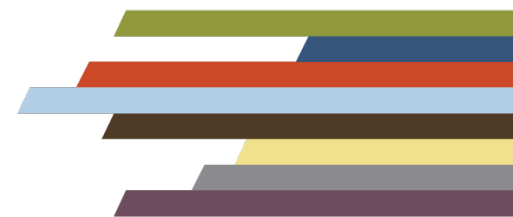
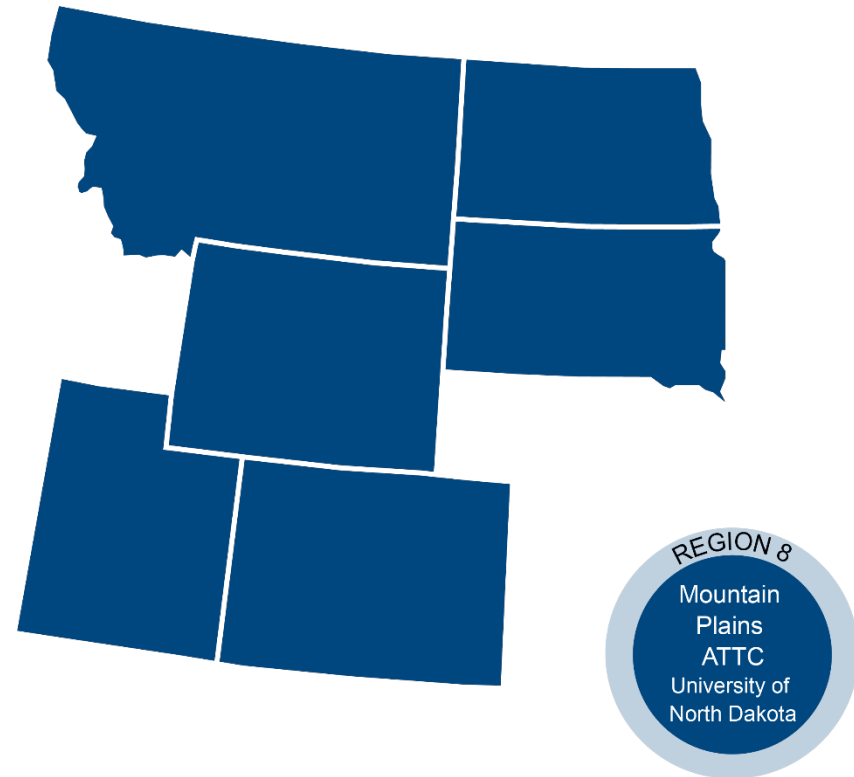


The Mountain Plains Addiction Technology Transfer Center

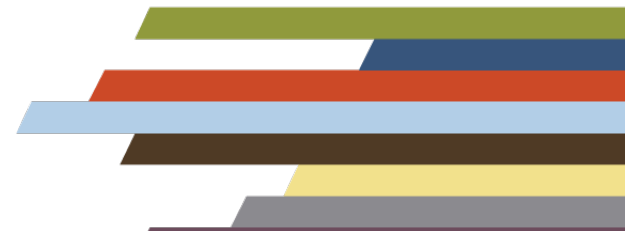
Provides training and technical assistance on evidence-based practices to providers offering substance use disorder in Region 8 (North Dakota, South Dakota, Montana, Wyoming, Colorado, and Utah). We are funded by the Substance Abuse and Mental Health Service Administration (SAMHSA)



Disclaimer

This presentation was prepared for the Mountain Plains Addiction Technology Transfer Center (ATTC) Network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Mountain Plains Addiction Technology Transfer Center. For more information on obtaining copies of this presentation, call 701-777-6588.

At the time of this presentation, Elinore F. McCance-Katz, served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of JK Costello and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.





Mountain Plains ATTC (HHS Region 8)

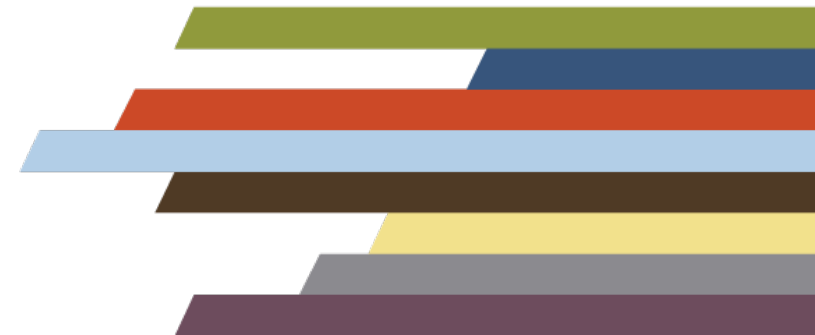
ATTC

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

STIGMATA

STIGMA OF MEDICATIONS FOR OPIOID USE DISORDER

Presented by: JK Costello



WHO AM I?



Physician/Consultant with Steadman Group, a woman-owned Colorado health care consulting firm



Work on population health for substance use disorder

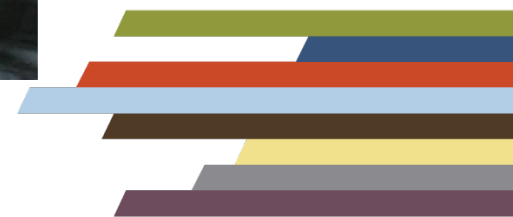


Career goal= Improving SUD treatment for underserved populations

- Rural
- Criminal justice-involved

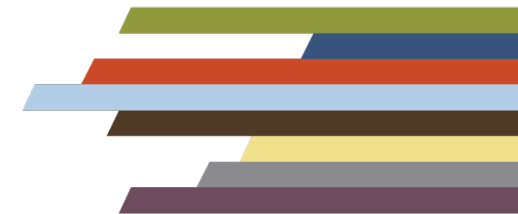


STEADMAN
GROUP, LLC



CONFLICTS OF INTEREST

- I have no actual or potential conflict of interest in this presentation.
 - Salary: Steadman Group
 - Clients: Rocky Mountain Health Plans (United Healthcare), American Association of Addiction Psychiatry, Colorado IT-MATTTRS, Vital Healthcare Capital, Summitstone Health Partners, MarillacHealth, Office of Behavioral Health, Craig Memorial Regional Hospital, SCL Health, UC Health, CatalystHealth, Jefferson County Public Health, Northwest Colorado Health, Colorado Health Care Policy and Finance, Opioid Response Network, Front Range Clinic, Mile High Behavioral Health, Colorado Rx Consortium, Health Partnership Serving Northwest Colorado, Northern Colorado Health Alliance
- Grant/Research Support: SAMHSA CO-SLAW grant, HRSA R-CORP Grant
- Drugmaker/Devices: None
- Major Shareholder: None



LEARNING OBJECTIVES



The learner will be able to...



Enumerate

Enumerate sources of stigma for people on MOUD



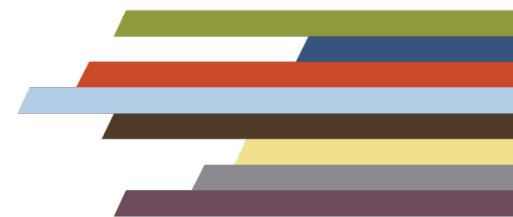
Understand

Understand ways that MOUD-related stigma impairs treatment

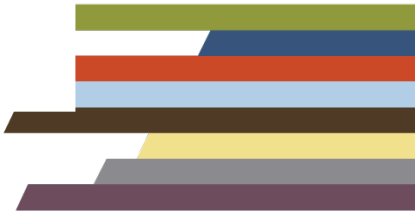
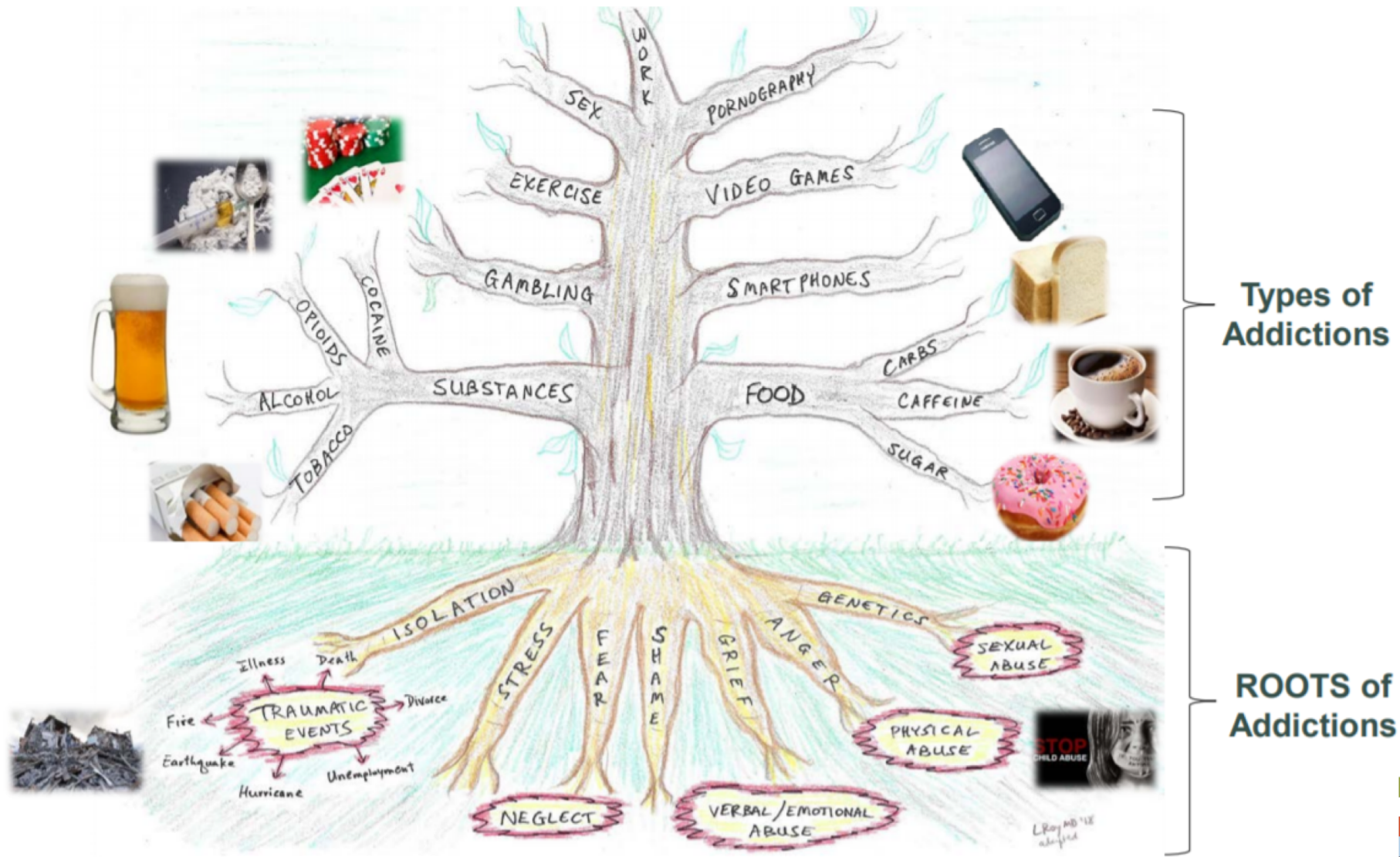


Address

Address routes for reducing MOUD-related stigma



“Addiction Tree”



SUPPOSED HIERARCHY OF STIGMA

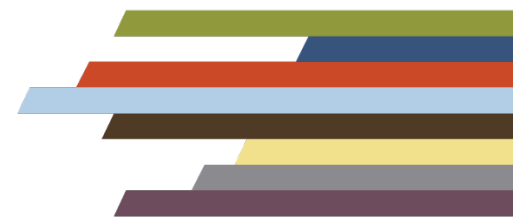
Methadone

Buprenorphine

Naltrexone

Acamprosate

Nicotine Gum



MAT MYTHS

Widespread diversion (particularly buprenorphine)

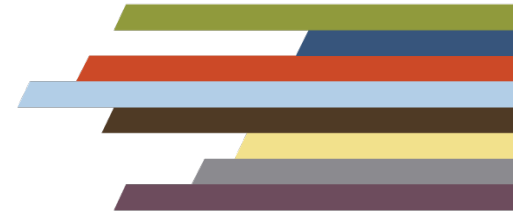
MOUDs harm your body/bones/liver/fetus

Overdose is common on MOUDs

Medications only work in combination with counseling

Medications should only be taken briefly/used for detox

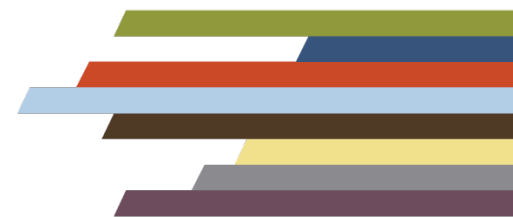
People on MOUDs are not in recovery



ROOTS OF MAT-RELATED STIGMA

- OUD=moral failure
- Primary: Substituting one drug for another
- Secondary: Lack of knowledge of effectiveness of medications for OUD

Volkow, 2014
Blendon and Benson, 2018



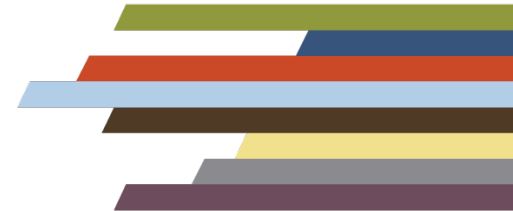
STIGMA OF TREATMENT: LANGUAGE

“Substance abuser” vs. “Person with a substance use disorder”

- **Less** likely to benefit from treatment
- **More** likely to benefit from punishment
- **More** blameworthy
- **More** able to control their own behavior

“Pharmacotherapy” vs. “Medication-assisted treatment”

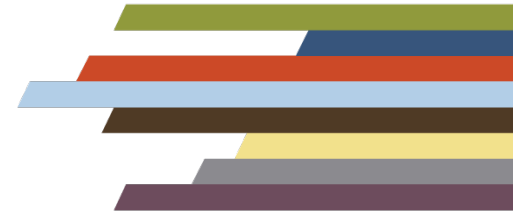
Kelly, Dow, and Westerhoff 2010



STIGMA

- Experience of being “deeply discredited” due to one’s “undesired differentness”
- Substance use disorder is the most stigmatized physical or behavioral condition in the world.
- Media rarely portray people in treatment/recovery

Yang et al, 2017



WHO IS STIGMA COMING FROM?



Family members/friends



Healthcare providers



Coworkers/employers



Counselors



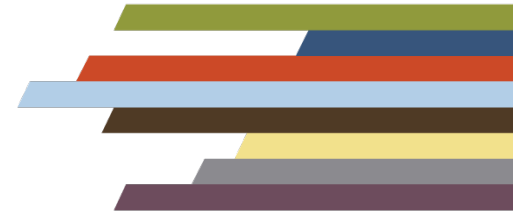
Recovery organizations particularly 12-Step Groups, Sponsors



Treatment organizations



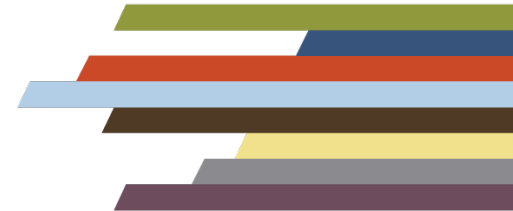
Criminal Justice organizations



HOW MUCH STIGMA IS OUT THERE?

- 80% of people on methadone reported stigma in one study
- 60% say it affects their daily life
- 50% feel ashamed to be on MMT
- 30% agree that stigma has affected their treatment
- Family/friends > health care workers (30% apiece)

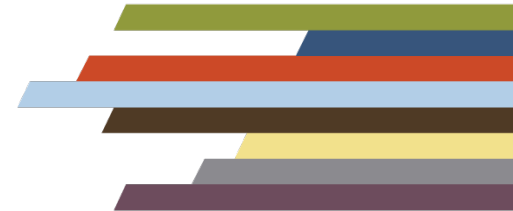
Earnshaw et al 2013
Woo and Balerao, 2017



HOW MUCH STIGMA IS OUT THERE?

- 89% thought the public held negative stereotypes of MMT
- 78% thought the public preferred abstinence-based over MMT
- **50% held the same negative stereotypes of themselves**

Earnshaw et al 2013
Woo and Balerao, 2017

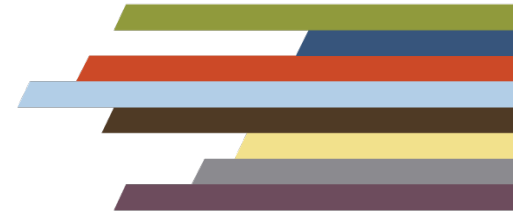


STIGMA OF TREATMENT

Why is stigma particularly harmful to treatment efforts?

- Long delays in seeking treatment
- Prevents access to treatment
- Client may forgo naloxone
- Shames people in treatment, causing them to minimize involvement, hide activities, or discontinue treatment
- Causes people to leave adjunct services like syringe access

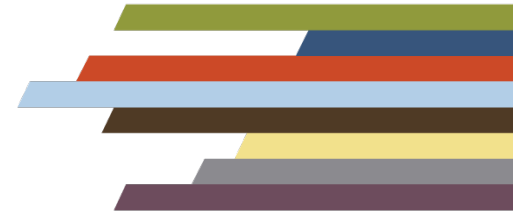
Jones and McCance-Katz, 2019
Blanco et al 2013
Woo and Balerao, 2017



STIGMA OF TREATMENT

Other ways stigma is harmful

- Judgment in other medical settings
- Low self-esteem
- *Friend/family relationships, dating*
- Employment



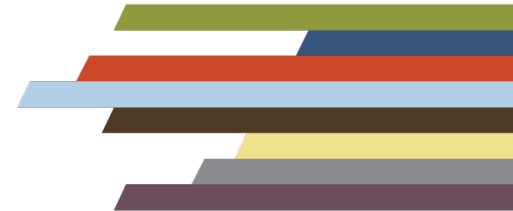
PREVENTS ACCESS TO TREATMENT

- Referrals to treatment unlikely
- PCPs also less likely to refer for appropriate physical health services NOT RELATED to SUD (preventative care, hepatitis treatment, transplant)
- Many organizations unwilling to offer treatment ESPECIALLY in facilities that offer “safety net” care; very little treatment in jails/prisons
- Payment for treatment is inadequate
- Family/friends may urge abstinence-based treatment



Wang et al, 2002
Corrigan and Kleinlein, 2005
Cummings et al 2013

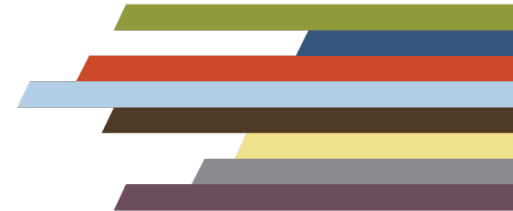
“Denied, diminished, discouraged, conditional”



SHAMES PEOPLE IN TREATMENT

- Reduced access to services (housing, jobs) while on MAT
- People may avoid talking about treatment, minimize dose, accessing services
- Leads people to cease treatment as soon as possible

Particularly acute among already marginalized groups, like children/adolescents, pregnant women

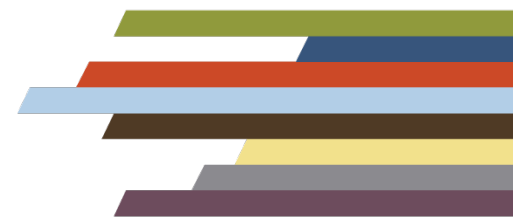


STIGMA OF TREATMENT

Recovery is vulnerable;
early recovery is
particularly vulnerable

Worry about relapse and
people knowing; plausible
deniability

People in early recovery
urged to **readily take
suggestions, creating
cognitive dissonance**



STIGMA IN 12-STEP GROUPS

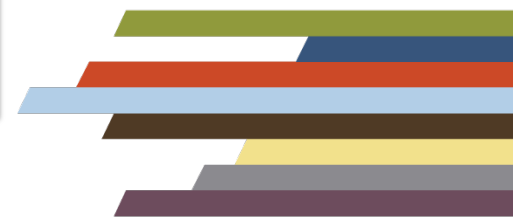
Conflicting messages!

“The only requirement for membership is a desire to stop using.”

1996 pamphlet: NA has the right to limit such members' participation in meetings

- No sharing
- No service positions
- No sponsoring

In practice, these are rarely enforced, but sharing about MAT and using MAT are still highly discouraged



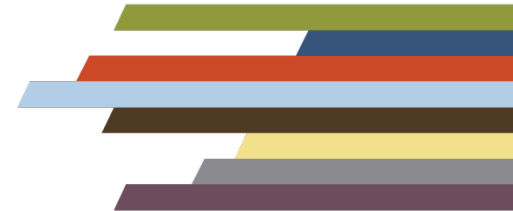
WAYS TO REDUCE TREATMENT-BASED STIGMA

Methods

- Legal
- Policy/advocacy
- Professional education

Targets

- Legislators
- Housing, especially recovery + low-income housing providers
- Employers
- Health care providers
- Criminal justice



MORE READING, CONTACT INFO

- jkcostello@steadmangroup.com
- National Academies Press, 2019
- Recovery-Oriented Methadone Maintenance

