Taming the Stigma Monster: Addressing the Impact of Long-standing Negative Perceptions of Opioid Use Disorder (OUD) on Patient Care and Policy

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UK HealthCare

Disclosures

No relevant financial relationships to disclose with ineligible companies

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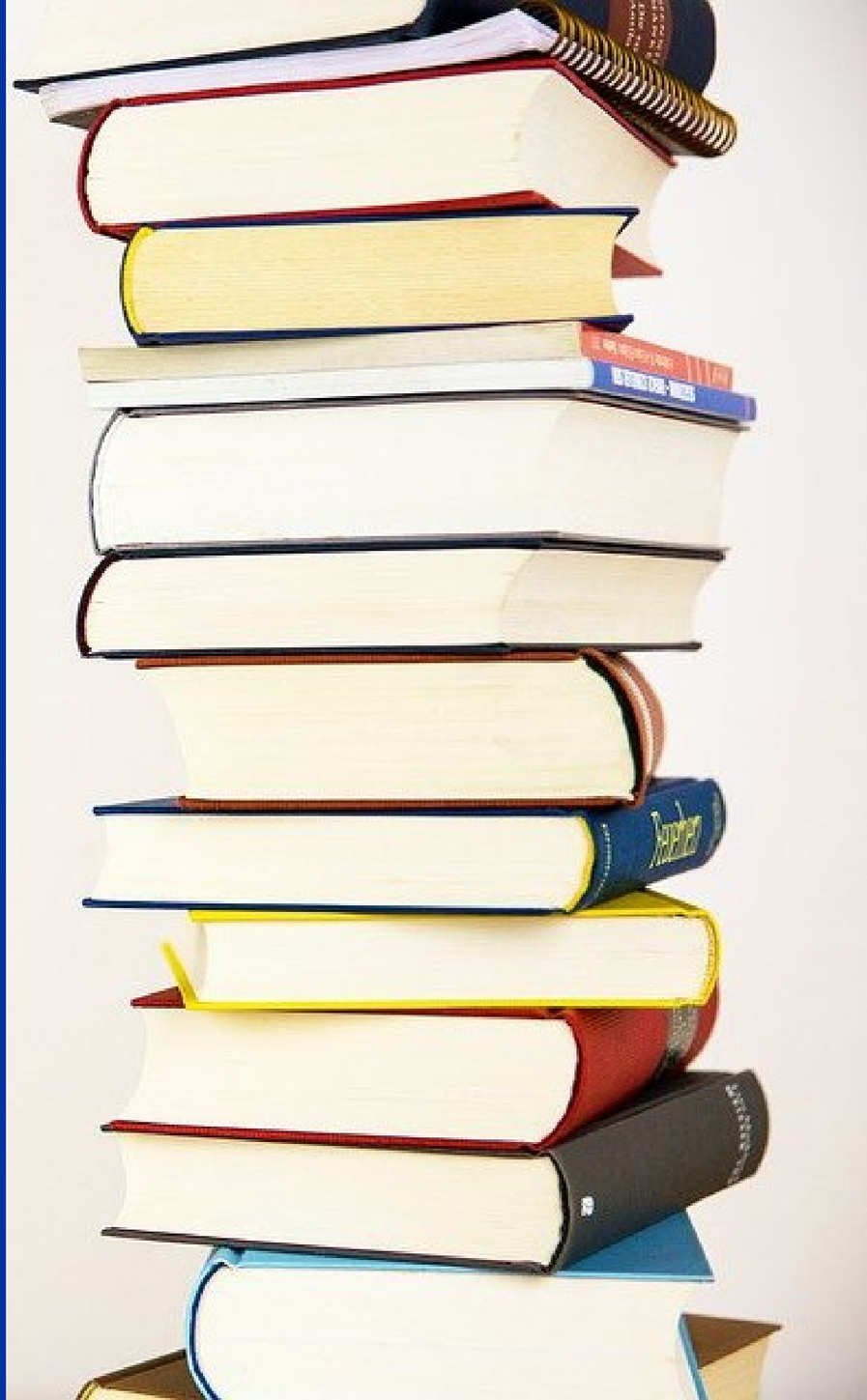
Learning Objectives

At the completion of this application-based activity, the participant will be able to:

- Discuss the impact of stigma/bias on healthcare disparities related to opioid use disorder (OUD)
- Describe the effects of OUD-related stigma/bias on current state or national policies and healthcare infrastructure and how that translates into clinical practice
- Demonstrate communication strategies to effectively educate others when confronted with stigma



Definitions/Abbreviations

- BUP: Buprenorphine
- DEA: Drug Enforcement Agency
- MAT Act: Mainstreaming Addiction Treatment Act
- MATE Act: Medication Access and Training Expansion Act
- MOUD: Medication for Opioid Use Disorder
- Opiate: Natural opioids such as heroin and morphine
- Opioid: All natural, semisynthetic, and synthetic opioids
- OTP: Opioid Treatment Program
- OUD: Opioid Use Disorder
- PWUD: Person who uses drugs
- SUD: Substance Use Disorder

Polling Question

Is this an Opioid Crisis or an Opioid Epidemic?

A) Opioid Crisis

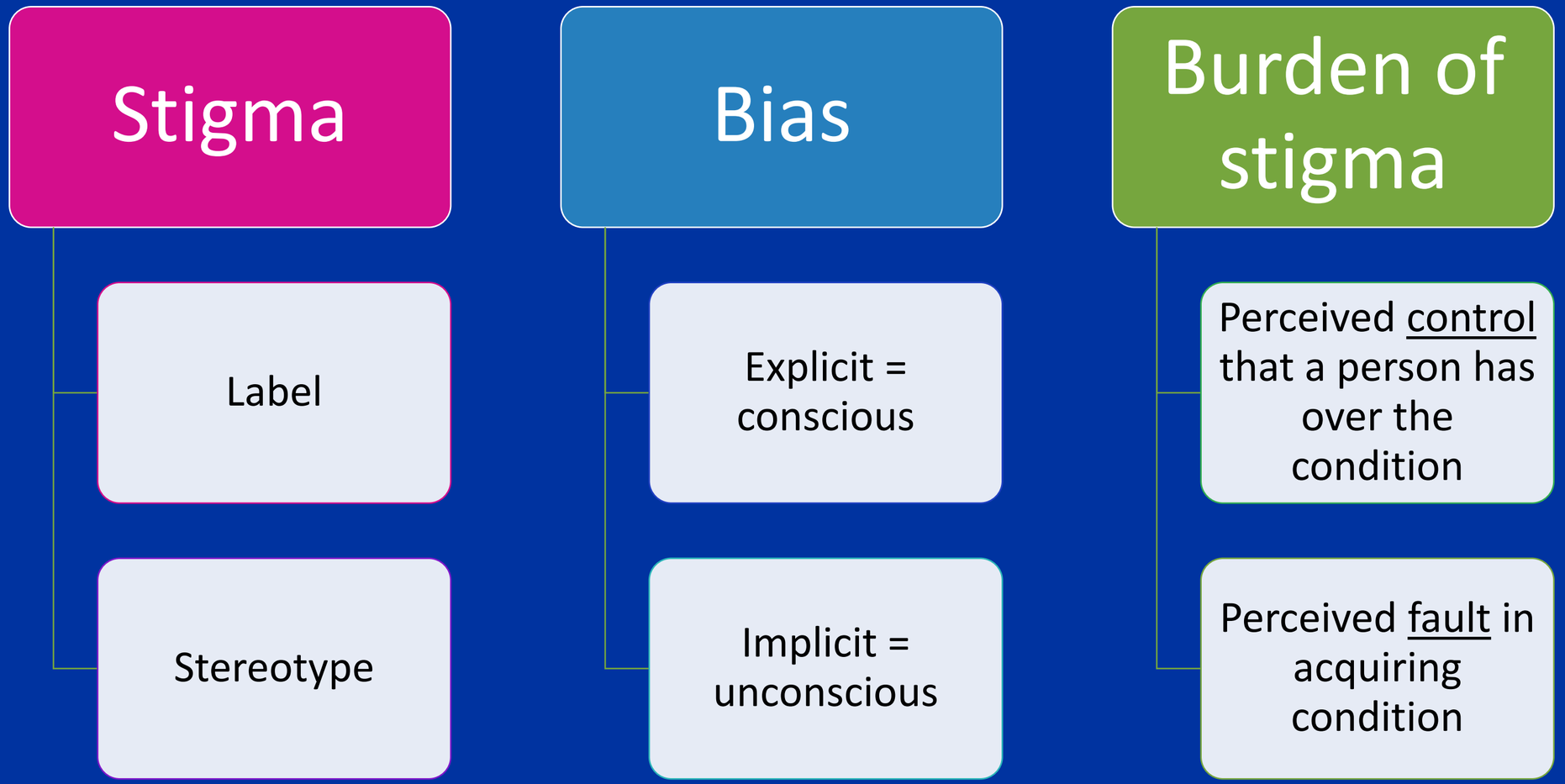
B) Opioid Epidemic

The Stigma Monster

Folks often ask me what the biggest killer is out there…is it obesity? Is it smoking? I think the biggest killer out there is stigma. Stigma keeps people in the shadows. Stigma keeps people from coming forward and asking for help. Stigma keeps families from admitting that there is a problem.

VADM Jerome M. Adams, U.S. Surgeon General (2017-2021)
Quote from a lecture provided at UC David Medical School on June 24, 2019

Defining Stigma and Bias



Ashford RD, et al. *Drug Alcohol Depend.* 2018;189:131-138.
FitzGerald C, Hurst S. BMC Med Ethics. 2017;18(1):19.
Shatterproof Addiction Stigma Index. 2021. https://www.shatterproof.org/our-work/ending-addiction-stigma/shatterproof-addiction-stigma-Index. Accessed 10/5/23.

OUD-Related Stigma

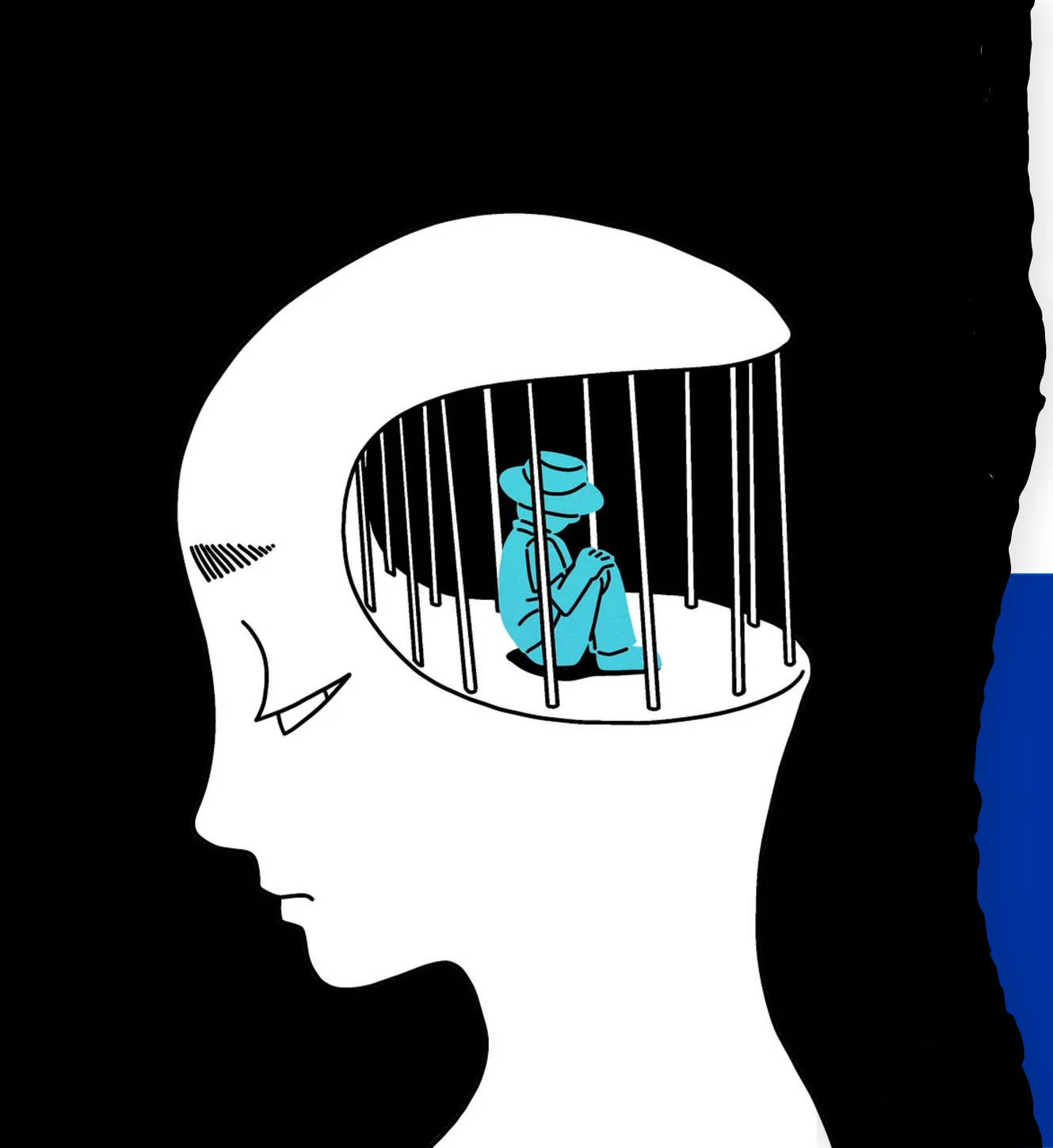
SUD one of the most stigmatized conditions in the U.S. and world

- 75% of the public doesn’t believe SUD is a medical illness
- ~50% believe addiction is caused by bad character or lack of moral strength
- Healthcare providers have similar levels of stigma

Stigmatizing beliefs about patients with OUD:

- Engage in willful misconduct / choose to have OUD
- Cannot be treated
- Are potentially violent or manipulative
- Have a disruptive influence on a practice

Ashford RD, et al. *Drug Alcohol Depend.* 2018;189:131-138.
FitzGerald C, Hurst S. BMC Med Ethics. 2017;18(1):19.
Shatterproof Addiction Stigma Index. 2021. https://www.shatterproof.org/our-work/ending-addiction-stigma/shatterproof-addiction-stigma-Index. Accessed 10/5/23.
Madras, B. K., et al. 2020. Improving Access to Evidence-Based Medical Treatment for Opioid Use Disorder: Strategies to Address Key Barriers Within the Treatment System. NAM Perspectives. Discussion Paper, Washington, DC. https://doi.org/10.31478/202004b.



Addiction

Pathophysiology

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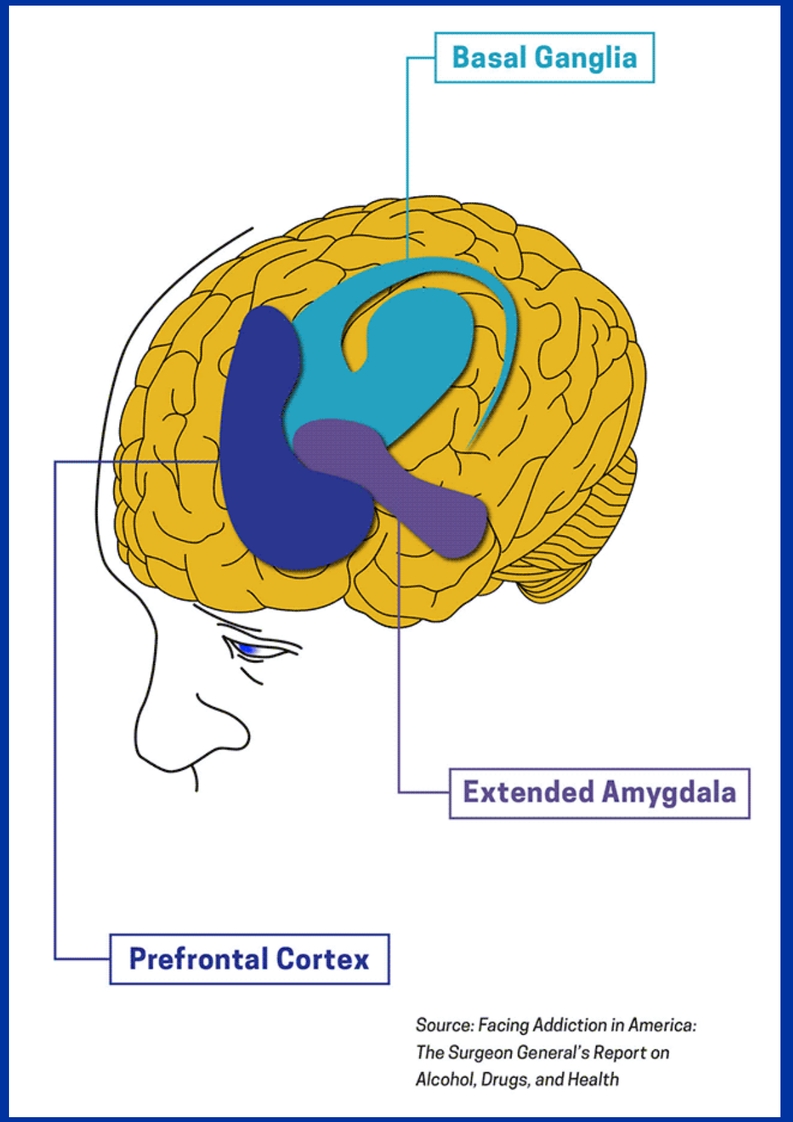
Addiction - Primary, chronic disease of brain reward, motivation, memory and related circuitry

Parts of the brain affected by drug use in addiction:

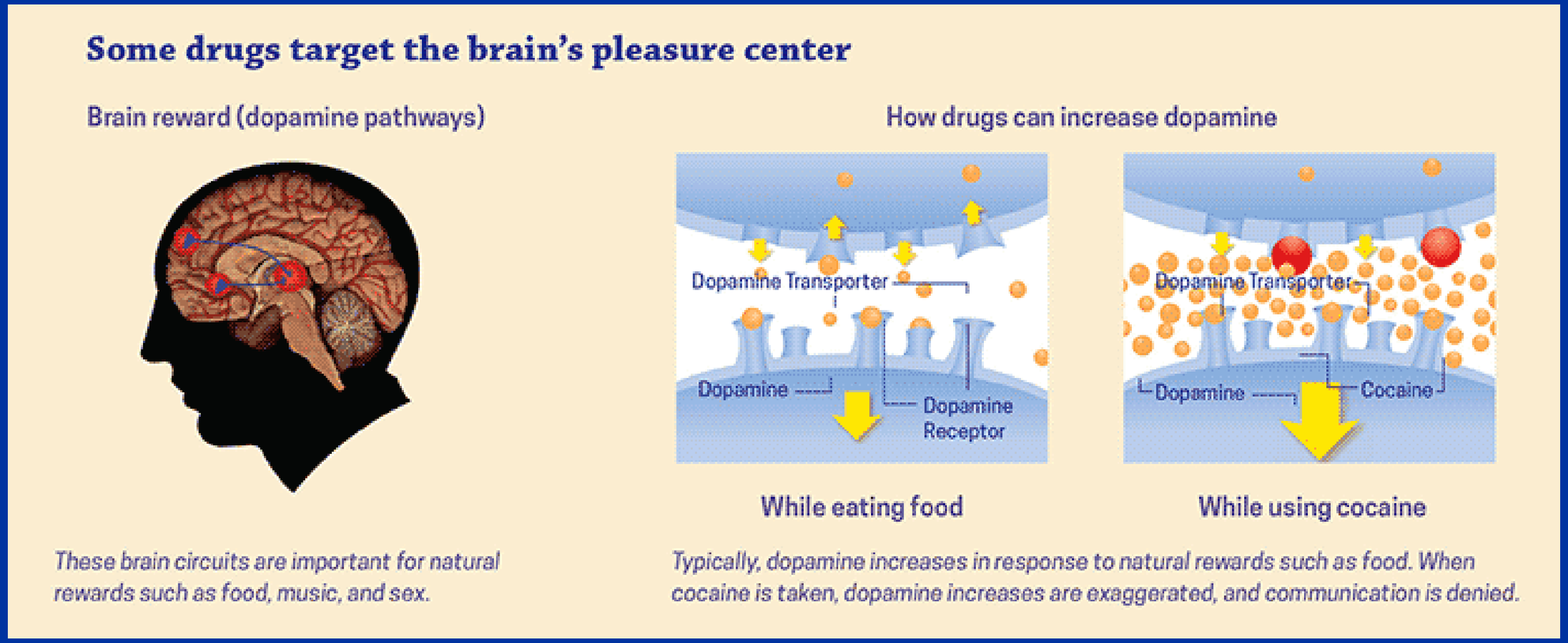
Basal Ganglia	Extended Amygdala	Prefrontal Cortex
• Positive motivation • Habit formation	• Stressful feelings	• Thinking, planning, problem-solving • Decision-making • Self-control



Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.
NIDA. Drugs, Brain, and Behavior: The Science of Addiction.

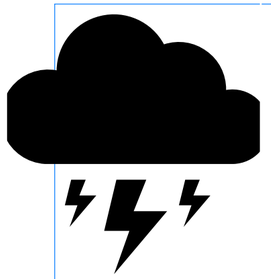
Basal Ganglia

- Reward cognition purpose = survival and maintenance of species
- Drugs hijack the brain's reward system to prioritize seeking & using the drug above all else



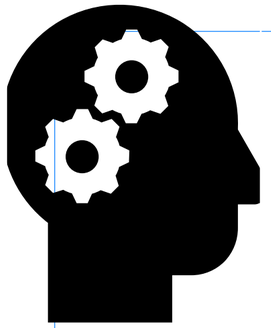
Lewis RG, et al. Adv Exp Med Biol. 2021;1344:57-69.
Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.
NIDA. Drugs and the Brain. National Institute on Drug Abuse website. https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain. March 22, 2022 Accessed 9/20/23.

Extended Amygdala and Prefrontal Cortex



Extended Amygdala

- Stressful feelings



Prefrontal Cortex

- Thinking, planning, problem-solving
- Decision-making
- Self-control

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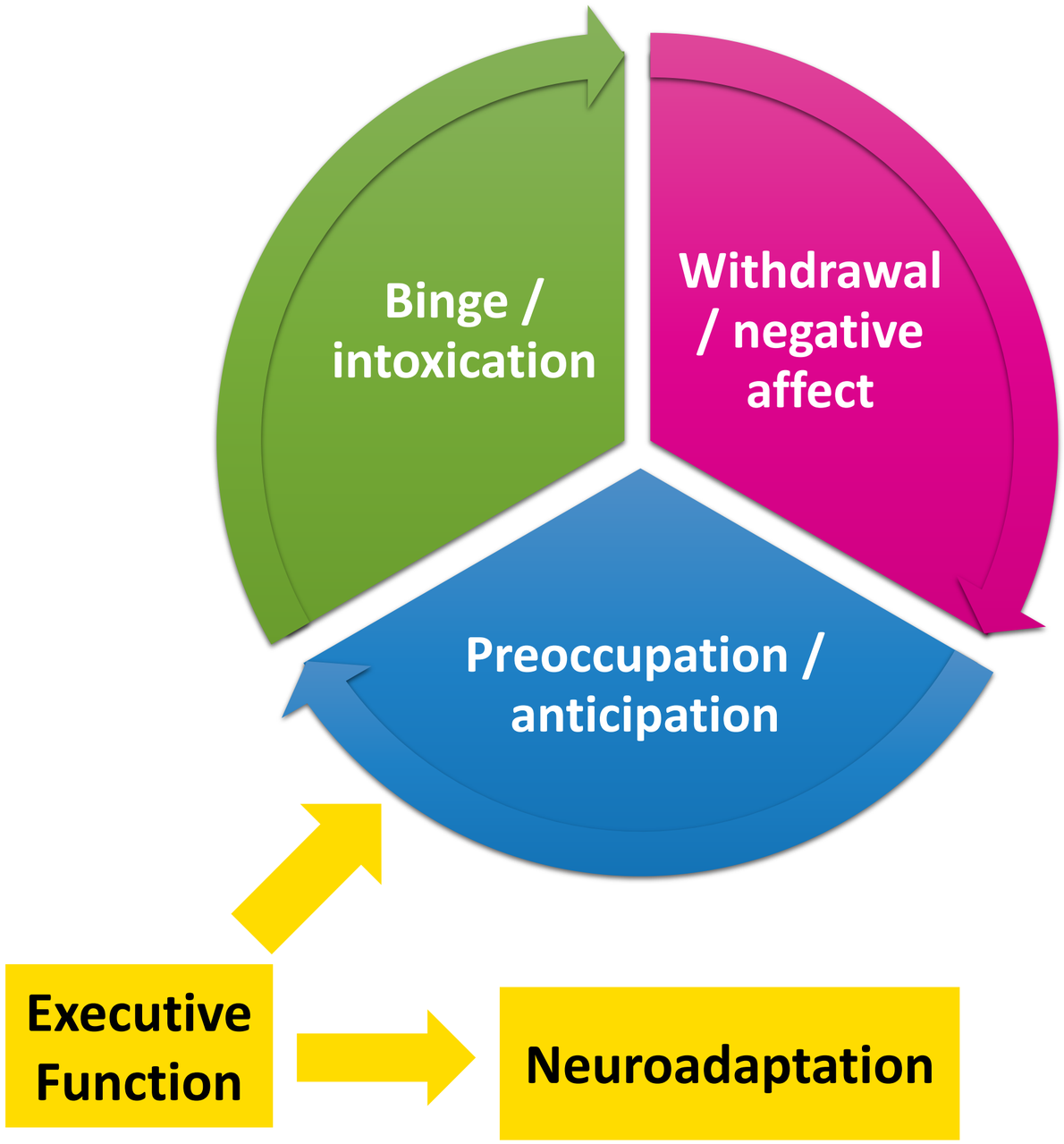
Lewis RG, et al. Adv Exp Med Biol. 2021;1344:57-69.
Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.
NIDA. Drugs and the Brain. National Institute on Drug Abuse website. https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain. March 22, 2022, Accessed 9/20/23.

Functional Domains of SUD



Koob GF, et al. *Lancet Psychiatry.* 2016;3(8):760-773.

Stigma Types and Associated Harms

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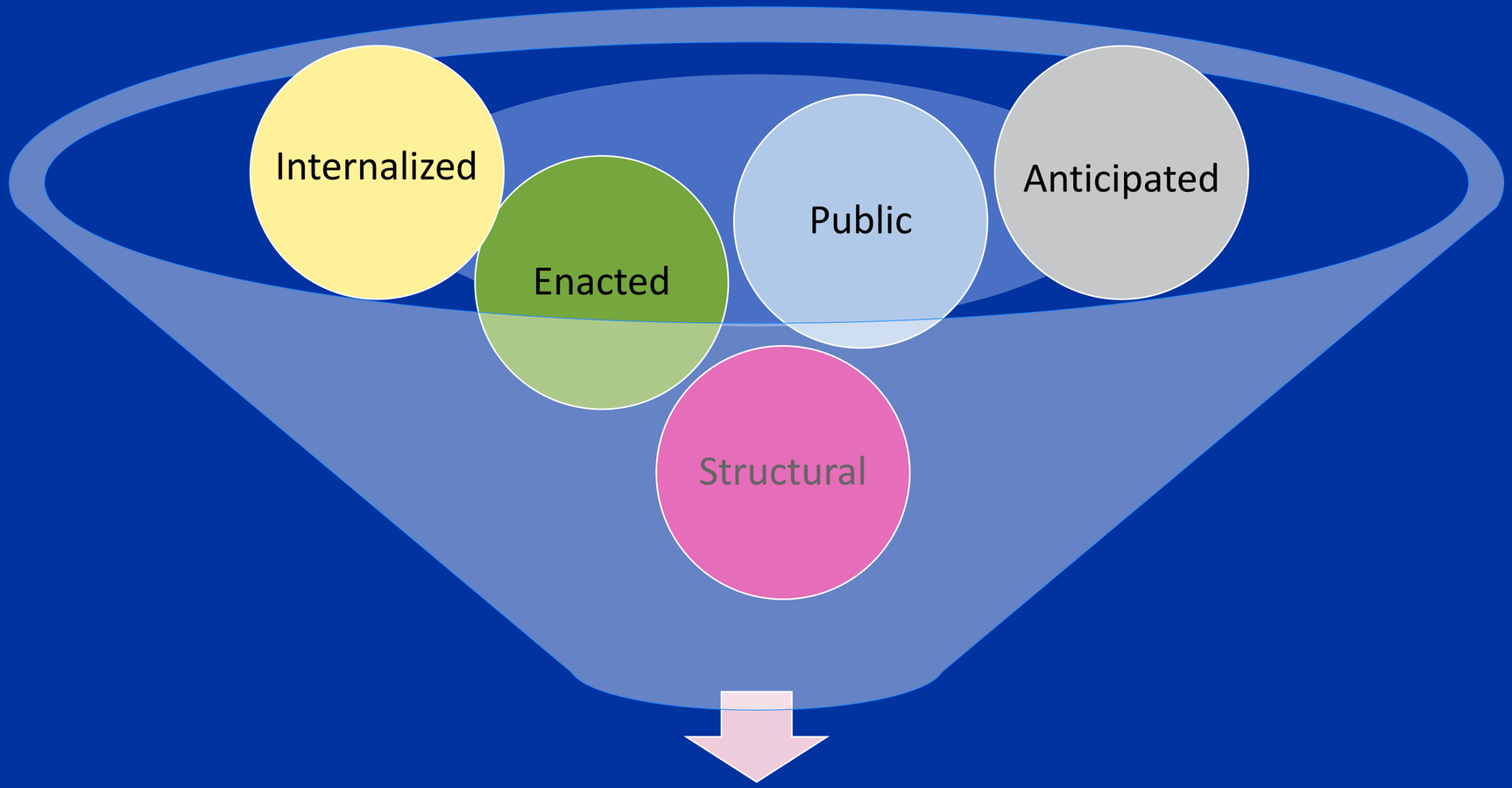
Stigma and Dehumanization

- Dehumanization- denial of human characteristics that we extend to ourselves
  - Capacity to feel and make decisions
- History shows dehumanized groups are not seen as individuals but as members of a mindless cluster to whom we can direct our moral outrage and punishment
- Dehumanization scales – people with addiction are often the “lowest of the low”
  - Trigger reactions of disgust
  - Neuroimaging shows viewing images of people with SUD DOES NOT activate regions of the brain normally recruited when viewing humans

Brown TR. *Front Psychiatry*. 2020;11:372.

Types of Stigma



Tsai AC, et al. PLoS Med. 2019;16(11): e1002969.

Public Stigma

- Addicts are dangerous, immoral, criminal, and responsible for their disorder
- Employers should not hire them, landlords not rent to them, healthcare providers shouldn't waste their time

Stereotypes and Prejudice

Internalized Stigma of a PWUD

- Because I use opioids, I am dangerous, immoral, and ashamed. My self-esteem and self-efficacy are low
- Why try, someone like me is not worthy or unable to work, live independently, have good health, or quality of life

Discrimination

Anticipated Stigma of a PWUD

- I see that the public disrespects and discriminates against people with SUD
- I do not want this, I will avoid the label by not seeking treatment

Adapted from Table 1. Corrigan PW, Nieweglowski K. *Int J Drug Policy*. 2018;59:44-49.

Levels of Stigma

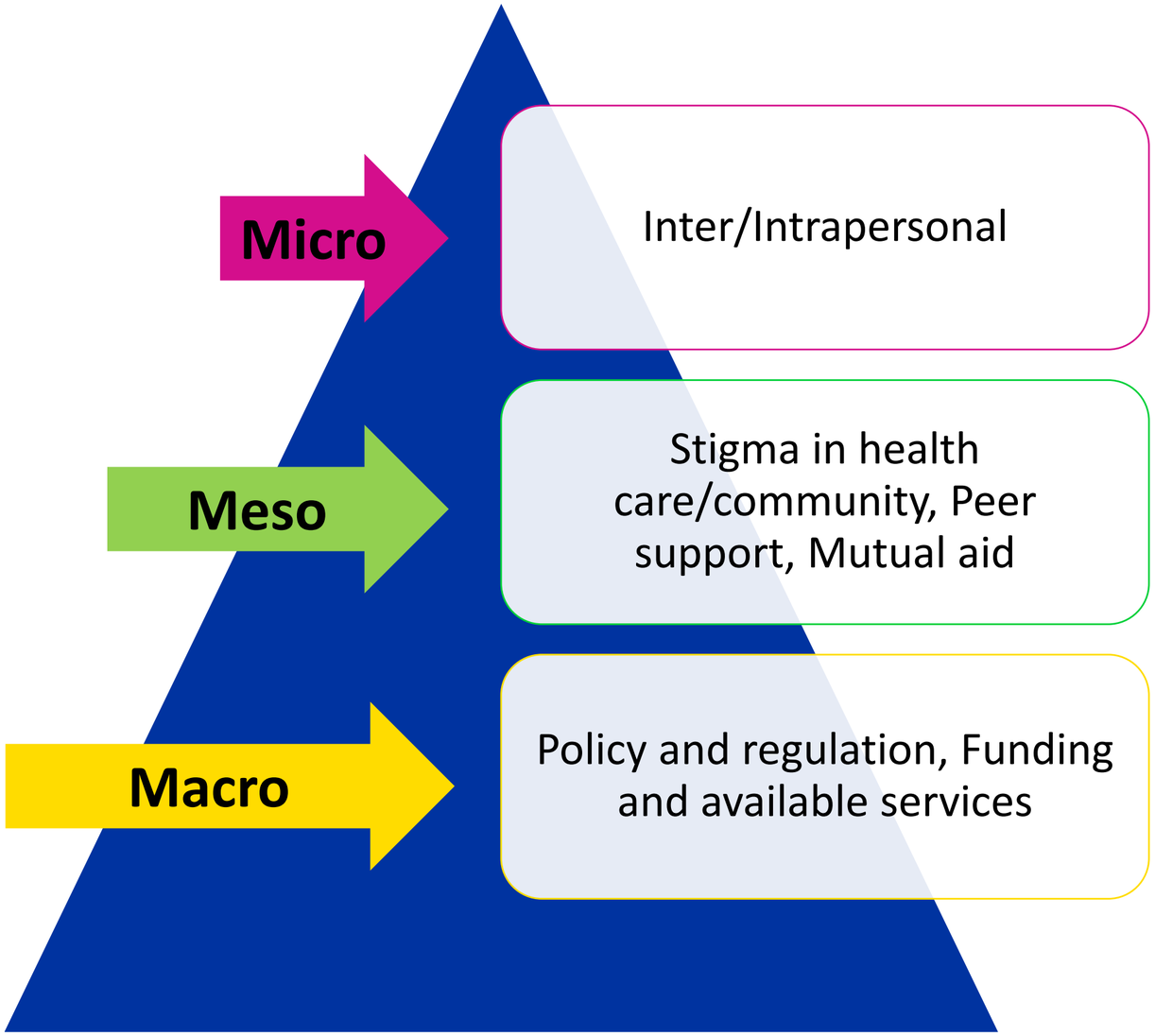


Figure adapted from: *Subst Abuse Rehabil*. 2022;13:1-12.

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Beyond the Script

Stigma's Impact on the Opioid Crisis

- Overprescribing
- Increased access to illicit opioids
- Criminalization of substance use disorder (SUD)
- Social isolation
- Insufficient treatment capacity
- Gaps in evidence-based treatments
- Lack of help-seeking

Shatterproof.org. White Paper: A Movement to End Addiction Stigma. Available at: https://www.shatterproof.org/our-work/ending-addiction-stigma/stigma-strategy. Accessed 10/12/23.

”If you don't **know** where you've
come from, you don't **know** where you're **going**.”
– Maya Angelou

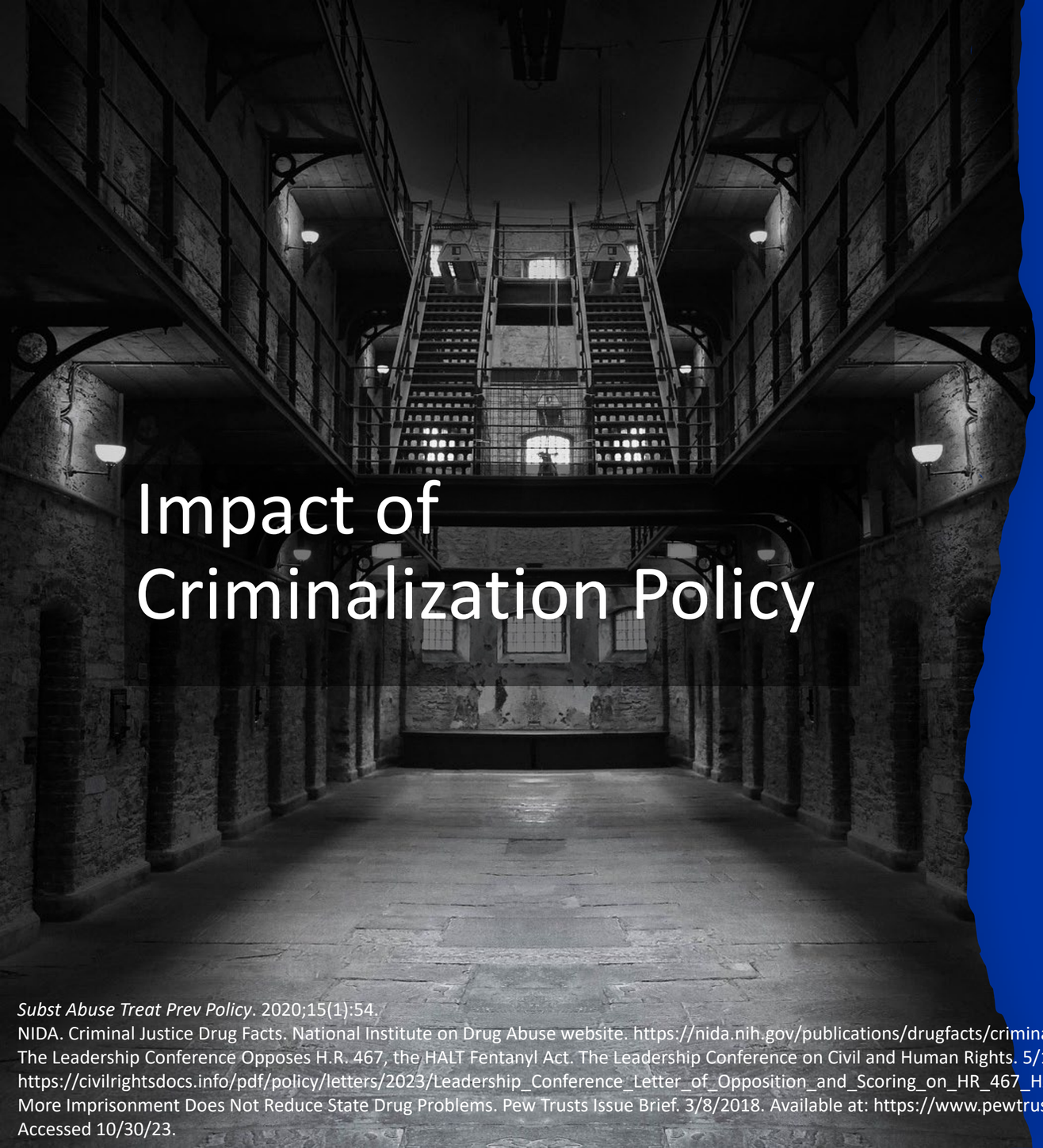
We must pay attention to how stigma is woven into the fabric of our social and political systems to engender the exclusion, exploitation and control of others.

–Tyler & Slater, 2018

Stigma-Driven OUD Policy in the U.S.

- Harrison Narcotic Act of 1914
  - Treasury Dept interpretation
  - 1919 U.S. Supreme Court decision
  - Subsequent morphine dispensaries
  - Arrest and incarceration became primary intervention

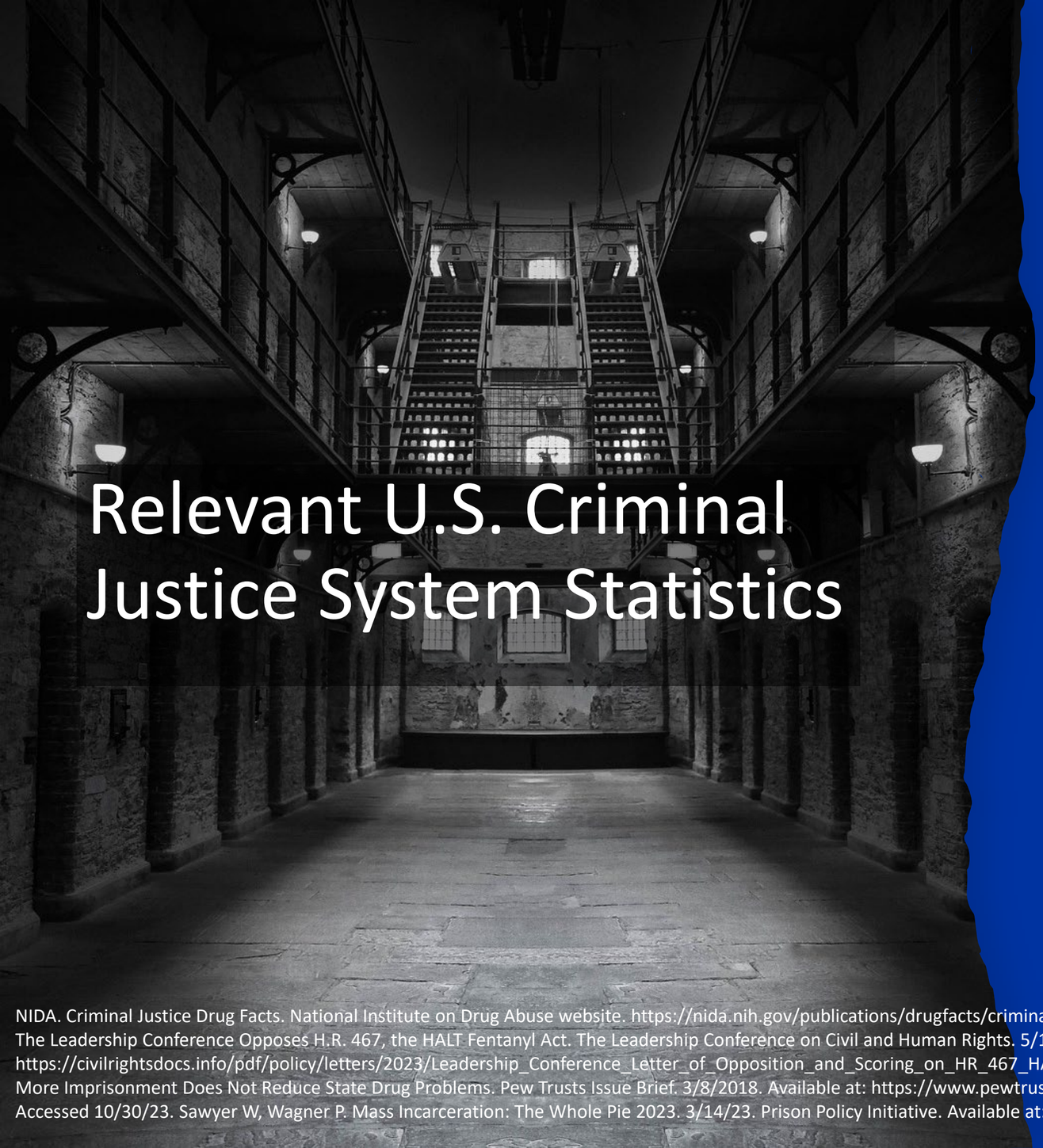
Annu Rev Public Health. 2018;39:525-541.



Impact of Criminalization Policy

- One of the most powerful/impactful social tools to create and project stigma on a structural level is criminalizing a specific behavior and the people consequently identified and targeted
  - Criminalization serves as justification for discrimination
- Criminalization adversely affects SUD-related risks, harms, help seeking, and service access
  - No evidence that punitive sentences/mass incarceration deter crime, protect public safety, or decrease drug use and trafficking

Subst Abuse Treat Prev Policy. 2020;15(1):54.
NIDA. Criminal Justice Drug Facts. National Institute on Drug Abuse website. https://nida.nih.gov/publications/drugfacts/criminal-justice. June 1, 2020.Accessed October 30, 2023.
The Leadership Conference Opposes H.R. 467, the HALT Fentanyl Act. The Leadership Conference on Civil and Human Rights. 5/18/23. Available at: https://civilrightsdocs.info/pdf/policy/letters/2023/Leadership_Conference_Letter_of_Opposition_and_Scoring_on_HR_467_HALT_Fentanyl.pdf. Accessed 10/29/23.
More Imprisonment Does Not Reduce State Drug Problems. Pew Trusts Issue Brief. 3/8/2018. Available at: https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems. Accessed 10/30/23.



Relevant U.S. Criminal Justice System Statistics

- 44.8% of the Bureau of Prisons Population are people convicted of drug-related offenses
- High-level suppliers only account for ~11%
- 85% of the prison population has active SUD or were incarcerated for a drug-related crime
  - Only 5% with OUD receive MOUD
  - Jail deaths rose 400% from 2000 – 2018 for those with SUD - often occurring within 1 day
- Prosecutions for fentanyl-analogue offenses ↑ 5000% from 2015 – 2019
  - No corresponding ↓ in fentanyl use or overdose deaths

NIDA. Criminal Justice Drug Facts. National Institute on Drug Abuse website. https://nida.nih.gov/publications/drugfacts/criminal-justice. June 1, 2020.Accessed October 30, 2023.
The Leadership Conference Opposes H.R. 467, the HALT Fentanyl Act. The Leadership Conference on Civil and Human Rights. 5/18/23. Available at: https://civilrightsdocs.info/pdf/policy/letters/2023/Leadership_Conference_Letter_of_Opposition_and_Scoring_on_HR_467_HALT_Fentanyl.pdf. Accessed 10/29/23.
More Imprisonment Does Not Reduce State Drug Problems. Pew Trusts Issue Brief. 3/8/2018. Available at: https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems. Accessed 10/30/23. Sawyer W, Wagner P. Mass Incarceration: The Whole Pie 2023. 3/14/23. Prison Policy Initiative. Available at: https://www.prisonpolicy.org/reports/pie2023.html. Accessed 10/30/23.

Current Criminalization Policy to Watch

H.R. 467, the Halt All Lethal Trafficking (HALT) of Fentanyl Act

- Reschedules (nonmedical) fentanyl to Schedule I substance
- New and ↑ mandatory minimum sentences for fentanyl-related substances
- >150 public health, criminal justice reform, and civil rights organizations formally oppose
- Passed House on 5/25/2023

H.R.3375 - STOP Fentanyl Overdoses Act of 2023

- Expands research and tracking of fentanyl
- Prioritizes treatment, harm reduction, and other health care resources
- Introduced 5/16/2023

KY House Bill 5

- Amend KRS 507.020 to allow individuals who administer, deliver, distribute, share, or sell controlled substances that result in death to be charged with murder or manslaughter
- Increases criminal penalties associated with fentanyl
- Passed the House on 1/25/2024

H.R. 467, 2023
H.R. 3375, 2023
KY House Bill 5, 2024

Timeline of Notable Stigma-Driven OUD Policy in the U.S.

1960s
Methadone research treatment centers

1970
FDA imposes strict rules

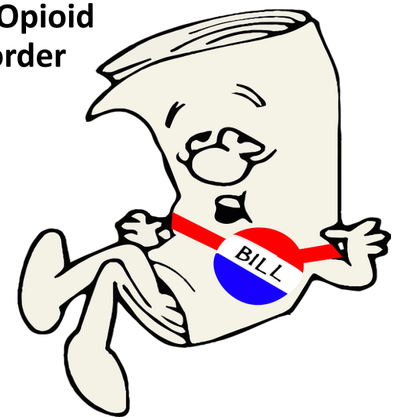
1972
Federal control system

1974
DEA authority established

2000
Drug Abuse and Treatment Act

2002
Buprenorphine FDA approved to treat Opioid Use Disorder

2023
MAT/MATE Acts

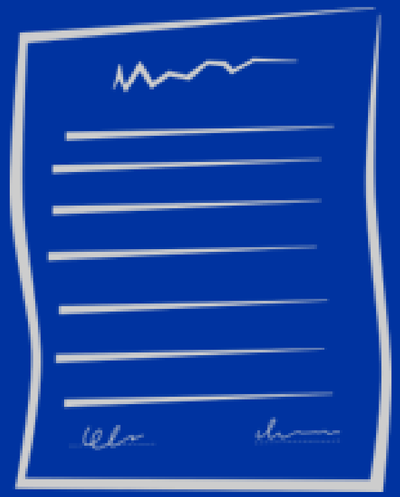


Annu Rev Public Health. 2018;39:525-541.
Int J Drug Policy. 2019;74:257-265.

Kentucky BUP Prescribing Laws - 201 KAR 9:270

- Restricts use of transmucosal buprenorphine to OUD (not pain)
  - BUP now recommended more broadly for treating chronic pain requiring opioids → VA & CDC
- Restricts dosing interval to once daily except for certain circumstances
  - Goes against best practice and evidence-based medicine for patients with acute or chronic pain and concomitant OUD
    - Sickle cell disease, subacute multi-trauma, etc.
- Requires behavioral modification
  - Evidence supports the efficacy of MOUD with and without behavioral modification
  - SAMHSA denotes counseling is often beneficial but shouldn’t arbitrarily be required to receive MOUD

VA/DoD Clinical Practice Guideline. (2022). Use of Opioids in the Management of Chronic Pain Work Group.
CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95.
SAMHSA. TIP Series 63 Publication No. PEP21-02-01-002. 2021.



Legal Protections for Patients with OUD

- Department of Justice states: “The Americans with Disabilities Act (ADA) protects people in recovery from opioid use disorder (OUD) who are not engaging in illegal drug use, including those who are taking medication prescribed by their doctor to treat their OUD.”

- Examples of illegal discrimination
  - A doctor’s office or medical facility refuses to admit a patient because they take MOUD – this includes Skilled Nursing Facilities!
  - A jail does not allow incoming inmates to continue taking MOUD prescribed before their detention

Opioid Use Disorder. U.S. Department of Justice Civil Rights Division. Available at: https://www.ada.gov/topics/opioid-use-disorder/#top. Accessed 10/27/23;
Opioid Use Disorder and Health Care in Skilled Nursing Facilities Info Sheet. Legal Action Center. June 2021. Available at: https://www.lac.org/assets/files/SNF-MOUD-Info-Sheet-June-2021-ak-formatted.pdf. Accessed 10/27/23.

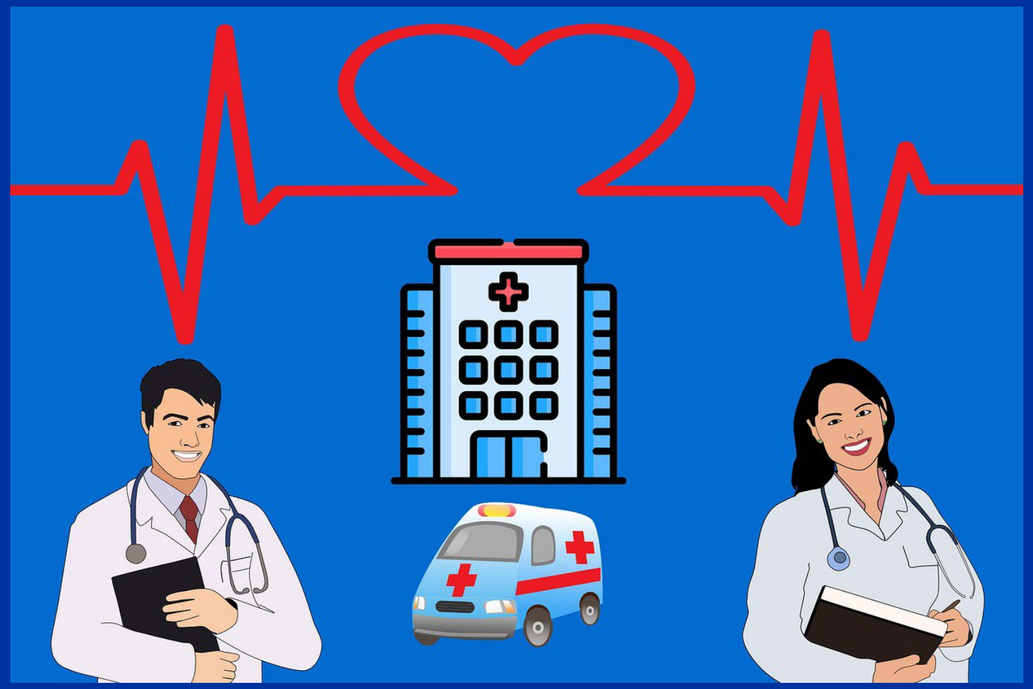
Current Relevant Litigation

- Landua v. Good Samaritan Hospital et al.
  - Alleged discrimination
    - Not continuing home MOUD during admission
    - Denied home-based IV antibiotic treatment
  - Citing violation of
    - Americans with Disabilities Act
    - The Rehabilitation Act of 1973
    - Section 1557 of the Patient Protection and Affordable Care Act
    - New York State Human Rights Law

Landua v. Good Samaritan Hospital et al. Legal Action Center. October 2023. Available at: https://www.lac.org/resource/landau-v-good-samaritan-hospital-et-al. Accessed 10/27/23.

Emergency Departments

- Legal obligations (EMTALA, ADA, Rehabilitation Act, Title VI)
  - Screening/Diagnostic Assessment
  - MOUD
  - Facilitated referral
- Current state
  - Buprenorphine prescription rate 8.5%
  - Naloxone prescription rate 7.4%
    - Comparatively – epinephrine prescription rate 48.9% after ED visit for anaphylaxis

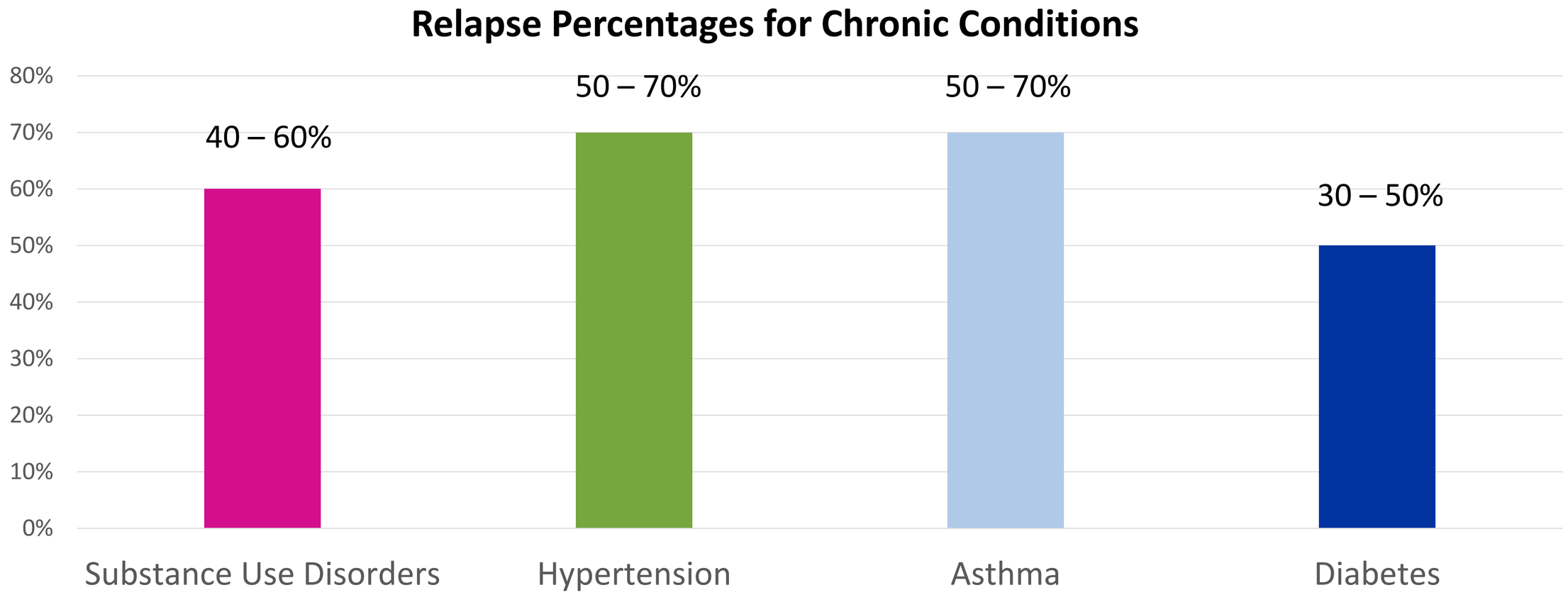


Yeboah-Sampong, et al. Emergency: Hospitals are Violating Federal Law by Denying Required Care for Substance Use Disorders in Emergency Departments. Legal Action Center Report. 2021. Available at: https://www.lac.org/resource/emergency-hospitals-can-violate-federal-law-by-denying-necessary-care-for-substance-use-disorders-in-emergency-departments. Accessed 10/28/2023. *Ann Emerg Med*. 2022;79(3):225-236.


Unveiling
Stigma in OUD
Treatment

First Impressions - OUD

- **Stigmatizing assumption:** patients with OUD just want to "get high" or lack the will power to stop using
- **Scientific understanding:** OUD is a chronic, relapsing disease → rates comparable to other chronic conditions



JAMA. 2000;284(13):1689-1695.
National Academies of Sciences, Engineering, and Medicine. 2019.
NIDA. Treatment and Recovery. National Institute on Drug Abuse. 2023

Treatment of OUD

- **Stigmatizing assumption:** medications like methadone and buprenorphine don't work; they're just a substitute for non-prescribed opioids
- **Scientific understanding:** MOUD stabilizes brain chemistry, blocks the euphoric effects of opioids, relieves physiological cravings, and improves physical and mental health
- ↓ illicit opioid use, **all-cause and overdose-related mortality,** disease rates, and criminal legal involvement
- Hospital or ED-initiated buprenorphine is associated with **↓ rates of other opioid use** and **↑ engagement in treatment** after discharge compared to discharge without MOUD
- MOUD also associated with decreased morbidity:
  - Lower rates of other opioid use
  - Improved social functioning
  - Decreased injection drug use
  - Reduced risk of HIV/HCV infection
  - Improved quality of life

Larochelle MR, et al. Ann Intern Med. 2018;169:137-145.
Sordo L, et al. BMJ. 2017;357:j1550.
Liebschutz JM, et al. JAMA Intern Med. 2014;174(8):1369-1376.
National Academies of Sciences, Engineering, and Medicine. 2019.

Pharmacotherapy Mortality Reduction Across Common Chronic Disease States

OUD	• Patients on active MOUD→ **82%** less likely to die of an overdose and ↓ all-cause mortality by **~50%**
Hypertension	• ACE Inhibitors reduce the risk of all-cause mortality by **13%** and cardiovascular deaths by **17%**
Asthma	• Regular use of inhaled steroids reduces risk of death by **60%**
Diabetes	• SGLT-2i and GLP-1a's reduce mortality risk by **27%** and **25%**, respectively

SAMHSA MAT Effectiveness. Updated 7/25/2022. Available at:https://www.samhsa.gov/medication-assisted-treatment;
Addiction. 2020;115(8):1496-1508

JAMA Intern Med. 2014;174(5):773–785
Thorax 2002;57:683-686
BMJ Open Diabetes Research and Care 2020;8:e000940

Treatment of OUD in the Hospital

Patient taking MOUD at home

Continue MOUD whenever possible

- Verify dose
  - Methadone: call opioid treatment program to confirm and make them aware of admission- don't delay treatment for days when awaiting confirmation
  - Buprenorphine: Look at prescription drug monitoring program, evaluate urine drug screen data as part of the clinical picture
- Engage in care coordination for continued outpatient follow-up

Patients not taking MOUD

Offer and explain symptom and mortality benefits

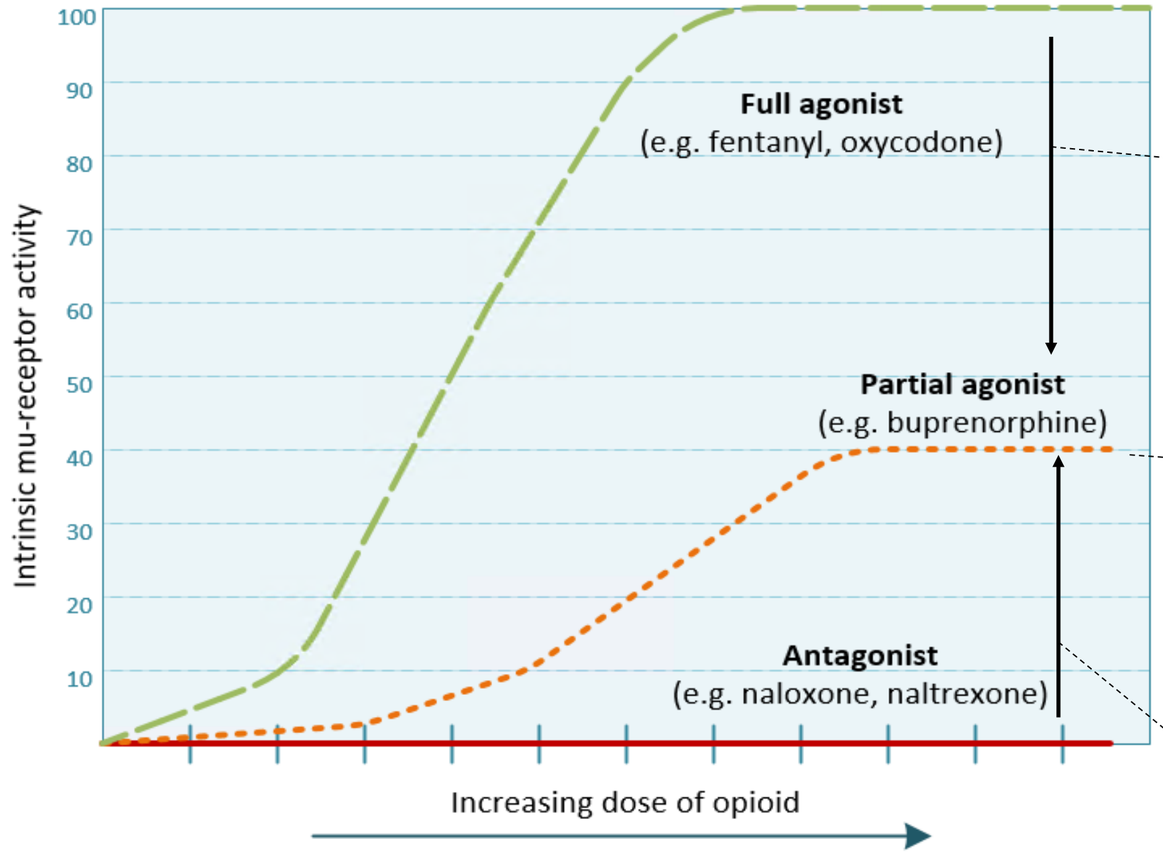
- Treat withdrawal symptoms
  - MOUD most effective but symptom-based meds should be used when appropriate
- If MOUD initiated, coordinate care for outpatient follow-up, prescribe naloxone
- If MOUD not initiated, prescribe naloxone and educate on harm reduction strategies

UKCoP Beyond the Script

1. ASAM. J Addict Med. 2020;14(2S Suppl 1): 1-91.
2. SAMHSA. TIP Series 63 Publication No. PEP21-02-01-002. 2021.

Treatment of OUD: Buprenorphine

Mu-receptor activity: Partial agonist with **high binding affinity**



Adapted from : Renner JA. (2019) Figure 5.1. Current Clinical Psychiatry. Humana, Cham.

- If BUP initiated after recent full-agonist use→ **precipitates withdrawal**
- Once BUP has been initiated, immediate release full-agonist opioids can be utilized for acute pain management

Partial agonism produces **"Ceiling Effect"**

If **already experiencing** withdrawal → **relieves withdrawal** symptoms

- Lower risk of overdose compared to methadone
- Completely blocks or reduces euphoric effects of full opioid agonists

1. ASAM. J Addict Med. 2020;14(2S Suppl 1): 1-91.
2. SAMHSA. TIP Series 63 Publication No. PEP21-02-01-002. 2021.

Acute Pain Management in OUD

- **Stigmatizing assumption:** giving patients with OUD full agonist opioids for pain is illegal and/or will worsen their disease
- **Stigmatizing assumption:** patients with OUD will report more pain/request higher doses because they're opioid seeking

- **Scientific understanding:**
  - Chronic opioid exposure increases pain sensitivity
  - Patients with higher opioid tolerance will require higher doses
- **Strategies:**
  - **Optimize non-opioid analgesics** as medically appropriate
  - **Continue or initiate MOUD** as able; consider increasing dose/frequency
  - For severe, acute pain, add short-acting opioids, anticipating **higher dose requirements**

ASAM. The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder – 2020 Focused Update. 2020
Kohan L, Potru S, Barreveld A*, et al. Regional Anesthesia & Pain Medicine* Published Online: 12 August 2021. doi: 10.1136/rapm-2021-103007

Legal Considerations for MOUD Prescribing

Narcotic Addict Treatment Act, 1974[1]:
Practitioners must register as a Narcotic Treatment Program with the DEA in order to administer/dispense methadone for treatment of substance use disorder.

Mainstreaming Addiction Treatment (MAT) Act, 2023[2]:
All practitioners who have a current DEA registration that includes Schedule III authority, may now prescribe buprenorphine for opioid use disorder in their practice if permitted by applicable state law

Title 21 CFR 1306.07(c)[3]:
Any authorized hospital staff may "administer or dispense narcotic drugs in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment of conditions other than addiction."

In the hospital:

- Methadone **may be given for the treatment of OUD** while patients receive treatment for their admitting conditions
- Buprenorphine may be initiated or continued

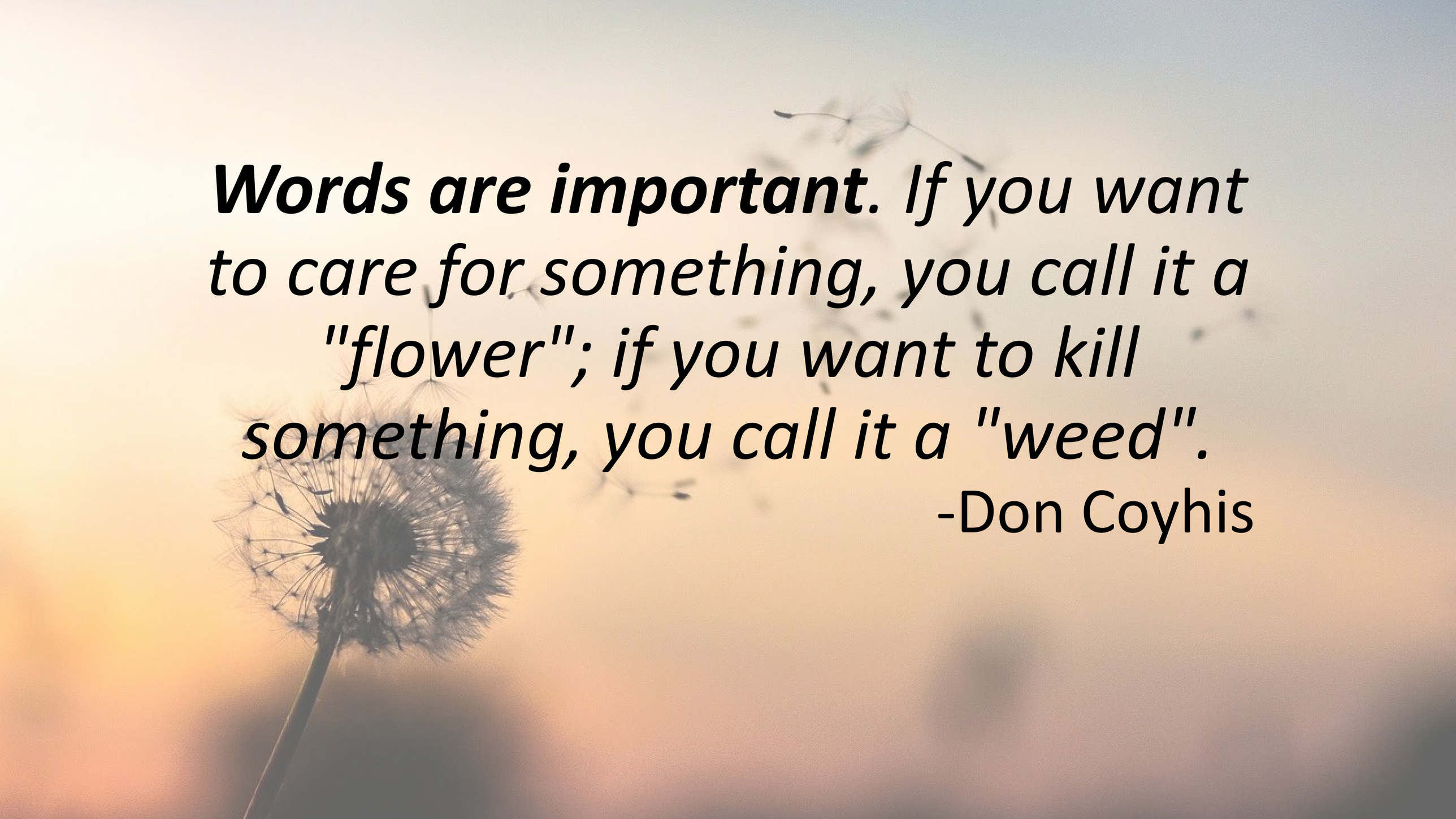
Outpatient:

- Methadone for MOUD **cannot be prescribed by anyone except an Opioid Treatment Program** – must arrange next-day follow-up at a treatment program
- Buprenorphine prescriptions may be written by **any prescriber with an active DEA registration** (schedule III privileges)

1. S. 1115 (93rd): Narcotic Addict Treatment Act
2. Section 1262 of the Consolidated Appropriations Act, 2023 (Pub. L. 117-328)
3. 21 CFR 1306.07

A Call to Action

UKCoP
Beyond the Script


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

Reduce Stigma through: *Person First Language*

- Puts the **person before** the condition/behavior, rather than defining them by it
- **Medically accurate** and **current**
- Evidence-based way of **reducing stigma** in health care & on a societal level

He has.... substance use disorder

Person **Condition**

UKCoP
Beyond the Script

NIDA. Words Matter – Terms to Use and Avoid When Talking About Addiction. 2021.

Rethinking Addiction Terminology

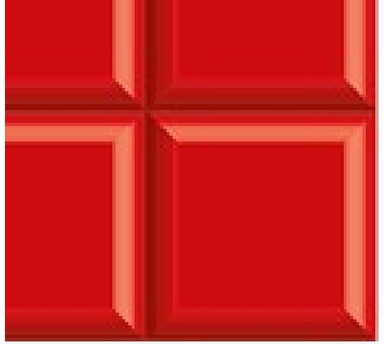
Avoid	Try Instead
Abuser, addict	Person with an opioid use disorder
Abuse, misuse	Substance use, Non-medical use
Lapse, relapse, slip	Recurrence of symptoms
Clean (regarding person)	In remission or recovery, not currently or actively using drugs
Clean or dirty (regarding urine drug test results)	Negative or positive (test results)
Medication Assisted Treatment (MAT), Opioid Replacement Therapy (ORT), Opioid maintenance therapy, Opioid substitution therapy	Medication for opioid use disorder, addiction medication, pharmacotherapy
Narcotic (a legal term referring to illegal drugs and has negative connotations)	Opioid

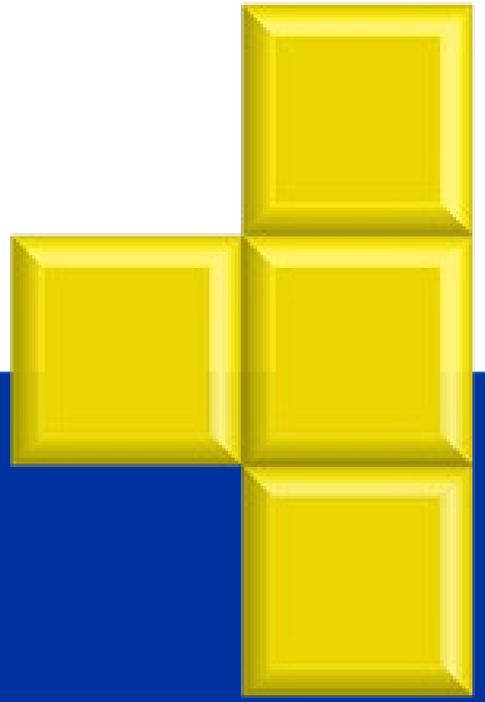
Addictionary®. Recovery Research Institute.
Ashford RD et al. Drug Alcohol Depend. 2018; 189:131-8.
Kelly JF et al. Int J Drug Policy. 2010; 21(3):202-7.
FitzGerald C et al. BMC Med Ethics. 2017; 18(1):19
NIDA. Words Matter – Terms to Use and Avoid When Talking About Addiction. 2021.

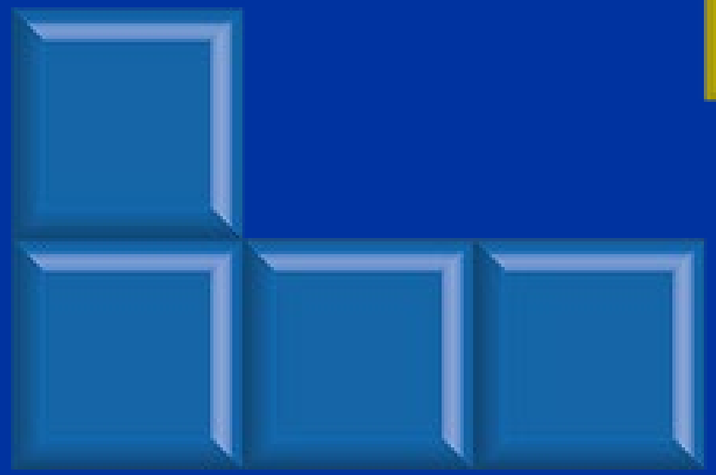
Start the Conversation

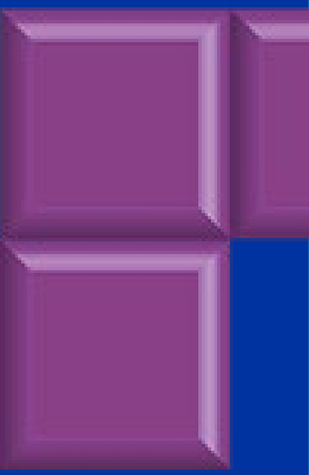
- Hey, I recently learned about how implicit bias is influenced by language…
- Did you know that labels like “addict, user, abuser” are stigmatizing and negatively impact the care of patients with OUD?
- When we talk about patients, it is really important to use first person language to avoid defining them by a disease state.
- I want to give you some different words because “addict and dirty UDS” are associated with and perpetuate stigma and I don’t think that is your intention.
- Can we please update the problem list from Medication Assisted Treatment to Medication for OUD? Medications aren’t assisting treatment, they are treatment.

Put it Into Practice









BR is a 32yo man with OUD and a history of injecting drugs who was transferred from an outside hospital for stabilization and management of traumatic injuries from a motor vehicle crash.

- BP 165/83 mmHg | HR 99 bpm | RR 21 bpm | SpO2 99% | T 37.1°C
- Pain score 10/10; COWS* 15 (moderate opioid withdrawal)
- Home medications:
  - Methadone 80 mg PO daily
- Inpatient medications:
  - Acetaminophen 650 mg PO q4h PRN mild-moderate pain (used x1/24 hrs)
  - Famotidine 20 mg PO daily
  - Hydromorphone 0.5 mg IV q4h PRN breakthrough pain (used x6/24hrs)
  - Oxycodone 5 mg PO q4h PRN moderate-severe pain (used x6/24hrs)

*Clinical opioid withdrawal scale

Provider: Our next patient to discuss is Mr R, a 32-year-old IV drug abuser involved in a motor vehicle accident and transferred from an outside hospital. His urine drug screen was dirty on admission. He is postop day 2 from surgery to address trauma related to the crash. Nursing, how's he been for you today?

Nurse: He's still complaining of a lot of pain, but he's an addict so I think it's just drug-seeking behavior. He's constantly saying that nothing that we give him is helping even though I'm giving him his pain meds around the clock, so I bet he's just trying to get higher doses. I know he had a big surgery, but he did this to himself so I think he needs to accept the consequences. Also, he's been asking about his methadone – he says he was getting it every day before coming to the hospital. Are you planning to restart that?

Provider: Thanks for the update. I'm not sure about the medication-assisted treatment – I don't want to stop it abruptly and cause withdrawal, but that's an opioid too, so if we continue it we're just trading one drug for another, aren't we? He obviously wasn't clean before coming into the hospital since his UDS was dirty on admission so the methadone isn't even working. Steph, do you have any suggestions to help his pain without narcotics?

Stigmatizing Language

Provider: Our next patient to discuss is Mr R, a 32-year-old **IV drug abuser** involved in a motor vehicle accident and transferred from an outside hospital. His **urine drug screen was dirty** on admission. He is postop day 2 from surgery to address trauma related to the crash. Nursing, how's he been for you today?

Nurse: He's still **complaining** of a lot of pain, but he's an **addict** so I think it's just **drug-seeking behavior**. He's constantly saying that nothing that we give him is helping even though I'm giving him his pain meds around the clock, so I bet he's just trying to get higher doses. I know he had a big surgery, but he did this to himself so I think he needs to accept the consequences. Also, he's been asking about his methadone – he says he was getting it every day before coming to the hospital. Are you planning to restart that?

Provider: Thanks for the update. I'm not sure about the **medication-assisted treatment** – I don't want to stop it abruptly and cause withdrawal, but that's an opioid too, so if we continue it we're just trading one drug for another, aren't we? He obviously wasn't **clean** before coming into the hospital since his UDS was dirty on admission so the methadone isn't even working. Steph, do you have any suggestions to help his pain without **narcotics**?

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Stigmatizing Assumptions

Provider: Our next patient to discuss is Mr R, a 32-year-old IV drug abuser involved in a motor vehicle accident and transferred from an outside hospital. His urine drug screen was **dirty on admission**. He is postop day 2 from surgery to address trauma related to the crash. Nursing, how's he been for you today?

Nurse: He's still **complaining** of a lot of pain, but he's an addict so I think it's just **drug-seeking behavior**. He's constantly saying that nothing that we give him is helping even though I'm giving him his pain meds around the clock, so I bet he's just **trying to get higher doses**. I know he had a big surgery, but **he did this to himself so I think he needs to accept the consequences**. Also, he's been asking about his methadone – he says he was getting it every day before coming to the hospital. Are you planning to restart that?

Provider: Thanks for the update. I'm not sure about the medication-assisted treatment – I don't want to stop it abruptly and cause withdrawal, but that's an opioid too, so if we continue it **we're just trading one drug for another**, aren't we? He **obviously wasn't clean** before coming into the hospital since his UDS was dirty on admission **so the methadone isn't even working**. Steph, do you have any suggestions to help his pain without narcotics?

Striking Stigma – Rewriting the Narrative

Provider: Our next patient to discuss is Mr R, a **32-year-old man with opioid use disorder and history of injection drug use** involved in a motor vehicle accident and transferred from an outside hospital. His urine drug screen was **positive for fentanyl and norfentanyl on admission but we confirmed that he received fentanyl for pain control during transport and the patient reports that he is doing well in treatment without symptom recurrence**. He is postop day 2 from surgery to address trauma related to the crash. Nursing, how's he been for you today?

Nurse: He's still **reporting** a lot of pain, but **his home methadone has not yet been restarted. Can we get that order in right away, please?**

Provider: Thanks for the update. **Yes, I will enter the methadone order now and ensure he gets a dose shortly.** Steph, **do you know his dose** and have any suggestions to **help his pain?**

Pharmacist (Steph): Yes, I called the clinic this morning and confirmed that he takes 80 mg once daily. I would suggest optimizing his multimodal therapies. Let's start by scheduling the acetaminophen, adding a scheduled NSAID, and try a dose of IVPB ketamine for analgesia. Can we also increase his immediate release opioid dose to get things under better control acutely and then we can wean back down as his pain improves after surgery?

Key Pearls

- OUD-related stigma is pervasive and harmful
- Support evidence-based treatment and policy
- Model preferred language
- Start the conversation and begin to change culture in real-time

Helpful Resources

- Reducing Stigma Education Tools (ReSET)- free CE from OpenEdX partnership with Dell Med School: https://vbhc.dellmed.utexas.edu/courses/course-v1:ut+cn01+2020-21/about
- NIDA Words Matter CME/CE: https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction
- Addictionary: https://www.recoveryanswers.org/addiction-ary/
- NIDA Initiating BUP Resources for Prescribers (includes examples and cases for motivating patients): https://nida.nih.gov/nidamed-medical-health-professionals/discipline-specific-resources/emergency-physicians-first-responders/initiating-buprenorphine-treatment-in-emergency-department
- APhA Pharmacists Role in Reducing Stigma Surrounding OUD: https://www.pharmacist.com/DNNGlobalStorageRedirector.ashx?egsfid=NAXJNeFUWwM%3d

Helpful Resources – Videos/ Podcasts

- Excellent short YouTube videos explaining addiction:
  - Episode 1 (The Hijacker): https://www.youtube.com/watch?v=MbOAKmzKmJo
  - Episode 2 (Whirlpools of Risk): https://www.youtube.com/watch?v=YJ01SUcQySs
  - Episode 3 (Understanding Severity): https://youtu.be/PYjTKApza6E
  - Episode 4 (Don't Wait for "Rock Bottom"): https://www.youtube.com/watch?v=u6gd8WB0v-E
- Harvard Science of Addiction: https://youtu.be/pe5loX720Rk?si=LSUqNvw478fZIFFn
- American College of Emergency Physicians stigma video: https://vimeo.com/417656739
- Individual Stories:
  - Addiction: A Story of Stigma, A Story of Hope: https://www.youtube.com/watch?v=HHiN7JftdcY
  - Beating Opioid Addiction: https://youtu.be/PfwO4rrd5CM?si=gC29g83X_KxJdDH4
- ★ Podcast: The Daily – "He Tried to Save a Friend. They Charged Him With Murder" Direct link: https://www.nytimes.com/2023/09/22/podcasts/the-daily/fentanyl-murder.html

“Do the best you can until you know better.

Then when you know better, do better.”

— Maya Angelou