Mother & Baby Substance Exposure Toolkit

Best Practice No. 37

A part of the California Medication Assisted Treatment Expansion Project

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ADDICTION

Provide health care providers with stigma education/resources

Best Practice No. 37

Outpatient, Labor and Delivery, Nursery/NICU, and Education

Overview

Treatment of substance use disorder (SUD) is often eclipsed by the misperception that SUD is a personal weakness or a willful choice. Whether or not these misconceptions are consciously employed, they can have a dramatic impact on patient outcomes and adherence to treatment during recovery. Stigma can be experienced across several domains: self, social, and structural stigma. This toolkit focuses on structural stigma oriented toward health care professionals and systems-based approaches.

Providers who interact with OUD/SUD patients often cite them as their most challenging patients due to expectations of cooperation, aggression, demands, and low rates of treatment completion. It is therefore not uncommon for health professionals who interact with these patients to show unconscious bias whether or not they explicitly report negative attitudes. Stigma can come from staff interactions at all contact points and through materials provided in clinical settings.

Why we are recommending this best practice

Several studies have shown that perceived discrimination and stigma from providers has a significant impact on treatment completion by increasing the likelihood of dropout and decreasing retention. Whether or not adoption of stigmatizing beliefs is conscious, evidence shows that health professionals not trained to interact with patients with SUDs may avoid or shorten appointment visits or express less empathy to these patients. This may reduce quality of care and decrease patient retention.

Strategies for Implementation

Perform a language audit of all internal (EHR, protocols) and external (brochures, educational pamphlets) materials.
Designate a staff member to review all materials distributed or posted in the clinic regarding OUD/SUD to address any stigma-perpetuating language. An analysis of materials should identify the following terminology, and materials should be updated accordingly:

- **Diagnosis** - In alignment with DSM - 5, replace older categories of substance “abuse”, “drug habit”, and “dependence” with a single classification of “substance use disorder” (SUD) or “opioid use disorder”. Use clinically accurate terminology which reflects the treatable, clinical, and chronic nature of SUD and moves away from choice-based terminology.

- **Person-first language** – Discussing substance use should follow the accepted

standard for discussing people with disabilities and/or chronic medical conditions. Replace “abuse”, “abuser”, “addict”, “druggie”, “alcoholic” with “person with SUD” or “person experiencing” with “person struggling.”

- **Testing and Toxicology** – Replace “clean” and “dirty” urine drug screens with “positive” and “negative” or “expected” vs. “unexpected” and use “consistent with prescribed medications.” “Person in Recovery” focuses on the process and acknowledges the consistent management of symptoms and stable conditions.

- **Medications** – Avoid using “replacement” and “substitution” therapy. Preferred are “Medication Assisted Treatment” (MAT), “pharmacotherapy for …”, and specifically “medications for OUD” (MOUD) or “medications for SUD”. Additionally, once an individual is receiving MAT, “medically indicated tapering” or “decreasing of dosage” (from buprenorphine or methadone) conveys that the medications might be noxious toxins leaving the body and should also therefore be replaced.

- **Maternal and Newborn** - Although not commonly employed in medical literature or materials, use of the language “crack baby,” “opioid baby,” or “drug-addicted baby” should be replaced with neonatal abstinence syndrome (NAS), for opioid or heroin exposure, and prenatal cocaine exposure, or colloquially “in utero exposure to [substance] …*”.*

Individual identification of stigma
Provide opportunities for individual identification of stigma:

- Formally through Implicit Associations Test– Mental Health, a test for unconscious bias in relation to mental health

- Informally through Stigma Self-Assessments

Addressing stigma: healing stigma through training and intervention
Broad education campaigns oriented toward changing public perception have been found to have limited impact on changing attitudes about opioid use disorder. However, targeted intervention with staff, medical personnel, and trainees has been shown to reduce stigmatizing language and behaviors. Contact-based interventions where individuals with SUD can humanize patients has been shown to significantly reduce stigmatizing ideology compared to education alone. When training is not immediately available, the Woll Healing Approach is recommended and has a self-directed workbook. Their approach addresses beliefs and accountability in order to heal the potential trauma and effects of working with OUD and SUD populations. Several training opportunities are available to educate medical professionals and staff, some more informal than others. Potential training opportunities are

listed below in order of feasibility and scale:

- Informal staff and patient-facing personnel (including health professional) intervention:
  - Focus on inadvertent ways personnel may be perpetuating stigma
  - Explore the perceptions personnel may hold towards the SUD population
  - Facilitate discussion on how to adopt alternative language

- Empathy training or defined stigma curricula:
  - Many regional Addiction Technology Transfer Centers have access to CME and CEU credit for completion of their curricula:
    - Addiction Technology Transfer Centers Network Center: https://attcnetwork.org/centers/global-attc/training-and-events-calendar
    - Pacific Addiction Technology Transfer Centers: https://attcnetwork.org/centers/global-attc/training-and-events-calendar
    - California Health care Foundation: https://www.chcf.org/topic/opioid-safety/
    - Acceptance and Commitment Training (ACT), a cognitive-based approach incorporating flexibility and mindfulness, has shown to significantly increase positive attitudes toward people with SUDs and decrease negative thoughts toward SUD clients among SUD providers.

- Medical trainee education:
  - Integrate stigma training in medical curricula. An upstream approach is shown to be among the most effective.
  - Trainee education can be effective in combating stigma by integrating understanding and efficacy into medical residency programming, with particularly positive outcomes for work with pregnant women. Self-reflection techniques and training rotations in specialized prenatal clinics has been shown to significantly increase the comfort level of working with this population and reduce negative ideology.
  - Many clinics and hospitals interact with or supervise clinical trainees. Integrating, introducing, or providing stigma reduction trainings to medical residents, fellows, and post-docs may be an effective tool.

Kayla

During mid-pregnancy, Kayla's midwife identifies a pattern of cancelled and missed appointments. It would be useful to explore with Kayla the reason for the pattern. A common assumption might be that she hasn't prioritized her prenatal care. However, through positive reframes of inquiry, you might uncover that she had a stigmatizing experience that may have included language barriers, rushed appointments, or judgmental attitudes from physicians at another clinic that currently influences her desire to seek health care from an unknown provider. Kayla may also be worried about disclosing her OUD and putting herself at risk for subsequent CPS involvement. Use possible reframes oriented toward determining prior stigmatizing experiences with health care providers and provide Kayla with reassurance. Determining why Kayla hasn't utilized clinical services can decrease her feelings of judgement at your clinic. It can also inform a more targeted approach for your interaction with Kayla directly, leading to a higher chance of care-seeking for prenatal care. It's important to understand that your practice operates within a larger health care landscape that stigmatizes and creates disincentives for care-seeking among substance using patients. Investigating your role and other stigmatizing contact points within a patient's lifetime can better inform care.

Resources

1. Toward an Addiction-ary; Language, Stigma, Treatment, and Policy.
2. Words Matter: How Language Choice Can Reduce Stigma.
3. Anti-Stigma Toolkit: A Guide to Reducing Addiction-Related Stigma.
4. Healing the stigma of addiction: A guide for treatment professionals.

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Lauren Caton

MPH

Lauren Caton, MPH is a Clinical Research Coordinator at the Center for Behavioral Health Services and Implementation Research (CBHSIR) in the Department of Psychiatry & Behavioral Sciences at Stanford University School of Medicine. Her projects at CBHSIR focus on the implementation and sustainment of medication-assisted treatment for opioid use disorders.