Open Minds, Open Care

Addressing Addiction Stigma in Healthcare

Courtney McKeon

Senior Vice President - National Stigma Initiative

Robert DeForde

Program Manager - Healthcare

- **History of Shatterproof**
- **Understanding Stigma**
- **Case Studies**
- **Impact of Provider Stigma**
- **Providers Pathway Education & Results**
- **Key Takeaways**
- **Discussion**

What We'll Cover Today

Learning Objectives

How provider organizations can integrate stigma reduction training into provider education

What barriers exist to implementing stigma-reduction strategies in clinical settings

How executive leadership can take an active role in challenging stigma within their teams

Who is Shatterproof?

- National nonprofit dedicated to reversing the addiction crisis in the U.S.

- Founded by Gary Mendell after losing his son to addiction

- Mission: Transform addiction treatment, reduce stigma, and drive systemic change

- Focus Areas
  - Advocacy & Policy
  - Treatment Quality (ATLAS)
  - National Stigma Initiative

What is Addiction Stigma?

Stigma is a socially and culturally constructed process that reproduces inequalities and is perpetuated by the exercise of social, economic, and political power.[1]

It is a barrier to receiving healthcare and engaging in help-seeking behaviors, and results in **discrimination** and **exclusion**.

Stereotypes	⬌	Prejudices	⬌	Discrimination

1. Stutterheim, S. E., van der Kooij, Y. L., Crutzen, R., Ruiter, R. A. C., Bos, A. E. R., & Kok, G. (2022). Applying principles of systematic behavior change to stigma reduction: Intervention Mapping as a guide to developing, implementing, and evaluating stigma interventions. PsyArXiv. Preprint. DOI: 10.31234/osf.io/5b89q

What is Stigma?

Public Stigma

Negative social attitudes towards people with substance use disorder.

Example: A community member assumes that someone with a substance use disorder is dangerous, morally weak, or responsible for their illness—and expresses that belief by avoiding, shaming, or speaking negatively about them.

Structural Stigma

Systemic policies, institutional practices, and cultural norms that disadvantage people with substance use disorder.

Example: A hospital that systematically avoids admitting patients with SUD for detox services—despite available beds—is enacting structural stigma. This may not stem from individual prejudice but from institutional risk-avoidance, lack of training, or discriminatory policy.

Self Stigma

Internalized shame among individuals with substance use disorder, reducing help-seeking behavior.

Example: A person with a substance use disorder internalizes society's negative beliefs about addiction and begins to see themselves as weak, unworthy of care, or beyond help.

Stigma Against Medications for Opioid Use Disorder (MOUD) - The misconception that MOUD involves "trading one addiction for another."

Societal Impact of Addiction Stigma

Shame and social isolation

Individuals not seeking help for their addiction

Insufficient treatment capacity

Health care coverage & reimbursement disparities

Non-evidence based treatment

Criminalization of people with SUD

Social and structural barriers to recovery

How Stigma Manifests in Healthcare

- Language

- Reluctance to treat

- Denial of Medications Opioid Use Disorder

- Inadequate pain management

- Example: Providers may see addiction as a moral failing

The Shatterproof Addiction Stigma

- Is a first-of-its-kind measurement tool designed to assess the public's attitudes about SUD, people who use substances, and treatment (public, structural, and MOUD stigma).

- Measures the perceptions of those with SUD, including the degree in which they have internalized this exclusion (self-stigma).

- Comprised of more than 50 validated stigma measures.

SASI Methodology

Utilizes Indices

An index measures change in a representative group of individual data points. The SASI has four stigma indices that measure public, structural, self, and MOUD stigma.

Measures on a Scale

Stigma questions are followed by Likert response options, ranging from 1 (lowest level of stigma) to 4 (highest level of stigma). These responses can be dichotomized into "positive/yes" and "negative/no."

Vignette Strategy

Utilizes a vignette strategy, which enabled a review of how stigma varied by substance type and recovery status.

> *You're going to read a description about a person – let's call him John. After you read the description of him, you will answer some questions about how you think and feel about him. There are no right or wrong answers. We are only interested in what you think of him."*

Healthcare Professionals and SUD Stigma

Shatterproof's Addiction Stigma Index identified the following:

45% of healthcare professionals falsely believe that **SUD is caused by a person's own bad character.**

69% of healthcare professionals would be unwilling to have someone with SUD **marry into their family**, and **50%** would be unwilling to have a person with SUD **as a close friend.**

61% of healthcare professionals endorsed the belief that use of **MOUDs is substituting one drug for another.**

Stigma's Impact on Treatment Seeking

- 48.5 million (16.7%) Americans (aged 12 and older) had a substance use disorder in the past year.
- Only 14% of people with SUD receiving the care they need.
- Among people who know they need substance use treatment but do not receive it, 10.4% cite the fear of attracting negative attitudes from their communities as a reason to not seek treatment.[2]

2. Substance Abuse and Mental Health Services Administration. (2022). 2021 National Survey on Drug Use and Health (NSDUH) Annual National Report. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report

Case Studies

Patient Denied Pain Management

- Scenario: A patient with a history of opioid use disorder presents with acute pain but is undertreated due to provider biases.

- Impact: Leads to unmanaged pain, decreased trust in healthcare, and potential relapse.

- Evidence: Research shows that individuals with SUD frequently receive inadequate pain management due to provider stigma (Morley et al., 2020).

Provider Hesitancy to Prescribe MOUD

- <u>Scenario:</u> A resident physician is reluctant to prescribe buprenorphine due to stigma and misconceptions about addiction treatment

- <u>Impact:</u> Delays in initiating effective treatment, contributing to poorer patient outcomes.

- <u>Evidence:</u> Studies indicate that stigma among healthcare providers leads to underutilization of evidence–based treatments for SUD (<u>Esterberg & Schechter, 2021</u>).
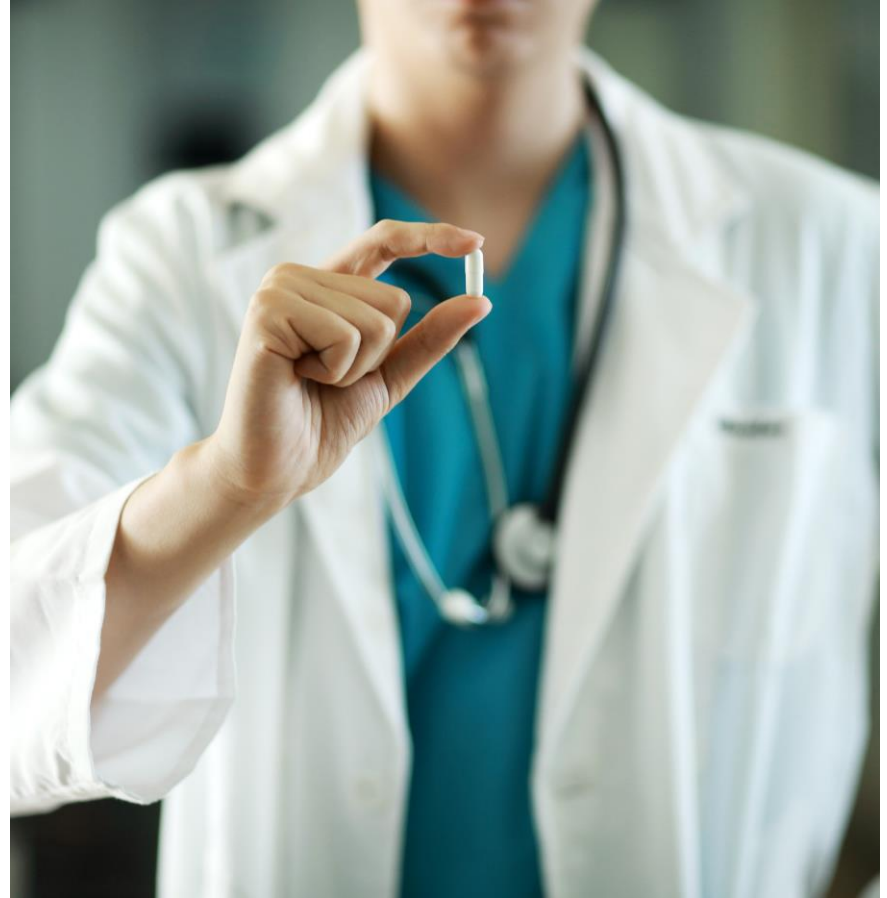
Provider Transformation Post-Education

- <u>Scenario:</u> A healthcare provider completes the "A Providers Pathway to Supporting Patients with SUD" curriculum and adopts a more compassionate approach towards patients with SUD.

- <u>Impact:</u> Improved patient-provider relationships and better treatment adherence.

- <u>Evidence:</u> "This was one of the best CME activities I have completed. It was engaging and included very important information. I enjoyed the cases as well."

What is the Impact of Stigma in Healthcare Settings?

Stigma in healthcare settings leads to

- Delays in treatment initiation
- Increases in healthcare avoidance
- Increases in morbidity & mortality

Example: A study found that healthcare providers frequently perceive addiction as a moral failing rather than a chronic disease, leading to suboptimal treatment (Kennedy-Hendricks et al., 2020).

Barriers to Reducing Addiction Stigma

- Under resourcing

- Burnout/overworked staff

- Long-term efficacy (needing reinforcement)

- Structural stigma (institutional policies)

- Lack of education and training

Education Among Healthcare Providers

Effectiveness of Educational Interventions

- Provider education can reduce stigma

- Educational programs targeting healthcare providers have been effective in improving attitudes and reducing stigma towards patients with SUD (Livingston et al., 2012).

- Early data from "A Providers Pathway" indicate positive shifts in provider attitudes and increased willingness to employ evidence-based treatments for addiction.

A Providers Pathway to Supporting Patients with SUD

- Virtual e-learning asynchronous curriculum to educate healthcare providers

- Includes modules on SUD, Stigma, Clinical Applications, Harm Reduction, MOUD, and Patient-Centered Care

- Free CEUs accredited by ASAM eligible to submit for MATE Act requirements

- Offers strategies to create a safe, non-stigmatizing environment for people with SUD

- Downloadable resources
  - Shatterproof Language Guide
  - Shatterproof Conversation Guide
  - One-pagers to post in clinical environments

Participant Feedback

- "We healthcare professionals have a lot of repair work to do in our interactions with patients in ALL marginalized communities. We especially need training in how best to support those moving through their recovery journeys. I cannot overstate how impactful the Provider's Pathway to Supporting Latino Patients with Substance Use Disorder course is in preparing clinicians to provide the most patient-centered experience." – Research Cohort Completer

- "This was one of the best CME activities I have completed. It was engaging and included very important information. I enjoyed the cases as well" – Non-Research Cohort Completer

- "Every lesson I learn[ed] is useful to better serve my patient with SUD and AUD" – Non-Research Cohort Completer

- "Use of an actual patient to incorporate the necessary learning tactics made it more practical and easier to apply the new information."– Non-Research Cohort Completer

Participant Feedback

"As a primary care physician working with diverse populations, I've taken many courses on substance use disorders—but none have resonated as deeply or proven as practical as this one. This course stands out for its culturally grounded approach to treatment among Latino communities. The inclusion of rich, real-life case examples throughout not only brought the content to life, but also gave me a roadmap for applying evidence-based practices in a culturally responsive way.

The course tackled the nuances of language, family dynamics, migration stressors, and stigma in ways that felt both respectful and incredibly insightful. Each module layered knowledge with practical tools I could use immediately in my clinic.

I've noticed a difference in my ability to build rapport and deliver more effective care to my Latino patients. I feel more confident, more equipped, and most importantly, more culturally attuned. I can't recommend this course highly enough to any clinician committed to equitable, effective substance use treatment."

- Primary Care Provider in Boston

Key Takeaways

- Stigma among healthcare providers negatively impact patient outcomes and access to care.

- "A Providers Pathway" is an effective intervention to reduce provider stigma and improve addiction treatment.

- Provider education is a key strategy in addressing the addiction crisis.
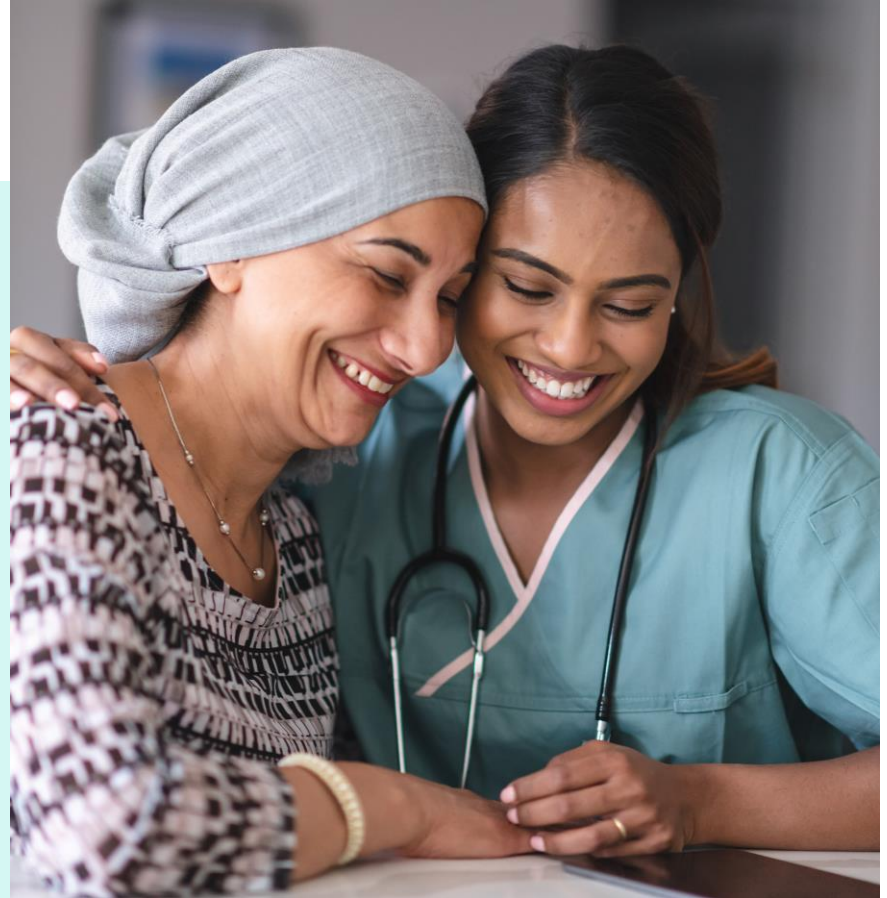
Take Action Today

- Incorporate person first, non-stigmatizing language in clinical documentation and conversations
  - Use the Shatterproof Language Guide in everyday team meetings and conversations

- Review and Revise institutional policies or intake forms for stigmatizing language or practices
  - Assess how you screen, treat, refer SUD

- Mentor or encourage trainees and new clinicians to engage in stigma education early
  - Normalize evidence-based, compassionate SUD care as a professional standard

- Integrate addiction stigma education into onboarding or CME requirements
  - Make A Providers Pathway a permanent feature of workforce training

- Host a stigma-reduction workshop or grand rounds
  - Use modules or case studies as a base for peer-learning

Access Providers Pathway Today

Questions?

Thank You!