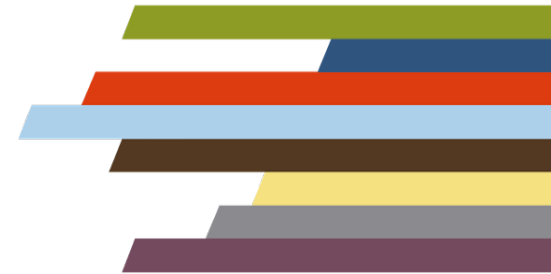


# Housekeeping Items

- All attendees are muted
- You will receive an email following the presentation regarding how to access a certificate of attendance.
- The recording and slides will be posted on the ATTC web page <https://attcnetwork.org/centers/mountain-plains-attc/home>
- We are using the zoom meeting platform and have made every attempt to ensure today's presentation is secure. If we need to end the presentation unexpectedly, we will follow-up using your registration information



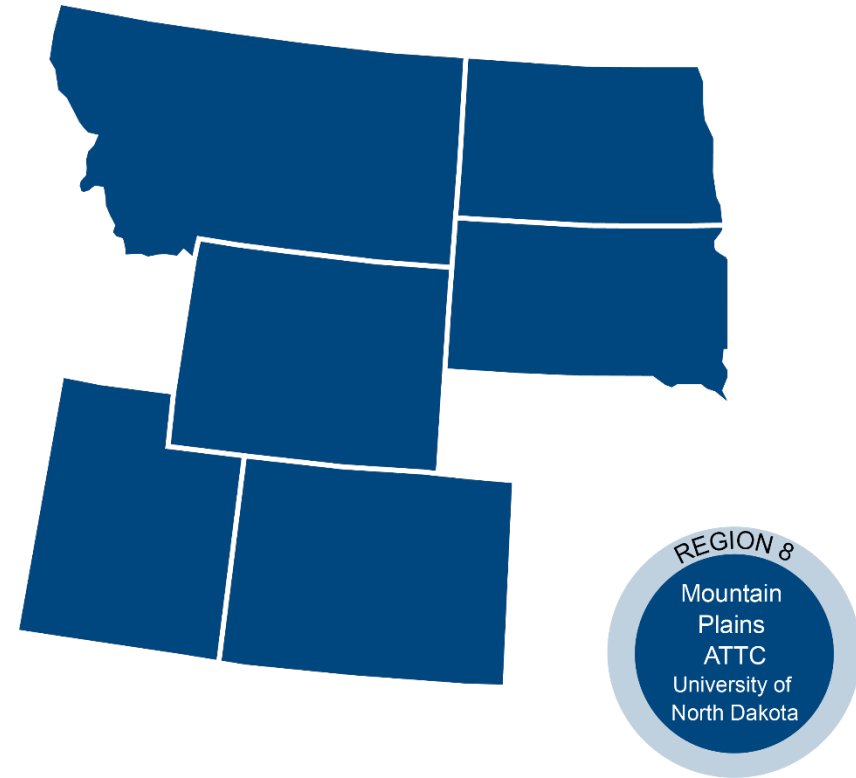
# Funding and Evaluation Information

- The ATTC Network is funded by SAMHSA (Substance Abuse and Mental Health Service Administration) to offer training and technical assistance.
- To assist us in meeting your needs we ask that you complete the survey at the end of the training. We will provide the link in the chat box and include at the end of the session.
- <https://ttc-gpra.org/P?s=828556>



# The Mountain Plains Addiction Technology Transfer Center

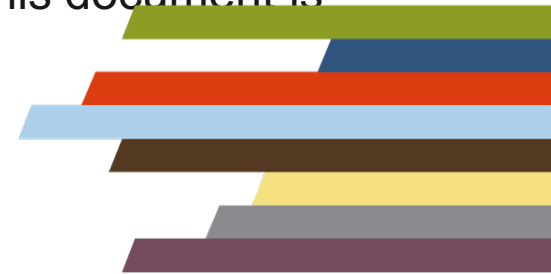
The Mountain Plains ATTC accelerates the adoption and implementation of evidence-based and promising addiction treatments and recovery-oriented practices and services; Heightens the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use or other behavioral health disorders; and fosters regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community



# Disclaimer

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At the time of this presentation, Elinore F. McCance-Katz, served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of Professor Thomasine Heitkamp and Dr. Chris Harsell 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.



The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

**Words have power.**

**PEOPLE FIRST.**

**The ATTC uses affirming Language to promote the promises of recovery by advancing evidence-based and culturally informed practices.**

<https://preventionsolutions.edc.org/sites/default/files/attachments/Words-Matter-How-Language-Choice-Can-Reduce-Stigma.pdf>



Mountain Plains ATTC (HHS Region 8)

ATTC

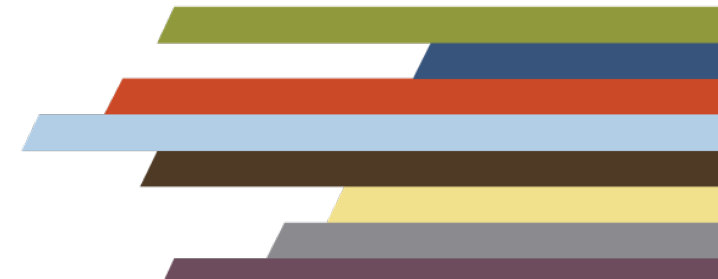
Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Addressing SUD & Structural Stigma Opportunities & Challenges

During a Pandemic

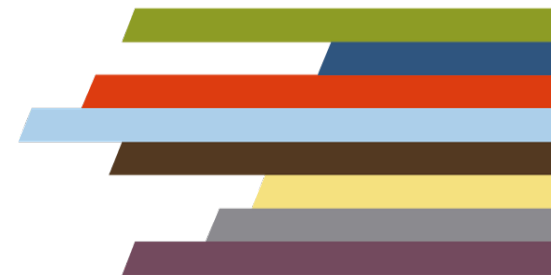
**Professor Thomasine Heitkamp, LCSW**  
PI and CO-Director of the Mountain Plains ATTC

**Dr. Chris Harsell, DNP/ANP-C**  
Coordinator of the Mountain Plains ATTC Opioid Workgroup



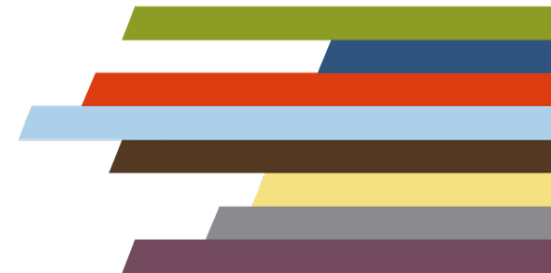
# This Webinar is Part of a Larger HealthKnowledge Series

- Stigma is a barrier to caring for people seeking services for disease prevention, treatment of acute or chronic conditions, or support to maintain a healthy quality of life.
- Stigma undermines access to diagnosis, treatment, and successful health outcomes.
- Stigma *reduction* is NOT a routine part of the way health care services are delivered or evaluated - nor is it regularly integrated into pre-service and in-service training of the cadre of healthcare workers trained in colleges and universities.



# The HealthKnowledge Series will include the following modules for CEUs

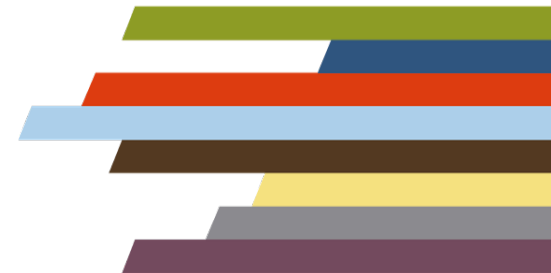
- Dr. Andrew McLean and Dr. Chris Harsell – Overview of Stigma and Substance Use Disorder including the Neurobiology of Substance Use Disorder
- Dr. JK Costello - Stigma of Medications for Opioid Use Disorder
- Dr. Maridee Shogren - The Stigma is Real: Pregnant and Parenting Women with Substance Use Disorders
- Dr. Chris Harsell and Professor Thomasine Heitkamp - Addressing SUD & Structural Stigma Opportunities & Challenges During a Pandemic
- Marvis Doster – A Historical Walk Regarding SUD Treatment and Recovery: Perceptions from the Front Line of Care



# Addressing SUD & Structural Stigma Opportunities & Challenges During a Pandemic

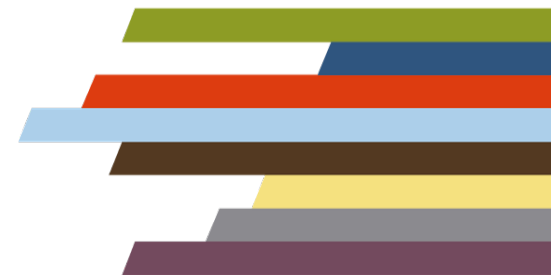
At the end of this webinar participants will:

- Demonstrate their understanding of the components of structural stigma and its impact on access to SUD treatment
- Cite at least two of the best practices to address structural stigma
- Describe structural changes that have occurred when medications for opioid use disorder (MOUD) during the pandemic are provided
- Conduct an assessment of their organization for structural stigma and initiate discussions for resolution



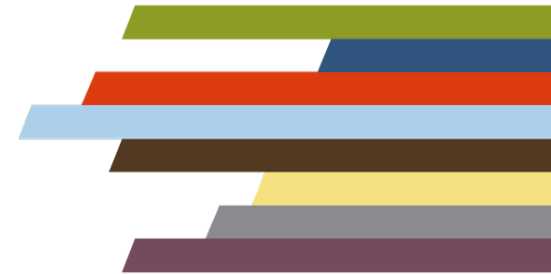
# Importance of Topic:

- Substance use disorders are often treated as a moral and criminal problem, not a health care concern. As a result people with SUD experience:
  - 9 times greater risk of congestive heart failure
  - 12 times greater risk of liver cirrhosis
  - 12 times the risk of developing pneumonia
  - Greater risks of non-completion of substance use treatment which delays the recovery and reintegration processes
  - Increased risk of involvement in risky behavior (e.g. needle sharing)



# Access to Treatment Issues

- Lack of providers and treatment sites (especially in rural areas)
- Rural concerns (transportation, minimal privacy)
- Lack of public understanding of SUD
- Punitive language surrounds SUD (Rock Bottom, Recovering Addict, Alcoholic, Drug Addicted Babies)
- Regulatory issues: different/varied coverage for SUD
- Lack of waived prescribers





## What is Access to Healthcare?

EPF considers that access to healthcare encompasses 5 key dimensions needed to ensure equitable access to high quality healthcare from the perspective of patients:



### 1. AVAILABILITY

Healthcare services and products are available in the healthcare system of a country



### 2. AFFORDABILITY

Healthcare does not cause financial hardship to patients



### 3. ACCESSIBILITY

No barriers stopping patients from accessing healthcare

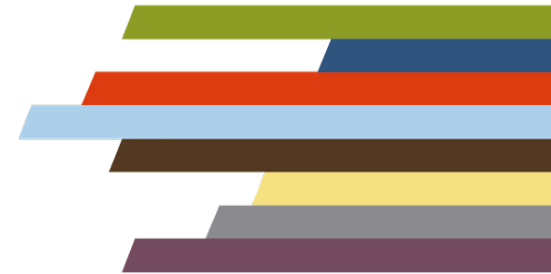


### 4. ADEQUACY

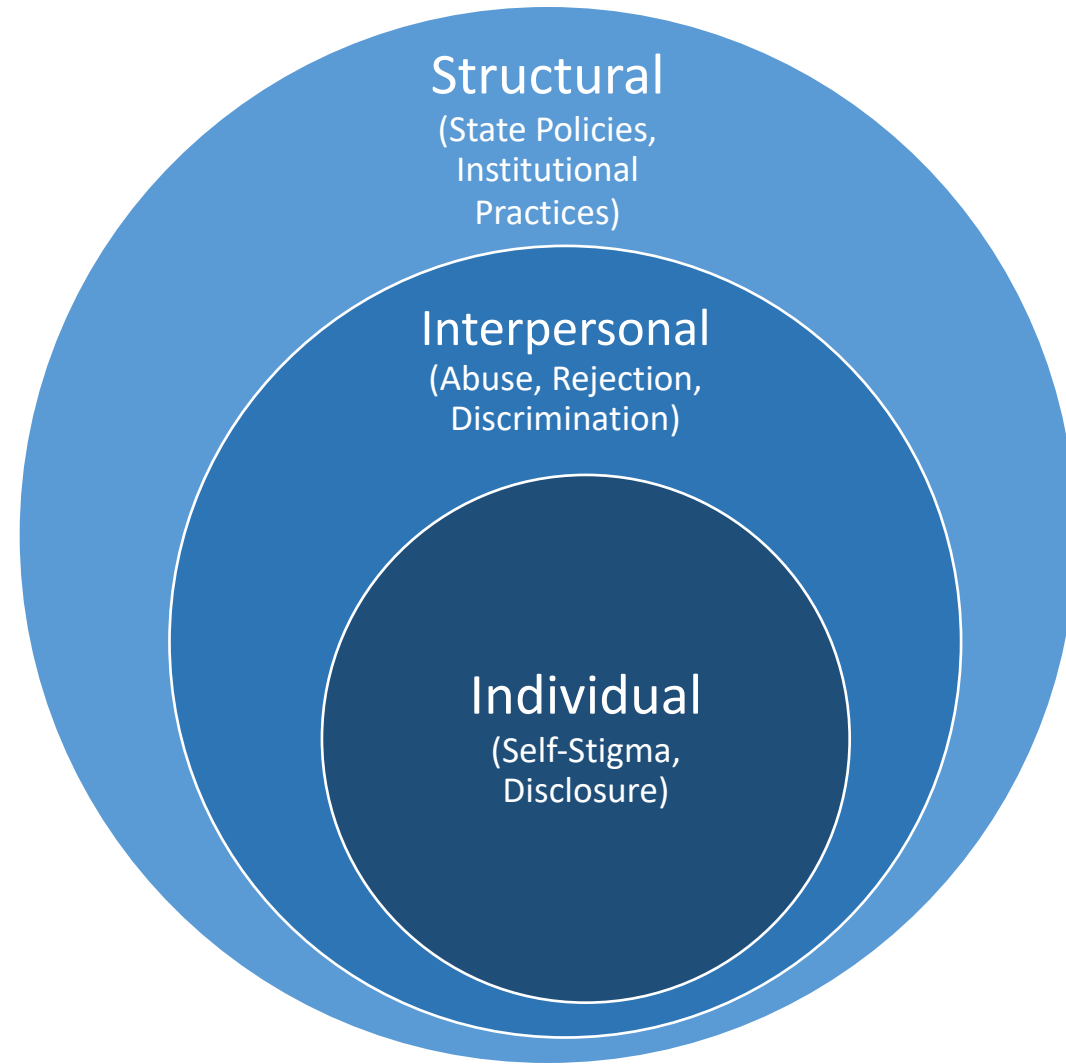
Quality healthcare and involvement of patients in shared decision making with healthcare professionals

### 5. APPROPRIATENESS

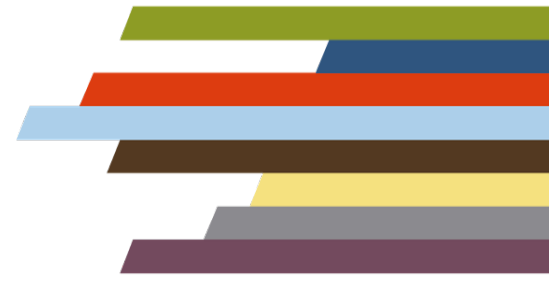
Healthcare meets the needs of different groups in the population



# Three Types of Stigma



(Mayor, Dovidio, & Link, 2018)



# Types of Stigma

- Individual Stigma – “cognitive, affective, and behavioral processes” in which we respond to sigma. Consequence:
  - Concealment – not securing treatment
  - Self stigma – internalization of negative beliefs
  - Rejection sensitivity – different levels of sensitivity to social rejection i.e. people respond and anticipate responses differently
- Interpersonal Stigma – prejudice and discrimination expressed from one person to another.
  - An interactional process that occurs between the stigmatized and non-stigmatized
  - Includes unintentional, covert actions such as microaggressions

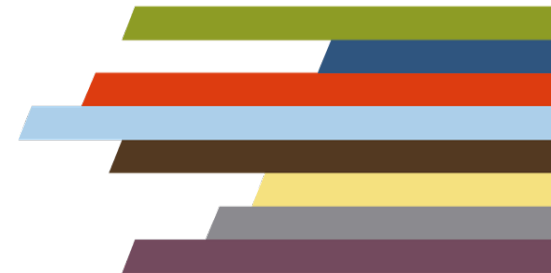
# Types of Stigma (cont.)

- Structural stigma - *physical and service delivery strategies that unintentionally lend itself to individuals with SUDs being treated differently than other healthcare patients.*
  - Results in constraining the opportunities, resources, and well-being of individuals with SUD through aversive societal condition and cultural norms.
  - Institutional policies that: label, discriminate, result in inequitable treatment, stereotyping and isolation.



# Historical Examples of Structural Stigma – Laws and Policies Reflect Cultural Values

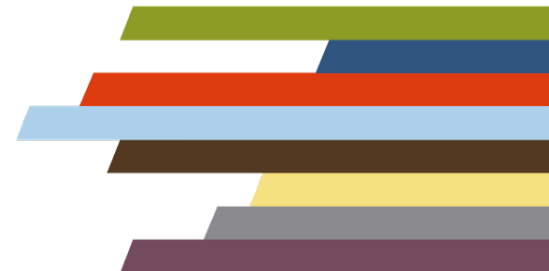
- Jim Crow Laws – maintain white privilege following reconstruction until 1960
- Red Lining - refusal to give loans or insurance because people come from a population identified as high risk
- *Tough on Crime Laws* – impose harsher sentences for drug offenses than for other offenses
- Geographic variation in acceptance of LGBTQ



# Structural Stigma in Context

- Criminalization of substance-using behaviors exacerbates stigma and produces exclusionary processes that deepen the marginalization of people who use illegal substances.
- Responses can be both intentional and/or unintentional:
  - Limitations of research on structural research – primarily based on residential segregation and environmental racism. Those in power can disguise the discriminatory nature of their acts.

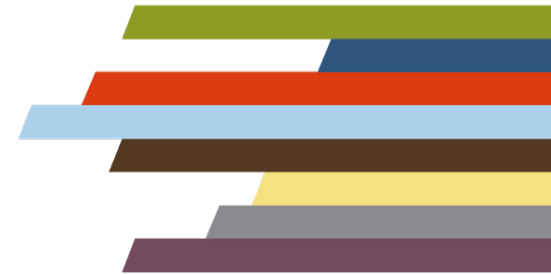
(Krieger, 2014)  
(Mayor, Dovidio, & Link, 2018)



# Structural Stigma and Negative Stereotypes:

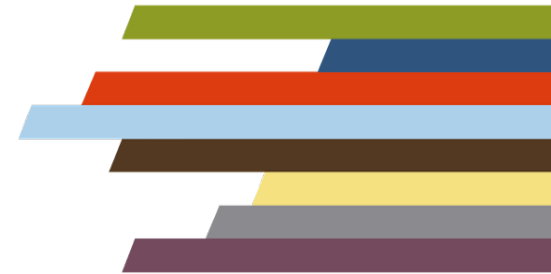
- Substance use behaviors are linked symbolically to a range of other stigmatized health conditions:
  - Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS)
  - Hepatitis C Virus
  - Mental Illness
  - Unsafe Behaviors (e.g. impaired driving)
  - Social Problems (e.g. poverty, criminality)

(Livingston, Milne, Fang, Amari, 2012)



# System Issues that Prevent People from Seeking Care for SUD

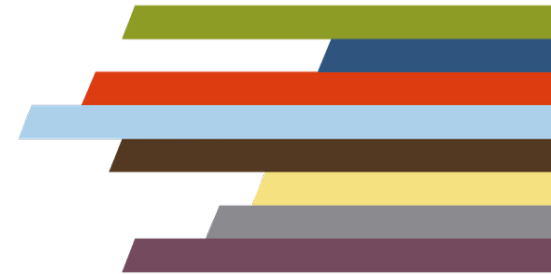
- Inability to afford care (48%)
- Can handle problem without treatment (26.5%)
- Not being aware of where services are located (25%)
- Concerns about confidentiality (10%)
- Neighbors and community might have a negative opinion (10%)
- Negative effect on job (8%)
- Fear of being committed (10%)
- Believe that treatment will not help (9%)
- No health care coverage (6% to 9%)



# Enhance System Capacity to Address Structural Stigma

- Multifaceted efforts to address issues at a macro level:
  - Social action
  - Public policy
  - Laws
  - Fiscal expenditures in health-care
- Limitations of resources:
  - Waivered prescribers OUD
  - Lack of funding
  - Limited reimbursement for medications
  - Costs of medications
  - People in rural areas were driving up to five hours a day to travel to a methadone clinic and there is no waiver prescriber of buprenorphine
  - Lack of implementation of screening tools to assess - like SBIRT (Screening Brief Intervention and Referral to Treatment)

(Shogren, Landwehr, Terry, Roach-Moore, & McLean, 2020)

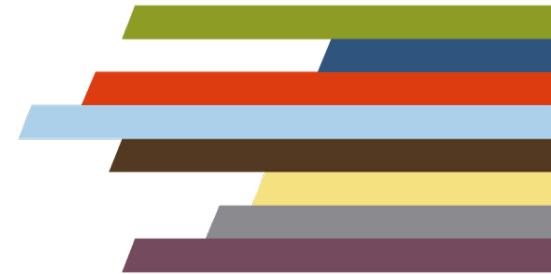


# COVID-19 Crisis

People with SUD are more vulnerable during pandemic:

- structural discrimination and stigma
- side effects of opioid use
- risk of exposure due to incarceration, housing instability or rehab
- appointment requirements for drug screening, counseling or medications (methadone and buprenorphine).

(Priest, 2020)



# COVID Response

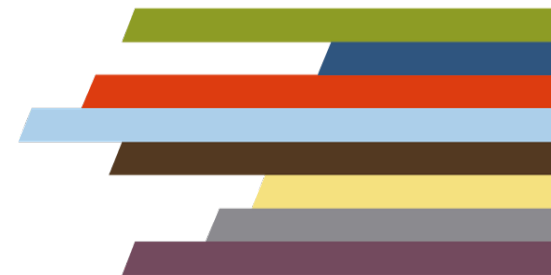
- + Focus on Harm Reduction
- + Expanded Telehealth
- + Decreased Visit Frequency
- + Increased Number of Methadone Take Homes
- Limited Hours of Service
- Decrease Access to Recovery Supports
- Highlight of Disparities (phone, technology, ability to socially distance)

(SAMHSA, 2020)



# Opportunities

- Maintain expanded Telehealth
- Increased number of Methadone take home
- X the X-Waiver
- Rethink abstinence only
- Harm reduction models of care
- Expand access with alternative ways to deliver care
- Continue to address social determinants



# Suggestions for Techniques to Address:

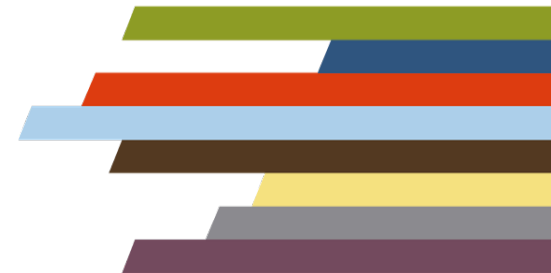
- Co-location of SUD counseling and other services with primary care
  - reduces the stigma of accessing a facility identified as treating SUDs,
  - serves patients/clients in settings locations where they are more comfortable
  - permits improved coordination between physical and behavioral health care.
- Integrated care in the clinic - Integrating mental health, substance abuse, and primary care services. And in the community - family/employers/clergy faith-based advisor/elected officials
- Create teams that work together and, don't result in professional isolation (pharmacy/APRNs/Nurses/MDs/psychologists/social workers/primary care physicians)

(Heath, Wise Romero, Reynolds, 2013)



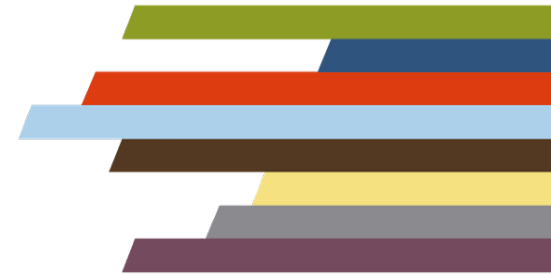
# Expand Access to Peer Supports

- Use of peer support can counterbalance discrimination, rejection and isolation
  - Help sustain persistence and long-term recovery
  - Working with someone with lived experience matters
  - Representing the population you are serving



# Critical Role of Education: Literacy and SUD

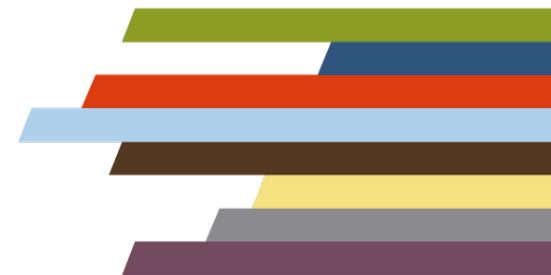
- Increase health literacy about substance use disorder to assist on both a macro and micro level
- Checking your own bias



# Education to Address Structural Stigma

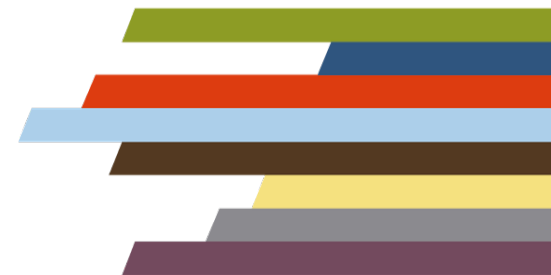
- Education and contact based is most effective with face-to-face more effective than video

<https://www.riprc.org/wp-content/uploads/2018/02/Ending-Discrimination-Against-People-with-Mental-and-Substance-Use-Disorders-The-Evidence-for-Stigma-Change-.pdf>



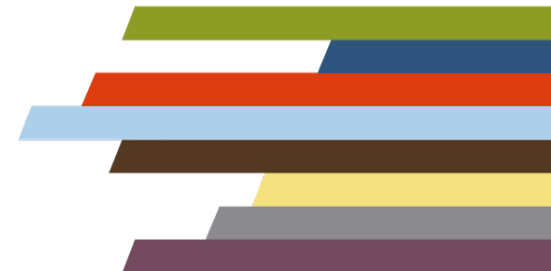
# Structural Stigma Requires a System-Wide response

- Inter-professional Response (don't assume people are prepared in their academic programs)
- Education to include all involved in care:
  - receptionists,
  - janitorial staff,
  - case management and outreach staff,
  - peer supports,
  - Outpatient treatment providers,
  - inpatient, partial hospitalization,
  - Emergency Room Staff
  - Residential treatment
  - All in your organization



# Ensure Pre-Service Programs Advance Education about SUD and Stigma

- Skills Required
  - Offering compassionate support.
  - Displaying kindness to people in vulnerable situations.
  - Listening while withholding judgment.
  - Seeing a person for who they are, not what drugs they use.
  - Communicate respect Treating people with drug dependency with dignity and respect.
- Knowledge Required
  - Doing your research; learning about drug dependency and how it works.
  - Avoiding hurtful labels [Language Matters SlideDeck4U](#)
  - Replacing negative attitudes with evidence-based facts.
- Courage is Necessary
  - Speaking up when you see someone mistreated because of their drug use



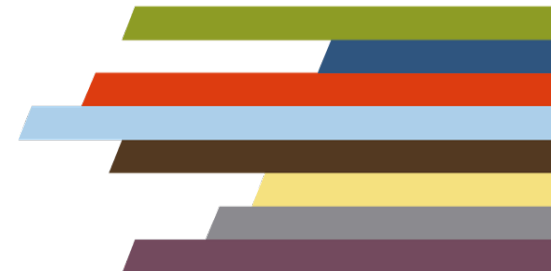
# Stigma Reduction Educational Approaches

- Education about SUD and how stigma impacts treatment testimonial/lectures/webinars
- Participatory learning where people can test intervention – role plays using scenarios
- Skills-building activities that create opportunities to work effectively with people with SUD
- Contact with stigmatized population and their family to develop empathy and humanize to break down stereotypes.
- Empower patients/clients to speak up and create their own change which involves education
- Structural or policy change approaches included changing policies, providing clinical materials, redress systems, and facility restructuring
  - [Stigma in health facilities: why it matters and how we can change it](#)
  - <https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-019-1256-2/tables/4>



# Physical Structure

- Don't forget about dignity
  - Collecting samples in a public restrooms – separate bathroom and collection facility (pass through)
  - Greetings in the waiting room
  - Address NIMBYs
  - Empathy for those suffering from withdrawal and cravings



# Recommendations:

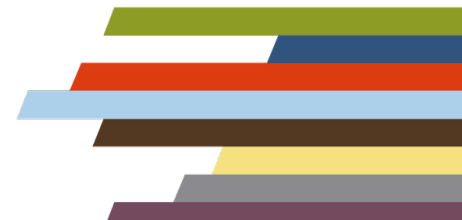
- Prioritize education
- Prioritize examining policies that are discriminatory
- Training and education in pre-service
- Change physical space
- Develop measures to standardize instruments to measure stigma
- Develop materials that are flexible for the culture and environment
- Leverage technology for learning

(Nyblade, Stockton, Giger, *et al.* 2019)



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- <https://www.samhsa.gov/sites/default/files/fags-for-oud-prescribing-and-dispensing.pdf>
- [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/02\\_webcast\\_1\\_resources-508.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/02_webcast_1_resources-508.pdf)



# Thank you for joining us today!

- Questions?
- Don't forget to take our survey
- <https://ttc-gpra.org/P?s=828556>

