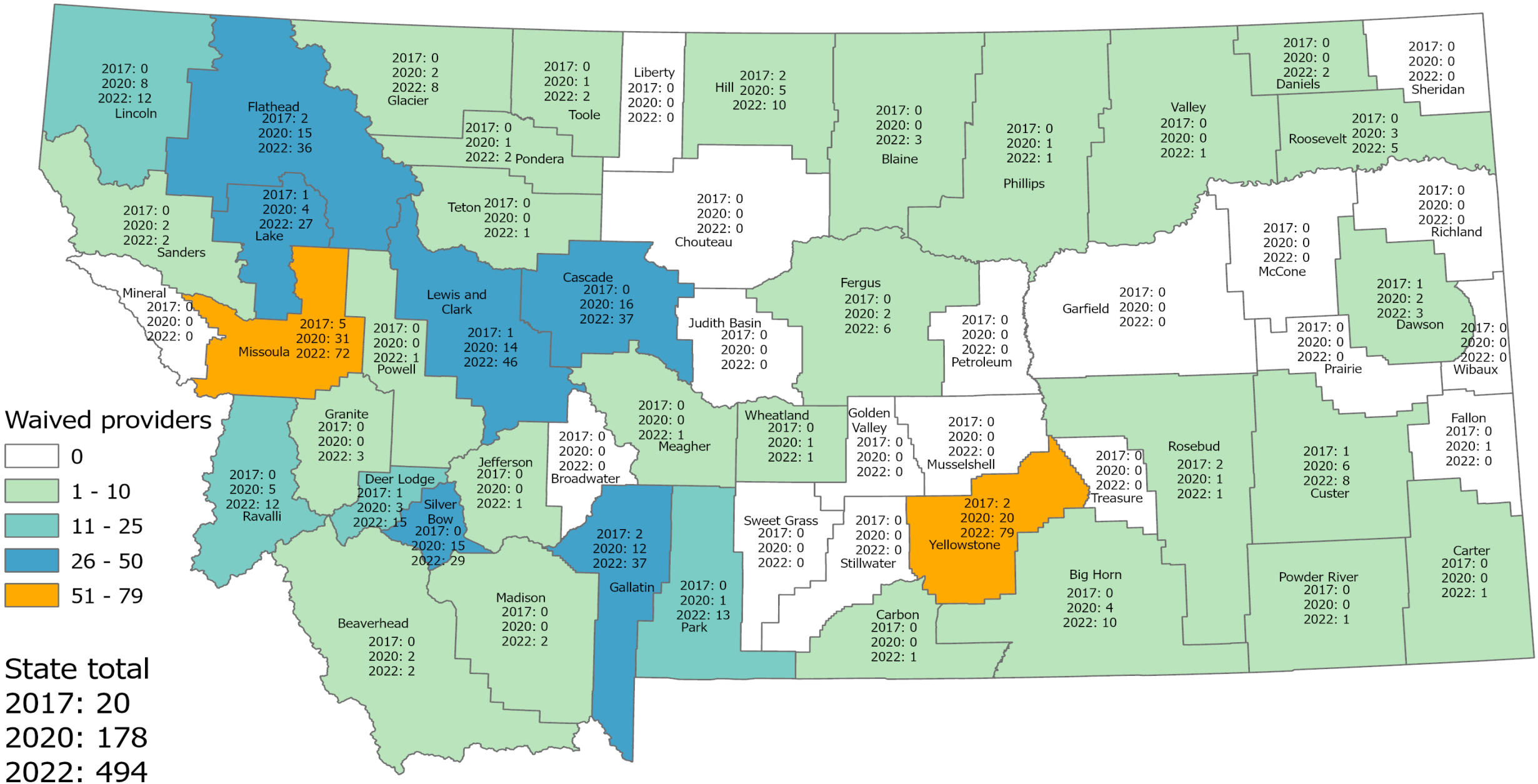
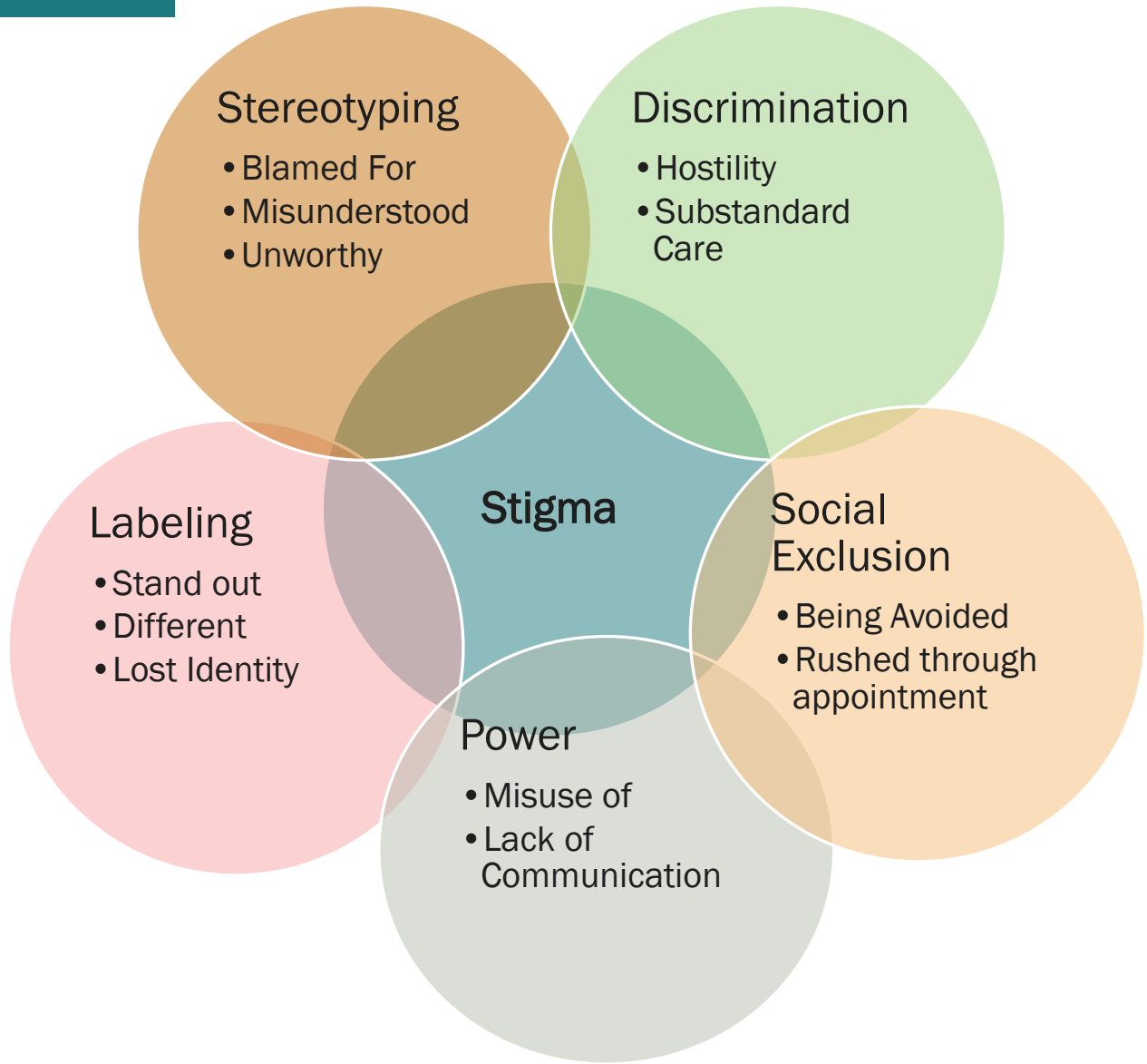
Waived providers by county 2017, 2020, and 2022



State total
2017: 20
2020: 178
2022: 494

Stigma

Stigma assumes many forms. It appears as prejudice, discrimination, fear, shame, distrust, and stereotyping.



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Social Stigma

Social stigma manifests as the disapproval of a person because they do not fit the required social norms that are given in society

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Media using sensational or fear-based language

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Crack Babies: The Worst Threat Is Mom Herself

By Douglas J. Besharov

LAST WEEK in this city, Greater Southeast Community Hospital released a 7-week-old baby to her homeless, drug-addicted mother even though the child was at severe risk of pulmonary arrest. The hospital's explanation: "Because [the mother], demanded that the baby be released."

The hospital provided the mother with an apnea monitor to warn her if the baby stopped breathing while asleep, and trained her in CPR. But on the very first night, the mother went out drinking and left the child at

How scary? Well, in the incident described
year-old man, Rudy Eugene of Miami, attac
Jun 4, 2012

New Idea

Flakka –What is it & Why is it Called the Zombie Drug?

... and the bath salt drug because the chemicals in Flakka resemble those found ... there have still been several major scares on Aussie shores.

Jan 17, 2019

Self-Stigma

Perhaps the most malignant trigger for an individual to have a reoccurrence is the guilt and shame that they have about the harm they might have caused to others and to themselves

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Self-Stigma

Becoming aware of stigmatization	“Society thinks that people who use drugs are bad”
Agreeing with public stereotypes and prejudice	“They’re right”
Self-application	“I have this condition; therefore, I am a bad person/mother”
Decrease in self-esteem and self-efficacy	“Why should I even try”

(Adapted from Recto et al, 2020)

Pre/Peri Natal and Complex Stigma

Mothers with SUDs perceive stigma throughout the perinatal period from:

- Healthcare Providers
- General Public
- Loved Ones
- Themselves
- Addiction Community

Frazer, McConnell, Janssen, 2019; Paterno, Low, Gubrium, Sanger, 2019)

Time Frame	Perception
Preconception	You shouldn't have a baby
Prenatal	You are hurting your baby
Postpartum	You can't care for your baby

Pre/Peri Natal and Complex Stigma

Mislabeling

- "Crack babies"

Misinformation

- "Babies are born addicted"
  - Infants may experience withdrawal symptoms from exposure to maternal substance use and abuse, BUT they are not born addicted.
  - American Society of Addiction Medicine describes addiction as a "treatable, chronic medical disease involving *complex interaction among brain circuits, genetics, the environment, and an individual's life experiences*. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences." (ASAM, 2019)
- "MOUD should not be used during pregnancy/ breastfeeding"
  - Our best evidence reports safety of use in the perinatal period

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Justice System

Courts – it has taken the judges some years to recognize the importance of evidence–based care. For many years when patients were ordered into treatment the judge would tell them to come off buprenorphine or not to start it.

Law Enforcement – powerfully impacted and overwhelmed by drug poisoning and crime. Local PD and County Sheriff's need support and education

Jails – slowly beginning to introduce buprenorphine, however it is with a high level of resistance.

Stigma and the Opioid Epidemic

Because stigma caused the slow response to the opioid epidemic, people with opioid and other substance use disorders have spiraled further down into homelessness, incarceration, unemployment, broken families and death. The struggle to find adequate care for our patients is a case management challenge (nightmare!) – piecing together a patchwork of care.

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MOUD Stigma

A MAT program patient recently shared about Suboxone in a local NA meeting and someone in the group suggested that they no longer share because they are on suboxone and not “clean”.

The discussion of tapering off of buprenorphine with providers and counselors is often couched in the context of not being viewed as abstinent. Or in the context that the patient is using a ”crutch”.

Bell 2019

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Stigma and Health Care

View patients with SUDs differently

- Have lower expectations for health outcomes
  - Perceived Control
  - Perceived Fault

Individuals are suffering in the shadows because they are afraid to go to medical for help

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Stigma and Health Care

Implicitly stigmatizing terms like “addict,” “alcoholic,” “abuser,” and so on persistently are used, even in professional literature. So not surprising that the treatment gap is so wide.

Even though we are in the midst of a devastating, widely publicized opioid crisis, and despite the existence of three effective medications to treat opioid use disorder (OUD), in 2019 only 18% of people with OUD received medications to treat it.

Treatment rates for AUD are especially low (e.g., 7.6% in 2019)

There are three effective medications to treat AUD, yet in 2019 fewer than 2% of people with AUD received any of those medications .

Volkow, N.D., Gordon, J.A. & Koob, G.F. Choosing appropriate language to reduce the stigma around mental illness and substance use disorders. *Neuropsychopharmacol.* **46,** 2230–2232 (2021). https://doi.org/10.1038/s41386-021-01069-4

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Negative Encounters With Service Providers

People with SUD report experiencing these negative encounters

Judgmental

- Sense providers' disapproval of SUD
- "Look down on them"
- Sense blame when infants experience withdrawal symptoms
- Feelings of shame, frustration, irritation and being dismissed during visits

Scrutinizing

- Feel closely observed or monitored
- Identified as "Drug User"
- Causes mothers to avoid prenatal care, lie about SUD, use other women's urine for drug testing
- Feel watched for indications they were "high" when holding infants, visiting NICU, breastfeeding
- Feel questioned about ability to mother
    - Inhibits mother-infant bonding

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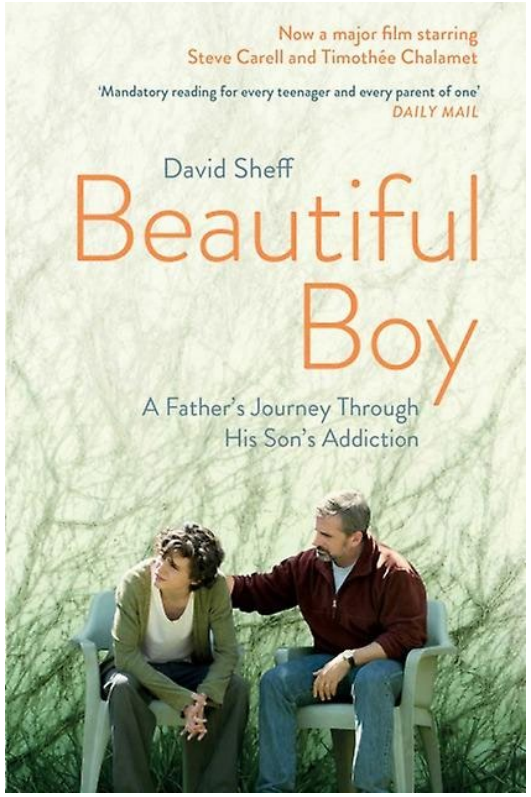
Family -Stigma



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Stigma Within Families

The shame around substance use disorders often starts in childhood with parents with alcohol or drug problems. This leads to early isolation and exclusion and internalized shame.

Because of shame, families tend to struggle in secret. “We are only as sick as our secrets.”

Strong parental resistance have been the reason patients decline buprenorphine and methadone treatment because of their views often informed by internet conversations, community prejudice and the fear of a new dependency.

Solution: educate parents. With patient’s permission, meet with the parent and the patient to answer questions about the treatment and plan of care.

Bell 2019

Stigma – in our thinking, attitude and behavior – summing it up

- ✓ Stigma is shaped by our **thinking** – a bias and perception that substance users are "bad" and immoral rather than ill with a chronic condition requiring care and treatment. Often there is more than one chronic condition such as mental health disorders which also require care.
- ✓ Stigma is communicated by **tone, interpersonal attitude, body language.**
- ✓ Stigma is communicated by **words**.
- ✓ Stigma becomes **internalized** by the person seeking help. The person views themselves as bad, as dirty, as weak which fuels the shame of stigma.

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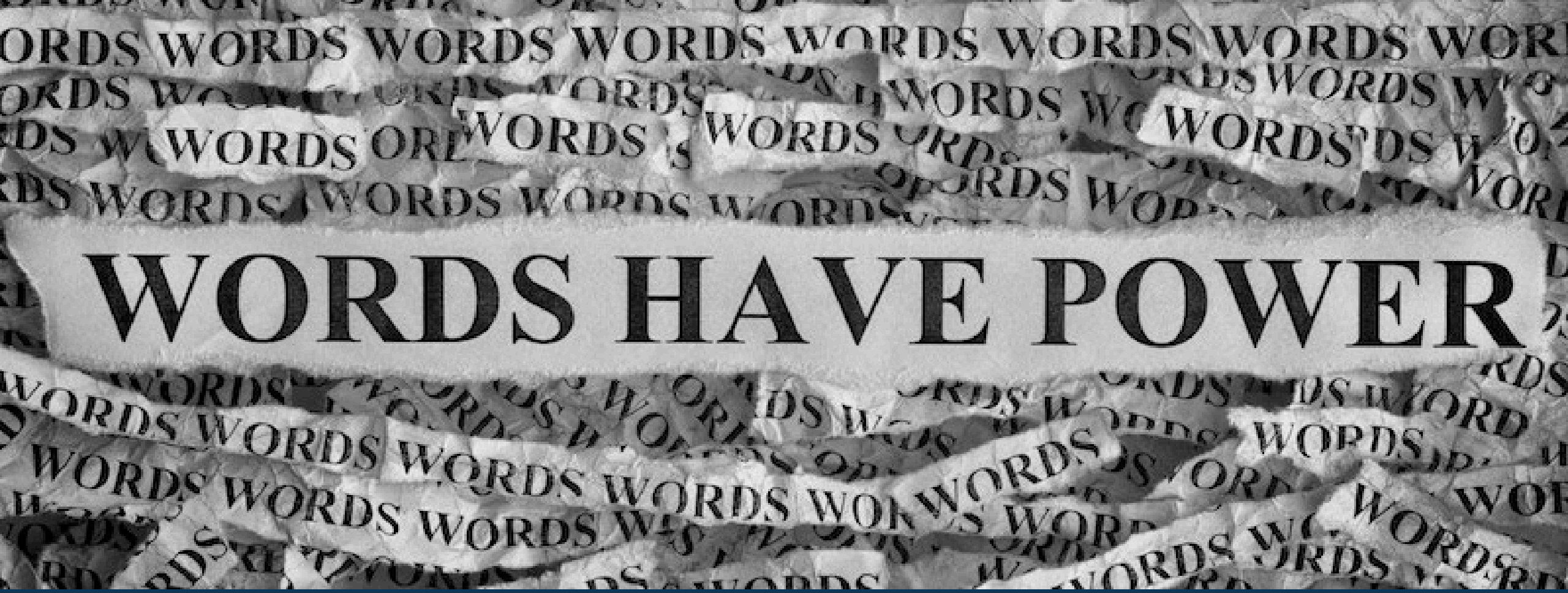

Non-Stigmatizing Language

Patient-Centered Care - Language plays a major role in shaping people's thoughts and beliefs – we believe what we say – harmful stereotypes & assumptions

Words Matter

“Words have power. They have the power to teach, the power to wound, the power to shape the way people think, feel, and act toward others.”

~Otto Wahl

The Impact of Language

- Dr. John Kelly, Harvard-MGH Recovery Research Institute published a 2010 study & 2015 editorial in American Journal of Medicine which showed an impact on clinical care

- Trained clinicians were given identical scenarios about someone with a substance use disorder and the only thing changed was in one scenario the person was called a 'substance abuser,' and in the other scenario, a 'person with a substance abuse disorder.' Dr. John Kelly found that when you called someone a substance abuser, it elicited, even from trained clinicians, a **much more punitive response**.

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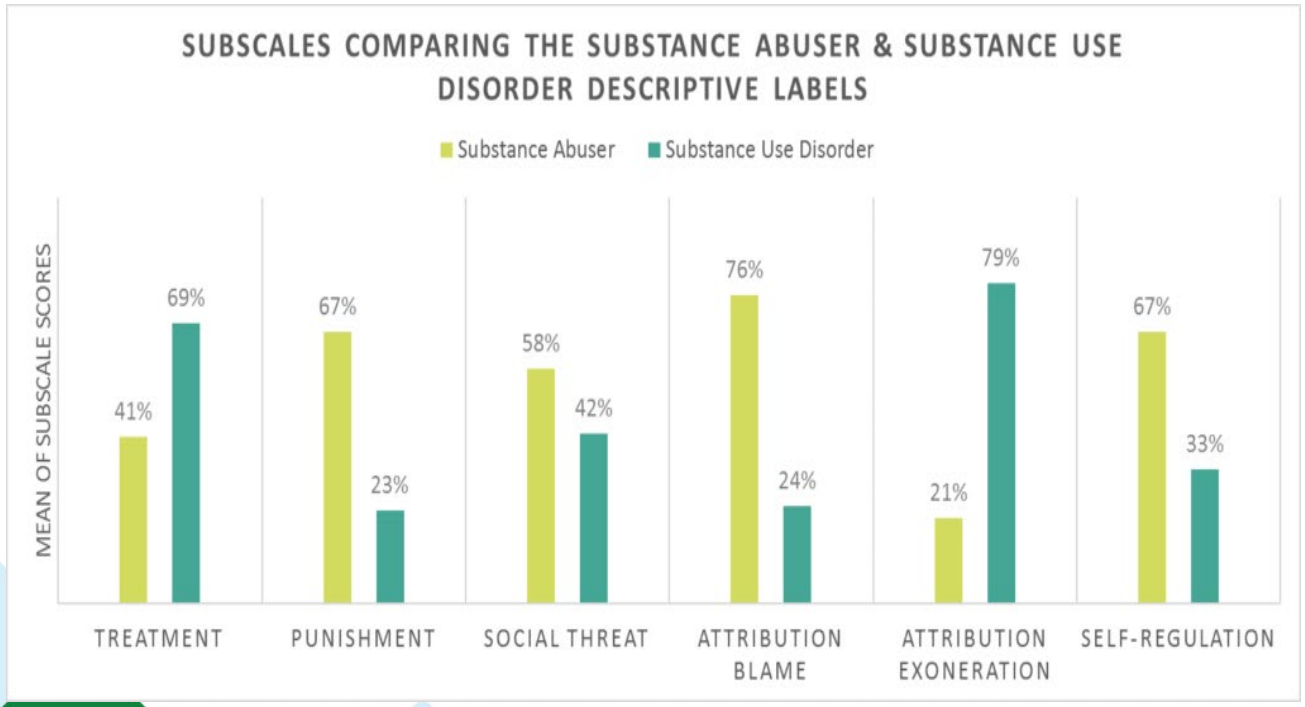
Study by Recovery Research Institute



50% or participants were in health care

20% students

29% outside healthcare

01% nothing listed

Average age 31 (range 17-68

81% White

76% Female

50% Bachelors degree or higher

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Language Matters

If we want to nurture something, we call it a flower.

If we want to kill something, we call it a weed.

~unknown

Where do we go from here? Addressing Barriers

IT IS BECAUSE OF STIGMA THAT:

* **Some people don't seek out treatment**
* **Some doctors won't treat people with SUDs**
* **Some pharmaceutical companies won't work toward developing new treatments for individuals with SUDs**

~The National Institute on Drug Abuse (NIDA)

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Are you using first person language?

Why we use first person language

- A person is a person first and behavior is something that can be changed, addict or user implies that someone is “something” instead of describing a behavior
- Stigma is a barrier to care and we want people to feel comfortable when accessing services
- People are more than their drug use and harm reduction focuses on the whole person

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New Rules

LISTEN FOR	REPLACE WITH
Relapse	Recurrence, return to use
Addict / Alcoholic	Person with …
Overdose	Drug Poisoning
Clean, Dirty (referring to a UDS)	Positive for, unexpected
Clean (referring to recovery)	In remission, in recovery, free from substance use

What can I do to change the impact of my language?

BIAS MITIGATION STRATEGIES

- Get comfortable talking about substance use and discrimination
- Recognize and remedy through modeling appropriate language
- Chart review and documentation
- Not only change what we do but also change the environment
- Be kind to ourselves and each other
- Become aware of our own biases
- Caring for families impacted by SUDs can be connected to ethical distress, moral distress, and compassion fatigue
- Continue to increase personal knowledge about mental health and SUDS

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Documentation Language

- The APA style book released in 2017 made a change stating that media should no longer use stigmatizing language because of its impact on individuals and policy.
- Instructs addict should no longer be used as a noun and to avoid using alcoholic, addict, user and abuser
- Instructs to avoid words like abuse or problem in favor of the word use with an appropriate modifier such as risky, unhealthy, excessive, or heavy. Misuse is also acceptable.

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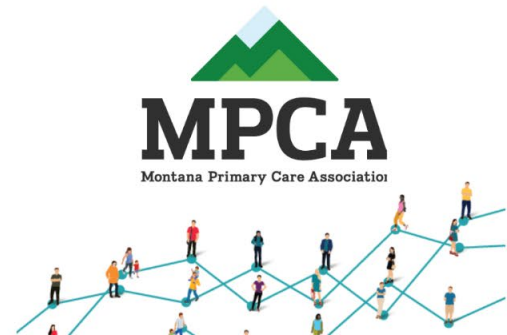
Conditions where bias and stigma is most likely to surface:

–When judgments are subjective
–When you are busy or distracted
–When you feel threatened or insecure



Interpersonal Strategies :: Breakout

Consciousness Raising

- Consider where bias can creep into your work and personal activities or interactions
- What are possible solutions in our context?
- Share your experiences with bias in your work and discuss the challenges with applying solutions

Remember, everyone has the potential to show bias – forgive yourself and others for being human

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Stigma

"For far too long, too many in our country have viewed addiction as a moral failing. This *unfortunate stigma* has created an added burden of shame that has made people with substance use disorders less likely to come forward and seek help. It has also made it more challenging to marshal the necessary investments in prevention and treatment. We must help everyone see that addiction is not a character flaw – it is a chronic illness that we must approach with the same skill and compassion with which we approach heart disease, diabetes, and cancer."

- Facing Addiction in America The Surgeon General's Report on Alcohol, Drugs and Health 2017

"Here is what we seek… a compassion that can stand in awe at what (people) have to carry rather than stand in judgement about how they carry it"

Fr. Greg Boyle, Tattoos on the Heart; the Power of Boundless Compassion