

Healthcare Stigma Reduction Intervention Best Practice Guidelines

The National Academy of Medicine, Dell Medical School (DMS) at The University of Texas at Austin, and Shatterproof cohosted the Stigma of Addiction Summit on June 10, 2021, to discuss the negative impact of stigma on people with substance use disorders and elevate action-oriented strategies to address and eliminate the harms caused by stigma. As a follow-up to the larger Summit, a smaller group of healthcare professionals, alongside the teams at Shatterproof and DMS, convened to discuss addiction stigma within healthcare systems more specifically.

One output of that convening is this Healthcare Stigma Reduction Intervention Best Practice Guidelines, which aims to provide guidance for teams in healthcare settings who are looking to develop and implement addiction stigma interventions in their system. This is comprised of four distinct components:

1. What to do when designing an addiction stigma reduction intervention for healthcare professionals;
2. What the content of an addiction stigma reduction intervention for healthcare professionals should focus on;
3. What an addiction stigma reduction intervention for healthcare professionals should not do or focus on; and
4. What additional policy changes should be supported to encourage systems change, reduce addiction stigma, and increase access to care.

Different teams, systems, and providers will have different capacity and focuses, and as such, interventions will vary accordingly. Thoughtfulness, thoroughness, and attention must be paid to addressing these components. This will facilitate reduction of addiction stigma and contribute to broader systems and culture change regarding healthcare professional attitudes towards people who use substances and who have a substance use disorder.

When designing an addiction stigma reduction intervention for healthcare professionals, the project team should:

- ✓ Acknowledge there is significant opportunity healthcare systems to improve the way they support those who use substances and those with a substance use disorder to create a healthcare system that is more responsive to individual needs and creates a culture of safety.
- ✓ Design the intervention to create a healthcare system that is more responsive to individual needs.
- ✓ Acknowledge and embrace that language and science change over time.
- ✓ Acknowledge that many health care professionals strive to provide equitable, high quality and non-stigmatizing care but may lack the knowledge, skills, and / or structural support to do so.
- ✓ Design the intervention alongside those with lived experience of addiction to various substances and treatment modalities including medication-based treatments throughout all planning and development components – the intervention should be informed directly by the priority population.
- ✓ Build from the knowledge that people and communities of color have borne the brunt of racist drug policies, society's overall response to substance use, and have been disproportionately incarcerated rather than supported or treated in response to substance use and substance use disorders.
- ✓ Ground the intervention in evidence-based practices and science.

- ✓ Conduct formative and summative research by embedding evaluation components throughout the intervention, including:
 - ✓ Clearly defined goals and measures of success.
 - ✓ Comprehensive pre- and post-intervention metrics to assess attitudinal, behavioral, and service-level changes and performance metrics.
 - ✓ Obtaining feedback from patients: How can we better support you when you are seeking care and receiving care? How can we make it less stigmatizing and more embracing? How can we better engage you when seeking care? Are you feeling less stigmatized when seeking care for any medical concern? When seeking care or support for substance use?
- ✓ Plan for sustainability and repetition beyond initial intervention execution through barrier reduction, capacity building, and empowering future trainers.
- ✓ Account for and engage all interprofessional care providers and facility staff who engage with patients with a substance use disorder or who use substances at any point in the care continuum.
- ✓ Recognize that many care providers want to improve their care of people with substance use disorders but as part of a learning process, may make mistakes (e.g., inadvertently use a stigmatizing term); when possible, colleagues should confront such mistakes with compassion rather than reprimand to support a culture of learning and improvement.

The content of an addiction stigma reduction intervention for healthcare professionals should:

- ✓ Focus heavily on the interpersonal skills needed to meet patients where they are at and support their choice of treatment and ensure they are treated the same as any other patient with a medical condition.
- ✓ Increase awareness among non-addiction specialists of patients with a substance use disorder or who use substances in their patient populations and how nearly every chronic disease can be affected by substance use.
- ✓ Develop a medically accurate and person-centered shared language and terminology about substance use and people with a substance use disorder.
- ✓ Humanize people with a substance use disorder, using evidence-based tactics including contact-based messaging and story-sharing including positive outcomes that demonstrate that SUD is a treatable condition.
- ✓ Incorporate local resources (addiction medicine and psychiatry clinicians, substance use coalitions, peer recovery coaches and advocates, etc.) along with patient and family advisory boards when designing policies and services.
- ✓ Incorporate a focus on the social determinants of health beyond the immediate clinical context and how they may influence both access and response to clinical care.
- ✓ Embrace a “do no harm” mentality by adopting a trauma-informed approach that normalizes harm reduction, including reconsidering long-standing organizational policies and procedures.
- ✓ Push health professional participants towards adopting a holistic, person-centered approach to care that understands stigma not only as pertains to healthcare, but along with the understanding of it as it intersects with the adjacent systems (carceral, housing, employment) with which people with SUD interact in their daily lives.

- ✓ Acknowledge that people living with substance use disorder often face multiple forms of stigma, including those perpetuated by racism, sexism, homophobia, and other intersectional biases.
- ✓ Incorporate the voices of people and communities of color that have been affected by substance use and substance use disorders and develop specific strategies to help support people of color living with addiction.
- ✓ Negate stigma around medications for addiction treatment (including medications for opioid use disorder) and disrupt the narrative that medications for opioid use disorder are “simply substituting one addiction for another”.
- ✓ Establish an ongoing relationship with local providers and support systems to augment services, inclusive of the full range of available recovery-oriented substance use disorder services (strengths-based therapies, social functioning supports, means of building recovery capital, etc.).
- ✓ Include skills and strategies to intervene when stigmatizing language is used by other health care professionals or systems.

An addiction stigma reduction intervention for healthcare professionals should not:

- ✓ Use stigmatizing language (e.g., addict, drug abuse / abuser, etc.).
- ✓ Avoid or close down difficult or challenging discussions about substance use disorders, people who use substances, stigma, biases, or lived experience. Open and thoughtful discussions are key to making progress, as well as to long-term attitudinal and behavioral change.
- ✓ Assume familiarity with substance use or substance use disorders (the disease model as well as psychosocial components).
- ✓ Assume that familiarity with substance use or substance use disorders always results in reduced stigma.
- ✓ Enforce abstinence-only goals and reinforce abstinence-only cultural norms.
- ✓ Center only on opioids.
- ✓ Fail to screen for / address any physical and mental co-morbidities

Though outside the scope of this list, healthcare professionals should support the following systems and policy changes to reduce addiction stigma and increase access to care, including those that focus on:

- ✓ Increasing patient access to substance use disorder treatments, and ensuring services are available at all medical centers.
- ✓ Increasing access to office-based Medications for Opioid Use Disorder (MOUD) treatment.
- ✓ Increasing availability of substance use disorder training for all healthcare providers.
- ✓ Increasing availability of addiction consultation services.
- ✓ Increasing regionally adaptable interventions, particularly for rural settings.

- ✓ Increasing substance use disorder treatment coverage.
- ✓ Increasing funding to implement trainings to reduce addiction stigma.
- ✓ Implementing policies that reduce structural barriers and discriminatory practices, increase training and education opportunities, and standardize an approach through accreditation.
- ✓ Integrating addiction curriculums for inter-professional care providers (e.g., doctors, advanced practice providers, nurses, social workers, pharmacists, lactation specialists, techs, etc.).
- ✓ Reducing the isolation of addiction treatment within the healthcare system, which has contributed to the entrenchment of the moral model of addiction as opposed to the disease model.
- ✓ Ensuring new generations of inter-professional care providers are educated to address stigma in a more thoughtful, coordinated way.
- ✓ Reducing barriers for support specialists to work within healthcare settings.