



Greater Southern California Node Quarterly Digest Ask an Expert Panel



David Hortsman, CADC-CAS, MATS, is the Medication for Opioid Use Disorder Contingency Management Coordinator at the Integrated Behavioral Health, part of Shasta Community Health Center.

Question **What ways has stigma shown up in your work?**

Answer I would have to say that the most common form of stigma I see on a regular basis is internalized stigma among our patients based on the way they have been treated in the past. The vast majority of people I work with regularly express high levels of guilt and shame, have extremely low self-esteem, and hold the belief that they are not deserving of treatment.

Question **What are the consequences of stigma in your work?**

Answer The consequences of internalized stigma have unfortunately become life and death with the widespread availability of fentanyl. Stigma leads to delays in patients seeking treatment and thus a lowered chance of remission and recovery from their SUD.

Question **What are some actionable steps that can be taken in your profession to address stigma regarding substance use disorders?**

Answer I believe that the single most important step that can be taken by addiction professionals and their facilities is updating program policies and procedures to reflect current, evidence-based treatment standards that acknowledge the fact that not all patients will become completely abstinent from all substances upon entering treatment, if ever. Denying someone life-saving medications or treatments based wholly, or in part, due to their inability to become completely abstinent does far more harm than good in the long run and often results in the patient leaving treatment because they deem themselves a failure.



Allison Ober, Ph.D., is a Senior Behavioral Science and Policy Researcher at the RAND Corporation. Dr. Ober has worked in substance use disorder (SUD) and HIV research for over 20 years. In her most recent work, she's examined strategies for improving uptake of evidence-based treatment for people with alcohol and opioid use disorders (OUD) in community health and mental health settings.

Question What ways has stigma shown up in your work?

Answer Much of my work focuses on integrating treatment for substance use disorders (SUDs) into community health and mental health settings, so I am very interested in understanding individuals' experience of stigma in these settings and how their experiences affect whether they are willing to start and stay in treatment. In some of my qualitative work I've heard providers inadvertently make statements about people with opioid use disorder (OUD) that could be perceived as stigmatizing; some have stated they don't want to treat people with SUDs, either because they are not comfortable with discussing or treating SUDs or they perceive that people with SUDs are difficult to work with. In one study conducted in a primary care setting several years ago, providers initially said they didn't want to treat patients with OUD at the clinic but then realized throughout the study that several of their regular patients had an OUD or other SUD. "Those patients" were their patients. I've also heard from patients that they feel stigmatized by providers because of their SUD. In a recent survey I conducted with hospitalized patients with an alcohol or OUD, almost half (49%) of the patients surveyed felt they had not been treated well by a health care institution because of their SUD, and 41% said they had heard healthcare providers gossiping about them because of their SUD.

Question What are the consequences of stigma in your work?

Answer The consequences are that people may not seek treatment for their SUD or that they may avoid going to a doctor or hospital altogether, even for routine medical care. One patient shared this during an interview: "I didn't wanna do Suboxone only because I assumed that, once you're on Suboxone, and every doctor that you go to, you know, if you see that you're on Suboxone, then they're gonna assume you had a drug problem and nix you. So that was my biggest hurdle was I didn't want to have Suboxone on my medical record." In the survey I mentioned, more than a third of the participants said they were afraid to see a doctor generally because of their SUD, and almost a third said they avoided seeing a doctor altogether because they were afraid the doctor might learn about their substance use.

Question What are some actionable steps that can be taken in your profession to address stigma regarding substance use disorders?

Answer When we ask healthcare providers how to reduce stigma toward people with OUD or other SUDs, the answer is usually "training." Training is a good start but training alone typically is not enough to change attitudes and behaviors. We

need effective interventions for providers that will not only help them understand SUDs and stigma on an intellectual level, but also help them change practices. More immediately, healthcare settings can start by making people with SUDs feel welcome. This can include putting posters and pamphlets in the waiting room that normalize SUDs and inviting people with SUDs to ask their providers about treatment. Treating SUDs like a chronic disease like any other is a step in the right direction.



Mindy Vincent, LCSW., MPH., is a Licensed Clinical Social Worker specializing in mental health and addiction treatment and is the founder and Executive Director of the Utah Harm Reduction Coalition. Mindy started the first legal syringe exchange in the state of Utah, and has done extensive work in harm reduction, drug policy, opioid overdose prevention, awareness and treatment and continues to work to educate the community, stakeholders and policymakers about therapeutic substance use and harm reduction. Mindy is also the host of the podcast, Therapeutic Madness. Mindy owns a private practice, Life Changes Counseling, in Heber City, Utah.

Question What are the consequences of stigma in your work?

Answer Stigma is important to address because not only does it impact the way society, our families and our systems view and treat people who use drugs, but it also creates a stigma that people who struggle with substances internalize. This in turn impacts peoples feelings of self-worth and can often hinder someone's beliefs about what they do or do not deserve in many different ways.



Sana Shahram, MPH, PhD, is an Assistant Professor in University of British Columbia-Okanagan's School of Nursing and a Collaborating Scientist with the Canadian Institute for Substance Use Research at University of Victoria. Her research advances health equity through action on the systemic roots of inequities, primarily in the context of promoting mental health, reducing harms of substance use, and promoting maternal & child health.

Question **What are some actionable steps that can be taken in your profession to address stigma regarding substance use disorders?**

Answer The most pressing issue in addressing the stigma of substance use is to decriminalize and legalize access to drugs, immediately. It is [...] wasteful to continue to pour resources into anti-stigma campaigns and initiatives while continuously enacting harm through carceral approaches to substance use. The criminalization of substance use is inherently linked to experiences of stigma, and differentially impacts and further exacerbates health inequities for people at the intersections of systems of oppression. Anti-stigma campaigns for substance use further distract from the multiple intersecting sources of discrimination that drive stigma experiences in systems, regardless of substance use. The health system has an important role in advocating for and advancing the decriminalization and de-medicalization of substance use to urgently save lives, and advance equitable health outcomes.