

The background features a dark blue gradient with faint, light blue circular patterns and a scale. The scale is a large arc on the left side, with numbers ranging from 140 to 260 in increments of 10. There are also several smaller circular elements, some with arrows, scattered across the background.

ADDRESSING STIGMA WHEN CARING FOR PATIENTS WITH SUBSTANCE USE DISORDERS

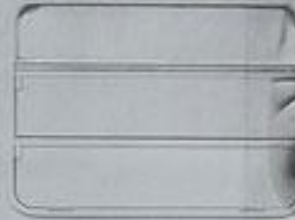
WORDS MATTER

The smallest sufferers

Drug-addicted babies require long-term care



HE HAS HER DADDY'S EYES,



AND HER MOMMY'S HEROIN ADDICTION.

HELP PREVENT BABIES FROM BEING BORN ADDICTED TO DRUGS

Visit www.projectprevention.org and make your tax deductible contribution. Together, we can prevent a human tragedy.



Some Addicts Never Had a Chance to "Just Say No."

If you think drug addicts only hurt themselves, think again. Everyone is at risk of becoming a tragic victim of drug-related crime, violence and bodily harm. Even a newborn baby.

This year, an estimated 362,000 drug-damaged babies will be born in the United States. They enter this world craving illegal street drugs they know nothing about. It's an emotionally devastating addiction they inherit from their mothers.

And it is the cruelest form of abuse and neglect imaginable.

Underdeveloped, undernourished, crying, sweating and weighing only 2 to 3 pounds at birth, drugged babies suffer days of withdrawal treatment from prenatal exposure to drugs.

Some will die from blood poisoning, seizures or heart attacks. Many will be abandoned by their drug-addicted mothers. Most will have difficulty relating to their world, and will encounter severe psychological problems later on.

It is time to halt the horror. It is time to put an end to drug abuse.

NEWS

“WHY DON'T THEY JUST GET HELP?”

- Estimated 23 million in US have SUD
- Only 10% receive treatment
- SUD is the MOST stigmatized medical condition
 - 18 countries
 - Illicit drug use (#1), Alcohol use (#4)

SYSTEMS FAILURES, NOT PATIENT FAILURES

- Patient admitted to the hospital with a heart attack...
 - Told it's her fault because of her diet, high stress job, and history of tobacco use
 - Advised to call a list of cardiologists/cath labs
 - Told she can't get aspirin or cholesterol medications until she sees a nutritionist first
 - Sent home with a stern reminder to not have another heart attack

SYSTEMS FAILURES, NOT PATIENT FAILURES

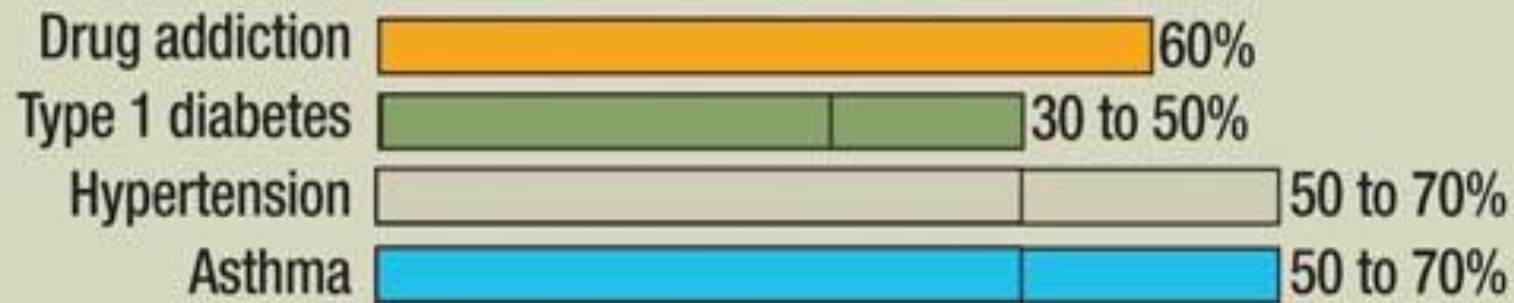
- Patient admitted to the hospital with endocarditis...
 - Told it's her fault because of her substance use disorder
 - Advised to call a list of treatment providers
 - Told she can't get addiction treatment until she sees a counselor first
 - Sent home with a stern reminder to not use drugs

SUBSTANCE USE DISORDER AS A DISEASE

Condition	Poor life choice	Consequence	Health Care Actions
CHF	I'll just have one slice of pizza	Admitted with exacerbation	Consults to cardio and dietitian, IV diuretics, heart failure clinic
Diabetes	Weekend birthday binge (pasta, cake and ice cream, wine, etc.)	Comes in with DKA	Medications, increase insulin, counsel patient on diet and insulin
Opioid use disorder	I'll just have one hit with my friend who's in town for the weekend	Gets bacteremia	What do we offer these patients?

Relapse Rates: Similar for Drug Addiction And Other Chronic Illnesses

Percentage of patients whose symptoms reoccur



Source: "Drug dependence, a chronic medical illness: implications for treatment, insurance and outcomes evaluation," *Journal of the American Medical Association*, 2000.

WHY DOES STIGMA MATTER TO INDIVIDUALS WITH SUD?

- **Stigma is a barrier to treatment and recovery**
 - Acknowledging having a problem
 - Avoid or delay seeking care
 - Avoid seeking help earlier
 - Predicts sustainment in treatment
- Exclusion
 - Seen as “less than deserving”
 - “Bad people doing bad things”
 - Fear of losing job, family, friends

Harvard Medical School Global Academy, (2017). Substance use disorder, stigma, bias: Why we should care and what we should do. Understanding Addiction. <http://direct.externaled.hms.harvard.edu/hga/oudep/overview>

WHY DOES STIGMA MATTER TO THE HEALTHCARE TEAM?

- Historically, HCPs are not provided adequate training and education about SUD
- Have less empathy
- Impact the delivery of optimal care
- Exhibit more avoidance- spend less time with patient
- Generally, less training and education in SUD is associated with having MORE stigma

Harvard Medical School Global Academy, (2017). Substance use disorder, stigma, bias: Why we should care and what we should do. Understanding Addiction.
<http://direct.externaled.hms.harvard.edu/hga/oudep/overview>

SUBSTANCE ABUSER VS SUBSTANCE USE DISORDER

Mr. Williams is a **substance abuser** and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has been a **substance abuser** for the past few years. He now awaits his appointment with the judge to determine his status.

Mr. Williams has a **substance use disorder** and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has had a **substance use disorder** for the past few years. He now awaits his appointment with the judge to determine his status.

WHY WORDS MATTER- ISN'T THIS JUST SEMANTICS?

In a study of 600 doctoral level clinicians, given these 2 descriptions of the SAME patient ...

- A “Substance Abuser”
 - Needed punishment
 - Can self regulates but chooses not to
 - Can control his drug use
 - Blamed for drug use
 - Social threat
- A person having a “Substance Use Disorder”
 - Needed treatment
 - Drug use is out of his control
 - Drug use is not his fault
 - A problem he needs help with

Kelly, J., Westerhoff, C. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy*.

DO WORDS MATTER?

STIGMATIZING LANGUAGE AND THE TRANSMISSION OF BIAS IN THE MEDICAL RECORD

Vignette #1

- 10/10 pain in his arms and legs
- About 8-10 pain crises per year
- Spent yesterday afternoon with friends
- He believes that recent stress precipitated current crisis
- Not alleviated by his home pain medication regimen

Vignette #2

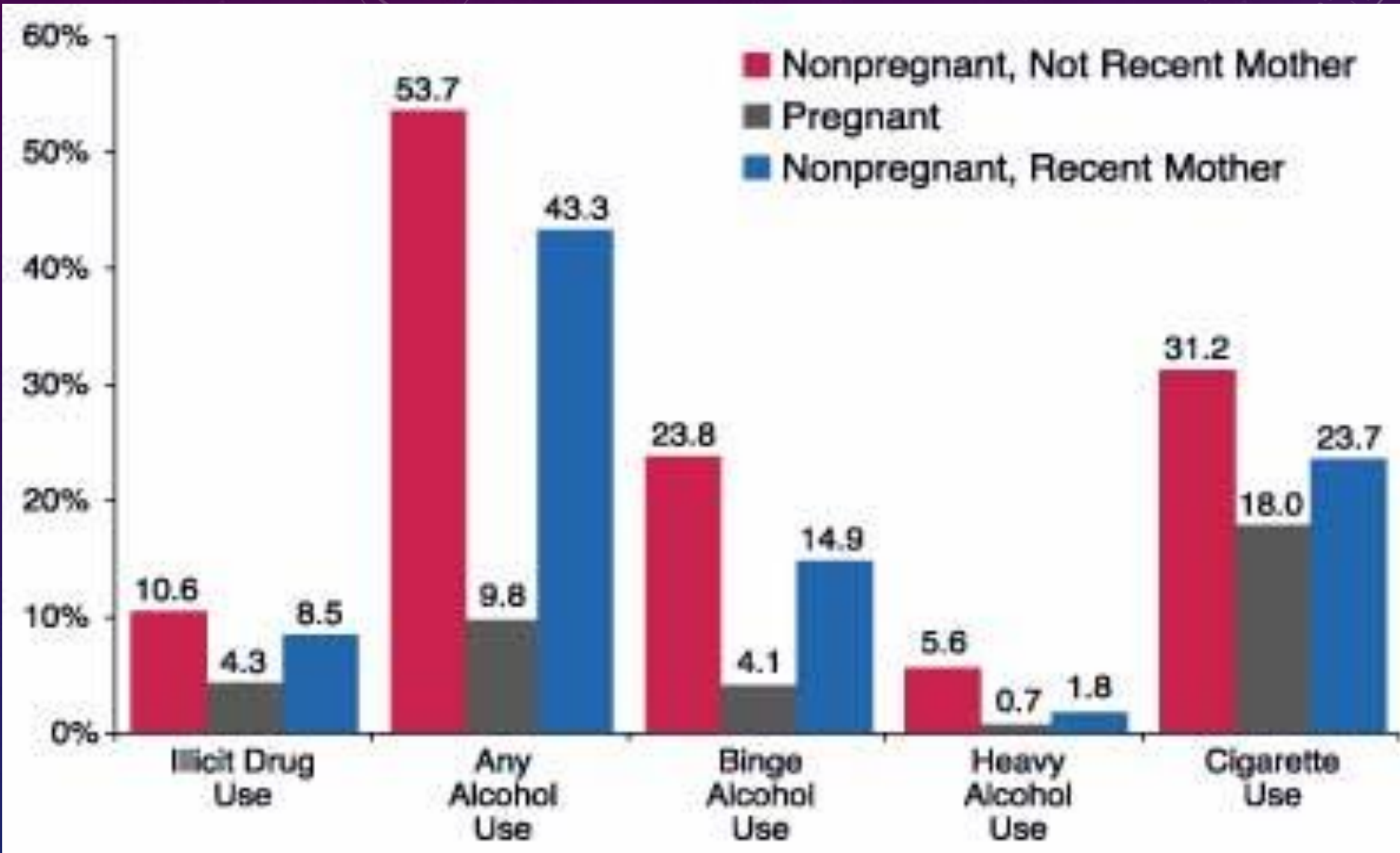
- 10/10 pain “all up in my arms and legs”
- Narcotic dependent and in our ED frequently
- Yesterday he was hanging out with friends outside McDonald’s
- He believes that some “stressful situations” has precipitated his current crisis
- Has not be helped by any of the narcotic medications he says he has already taken

DO WORDS MATTER?

STIGMATIZING LANGUAGE AND THE TRANSMISSION OF BIAS IN THE MEDICAL RECORD

- Primary outcomes
 - Pain management
 - Attitudes toward the patient
- Positive Attitudes towards Sickle Cell Patients Scale (PASS)
 - 25.1 vs 20.1 (5-35 scale)
- Pain management
 - Less aggressive pain management with stigmatizing language

P. Goddu, A., O'Connor, K.J., Lanzkron, S. et al. J GEN INTERN MED (2018) 33: 685. <https://doi-org.proxy1.lib.tju.edu/10.1007/s11606-017-4289-2>



~SAMHSA NATIONAL SURVEY ON DRUG USE AND HEALTH, OFFICE OF APPLIED STUDIES, 2002 AND 2003

PREGNANT WOMEN: A PRIORITY POPULATION

- Overall <20% of women who need treatment received it
- Among women with recent drug use, pregnant women are more likely to need treatment
 - But no more likely to receive it
- Lack of evidence that pregnant women receive preferential access to treatment

Terplan, M., McNamara, E., Chisolm, M. (2012). Pregnant and non-pregnant women with substance use disorder: the gap between treatment need and receipt. *Journal of Addictive Diseases*.

INFANT & MATERNAL CHARACTERISTICS IN NEONATAL ABSTINENCE SYNDROME-SELECTED HOSPITALS IN FLORIDA

MORBIDITY AND MORTALITY WEEKLY REPORT 3/6/15

Reasons for opioid use[§]		
Illicit	133	(55.0)
Drug abuse treatment	100	(41.3)
Chronic pain	52	(21.5)
Unknown	25	(10.3)
Urine toxicology screen performed		
Yes	210	(86.8)
No/Unknown	32	(13.2)
Positive urine toxicology screen		
Yes	190	(90.5)
No/Unknown	20	(9.5)
Services received during birth hospitalization[§]		
Referral for drug addiction rehabilitation	15	(6.2)
Drug addiction counseling/Counseling on substance use and abuse	10	(4.1)

Abbreviations: NICU = neonatal intensive care unit; SD = standard deviation; CNS = central nervous system.

- Only 40% of the mothers were in addiction treatment at time of delivery

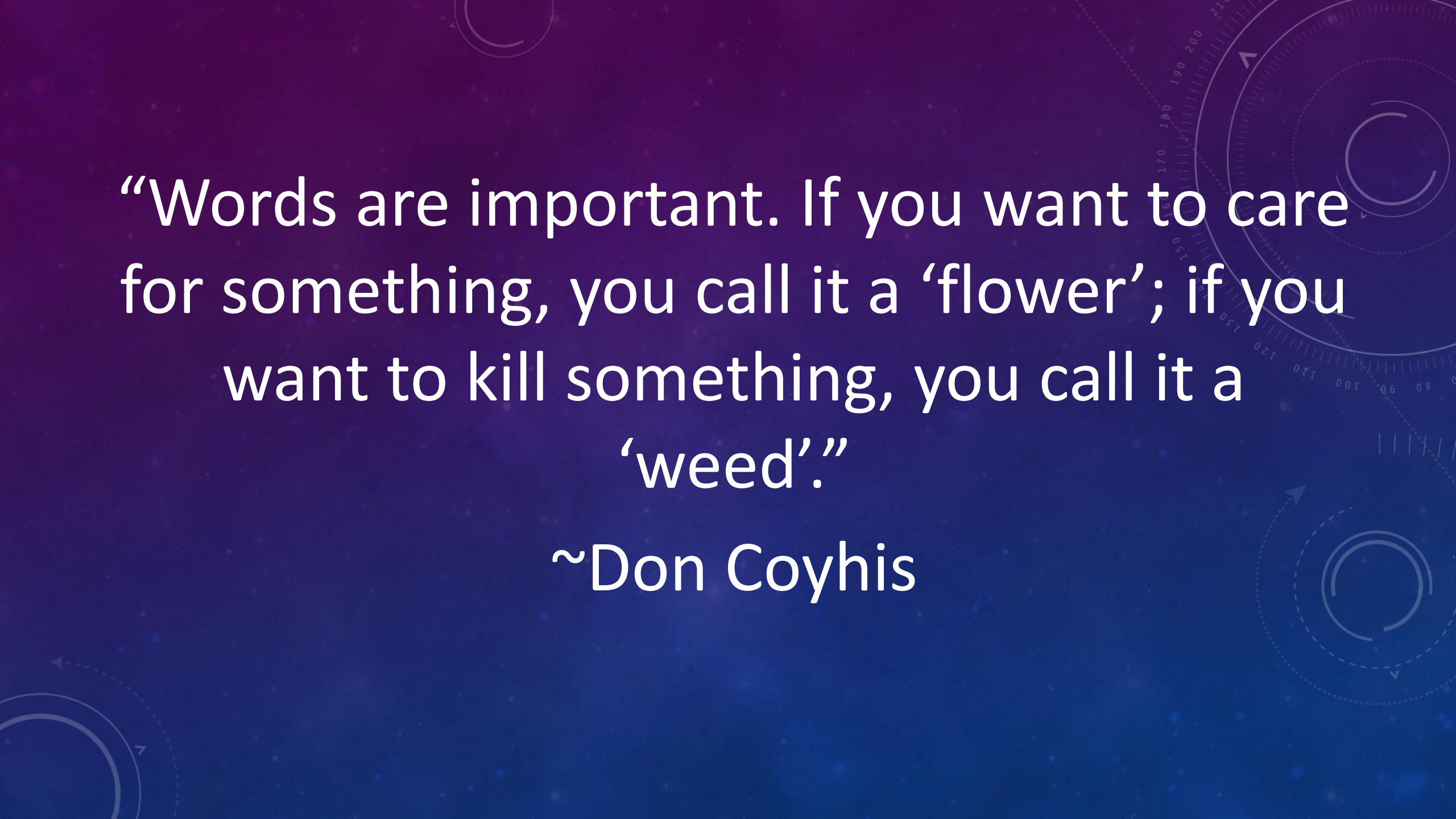
- Only 6% of mothers received referral for addiction treatment during their birth hospitalization

CASE #1 SCREENING FOR SUD IN PREGNANCY

- My name is Mary I will be your nurse while you are here on L&D today. Given you have not had any prenatal care I will be asking questions about drug abuse. (completes NIDA quick screen) Additionally, I noticed that a drug test that was done in the emergency department was dirty for opiates. Why have you been using drugs while you were pregnant?
- My name is Mary I will be your nurse while you are here on L&D today. I'd like to ask you a few questions that we ask all our patients to help us give you better medical care. These questions are related to your experience with alcohol, cigarettes and other drugs. (completes NIDA quick screen). Additionally, I noticed that when you were in the emergency department they performed a drug test that was positive for opiates. Tell me more about your opioid use. What can our team do to help you?

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The background features a dark blue gradient with a subtle pattern of white stars and technical diagrams. On the right side, there are several circular diagrams with concentric lines and arrows, resembling a compass or a technical drawing. On the left side, there are similar circular diagrams, some with dashed lines and arrows. The overall aesthetic is clean and modern, with a focus on geometric shapes and technical motifs.

“Words are important. If you want to care for something, you call it a ‘flower’; if you want to kill something, you call it a ‘weed’.”

~Don Coyhis

CASE #2: ENGAGING MOM IN CARE OF NEWBORN

My name is Stacey, I'm one of the nurses who will be helping care for you and your baby today. I understand you have been on substitution therapy for your opioid abuse during this pregnancy. What are your plans to get into recovery and be truly sober?

Given your buprenorphine use, your baby is born addicted and we will need to monitor her for withdrawal. She is beginning to show signs of withdrawal now. I'm concerned about breastfeeding given your drug use and would not encourage you to breastfeed-we don't want baby to get more drugs than she has already been exposed to.

It's important that I get a drug test on the baby so please don't change any diapers without me in the room. I will also be monitoring for withdrawal-don't feed the baby without telling me first. Do you have any questions?

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My name is Stacey, I'm one of the nurses who will be helping care for you and your baby today. I understand you have been on substitution therapy for your opioid abuse during this pregnancy. What are your plans to get into recovery and be truly sober?

- Medication-assisted treatment, prefer treatment or medication
- Addiction, substance use disorder (opioid use disorder), struggles with opiates
- Individuals on medication for addiction can be in recovery

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- Babies are born physically dependent
- Breastfeeding
 - Know you hospital policy, be consistent
 - Methadone and buprenorphine are compatible with breastfeeding and should be encouraged

CASE #2: ENGAGING MOM IN CARE OF NEWBORN

It's important that I get a drug test on the baby so please don't change any diapers without me in the room. I will also be monitoring for withdrawal-don't feed the baby without telling me first. Do you have any questions?

- Focus on team-based care (the parents are on the team)
- Shared-decision making
- Open-ended questions
 - What questions do you have?

WHAT CAN WE DO NEXT?

- Change ourselves
 - Use patient-centered language
 - Learn more about substance use disorder
 - Recommend Harvard Medical Center's Understanding Addiction Series
 - <https://cmeonline.hms.harvard.edu/courses/course-v1:HarvardMedGlobalAcademy+OUDEP1+1T2017/course/>
- Change our systems
 - Improve interventions to address substance use disorders within the health care system
 - Strengthen relationships with community treatment providers

