Addiction, Stigma, & Person-First Language

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Disclosures

Dr. Hall provided expert opinion regarding the opioid overdose crisis to Lumanity and Emergent BioSolutions.

Dr. Teater has nothing to disclose.

Objectives

1. Describe the basic neurobiology of addiction.

2. Apply this understanding of neurobiology to check personal biases toward individuals with addiction.

3. Identify addiction stigma and person-first language.
4. Recognize your role in reducing the harmful impact of addiction stigma on patient care.

Outline

- Introduction to Addiction
- Addiction as a Brain Disease
- What is Stigma?
- Stigma as a Barrier to Care
- Stigmatizing Language
- Person-First Language
- Stigma in Mental Health
- Stigma in Addiction Care
- Conclusion

Introduction to Addiction

What is Addiction?

- Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

Definition of Addiction (asam.org)

Staggering National Statistics

- Over 1,000,000 people have died of an overdose since 1999
- **100,306** overdose deaths in 12 months ending 4/2021 (28.5% increase)
- **75,673** opioid related deaths (**75%** of all OD deaths) in same time period
  - 21,088 in 2010
- Approximately 207 Americans die daily from an opioid overdose
- Exceeds deaths due to gun violence, MVAs, HIV, breast cancer
- US life expectancy declined for 3 consecutive years 2015-2017, down to **78.6** years

https://www.cdc.gov/drugoverdose/data/
https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm
https://www.drugabuse.gov/drug-topics/trends-statistics/overdose-death-rates

Woolf 2019

2020 Death Rate due to Drug Overdoses by State

- 1. West Virginia: 81.4/100,000
- 2. Kentucky: 49.2/100,000
- 3. Delaware: 47.3/100,000
- **4. Ohio: 47.2/100,000 (5,204 overdoses)**
- 5. Tennessee: 45.6/100,000

- Ohio 3rd in total overdoses (behind CA, FL, but ahead of PA, NY, TX, IL)
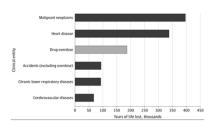 - 7th largest state

https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

Ohio Overdose Data

- In 2007, overdoses surpassed MVC's as leading cause of death injury, which has continued to this day

- 2020- 5,204 deaths; 14 deaths per day
  - 76% of all overdoses involved fentanyl
  - Black non-Hispanic males with highest rate

- May 2020 was deadliest month recorded ever, with 543 deaths (previous high was 484 in January 2017)

https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/Drug-overdose/
https://www.harmreductionohio.org/may-2020-deadliest-month-ever-for-overdose-death/

Years of Life Lost

- "Assessment of Excess Mortality Associated With Drug Overdose in Ohio From 2009 to 2018" published this year in *JAMA Network Open* found that drug overdose has become the third-leading cause of excess mortality in our state, just behind cancer and heart disease

- Over 1,000,000 Years of Life Lost to overdose 2009-2018 in Ohio

- The peak year for overdose deaths was 2017, during which Ohio experienced 187 006 overdose-related YLL, accounting 9.9% of all-cause excess mortality in Ohio and lowering the mean life span by 1.27 years

https://jamanetwork.com/journals/jama
networkopen/article-abstract/2764068

Hall 2020

JAMA Pediatrics

Unintentional Drug Overdose Mortality in Years of Life Lost Among Adolescents and Young People in the US From 2015 to 2019
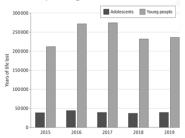
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Results

A total of 3296 adolescents (aged 10-19 years) died of unintentional drug overdose in the US between 2015 and 2019 (**Figure**). The mean (SD) age at death for adolescent unintentional drug overdose decedents was 15.1 (2.7) years. Male adolescents outnumbered female adolescents in incident deaths (2267 [68.8%] vs 1029 [31.2%]) and YLL (133 023.64 vs 65 548.28). Annual total YLL due to unintentional drug overdose was stably elevated with a mean (SD) 39 714.38 (2689.63) annual YLL (**Table**). Adolescents experienced a total of 187 077.92 YLL during the study period.

A total of 21 689 young people (aged 10-24 years) died of unintentional drug overdose (**Figure**). The mean (SD) age at death for young people who died of unintentional drug overdose was 17.6 (4.1) years. Male young people outnumbered female young people in incident deaths (15 604 [71.9%] vs 6085 [28.1%]) and YLL (861 576.42 vs 365 647.16) (**Table**). Young people experienced a total of 1 227 223.58 YLL during the 5-year period of study.

Addiction as a Brain Disease

Addiction = Substance Use Disorder

- **Chronic relapsing condition (treatable!)**
- Complex behavioral syndrome with physiological dependence
- Extreme tolerance and dependence
- Cycle of "spiraling dysregulation" of brain reward systems leading to compulsive behavior and loss of control over drug use: the **hijacker**
  - **Natural reward system/survival hard wiring overtaken**
- **Loss of coping skills**

How does addiction start?

- Drugs of abuse can release 5 to 10 times the amount of dopamine as natural rewards: **Euphoria**
- Onset can be immediate, prolonged, and often more intense than natural rewards (pending route of administration)
- Repeat use rewires the brain's reward circuitry with maladaptive behavioral patterns
- The effect of such a powerful reward strongly motivates people to take drugs again and again **(craving)**
  - Downregulation of dopamine receptors
  - Use to feel "normal"

Risk Factors for Addiction

- Biologic factors
  - Genetic contribution 40-60% of risk
- Environmental factors
  - High drug availability, normalizing alcohol and drug use, poverty, crime
- Individual factors
  - Lack of parental monitoring, unstable home, lack of attachment to community or school, early onset of substance use
  - <u>Adverse Childhood Experiences/Trauma</u>

Protective Factors

- Parental involvement
- Healthy peer involvement
- Availability of faith-based resources
- After-school activities
- Policies limiting the availability of alcohol
- Attachment to community
- Pro-social engagement
- Connectedness to adults outside of family

Why not everyone?

- Complex interplay of biology/genetics, environment, and individual experiences
- Factors such as route of administration, effect of the drug itself, availability, and age of first use also play a role

Effects of Chronic Drug Use

- **Chronic use leads to dopamine downregulation in the brain cortex & reduced dopamine signaling**
  - Decreased euphoria
  - Normal satisfactions get a very weak signal to the decision areas
  - **Loss of enjoyment and satisfaction**
- **Priorities are rearranged**
  - Drug gives enough signal to remain salient
  - Must take the drug to feel normal or at least less abnormal
  - Normal reinforcers give less signal and are less important

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What is Stigma

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Label → Associated Stereotype → Negative Response

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Label → Associated Stereotype → Negative Response

Stigmatized Diseases?

- **Viewers, please take a moment to consider this question:** Can you think of any stigmatized health conditions?

Stigmatized Diseases?

- **Common responses include:** diabetes, sexually transmitted infections, chronic pain, mental health conditions, etc.
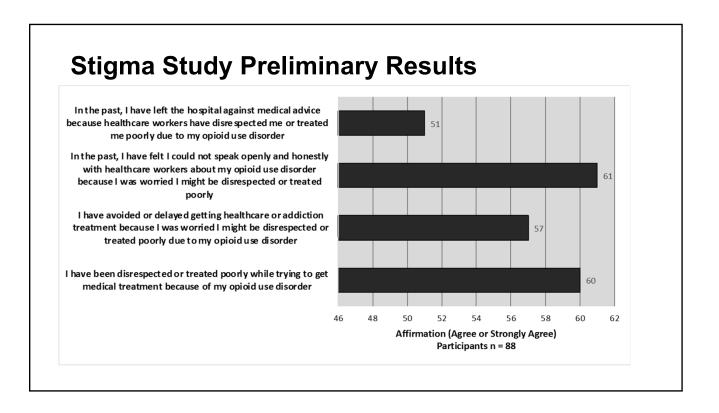
Stigmatized Diseases?

- **Viewers, please take a moment to consider this question:** Are you aware of any health conditions that have become less stigmatized over time?

Stigmatized Diseases?

- **Common responses include:** cancer, HIV

Stigma as a Barrier to Care

Stigma Study Preliminary Results

In the past, I have left the hospital against medical advice because healthcare workers have disrespected me or treated me poorly due to my opioid use disorder — **51**

In the past, I have felt I could not speak openly and honestly with healthcare workers about my opioid use disorder because I was worried I might be disrespected or treated poorly — **61**

I have avoided or delayed getting healthcare or addiction treatment because I was worried I might be disrespected or treated poorly due to my opioid use disorder — **57**

I have been disrespected or treated poorly while trying to get medical treatment because of my opioid use disorder — **60**

Affirmation (Agree or Strongly Agree)
Participants n = 88

Substance Use Stigma

- Alcohol and substance use disorders are highly stigmatized diseases

- Negative stereotypes about individuals with these health conditions are common among healthcare workers and the general public

- Stigma can be internalized by individuals who use alcohol and other substances presenting a barrier to treatment

Stigma as a Barrier to Care

- **Viewers, please take a moment to consider this question:** What percentage of people living with opioid use disorder received medication in 2020?

Stigma as a Barrier to Care

- **Viewers, please take a moment to consider this question:** What percentage of people living with opioid use disorder received medication in 2020?

- **Answer:** In 2020, **<u>only 11.2%</u>** of the 2.5 million Americans with OUD received medication treatment (buprenorphine, methadone, or naltrexone).

Stigma as a Barrier to Care

- Numerous studies have found that fear of stigma is an important reason many people with substance use disorder <u>avoid or delay</u> seeking treatment

- Patients are <u>commonly concerned that they may be mistreated</u>, condescended or that they will be 'thought less of' when seeking help for alcohol or substance use

- Stigma also negatively impacts treatment <u>retention and adherence</u> among those who do seek help.

- Perceived stigma from treatment providers is <u>harmful to the therapeutic alliance</u>

Stigma Research

- Let's review some important research about addiction stigma

Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: systematic review

- Drug and Alcohol Dependence
- Pubmed, PsycINFO, Embase systematically searched
- 28 studies included from 2000 - 2011

Van Boekel et al., 2013

Stigma Research

- Key Findings:

- Health professionals generally had a negative attitude towards patients with substance use disorders.

Van Boekel et al., 2013

Stigma Research

- Key Findings:

- Healthcare professionals perceived violence, manipulation, and poor motivation as impeding factors in the healthcare delivery for these patients.

Van Boekel et al., 2013

Stigma Research

- Key Findings:

- Health professionals also lacked adequate education, training and support structures in working with this patient group.

Van Boekel et al., 2013

Stigma Research

• Key Findings:

▪ Negative attitudes of health professionals diminished patients' feelings of empowerment and subsequent treatment outcomes.

Van Boekel et al., 2013

Does our choice of substance-related terms influence perceptions of treatment need? An empirical investigation with two commonly used terms

Kelly et al., 2010a

Stigma Research

- Kelly et al., 2010a tested whether referring to an individual as a **"substance abuser"** versus "having a **substance use disorder**" (SUD) impacted perceptions of:
  - **Treatment** need
  - **Punishment**
  - Social **Threat**
  - Problem **Etiology**
  - Self-Regulation

Stigma Research

"Substance Abuser"

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 the program requirements, until one month ago, 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.
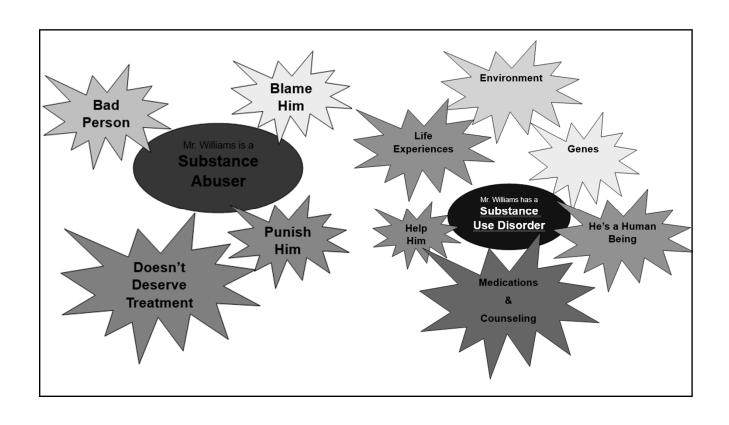
"Substance Use Disorder"

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Substance Abuser versus Substance Use Disorder

- Kelly et al. found that <u>simply substituting these phrases led to significant differences in how participants saw patients with SUD</u>.

Therapy
Medication Violent
AbuserExoneration
Punishment
Help Treatment Blame
Threatening
Regulation
Competent

Stigma Research

Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms

- Follow up study
- Recruited only trained behavioral health professionals

Kelly et al., 2010b

Stigma Research

- Kelly et al., 2010b replicated their previous finding in a sample of clinicians at two mental health conferences (N=516)

- Even among highly trained mental health professionals, exposure to these two commonly used terms evoked systematically different judgments. The commonly used "substance abuser" term may perpetuate stigmatizing attitudes.

Stigmatizing Language

Stigmatizing Language

- Our understanding of what language is stigmatizing continues to evolve

- However, organizations such as the American Society of Addiction Medicine, the International Society of Addiction Journal Editors and the U.S. Office of National Drug Control Policy have provided useful guidance

Stigmatizing Language

Clean Dirty Alcoholic Habit User Drunk Abuser addict Abuse Junkie Dependence

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Changing the Conversation

Clean → **Remission or Recovery**
Drug Abuse → **Substance Use, Misuse, Use Disorder, etc.**
Opioid Substitution / Replacement → **MOUD**
Clean Urine → **Negative Urine Drug Screen**
Dirty Urine → **Positive Urine Drug Screen**

Person-First Language

Person-First Language

- The <u>clinically accurate</u> alternative to stigmatizing language
- Recommended for use in referring to anyone with a chronic health condition or disability.

Person-First Language

- Examples:
  - <u>Person with</u> diabetes
  - <u>Person with</u> tetraplegia
  - <u>Person with</u> bipolar disorder

Examples

Instead of:	Try:
Drug Abuser, Addict	Person with a Substance Use Disorder
Addiction	Substance Use Disorder
Clean	Abstinent
You tested clean.	The screen is negative.
You tested dirty.	The screen is positive.
That person has a drug habit.	Person with a Substance Use Disorder

Person-First Language

- **Viewers, please take a moment to consider this question:** Why <u>do you</u> think it might be important to use person-first language?

Person-First Language

- **Viewers, please take a moment to consider this question:** Can you think of some scenarios <u>in your practice</u> where the choice of words might impact care?

When to Use Person-First Language

- Handoffs
- Sign outs
- Private conversations with other healthcare workers
- Documentation
- Interactions with patients and their families
- Interactions with the public

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Stigma in Mental Health

Examples

Instead of:	Try:
Mental illness	Mental health condition
Schizophrenic/psychotic	Person with schizophrenia/ person with psychosis
Successful/committed suicide	Died by suicide
Unsuccessful/failed suicide attempt	Survived a suicide attempt
Threatened suicide	Disclosed suicidal thoughts
Is suicidal	Thinking of suicide/is experiencing suicidal thoughts
Mental institution/psych ward	Behavioral health facility/ inpatient psychiatric unit

NAMI-Language-Matters.pdf (naminh.org)
Choosing appropriate language to reduce the stigma around mental illness and substance use disorders | Neuropsychopharmacology (nature.com)

Stigma in Addiction Care

Suboxone Myths

- **Replacement of one addiction for another**
  - Addiction=compulsively taking a substance, despite harm
  - MOUD is taking a prescribed medication to manage a chronic disease, not unlike diabetes
  - While buprenorphine has analgesic properties, very minimal euphoria
- **Too time consuming to initiate and the medication is "dangerous"**
  - Simple screening, determine if in withdrawal, dosing is not complicated and much easier to start than insulin; very few side effects; opioids and oral anticoagulants are much more dangerous
- **Detoxification is "effective"**
  - NO! 90% relapse rate with detox alone; also increased rate of overdose
- **Decrease opioid prescribing will "fix" the problem**
  - Since 2012, opioid prescribing patterns have declined, but death rate has increased (fentanyl)

Conclusion

Summary

- Addiction is a treatable brain disease

- Alcohol and substance use disorders are highly stigmatized chronic health conditions

- Stigma impacts healthcare access, retention, adherence and outcomes

- Clinically accurate person-first language is the solution to these problems

- Each of us has a role to play in fighting stigma

Suggested Reading/References

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