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For Integrated Practices: Seeking Safety

- It is 25 sessions over three months, with sessions held twice weekly
- The intervention is present-oriented
- Sessions focus on:
  1. Prioritizing safety
  2. Integrating trauma and substance use
  3. Rebuilding a sense of hope for the future
  4. Building cognitive, behavioral, interpersonal, and case management skill sets
  5. Refining clinicians' attention to processes
- Empowerment is key

Mr. P is a 44-year-old new patient presenting with chronic back pain from an injury 2 years ago. As you enter the room and greet the patient you sense they're on edge and ask if everything is ok so far this visit. The patient tersely relates overhearing front desk staff saying he is 'drug seeking' when letting the medical assistant know Mr. P has completed the check in process and is ready to be roomed. He also felt judged by the medical assistant after he answered yes to smoking cigarettes and drinking alcohol on the standard substance use screen the practice uses, noticing her tone changing from welcoming and conversational to cold and curt for the rest of the rooming process. You acknowledge the patient's concerns, and he tells you he was thinking of just walking out without being seen, but really wanted to meet you as you are taking care of one of his friends who also has chronic pain. You've significantly helped the friend get a better handle on the pain without resorting to opioids. Mr. P has sought care from several other providers, who offered opioids when short trials of non-narcotic pain relievers didn't help, but he is adamantly against taking opioids since his twin died of an opioid overdose 4 years ago, when the patient found him unresponsive during a camping trip, having not realized his brother had relapsed. What experiences did this patient have this visit that were stigmatizing and what were trauma-informed?

A. Stigmatizing: drug seeking labelling by front desk staff

B. Stigmatizing: judgmental tone of medical assistant

C. Trauma-Informed: validation by provider seeking to understand and acknowledge patient concerns

D. All the above

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Stigma: A Barrier to Care

- While we have moved the needle somewhat when it comes to stigma related to mental health conditions, less progress has been made regarding SUD
- People with SUD:
  - Blamed for their disease and often internalize that stigma
  - Feel tremendous amounts of shame and may refuse to seek treatment as a result
- Stigma can inhibit individual help-seeking behaviors
- Self-stigma is associated with low self-efficacy and may hinder accurate self-disclosure about use.
- Unconscious bias can prevent healthcare professionals from asking about alcohol or drug use
- Stigmatizing attitudes from clinicians can lead to under-treatment of patients with SUD

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Stigma and Medications for Substance Use Disorders (MSUD)

- Stigma is one of the biggest barriers to use of medications in treating SUD
- There remains a large discrepancy between prevalence rates of SUD and use of medications in treating SUD (MSUD)
- Common myths:
  - MSUD substitutes one addiction for another
  - MSUD is only a short-term treatment
  - MSUD is only for patients with severe illness
  - MSUD won't be covered by most insurances
- Patients taking medication for a SUD do not meet some 12-step based programs' definitions of abstinence

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The Role of the Primary Care Practice & Provider in Addressing Stigma

Change the language we use when talking about SUD

- Person-first language
- Allow patient to self-identify in any way, AND encourage adoption of language that destigmatizes SUD
- Use “substance use” to describe all substances
- Refer to severity specifiers – mild, moderate, severe – to indicate severity of the SUD
- When discussing treatment plans use evidence-based language instead of referring to treatment as an intervention
- Avoid terms such as addict, abuse, clean/dirty, addicted baby, medication assisted treatment

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The Role of the Primary Care Practice & Provider in Addressing Stigma

Other ways to decrease stigma:

- Increase availability and access to MSUD in the primary care setting
- Promote awareness of SUD as a chronic, relapsing and treatable brain disease
- Connect patients with supportive recovery community, including peers

National Institute on Drug Abuse (NIDA)