
Center on
Rural Addiction
UNIVERSITY OF VERMONT

Center on Rural Addiction
UNIVERSITY OF VERMONT

This presentation is part of the Community Rounds Workshop Series

These sessions are provided monthly thanks to the University of Vermont Center on Rural Addiction, the Vermont Center on Behavior and Health, and a grant from the Health Services and Resources Administration.

This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $10,365,921 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Center on Rural Addiction
UNIVERSITY OF VERMONT

Continuing Education Credits

In support of improving patient care, The Robert Larner College of Medicine at the University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

The University of Vermont designates this internet live activity for a maximum of 1 AMA PRA Category 1 Credit(s)™.

Physicians should claim only the credit commensurate with the extent of their participation in the activity. **This program has been reviewed and is acceptable for up to 1 Nursing Contact Hours and 1 general continuing education credits for social workers completing this course.**

Interested in CE/CME credits? Email cora@uvm.edu following today's webinar

Center on Rural Addiction
UNIVERSITY OF VERMONT

Disclosures

There is nothing to disclose for this UVM CORA Community Rounds session.

Potential Conflict of Interest (*if applicable*):

All Potential Conflicts of Interest have been resolved prior to the start of this program.

All recommendations involving clinical medicine made during this talk were based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

This activity is free from any commercial support.

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Center on Rural Addiction
UNIVERSITY OF VERMONT

Community Rounds
WORKSHOP SERIES

April 7, 2021

Identifying Bias and Addressing Stigma in the Clinical Setting

Peter Jackson, MD

April 28, 2021

Understanding the Harm Reduction Approach: Principles and Practice

Theresa Vezina

Center on
Rural Addiction
UNIVERSITY OF VERMONT

Addressing Stigma and Bias in the Treatment and Prevention of Substance Use Disorders

Peter R. Jackson, MD

Child and Adolescent Psychiatrist, Addiction Psychiatrist

Assistant Professor

University of Vermont Larner College of Medicine, Burlington, VT

Center on Rural Addiction
UNIVERSITY OF VERMONT

Session Objectives

- Recognize the impact that bias and stigma can have on individuals and families affected by substance use and substance use disorders
- Consider strategies to decrease personal and organizational strategies towards decreasing substance use related stigma and bias
- Improve understanding of the disease model of addiction
- Increase compassionate care for individuals and families impacted by substance use disorders
- Build confidence in ability to champion language and treatment approaches that improve compassionate care
- Discuss the cultural implications of substance use stigma and bias in rural communities

Center on Rural Addiction
UNIVERSITY OF VERMONT

First day on the medicine wards

Center on Rural Addiction
UNIVERSITY OF VERMONT

“What a piece of Sh**!”

Center on Rural Addiction
UNIVERSITY OF VERMONT

Are we preaching to the choir?

- The people who are attending a lecture on stigma…
- Basic needs assessment
  - "Please select the top three provider barriers to treating opioid use disorders in your practice"
    - LEAST commonly selected barrier = provider stigma
    - MOST commonly selected barrier = medication diversion
  - Please select the top three patient barriers to treating opioid use disorders
    - Stigma was second only to transportation as the most commonly selected response

Center on Rural Addiction
UNIVERSITY OF VERMONT

Addressing the Rural Implications of Stigma

- The body of literature on this specific to SUD is very small
- How do we have this talk about stigma without stigmatizing?
- Rurality is dimensional rather than categorical
- Rurality and age, connection

Center on Rural Addiction
UNIVERSITY OF VERMONT

Addressing the Rural Implications of Stigma

- Some studies show differences
  - Relationship between masculine norms and self-stigma of seeking help for men twice as strong in rural areas (Hammer, 2013)
  - Higher self-stigma and public stigma amongst older adults in rural compared to urban settings (Stewart, 2015)
- Some show no differences
  - Similar public stigma and self- stigma (Dschaak 2018)

Center on Rural Addiction
UNIVERSITY OF VERMONT

Types of Stigma

- Perceived stigma: a person's understanding of how others may act towards, and think or feel about, an individual with a certain trait or identity
- Anticipated stigma: expectations of stigma experiences predicted to occur at a future time.
- Internalized stigma: individual awareness, acceptance, and application of stigma to oneself
- Experienced stigma: discriminatory acts or behaviors

Kane, 2019

Center on Rural Addiction
UNIVERSITY OF VERMONT

Different Forms of Stigma

- Stereotypical beliefs
  - Someone with an addiction is…. (unintelligent, criminal, etc.)
- Attribution beliefs
  - Someone with an addiction is in control
  - Someone with an addiction is responsible for this
- Expectations for Recovery
  - Someone with an addiction will be able to… find a job, maintain a relationship
- Social distance
  - I would be willing to have someone with an addiction… live next door, sit down by me on a train

VanBoekel, 2015

Center on Rural Addiction
UNIVERSITY OF VERMONT

Stigma toward substance use disorders is COMMON

WHO study of 18 **most stigmatizing conditions** found drug addiction to **rank #1**, Alcohol addiction to rank #4.

Room, 2001

Center on Rural Addiction
UNIVERSITY OF VERMONT

Impact on Individuals with Substance Use Disorders

- Less treatment seeking
- Poorer prognosis, non-completement of treatment
- Lower self-esteem
- Less empowerment
- Social alienation – employment, housing, connectedness

van Boekel, 2013; Livingston, 2012

Center on Rural Addiction
UNIVERSITY OF VERMONT

Impact on Professionals

- Lower individual regard
- Decreased motivation
- Feelings of dissatisfaction, resentment, powerlessness
- Resulting from perception that individuals are potentially violent, amotivated and manipulative
- Decreased likelihood of offering some care (e.g. pain management)

van Boekel, 2013; Livingston, 2012

Center on Rural Addiction
UNIVERSITY OF VERMONT

Language

"Relapsed" → "Had a setback"
"Stayed clean" → "Maintained recovery"
"Dirty drug screen" → "Positive drug screen"
"Addict, junkie" → "A person with a substance use disorder"

Center on Rural Addiction
UNIVERSITY OF VERMONT

Deep Roots, Wide-Spread, In High Places

- "Public Enemy number one" – Nixon 1971
- "The War on Drugs" – Reagan 1982
  - Anti Drug Abuse Act, "minimum mandatory sentences for drug offences"

- SAMHSA = Substance *Abuse* Mental Health Services Administration
- NIDA – National Institute on Drug *Abuse*

Center on Rural Addiction
UNIVERSITY OF VERMONT

Person-first Language

- ~~Diabetic~~ -> Person with diabetes
- ~~Asthmatic~~ -> Person with asthma
- ~~Addict or substance abuser~~ -> Person with a substance use disorder
- ~~Schizophrenic~~ – Person with schizophrenia
- ~~(raging) Borderline~~ -> Person with borderline personality disorder

Center on Rural Addiction
UNIVERSITY OF VERMONT

Terminology Influences Attitudes

- Mr. Williams is a substance abuser and is attending a treatment program though the court… Mr. Williams has been a substance abuser for the past few years. He now awaits his appointment with the judge…
- Mr. Williams has a substance use disorder and is attending a treatment program though the court… Mr. Williams has had a substance use disorder for the past few years. He now awaits his appointment with the judge…

Kelly, 2010

Center on Rural Addiction
UNIVERSITY OF VERMONT

What you believe about Mr. Williams

- “His problem is caused by a reckless lifestyle”
- “Mr. Williams is responsible for causing his problem”
- “He should be given some kind of jail sentence to serve as a wake-up call”
- “His problem is caused by poor choices that he made”
- “Mr. Williams could have avoided using alcohol and drugs
- “I believe Mr. Williams will do something violent to himself”
- “I believe he will do something violent to others

Kelly, 2010

Center on Rural Addiction
UNIVERSITY OF VERMONT

False Dichotomies, Errant Binary Thinking

- Ready vs. not ready gives way to stages of change
- Abstinence based vs. harm reduction → individual paths of recovery
- You have that expertise/specialty clinic or you don't → treatment embedded within primary care
- Take care of SUD before we can treat your mental health condition → dual-diagnosis, co-occurring treatment
- Treating SUD is too scary, requires an X-license, you're waivered or not?

Center on Rural Addiction
UNIVERSITY OF VERMONT

Results of SUD-Related Stigma and Bias

- Poorer health outcomes
- Less treatment seeking for SUD
- Less engagement in primary care
- Less clinical providers educated in that field or area of expertise
- Less education, less full-time employment
- Social isolation, anxiety, depression
- This is ubiquitous, worldwide

Kane, 2019

Center on Rural Addiction
UNIVERSITY OF VERMONT

Rural Implications

- Word of mouth information about whether there is compassion for individuals with SUDs may distribute more completely.
- Higher likelihood to be connected through multiple roles or settings
- “There’s nowhere else to go.”
- Rural areas may have a culture of self-efficacy, self-sufficiency, may feel that they should be able to take care of the problem without help
- Possibility for decreased privacy
  - Though treatment will often be embedded into primary care, so it’s not viewed so differently from other conditions

Center on Rural Addiction
UNIVERSITY OF VERMONT

Rural Implications

- Assessing stigmatizing attitudes amongst different groups
- Stigma widespread but social distancing and negative perception about treatment and prognosis more common in general public > primary care > specialists
- More frequent contact and familiarity are associated with reduced social distance towards an identified group

VanBoekel, 2015

Center on Rural Addiction
UNIVERSITY OF VERMONT

Rural Implications

- One study showed increased access to legal substances in homes. Individuals may be more accepting on average of alcohol and tobacco use. (Warren, 2015)
- Remembering not to focus on a single path to recovery.

Center on
Rural Addiction
UNIVERSITY OF VERMONT

So, what do we do about it?

Center on Rural Addiction
UNIVERSITY OF VERMONT

Two important aspects of stigma where education can help:

Cause

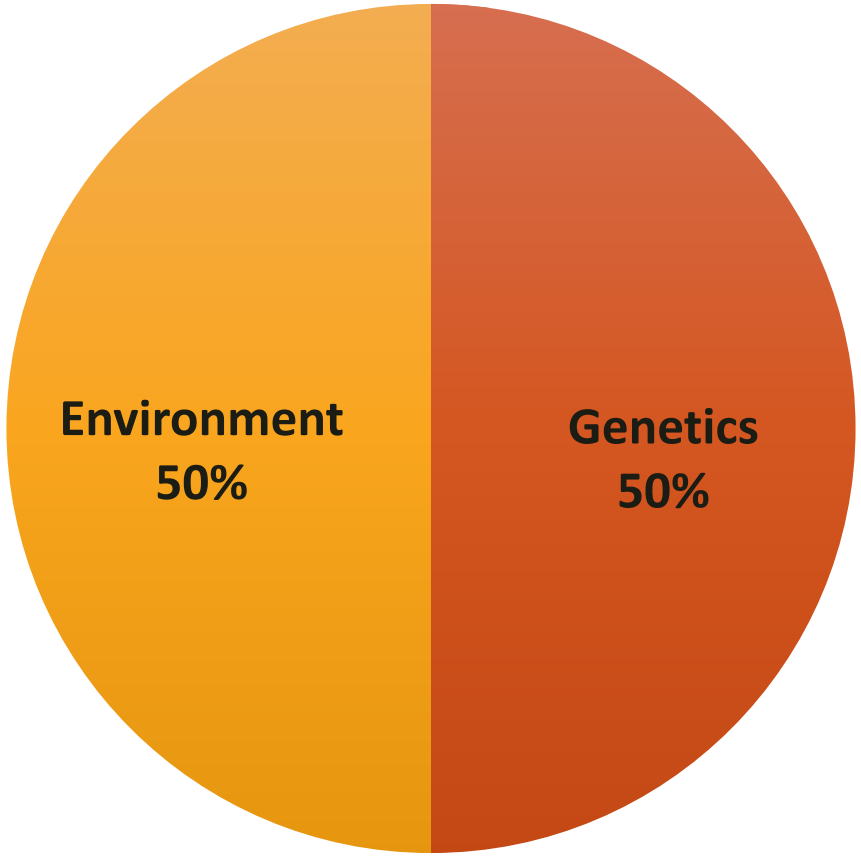
Controllability

Center on Rural Addiction
UNIVERSITY OF VERMONT

Why did this happen?

Center on Rural Addiction
UNIVERSITY OF VERMONT

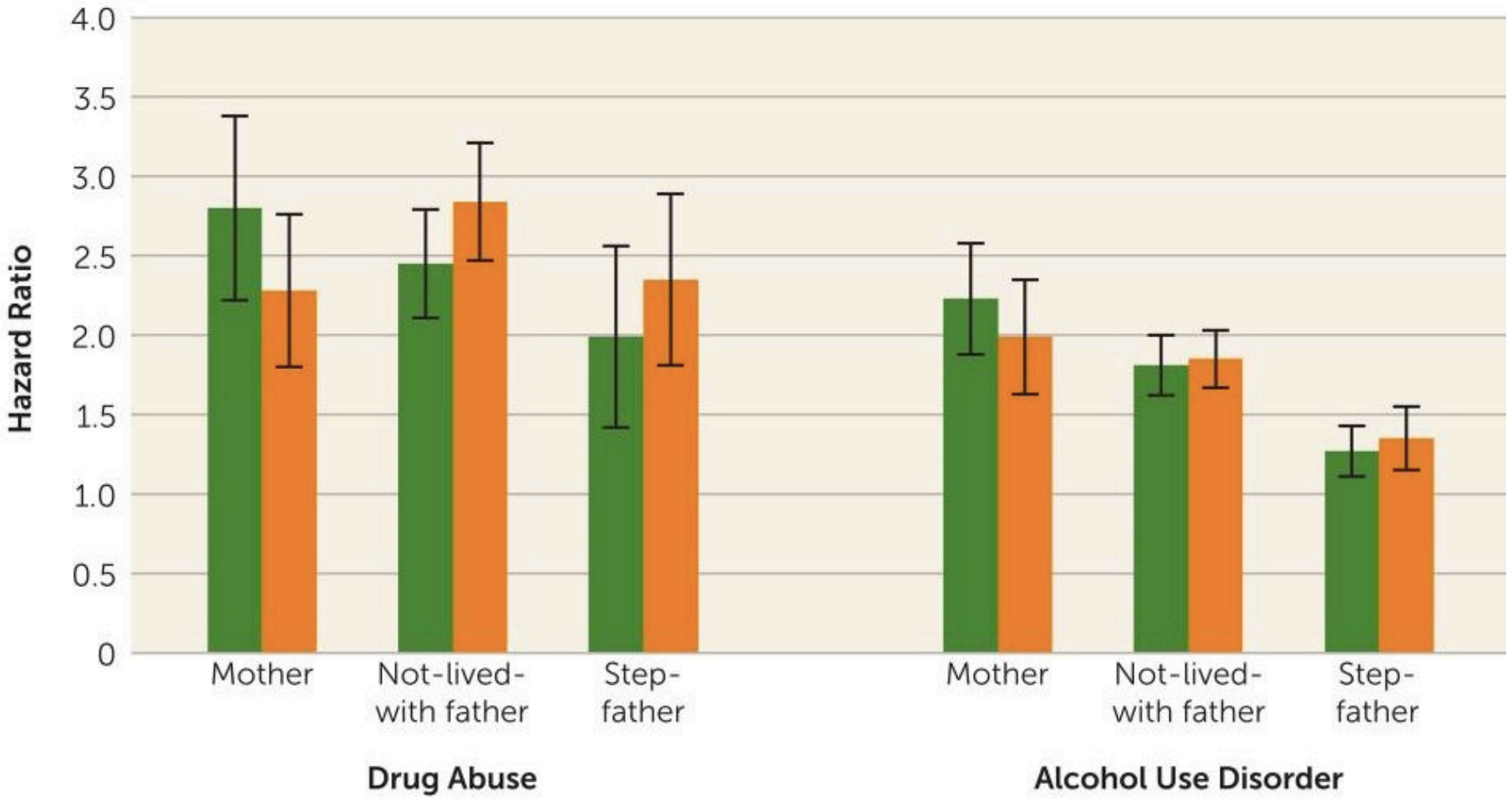
Approximately half of risk is genetic



Heritability of Substance Use Disorders

Center on Rural Addiction
UNIVERSITY OF VERMONT

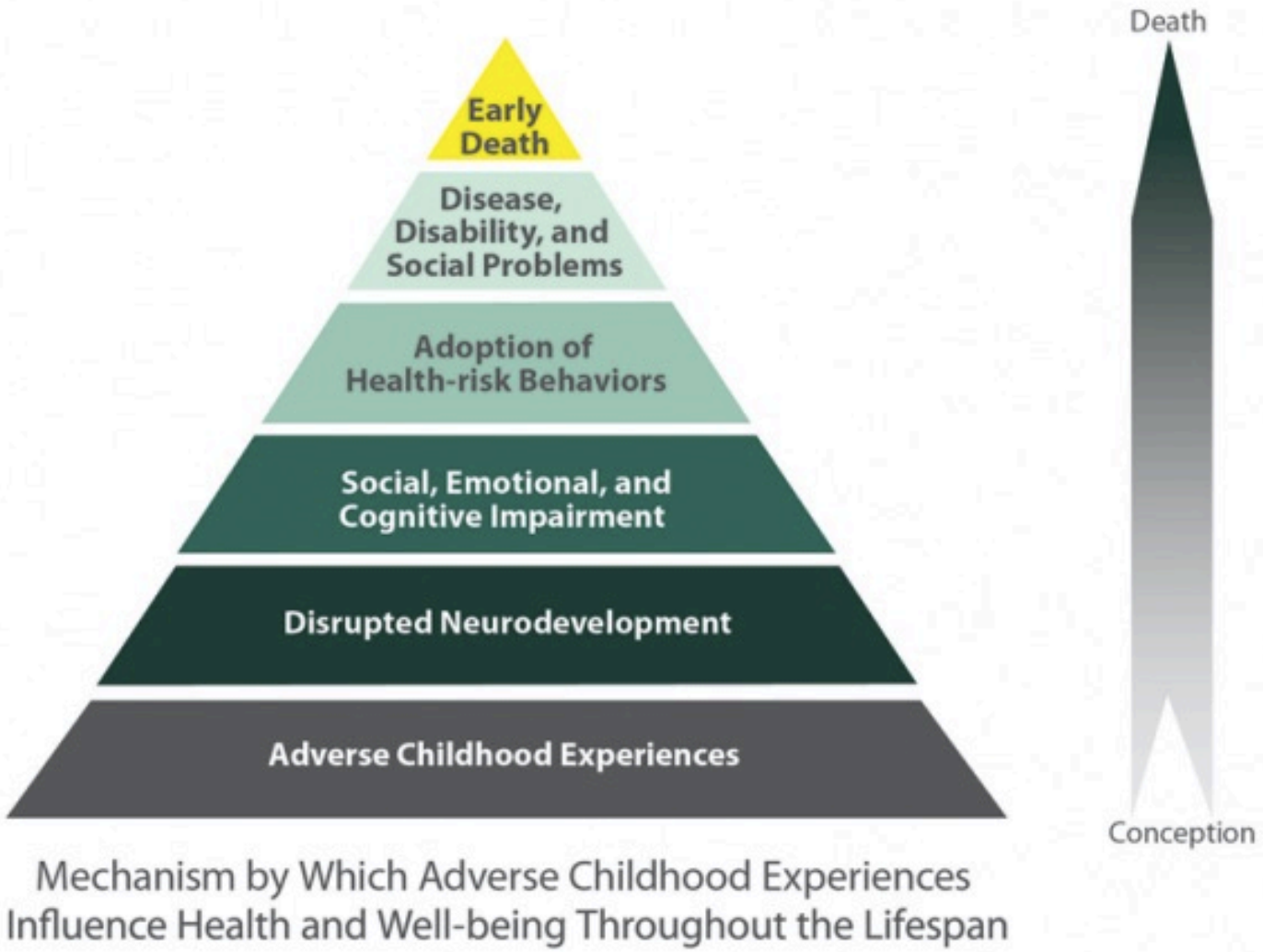
Nature of Nurture?



Kendler L et al, 2015

Center on Rural Addiction
UNIVERSITY OF VERMONT

Adverse Childhood Experiences

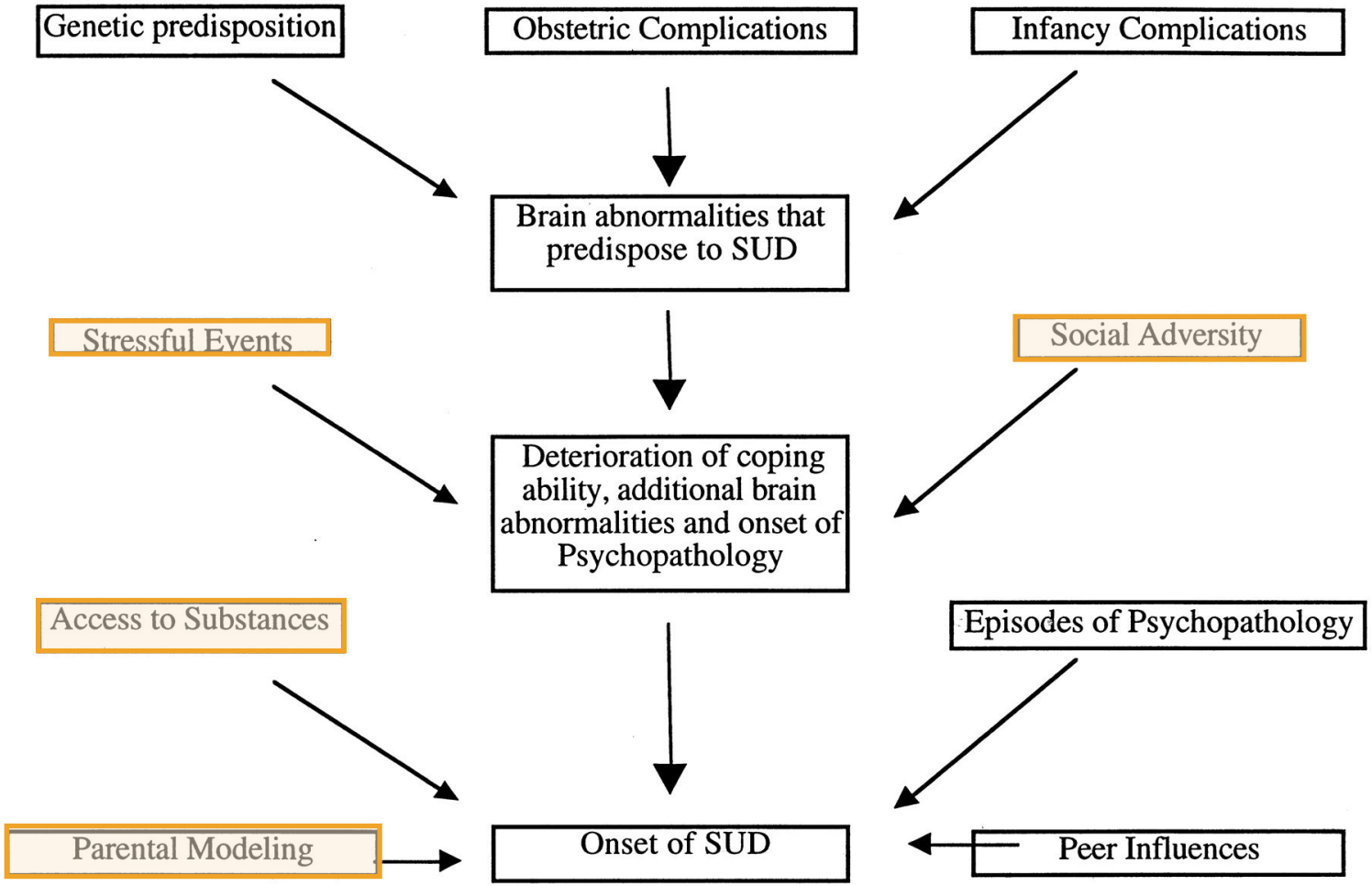


Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

https://www.cdc.gov/violenceprevention/acestudy/about.html

Center on Rural Addiction
UNIVERSITY OF VERMONT

Hypothetical Developmental Sequence of the Cause of Substance Use Disorders

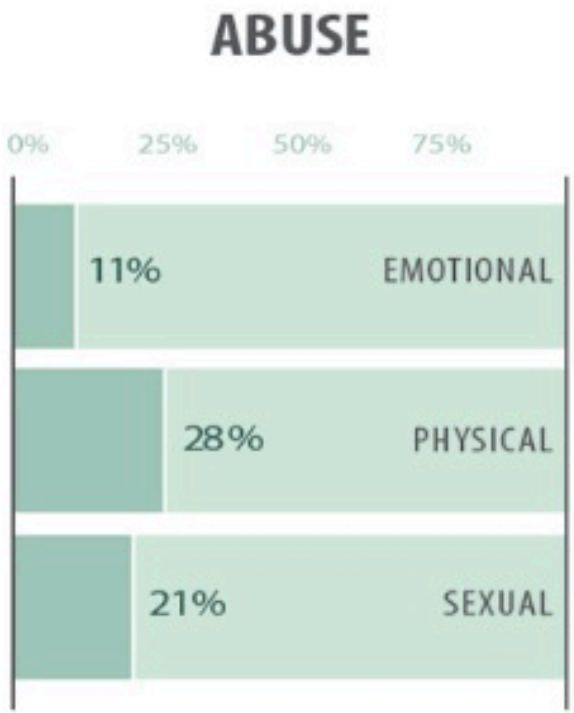


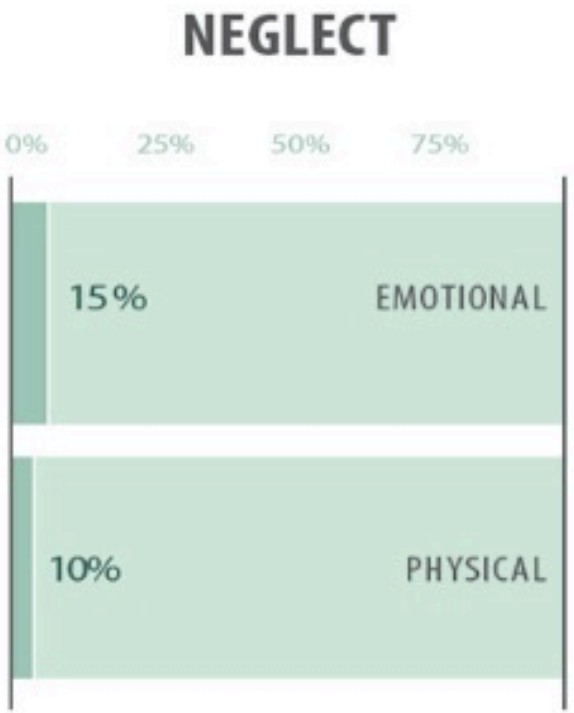
©2000 by American Academy of Pediatrics

Joseph Biederman et al. Pediatrics 2000;106:792-797

Center on Rural Addiction
UNIVERSITY OF VERMONT

Adverse Childhood Experiences

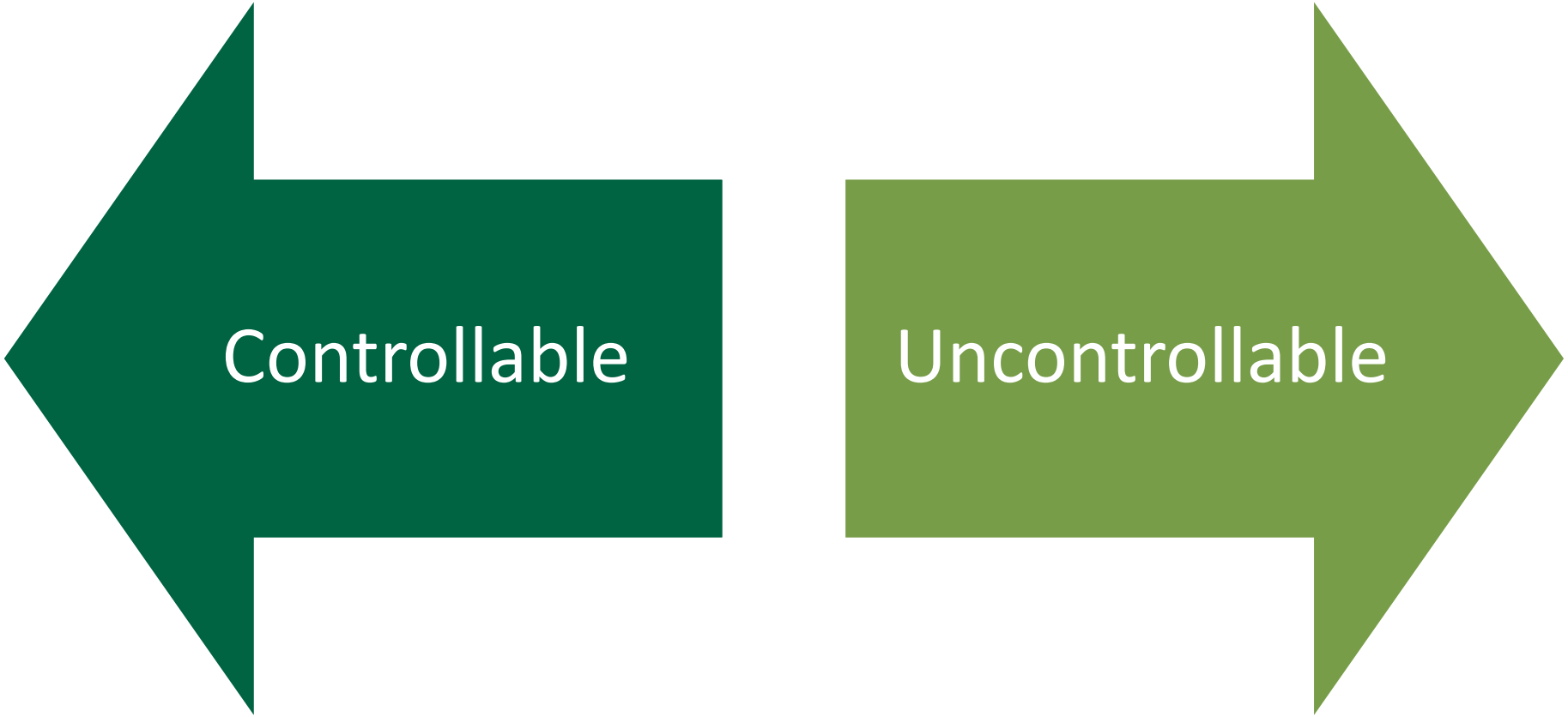




https://www.cdc.gov/violenceprevention/acestudy/about.html

Center on Rural Addiction
UNIVERSITY OF VERMONT

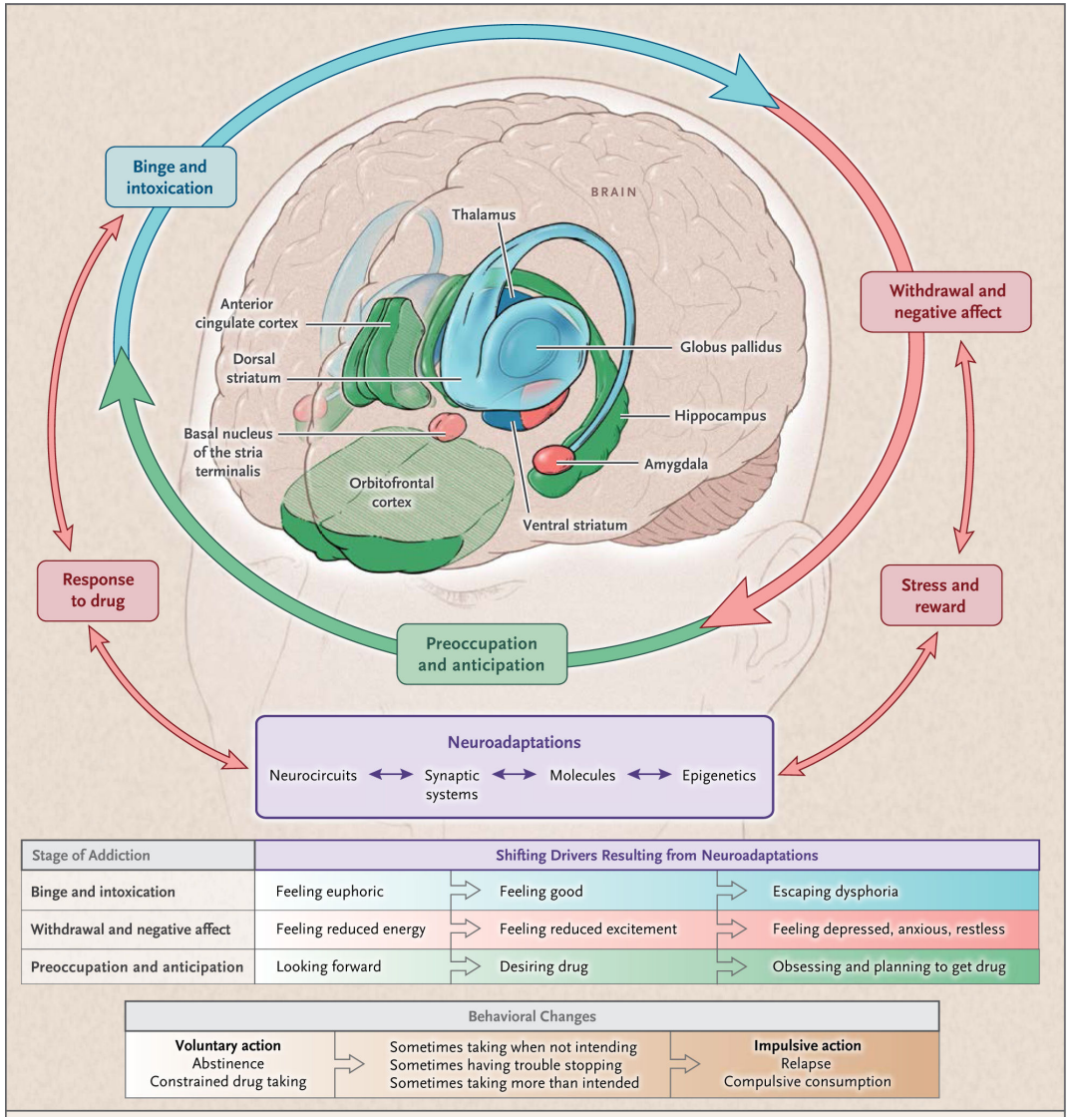
Why is this still happening?



Center on Rural Addiction
UNIVERSITY OF VERMONT

Disease model of addiction

- Voluntary use becomes impulsive use over time
- Feeling euphoria becomes escaping dysphoria
- Withdrawal symptoms go from reduced energy, to reduced excitement to restlessness, anxiety, depression
- “Looking forward to” becomes obsessing and planning



Volkow, 2016

Center on Rural Addiction
UNIVERSITY OF VERMONT

Is this a problem or is this a disease?

"Problem"

- Pros - Fixable, controllable
- Cons – Moral failing, if you had enough motivation, you'd just change

"Disease"

- Pros – compassion for causality and controllability, less blaming
- Cons- Prognostic pessimism, can't be fixed, too engrained, doomed heritability

Center on Rural Addiction
UNIVERSITY OF VERMONT

Finding a balance

- Balancing blame reduction against prognostic pessimism (Kvaale, 2013)
  - How many tries does it take? (Kelly, 2019)
- Balancing education about science against focus on effective treatment principles
  - “I don’t have to know why it snows. I just have to shovel it”

Center on Rural Addiction
UNIVERSITY OF VERMONT

Overcoming Stigma and Bias

- Increasing contact between the affected population and the larger population. (Corrigan, 2018)
- Mental health and SUD parity laws for coverage of these conditions
- Communication standards to avoid stigmatizing language
  - Person centered language AND treatment
- Widespread access to treatment, no wrong door to access treatment
  - Treatment embedded in other care settings

Center on Rural Addiction
UNIVERSITY OF VERMONT

Overcoming Stigma and Bias

- Understanding the disease model of addiction
- Understanding heritability
- Balancing both of the above with prognostic optimism and accurate data about change and recovery
- Recovery oriented treatment
  - Are we treating your GAD-7, PHQ-9 or your Addiction Severity Index or are we focusing on your goals?
  - What will life look like when you're well? What will you be doing?

Center on Rural Addiction
UNIVERSITY OF VERMONT

Overcoming Stigma and Bias

- Telling stories (Feiler, 2013)
- FAVOR – Faces and Voices of Recovery – a national organization
- Facilitate communication about hard things. Make things “talk-about-able”

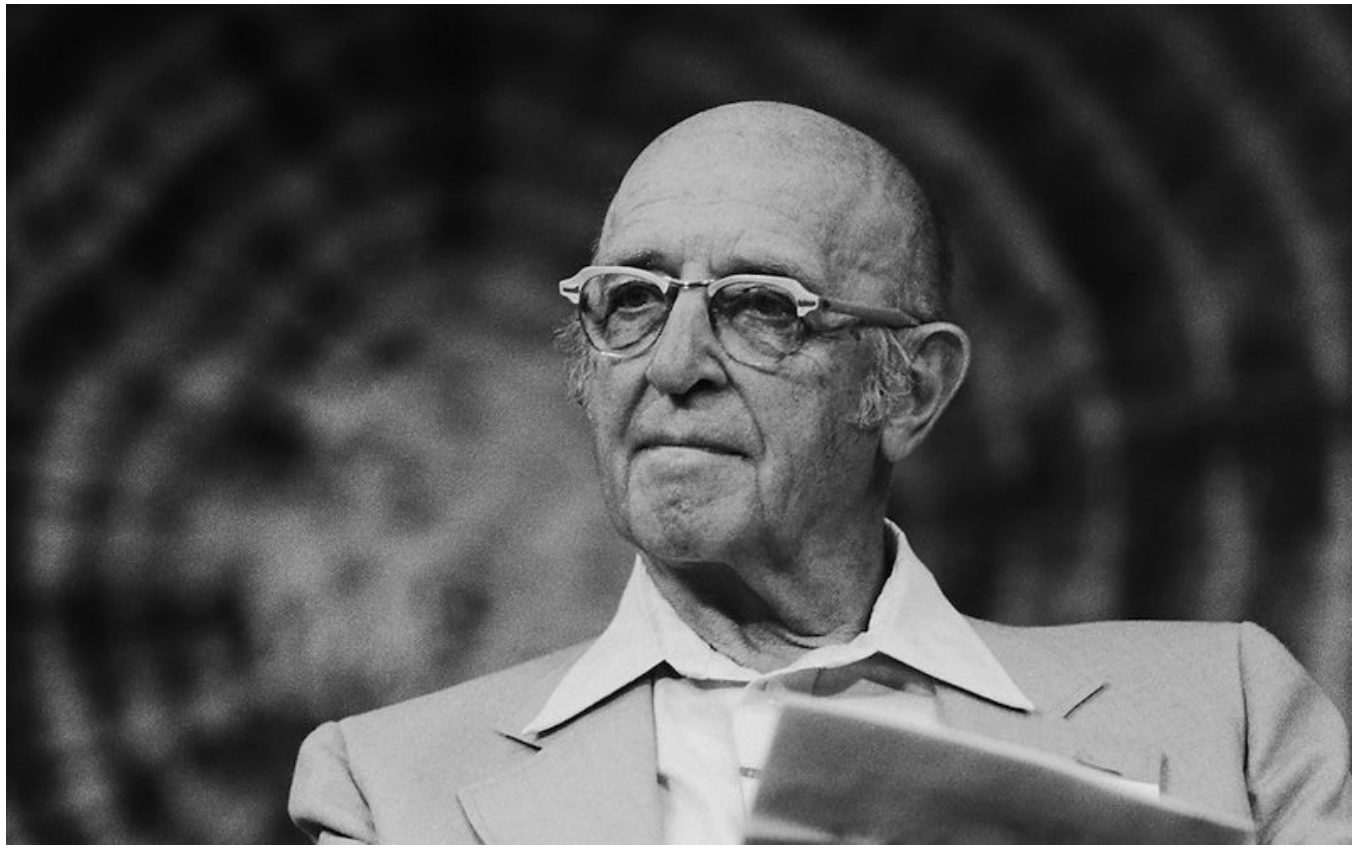
Center on Rural Addiction
UNIVERSITY OF VERMONT

Overcoming Stigma and Bias

- Ask honest, introspective questions
- Own and recognize counter-transference
- Work with a supportive team, be humble enough to ask for feedback
- Support your team by being confident enough to give feedback, or at least to ask hard questions

Center on Rural Addiction
UNIVERSITY OF VERMONT

Unconditional Positive Regard



Carl Rodgers

Center on Rural Addiction
UNIVERSITY OF VERMONT

Overcoming Stigma and Bias

- Unconditional positive regard, Carl Rogers
- The Spirit of Motivational Interviewing
  - Partnership
  - Evocation
  - Compassion
  - Acceptance
    - Four pillars of acceptance: **absolute worth**, affirmation, autonomy, accurate empathy

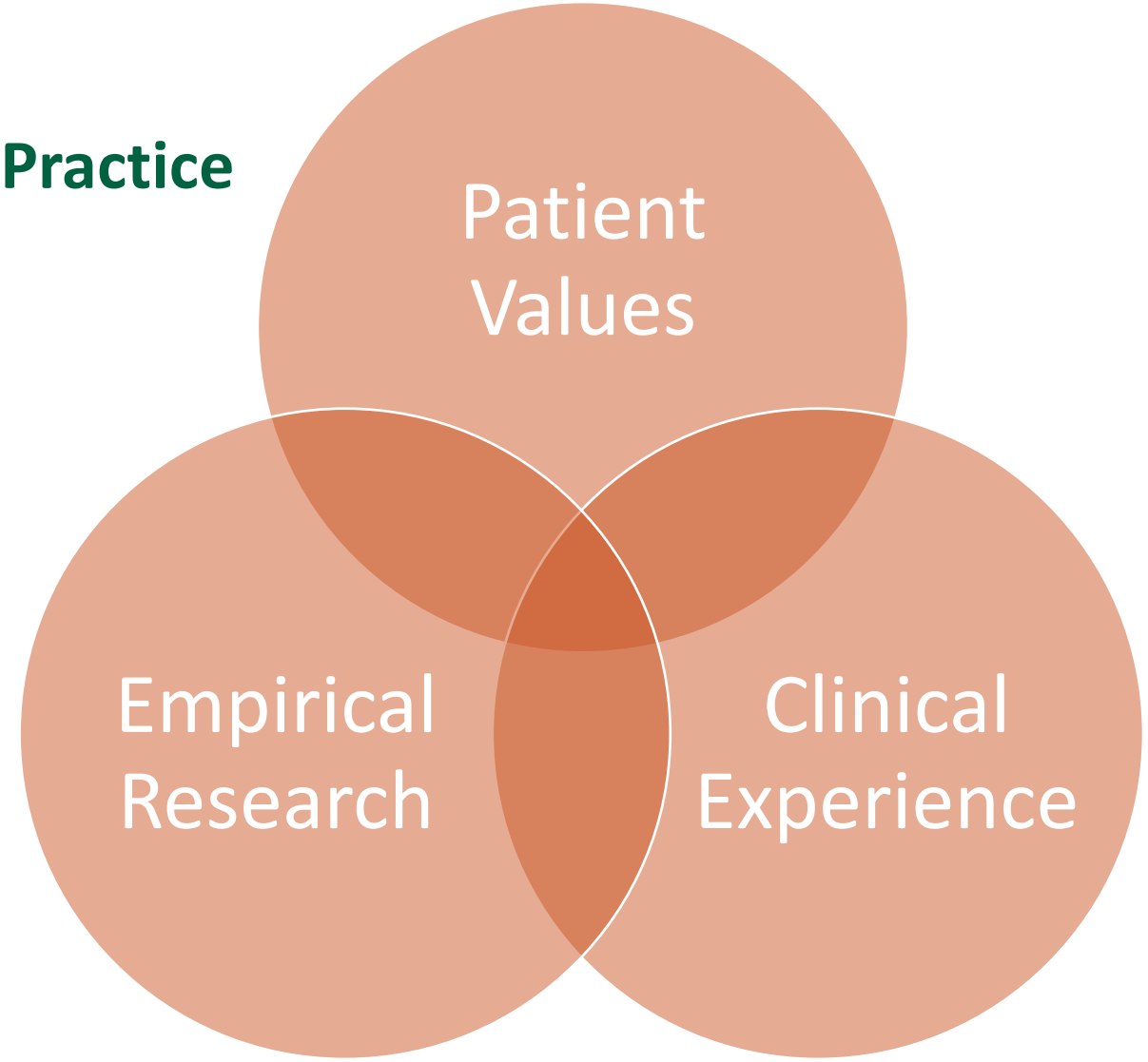
Center on Rural Addiction
UNIVERSITY OF VERMONT

Tools and Resources

- FAVOR: http://facesandvoicesofrecovery.org/
- NIDA: drugabuse.gov Stigma Resource Page
- NIDA: drugabuse.gov Words Matter
- AMA's Opioid Epidemic Website Stigma Page
- Recovery Research Institute: recoveryanswers.org Research on Stigma
- American Hospital Association: aha.org Addressing Stigma
- SAMHSA: samhsa.gov Stigma Resource Guide

Center on Rural Addiction
UNIVERSITY OF VERMONT

Evidence-based Practice



Center on
Rural Addiction
UNIVERSITY OF VERMONT

Questions & Discussion

Email us your questions at cora@uvm.edu

Center on Rural Addiction
UNIVERSITY OF VERMONT

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Interested in CE/CME credits?

Visit highmarksce.com/uvmmed/

Center on Rural Addiction
UNIVERSITY OF VERMONT

Thank you participating in this
UVM CORA Community Rounds Workshop Series

Our next session will be held on
Wednesday, April 27th 12-1pm ET

Understanding the Harm Reduction Approach: Principles and Practice
Theresa Vezina, Vermont CARES

Contact us at CORA@uvm.edu // Center on Rural Addiction: https://uvmcora.org/
Vermont Center on Behavior and Health: http://www.med.uvm.edu/behaviorandhealth/

Center on Rural Addiction
UNIVERSITY OF VERMONT

References

- Corrigan PW, Nieweglowski K. Stigma and the public health agenda for the opioid crisis in America. *Int J Drug Policy*. 2018;59:44-49. doi:10.1016/j.drugpo.2018.06.015
- Dingel, M. J., Ostergren, J., Heaney, K., Koenig, B. A., & McCormick, J. (2017). "I don't have to know why it snows, I just have to shovel it!": Addiction Recovery, Genetic Frameworks, and Biological Citizenship. *BioSocieties*, *12*(4), 568–587. https://doi.org/10.1057/s41292-017-0045-4
- Dschaak, Z. A., & Juntunen, C. L. (2018). Stigma, substance use, and help-seeking attitudes among rural and urban individuals. *Journal of Rural Mental Health, 42*(3-4), 184–195.
- Feiler, B. (2013, March 15). The Stories That Bind Us. *The New York Times*. https://www.nytimes.com/2013/03/17/fashion/the-family-stories-that-bind-us-this-life.html
- Hammer, J. H., Vogel, D. L., & Heimerdinger-Edwards, S. R. (2013). Men's help seeking: Examination of differences across community size, education, and income. *Psychology of Men & Masculinity, 14*(1), 65–75.
- Kane, J.C., Elafros, M.A., Murray, S.M. *et al.* A scoping review of health-related stigma outcomes for high-burden diseases in low- and middle-income countries. *BMC Med* **17,** 17 (2019). https://doi.org/10.1186/s12916-019-1250-8
- . Kelly JF, Dow SJ, Westerhoff C. Does our choice of substance-related terms influence perceptions of treatment need? An empirical investigation with two commonly used terms. J Drug Issues. 2010;40:805-818.
- Kelly, J. F., Greene, M. C., Bergman, B. G., White, W. L., & Hoeppner, B. B. (2019). How Many Recovery Attempts Does it Take to Successfully Resolve an Alcohol or Drug Problem? Estimates and Correlates From a National Study of Recovering U.S. Adults. *Alcoholism, clinical and experimental research*, *43*(7), 1533–1544. https://doi-org.ezproxy.uvm.edu/10.1111/acer.14067
- Biederman, J., Faraone, S. V., Monuteaux, M. C., & Feighner, J. A. (2000). Patterns of Alcohol and Drug Use in Adolescents Can Be Predicted by Parental Substance Use Disorders. *Pediatrics*, *106*(4), 792–797.

Center on Rural Addiction
UNIVERSITY OF VERMONT

References

- Kendler K, Ohlsson H, Sundquist J, Triparental families: a new genetic-epidemiological design applied to drug abuse, alcohol use disorders, and criminal behavior in a Swedish national sample. Am J Psychiatry. 2015 Jun 1; 172(6): 553–560
- Kvaale, E. P., Haslam, N., & Gottdiener, W. H. (2013). The 'side effects' of medicalization: A meta-analytic review of how biogenetic explanations affect stigma. *Clinical Psychology Review*, *33*(6), 782–794. https://doi.org/10.1016/j.cpr.2013.06.002
- Livingston, J. D., Milne, T., Fang, M. L., & Amari, E. (2012). The effectiveness of interventions for reducing stigma related to substance use disorders: A systematic review. *Addiction (Abingdon, England)*, *107*(1), 39–50
- Room R, Rehm J, Trotter RT II, Paglia A, Üstün TB. Cross-cultural views on stigma valuation parity and societal attitudes towards disability. In: Üstün TB, Chatterji S, Bickenbach JE, et al., eds. Disability and Culture: Universalism and Diversity. Seattle, WA: Hogrefe & Huber; 2001:247-291.
- Stewart, H., Jameson, J. P., & Curtin, L. (2015). The relationship between stigma and self-reported willingness to use mental health services among rural and urban older adults. *Psychological services*, *12*(2), 141–148.
- van Boekel, L. C., Brouwers, E. P., van Weeghel, J., & Garretsen, H. F. (2015). Comparing stigmatising attitudes towards people with substance use disorders between the general public, GPs, mental health and addiction specialists and clients. *The International journal of social psychiatry*, *61*(6), 539–549. https://doi-org.ezproxy.uvm.edu/10.1177/0020764014562051
- van Boekel, L. C., Brouwers, E. P. M., van Weeghel, J., & Garretsen, H. F. L. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. *Drug and Alcohol Dependence*, *131*(1–2), 23–35. https://doi.org/10.1016/j.drugalcdep.2013.02.018
- Volkow, N. D., Koob, G. F., & McLellan, A. T. (2016). Neurobiologic Advances from the Brain Disease Model of Addiction. *The New England Journal of Medicine*, *374*(4), 363–371. https://doi.org/10.1056/NEJMra1511480
- Warren, J. C., Smalley, K. B., & Barefoot, K. N. (2015). Perceived Ease of Access to Alcohol, Tobacco, and Other Substances in Rural and Urban US Students. *Rural and Remote Health*, *15*(4), 3397.

Center on Rural Addiction

UNIVERSITY OF VERMONT

Learn more: UVMCORA.ORG | Contact us: CORA@uvm.edu