

AzMAT Mentors Program Provider Collaboration Tool #3

Reducing Substance Use Disorder Stigma

The AzMAT Mentors Program aims to increase capacity for offering opioid use disorder (OUD) prevention, harm reduction, treatment, and recovery. This is a tool for experienced medication assisted treatment (MAT) providers to use when collaborating with less experienced MAT providers. Please consider using this during collaborative consultations if your collaborator indicated a **high priority in community and social resources**.

Impact of Stigma in Healthcare.

People with OUD often face discrimination, even in healthcare settings. Harmful narratives that people with OUD are dangerous or untreatable can come from the stigma placed on them. Stigma is created from stereotypes, prejudice, biases, and in discrimination. Stigma may result in implicit or explicit biases or negative perceptions which may result in barriers accessing services and inequitable or suboptimal care.¹⁻² There are different types of stigma (Figure 1), it's widespread, and can be harmful in healthcare. For example:

- The National Institute of Health states that 75% of primary care physicians appeared to have high levels of stigmatizing beliefs about people with OUD.³
- Those experiencing SUD do not seek medical care for fear of mistreatment.⁴ Stigma may be blamed for decreases in patient willingness to seek SUD treatment and feelings of negative emotions.^{4,5}
- Patients seeking care for SUD report experiencing overt and covert blame, verbal, and physical abuse due to their substance use in the medical setting.⁴

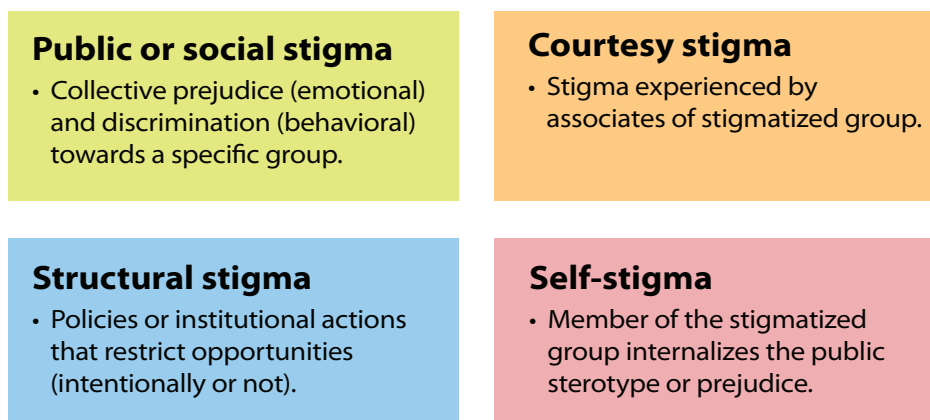


Figure 1. Types of Stigma.

Notes. Exposure to multiple sources of stigma can have a larger, cumulative effect. Figure based on the work of Wogen & Restrepo.²

Reducing stigma is essential to the public health response. Remember SUD/OUD may be a symptom of **underlying pain**. Offer care, and compassion, opposed to alienation and judgment.^{4,7}

Solutions for Addressing Stigma.

With understanding and tools, providers can successfully address stigma. Here are some solutions:^{1,5}

- **Self-stigma:** Providers are encouraged to engage patients in participate in behavioral interventions and employment skills training.

(over)

- **Social stigma:** Providers are encouraged to share positive stories of people who experience SUD.
- **Structural Stigma:** Providers are encouraged to take part in educational critical reflection, have contact with people who have SUD, participate in multi-cultural training, and behavioral interventions.
- ▶ **TIP:** Consider taking the test, [Implicit Association Test \(IAT\)](#), founded in 1998. The test measures implicit bias at multiple levels of sex, gender, religion, race, etc.

Note: The University of Arizona's College of Medicine requires this test to be taken by personnel as part of their Diversity, Equity, and Inclusion (DEI) training. While there is no specific measure for SUD/OD, the AzMAT Mentors Program recommends this test as an evidence-based reflection strategy for implicit bias across sociocultural structures that can intersect with stigma of an individual's SUD/OD.

Importance of Word Choice. Providers can show leadership with their word choice to destigmatize SUD/OD. Use non-stigmatizing language that is science-based to give people dignity and respect.^{4,6,7} Avoid words such as abuser, addict, or substance abuser. Instead use person-first language such as: person experiencing substance use disorder or person with substance use disorder. Additional person-first language suggestions are available in the [Addictionary](#) developed by the [Recovery Research Institute](#).

Reflection and practice. Research shows reflection may lead to improved clinical skills.⁶ We invite you to take a few minutes to reflect on these prompts and record your responses:

The National Institute of Health states that 75% of primary care physicians appeared to have high levels of stigmatizing beliefs about people with OUD.³

- **Prompt:** What do you imagine when you hear a person described as: “addict,” “substance abuser,” “user,” “former addict?”
- How does your perception change when you hear them described as a person with substance use disorder or a person in recovery?
- **Reflect:** What, if any, differences did you imagine about these two people? How, if at all, might you recommend different treatment plans?

Other Resources:

- The National Institute of Drug Abuse (NIH) offers free CME courses on word choice topics for physicians, physician assistants, registered nurses, nurse practitioners:
 1. [Words Matter - Terms to Use and Avoid When Talking About Addiction](#)
 2. [Your Words Matter – Language Showing Compassion and Care for Women, Infants, Families, and Communities Impacted by Substance Use Disorder](#)
- Center for Rural Health, AzMAT Mentors Program website : <https://crh.arizona.edu/mentor>

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