

Let's Give them Something to Talk About: Demystifying Conversations with Families about Substance Use While Reducing Stigma and Bias

VA Early Intervention
October 8, 2024

Presented by
Sharon Hesselstine, BSW
Advanced Implementation Specialist





Opioid
Response
Network

1

Working with Communities

- ◆ The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- ◆ Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.




2

2

Working with Communities

- ◆ The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- ◆ *ORN* accepts requests for education and training.
- ◆ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.




3

3

Contact the Opioid Response Network

◇ To ask questions or submit a technical assistance request:


- Visit www.OpioidResponseNetwork.org
- Email orn@aaap.org
- Call 401-270-5900


4

4

“For decades, the public at large has viewed, and continues to view, addiction as simply a matter of individual choice. This view is largely driven by a lack of scientific understanding of the genetic, environmental and neurobiological aspects of substance use disorders and addiction. Language is perpetuated by the general public, by the media, by the medical community, and even among those in the recovery community. Historically, we have used language to isolate and to treat those affected in a less than compassionate and therapeutic way.”


—Michael Botticelli, Former Director of ONDCP


5

5

Today We Will:

Define	Discuss	Illustrate	Identify	Explore
Define stigma and examine its impact upon individuals experiencing addiction and those in recovery	Discuss implicit bias and examine strategies to examine and reduce our own unconscious bias	Illustrate the power of language in relationship to stigma and contrast stigmatizing language with the language of recovery	Identify actions each of us can take to reduce the impact of stigma	Explore strategies and grow capacity to facilitate non-judgmental conversations with families about substance use


6

6




Confronting Stigma & Discrimination
To tame it, we have to name it

7

“We Can’t Fight This Epidemic Without Removing Stigma”


~President Barack Obama
Charleston, West Virginia
October 21, 2015



8

What is Stigma/Explicit Bias?

- ✦ It is a characteristic or condition that is socially discrediting and is mainly influenced by whether **you think someone is to blame** and whether they have control over the behavior
- ✦ Two main factors influence stigma:
 - Cause
 - Controllability
- ✦ Stigma decreases when
 - “It’s not his fault”
 - “She can’t help it”



9

Why is Stigma so Damaging?

- ❖ Stigma depersonalizes people, depriving them of individual or personal qualities and personal identity
- ❖ Self-stigma becomes a major determinant in why those with a SUD delay seeking care or avoid care altogether
- ❖ Stigma plays a role in continuing to frustrate evidence-based and compassionate public policy
- ❖ Stigma continues to have a negative impact upon the quality of care those with an active SUD and those in recovery receive



10

What if....

- ❖ You go to the hospital with chest pain and are found to be having a heart attack
 - Told it's "your fault" because of your "choices"
 - Denied treatment because you "did it to yourself"
 - Given a list of cardiologists and cath labs to call
 - Only given aspirin if you agree to go to counseling
 - Kicked out of the hospital for more chest pain



11

The Intersection of Stigma & Gender

How opioid use and stigma disproportionately impacts pregnant women



12

Stigma Specific to Pregnant People with SUD

- ❖ Large body of evidence on the many negative health effects of tobacco and alcohol baby when used during pregnancy
 - Cigarette smoking is the leading preventable cause of pregnancy-related death and disease
 - Alcohol is the leading preventable cause of developmental and intellectual disabilities
- ❖ Yet emphasis continues to be on prenatal exposure to illegal substances which is not supported by scientific evidence
- ❖ Despite the stronger evidence of harm from pregnant women's use of legal substances, punitive policies focus on pregnant women's use of illegal substances

 Terplan et al, 2016

13

Impact of Stigma on Prenatal Care & Treatment

- ❖ Pregnant person with OUD is often reluctant to seek prenatal care according to recommended guidelines
- ❖ Stigma associated with use of MOUD contributes to reluctance to seek prenatal care
- ❖ Mandatory notifications or reporting requirements (child welfare) deter pregnant people from seeking prenatal care and/or SUD treatment
- ❖ Pregnant women fear losing custody as a result of MOUD
- ❖ 23 states and the District of Columbia consider substance use during pregnancy to be child abuse under civil child-welfare statutes, and 3 consider it grounds for civil commitment

 Leiner, Cody and Mullins et al, 2021; Guttmacher Institute, April 2021

14

"... I was scared coming here, because I thought it's gonna be immediate Social Services [involvement]. I [thought I] was never gonna see my child again... I never heard of this program, until the day I admitted I needed help, and that day was terrifying for me, because I'd had no idea what was gonna happen... people had told me [seeking treatment would mean immediate removal]..."

~"Billy"

 Leiner, Cody and Mullins et al, 2021

15

Impact of Stigma Around MOUD & Pregnant People

- ❖ Despite the strong body of evidence MOUD remains a highly stigmatized treatment
- ❖ In the many U.S. states where Medicaid coverage ends shortly after delivery, OUD treatment is also largely limited to pregnancy and may end abruptly for new parents
- ❖ Though recommended for OUD treatment, access to MOUD is uneven and geographically stratified
- ❖ Less access to MOUD in the U.S. South, despite higher rates of OUD and previous research documenting the highest national rates of opioid prescribing among people capable of pregnancy
- ❖ Only 19 states have either created or funded drug treatment programs specifically targeted to pregnant women



Leiner, Cody and Mullins et al, 2021; Guttmacher Institute, April 2021

16



Implicit Bias

The bias we're not conscious of

17

Implicit Bias

- ❖ Based on the assumption that subconscious associations exist toward the characteristics of individuals
- ❖ Implicit bias may be apart from and separate to, the social or ethical values we hold
- ❖ Measuring implicit bias has been recently popularized through the Implicit Association Task



18

Explicit vs. Implicit Bias

- | | |
|---|---|
| <ul style="list-style-type: none"> Expressed directly We are aware of the bias Intentional & Controllable Operates consciously Reporting impacted by social pressure | <ul style="list-style-type: none"> Expressed indirectly We are unaware of the bias Unintentional & difficult to control Operates sub/un-consciously Not as easily impacted by “how we see ourselves” |
|---|---|



19

Implicit Bias & Addiction

- Addiction stigma may also intersect with other forms of bias, such as racism and sexism
- Individuals with SUDs may be treated less favorably if they also hold other status characteristics that are marginalized
- Minorities are significantly more likely to be arrested and receive harsher sentences for drug-related offenses (although rates of use and selling are similar)
- Men are more likely to be sentenced and receive harsher sentences for drug-related crimes as opposed to women
- In relationship to people who inject drugs data suggests a preference for punishment in an implicit assessment but for help in the explicit assessment



Kulesza et al, 2016

20

Intersectionality of Addiction, Stigma & Women

- More concern, sympathy, and interest in helping behavior towards women (vs. men) with SUDs
- Women felt they would be looked down upon by others, more than their male counterparts would be, if their identity of a “drug user” was known to others
- Reporting of pregnant women to state authorities (specific to SUD) as well as prosecution and incarceration in the US has disproportionately affected the low-income women of color



Kulesza et al, 2016, Terplan et al, 2015

21

The Impact of Language on Implicit Bias

The term "addict" inspires more negative attitudes both in isolation and compared to the term "substance use disorder"

The term "substance use disorder" appears to be a less-stigmatizing term on both explicit and implicit levels

"Person with a substance use disorder" may be a better alternative than the label of "addict"

By replacing the word "addict" with "person with a substance use disorder" in our communication we may reduce negative bias toward those with SUD or in recovery from an SUD



Ashford, Brown & Curtis, 2019

22

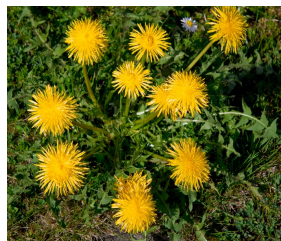


Language Considerations
Our language impacts our attitudes and our attitudes impact care

23

**Words are important. If you want to care for something, you call it a flower;
if you want to kill something, you call it a weed.**

~Don Coyhis



24

2013 Open Letter to the Media

Signed by 51 nationally recognized doctors (M.D. & PhD.)

Key Points:

- ✦ No newborn is born addicted
- ✦ Infants of mothers with an SUD are not "victims"
- ✦ NAS, when it occurs, is treatable and has not been associated with long-term adverse consequences
- ✦ Media misinformation and stigmatizing characterization discourage appropriate federally recommended treatment



25

Things We Can Do:

- ✦ Put people first: Do say "A person with a behavioral health condition" or "a person diagnosed with ..."
- ✦ Emphasize abilities - focus on what is strong such as the person's strengths, skills & passions
- ✦ Focus on language that is respectful, clear and understandable, free of jargon, confusing data, and speculation
- ✦ Focus on language that is non-judgmental and carries a sense of commitment, hope and opportunity



Adapted in 2019 from Wahl, O. (2010). Recovery Language.
Adapted from Burge, M., /Consumer Advocate (2010). Excerpt from speech given at The MHS Conference 2010

26

Changing the Narrative:

Deficit-Based

Strengths-Based

- | | | |
|-------------------------|---|--|
| ✦ An addict/junkie | → | A person diagnosed with an addiction |
| ✦ Substance abuser | → | Person with an addiction to |
| ✦ Treatment Team | → | Recovery Team, Recovery Support System |
| ✦ Relapse | → | Return to use/re-emergence of symptoms |
| ✦ Not ready/not willing | → | Experiencing ambivalence |
| ✦ Non-compliant | → | Experience challenges around |




Janice Tondora, Psy.D.

27

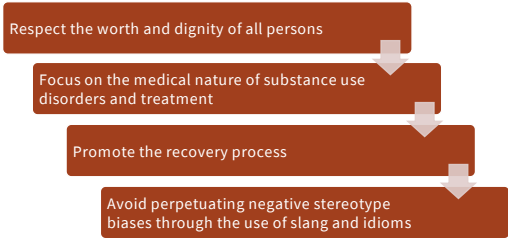
Changing the Narrative:


Deficit-Based		Strengths-Based
◇ Drug abuse	→	Drug misuse, harmful use
◇ Clean	→	Abstinent, not actively using, negative for
◇ Dirty	→	Actively using, presence of, positive for
◇ MAT	→	Medication to treat addiction
◇ Former addict	→	Person in recovery

 Janice Tondora, Psy.D.

28

Language Guidelines:



 Broyles et al, 2014

29



Towards Becoming a Stigma Free Zone:

Things You Can Do

30

The Addictionary

If we want addiction destigmatized,
we need a language that's unified

The words we use matter. Caution needs to be taken, especially when the disorders concerned are heavily stigmatized as substance use disorders are

<https://www.recoveryanswers.org/addiction-ary/>

31

Language Audit

- Perform a "language audit" of existing materials for language that may be stigmatizing, then replace with more inclusive language
- Example: Using the search and replace function for electronic documents, search for "addict" and replace with "person with a substance use disorder," or search for "abuse" and replace with "use" or "misuse"
- Make sure to review both internal documents (e.g., mission statements, policies) as well as external ones (e.g., brochures, patient forms)

32

"If we don't choose our words carefully, we perpetuate bias, cloud understanding and end up distancing ourselves from the people we want to help."

~Howard Koh, Harvard T.H. Chan School of Public Health

33



34



35



36

Normalizing Conversations Around Use of Substances

- ✦ Leveraging societal trends such as Dry January, Sober Curious and increased awareness of detrimental health impacts of alcohol use
- ✦ Being open about your own discomfort as you begin to initiate conversations
- ✦ Tapping back to things you've learned recently in training and things your program has been thinking about
- ✦ Remain curious – learn about what participants think, opinions and perspectives matter
 - What are your thoughts about . . .
 - What do you see in your own circle of friends and family
 - How do you feel about . . .

37



Talking with Families in Recovery About Recovery

38

Reflection/Discussion

- ✦ Setting expectations
- ✦ Opening the conversation
- ✦ Shifting the conversation – focus on the person, parental role and goals – how do we keep a balanced conversation that isn't focused on the question of use/abstinence

39

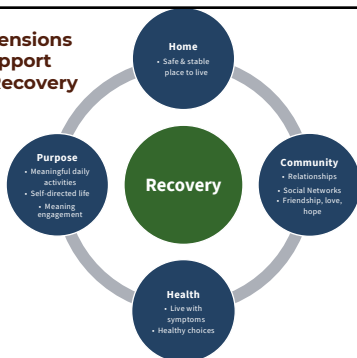
Exploring Recovery Experiences

- ✧ Recovery as a broad-based construct
- ✧ Let's look at the Four Dimensions of Recovery
- ✧ Consider the Key Ingredients necessary for long term recovery
- ✧ Operate from the assumption that recovery is important to the participant
- ✧ Learn about what recovery looks like to them
- ✧ Discussions about how broad recovery is – let's dispel the myth that recovery is exclusive to what happens in 12-Step programs
- ✧ Making room for 12-Step recovery without making it the only kind of recovery with legitimacy



40

Four Dimensions that Support a Life in Recovery



SAMHSA, BRSS TACS

41

Reflection

- ✧ What are your:
 - Experiences
 - Concerns
 - Hopes
 - Apprehensions




42



43

What is Harm Reduction?


- ✦ The idea that because we cannot completely eliminate risk and harm, we should do our best to minimize them
- ✦ Harm reduction practices mean that whether or not a person is using, our actions as providers and support people convey that their health, and role as a parent matters
- ✦ Services and supports are not contingent upon a person making specific behavior changes related to their substance use


Pregnancy & Substance Use: A Harm Reduction Toolkit


44

But What About the Baby?

- ✦ Much of the research that has been conducted on pregnant people who use drugs cannot definitively state if one behavior or drug causes a poor outcome
- ✦ Alcohol and tobacco are the exceptions where use has been demonstrated to have the potential for causing or contributing to a poor outcome
- ✦ In many cases, studies about pregnancy and substance use cannot and have not controlled for other variables (such as poverty, racism, other substance use, trauma, poor nutrition and ACE's) that might lead to negative outcomes


Pregnancy & Substance Use: A Harm Reduction Toolkit

45



Recurrence/Return to Use

46

Return to Use & Recurrence

- ◆ Returning to use or simply using a mood-altering substance is **NOT** the same as re-activation of the disease of addiction/SUD severe
- ◆ Is not a failure and doesn't mean treatment or recovery supports are ineffective
- ◆ Does not automatically and inherently mean children are or will be unsafe
- ◆ Shorter length of recurrence coupled with minimal to no loss of stability gained during recovery supports continued movement forward
- ◆ When it comes to recovery being unstoppable may matter more than being perfect

47

Potential Early Signs

- ◆ Isolation
- ◆ Marked decrease in recovery-oriented activities or with recovery support network
- ◆ Unusually focused on others and their challenges
- ◆ Unusually problem focused – difficulty orienting toward solutions
- ◆ Focus on positive aspects of active use or minimizing consequences associated with past use
- ◆ Re-emergence of past survival strategies such as lying or manipulation

48

Planning for Safety of Children

- ✦ Needs to be embedded within a person-centered strengths-based approach
- ✦ Builds on the foundation of a trusting relationship between the family support staff and those receiving support
- ✦ Happens within the context of collaborative relationships with community partners
- ✦ Relies on the continued growth and nurturing of the family's natural supports



49

Planning for Family Support

- ✦ Supporting parents to have a plan that assures child safety in the event of recurrence is a valid activity
- ✦ When families are involved with child welfare it is important to coordinate with the social/case worker to assure congruence with the safety plan
- ✦ Having a reliable and responsible back-up for taking care of children can be incorporated into Goal Plan or can be a stand-alone plan
- ✦ As with other planning, staff can act as a thinking and accountability partner to break goals down into manageable steps



50

Asking About Recurrence

- ✦ Conversations about recurrence require earlier conversations about substance use in general
- ✦ Paving the way and offering non-judgmental spaces to share about substance use is critical
- ✦ Fear of child protection presents a significant barrier to open conversation
- ✦ The changing landscape around legalization and de-criminalization specific to some substances may promote opportunities for conversation



51

Talking About Talking



- ❖ What are your thoughts regarding talking about recovery status/SUD history?
- ❖ How would you begin a conversation about substance use disorder history?
- ❖ Under what situations have parents shared SUD history?
- ❖ How have you broached such conversations previously?



52

Questions



53

Thank – you for all you do to support families with substance use challenges



Please take a few minutes to let us know how we did today. You can use the camera on your phone to scan the QR code below or use the link in the chat to complete an evaluation



54

References

◊ <https://www.samhsa.gov/data/default/files/reports/rm49393/2019NSDUHFFBPDFWH17M/2019NSDUHFFB090120.htm#recapry>

◊ Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021. Retrieved on 3/9/22 from <https://www.cdc.gov/nchs/data/dds/drug-overdose-data-hs>

◊ Substance Abuse and Mental Health Services Administration (US); Office of the Surgeon General (US). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health [Internet]. Washington (DC): US Department of Health and Human Services; 2019. Available from: <https://www.samhsa.gov/2k19/sgr>

◊ NIDA. 2020, September 18. Principles of Effective Treatment. Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment> on 2021, April 5

◊ Broyles LM, Binswanger IA, Jenkins JA, Finnell DS, Faseru B, Caviola A, Pugatch M, Gordon AJ. Confronting inadvertent stigma and pejorative language in addiction scholarship: a recognition and response. *Subst Abuse*. 2014;35(3):217-21. doi: 10.1080/08897077.2014.930372. PMID: 24911031; PMCID: PMC6042508.

◊ Abrams, Z. (2019, June). The stigma that undermines care. *Monitor on Psychology*, 50(6). <http://www.apa.org/monitor/2019/06/cover-stigma>

◊ Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and alcohol dependence*, 189, 131-138. <https://doi.org/10.1016/j.drugalcdep.2018.05.006>

◊ Kentucky Injury Prevention and Research Center Retrieved on 3/9/22 from <https://www.ky.gov/programs/overdose-data-action/overdose-data>



55

References cont.

◊ Leiner, C., Cady, T., Mullins, N., et al. "The elephant in the room": a qualitative study of perinatal fears in opioid use disorder treatment in Southern Appalachia. *BMC Pregnancy Childbirth* 21, 143 (2021). <https://doi.org/10.1186/s12758-021-01595-9>

◊ Leonieke C. van Boekel, Evelien P.M. Brouwers, Jaap van Weeghel, Henk F.L. Garretsen, Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. *Drug and Alcohol Dependence*, Volume 131, Issues 1-2, 2013, Pages 23-35, ISSN 0376-8716. <https://www.sciencedirect.com/science/article/pii/S0376871613000577>

◊ Kulesza, M., Matsuda, M., Ramirez, J. J., Wernitz, A. J., Teachman, B. A., & Lindgren, K. P. (2016). Towards greater understanding of addiction stigma: Intersectionality with race/ethnicity and gender. *Drug and alcohol dependence*, 165, 85-91. <https://doi.org/10.1016/j.drugalcdep.2016.10.076>

◊ Terplan, M., Kennedy-Hendricks, A., & Chisolm, M. S. (2015). Prenatal Substance Use: Exploring Assumptions of Maternal Unfitness. *Substance abuse: research and treatment*, 9(Suppl 2), 1-4. <https://doi.org/10.4177/1545-5016.9.2.1>

◊ Guttmacher Institute Retrieved on 4/5/21 from <https://www.guttmacher.org/state-policy/explore/substance-use-during-pregnancy>

◊ Ashford, R. D., Brown, A. M., & Curtis, B. (2019). The Language of Substance Use and Recovery: Novel Use of the Go/No-Go Association Task to Measure Implicit Bias. *Health communication*, 34(11), 1296-1302. <https://doi.org/10.1080/10410236.2018.1481709>

◊ Open Letter to the Media Retrieved on 4/5/21 from <https://advocatesforrecoveryandwellness.org/wp-content/uploads/2020/07/Opinion-Open-Letter-Media-2021-0706-001.pdf>

◊ Robert D. Ashford, Austin M. Brown, Rachel Ryding & Brenda Curtis (2020) Building recovery ready communities: the recovery ready ecosystem model and community framework, *Addiction Research & Theory*, 28(1), 1-11, DOI: <https://doi.org/10.1080/10410236.2020.1877179>

◊ SUD In Pregnancy: Improving Outcomes for Families - White House Report Retrieved 10/21/22 from: <https://www.whitehouse.gov/wp-content/uploads/2021/11/OWH-C-Report-Substance-Use-Disorder-and-Pregnancy.pdf>



56