Stigma toward OUD and MOUD in Healthcare and Communities
Today’s Facilitator

Joe Sepulveda, MD, ABPN, ABPM, FAPA, FASAM
Family Health Centers of San Diego
Adult Psychiatrist, Assistant Medical Director
ATSH Coach

In Conversation With:

Dominique McDowell
Direction of Addiction and Homeless Services, Marin City Health and Wellness

Laura Wong
Pharmacy Director, Sonoma County Indian Health Project

Albert Titman
Lead SUD Counselor, Sacramento Native American Health Center
Agenda

• Background on stigma: Evidence, experience and impact
• Panelist Introductions
• Discussion
• Closing
Terminology

MAT: Medications for Addiction Treatment

MOUD: Medications for Opioid Use Disorder
Stigma against people with OUD and MOUD

- Prevalent in healthcare
  - Providers
  - Medical offices
  - Hospitals
  - Emergency Departments
  - Counseling Centers
  - Detention Facilities
  - Pharmacies
  - Peer settings—> NA, 12-step, etc.
Stigma can be defined as

- Stereotyping
- Prejudice
- Discrimination
- Exclusion
- Avoidance
- Rejection
- Loss of status of individuals
Stigma, Language Matters

• Stigmatizing language
  • Drug-seeking
  • Addict, abuser, junkie
  • Clean, Dirty
  • Habit, Drug habit
  • User
  • Drug problem

• But tone and body language also matter
Stigma can be expressed as

- Belief OUD represents willful misconduct or choice
- Patients with OUD cannot be treated
- Patients with OUD have a disruptive influence on a practice
- Addressing OUD is “elective” and therefore not necessary.
- We can’t treat OUD because we don’t have counseling... it’s not in our protocols... legal concerns... etc.
Stigma toward patients with OUD leads to real consequences

• Can result in:
  • Greater support for punitive policies
  • Denial of Services
  • Reluctance to engage in treatment
  • Providers and staff less engaged and empathetic
  • Worsen health outcomes by decreasing engagement in treatment

An unjust punishment is never forgotten.

— Penelope Fitzgerald —
Many patients do not volunteer their taking MOUD

- Fear being ostracized

Narcotics Anonymous (NA) has historically seen MOUD as contrary to its philosophy

- Chapters may exclude people taking MOUD from holding leadership positions or attending meetings
Stigma and the Pharmacy

• Studies have shown that Stigma among pharmacist can lead to:
  • Reluctance to provide Naloxone
  • Reluctance to provide MOUD


Why Aren't Australian Pharmacists Supplying Naloxone? Findings From a Qualitative Study

Anna Olsen 1, Belinda Lawton 2, Robyn Dwyer 3, Meng-Wong Taing 4, Ka Lai Joyce Chun 5, Samantha Hollingworth 5, Suzanne Nielsen 6


Dispensing Naloxone Without a Prescription: Survey Evaluation of Ohio Pharmacists

Erin L Thompson 1, P S S Rao 2, Christopher Hayes 3, Catherine Purtill 3
Stigma among Providers

- More than a **third** of physicians surveyed believe addiction is a choice.
  - ...addiction is different than other chronic diseases
- Notions of causality and controllability
  - ...belief patients are to blame and could stop if they wanted to
- These are major factors in increasing stigma
Stigma among Providers

- 12% of hospitalists and 6% of PCPs believe someone who uses drugs
  - Is committing a crime
  - Deserve to be punished
- “That any physician explicitly endorses punishment for a medical disease is concerning.” (Wakemen, S., et al)
Stigma in Communities

• NIMBY effect
  • Not In My Back Yard = NIMBY

• Church and religious culture
  • Substance use long been viewed as a sin

• Native Culture and Traditions
  • Excluded from ceremonies and sweat lodge
Stigma in Recovery Settings

• Still exists today
  
  • Patients encouraged to “taper off” MOUD
  
  • Recovery staff using stigmatizing language

• Community recovery facilities “electing” to close during COVID-19
  
  • Translation... the services they provide is “elective” for a “non-medical” issue
Today’s Panelists

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Stigma: Starting the Conversation

What is your care setting?

How do you encounter stigma in your work environment and community?
Discussion

- How has stigma been exacerbated by COVID-19?
- How is stigma showing up in your organization?
- What are some strategies that have been successful to combat stigma?

• Join the conversation!
• Use the chat box or unmute (*6) to share your experience
Next Steps

The breakout room will close at 1:50 pm and you’ll be automatically sent back to the main Zoom room (your line will be muted)

Please fill out the poll/survey – it will help CCI in planning the final webinar in this series (on July 23).

Thank you!