Reducing Healthcare Stigma in Substance Use Disorder

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ABSTRACT

Objective: The aim of this literature review is to determine how stigma not only affects the healthcare of substance use disorder patients, but how we can improve the outcome of these patients.

Methods: Literature review of articles based on specific inclusion and exclusion criteria from UF OneSearch, Ohio Link, JAAPA, and research advisor.

Results: The studies showed a connection in decreased access and quality of care for substance use disorder patients based on a preexisting stigma amongst a wide variety of healthcare providers and students. The articles also discussed an educational and societal approach to reducing this stigma. In many cases, despite education, the stigma would persist.

Conclusion: Before we can provide education, we must acknowledge that stigma first exists. Providing better education to the general public and healthcare providers can help decrease the stigma that surrounds patients with substance use disorder to allow them to obtain the care they need

INTRODUCTION

Substance use disorder is dependence or overindulgence on an addictive substance, especially alcohol or drugs. It is a problem that has been plaguing the United States. In 2016 there were approximately 115 deaths daily in the US.[3] With this epidemic comes a stigma towards those individuals with substance use disorders. Stigma is a mark of disgrace associated with a particular circumstance, quality, or person. It effects how people interact with others and can lead to judgement upon others. When providers bring stigma into the exam room, it can affect how they approach the care of their patients. The aim of this literature review is to determine how stigma not only affects the care of substance use disorder patients, but how we can improve the outcome of these patients.

METHODS

A review of journals and articles related to the topic were gathered. UF OneSearch, Ohio Link and JAAPA were the three sources used. The key terms and phrases “substance abuse stigma”, “substance abuse disorder”, “provider stigma”, and “provider stigma substance abuse” were utilized to narrow the search. Inclusion criteria criterion of publication after the year 200 was used to ensure the literature was current. Articles had to be in full text and written in English. From this search, a total of 10 articles and studies were gathered to provide statistical data as well as supporting literature for this analysis.

DISCUSSION

The articles of literature reviewed identified key aspects of stigma and the impact stigma has on the access of care, the quality of care, and the quality of life of patients with substance use disorder. Terminology used shows statistical data that favors the use of more “positive” terms versus terms such as abuse, addict, and relapse. Educating students and providers about substance use disorder also showed statistical variance in the decline of perceived stigma when compared to those without the extra curriculum. Despite many efforts to reduce stigma, substance use disorder patients still perceive stigma throughout every aspect of treatment which can make them less likely to be compliant and willing to continue with treatment.

RESULTS

Study: Singh et al.

Population: 168 patients with opioid use disorder (OUD)

Evaluation: Hindi version of World Health Organization Quality of Life-brief version (WHOWOL-BREF) to evaluate the quality of life and stigma among OUD

Relationship between perceived stigma, sociodemographic and clinical characteristics with various QoL domains

Variables	QoL DOM-1		QOL DOM-2		QoL DOM-3		QoL DOM-4	
	Statistic	P	Statistic	P	Statistic	P	Statistic	P
Age (years)	-0.100[b]	0.19	-0.106[a]	0.17	-0.102	0.19	-0.158	0.04*
Education	-1.009[b]	0.31	-1.484[b]	0.14	-0.039	0.96	0.522	0.27
Employed	0.550[b]	0.58	-0.026[b]	0.97	-2.353	0.02	-0.547	0.58
Residence	-1.859[b]	0.06	-1.771	0.07	-1.256	0.21	-1.916	0.057
Family type	-0.610[b]	0.54	-1.337	0.18	0.191	0.84	-0.891	0.37
Duration of Substance use (years)	-0.121[a]	0.12	-0.036	0.64	-0.038	0.62	-0.010	0.90
Injecting drug use	-1.949[b]	0.053	-2.094	0.03*	0.990	0.32	0.170	0.86
High-risk behavior	-2.289[b]	0.02*	-1.493	0.13	0.523	0.66	0.487	0.62
Caught by police	-0.830[b]	0.41	0.097	0.92	0.929	0.35	0.802	0.42
Incarceration	-0.763[b]	0.45	-0.300	0.76	0.001	0.99	-0.306	0.76
Legal case pending	-0.844[b]	0.40	0.157	0.87	0.120	0.90	0.009	0.56
Drug peddling	-2.287[b]	0.02*	-2.404	0.01*	-0.158	0.87	-1.131	0.33
PSAS score	-0.321[a]	<0.01**	-0.300	<0.01**	-0.096	0.21	-0.235	0.002**

QoL- Quality of life; DOM- domain; PSAS- Perceived Stigma of Substance Abuse Scale. [a]Pearson correlation coefficient; [b]Independent t-test; *P<0.05; **P<0.01

Study: Luoma et al.

Population: 197 patients from fifteen residential and outpatient substance abuse treatment facilities

Evaluation: Survey involved multiple screenings including demographics, Acceptance and Action Questionnaire (AAQ), Quality of Life Scale (QOLS), Stigma-Related Rejection Scale (SRS), Internalized Shame Scale (ISS), Substance Abuse Perceived Stigma Scale (SAPSS), General Health Questionnaire (GHQ), and Secrecy Coping

Correlations between major outcome measures

	AAQ	QOL	Stigma-related rejection	Internalized shame	Perceived stigma	Global Mental Health	Secrecy coping
Acceptance and Action (AAQ)		-.34***	.29***	.56***	.12	.40***	.23***
Quality of Life (QOL)	-.34***		-.28***	-.49***	-.29***	-.61***	-.23*
Stigma-related rejection	.29***	-.28***		.50***	.42***	.29***	.39***
Internalized shame	.56***	-.49***	.50***		.25*	-.49***	.32***
Perceived Stigma	.12	-.29***	.42***	.25*		.15*	.42***
Global mental health	.40***	-.61***	.29***	-.49***	.15*		.15*
Secrecy coping	.23	-.23*	.39***	.32***	.42***	.15*	
Weeks employed in last year	-0.3	.05	-.03	-.14	-.22**	-.13	.02
Year of education	-.11	-.08	.09	-.01	.29***	.02	.14
No. of days of employment problems in last 30	-.02	-.13	.08	.08	.17*	.08	.20**
Enacted stigma item: rejection by friends:	-.07	.08	.28***	.08	.28***	-.04	.19**
Enacted stigma item: family gave up	.04	.04	.23**	.05	.18*	-.06	.11
Enacted stigma item: people were afraid	-.03	.01	.20**	.02	.17*	-.11	.14
Enacted stigma item: people treated him/her unfairly	.11	-.11	.27***	.21**	.30***	.12	.23**
Enacted stigma item: employers paid lower wages	.04	-.13	.30***	.20**	.27***	.12	.23**

Note: numbers above are Pearson Correlations (with pairwise exclusion of missing data) subjected to two-tailed tests. For the stigma scales: low scores on the Perceived stigma scale indicate greater stigma; high scores on the internalized shame, and Secrecy scales indicated greater stigma. For the well-being measures: low scores on the AAQ-9 indicated higher psychological flexibility;

Study: Ashford et al.

Population: 1288 participants with various backgrounds, education, social status, and genders

Evaluation: Go/No Go Association Task (GNAT) was utilized. Total of 7 GNATs utilized to evaluate any perceived stigma around the verbiage used to discuss substance use disorders

Within-subjects ANOVA word choice effects on positive and negative association d-prime scores

Group: NW-PW	NW + Good MS (SD)	NW + Bad MS (SD)	PW + Good MS (SD)	PW + Bad MS (SD)	df	Error	F	p	N_p^2
SA-SUD (N=153)	1.222 (0.932)	2.169 (1.181)	1.337 (0.985)	1.862 (1.080	2.703	410.833	55.509	<.001	.268
Addict-SUD (N=146)	1.584 (0.956)	2.395 (1.239)	1.584 (0.875)	2.069 (0.767)	2.478	359.267	41.419	<.001	.222
Alcoholic-AUD (N=216)	1.548 (1.007)	2.435 (1.446)	1.624 (0.954)	2.031 (0.919)	1.940	417.021	60.569	<.001	.220
Relapse-ROU (N=178)	0.900 (0.512)	1.940 (1.074)	1.426 (0.928)	2.016 (0.629)	2.435	431.011	117.020	<.001	.398
OA-OUD (N=211)	1.681 (0.855)	2.413 (1.070)	1.740 (0.896)	2.218 (0.984)	2.759	579.384	65.372	<.001	.237
MAT-PT (N=195)	1.701 (0.918)	1.775 (0.834)	1.990 (1.166)	1.770 (0.951)	2.302	446.496	9.166	<.001	.045
MAR-LTR (N=189)	1.413 (0.672)	1.145 (0.673)	1.264 (0.555)	1.024 (0.581)	2.863	538.172	46.045	<.001	.197

SA=Substance abuser, SUD=Person with a Substance Use Disorder, AUD=Person with an Alcohol Use Disorder, ROU=Recurrence of Use, OA=Opioid Addict, OUD=Person with Opioid Use Disorder, MAT=Medication-assisted Treatment, PT=Pharmacotherapy, MAR=Medication-assisted Recovery, LTF=Long-term Recovery, NW=Hypothesized Negative Word, PW=Hypothesized Positive word, MS=d-prime Mean Score, SD=d-prime Standard Deviation, df=Degree of Freedom, N_p^2=partial eta squared.

Study: Meltzer et al.

Population: 99 Internal Medicine Residents (37 PGY-1, 34 PGY-2, 28 PGY-3)

Evaluation: PGY-1 Residents attended addiction medicine course prior to testing. Medical Condition Regard Scale (MCRS) given to all residents and involved 4 conditions (alcoholism, narcotic pain medication dependence, heartburn, and pneumonia)

Means and Standard Deviations of Medical Condition Regard Scale Scores, Overall and Postgraduate Year (PGY)

	Christison et al. 2002			Overall (N=99) Male=54%		PGY-1 (n=37) Male=57%		PGY-2 (n=34) Male=60%		PGY-3 (n=28) Male=42%	
Medial Condition	n	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Pneumonia	24	53.8	6.9	54.53	6.49	55.15	5.99	53.43	6.36	55.10	7.29
Heartburn	23	50.3	6.4	48.89	5.96	50.33	6.60	48.06	4.42	48.09	6.61
Alcoholism*	38	44.6	9.1	41.41	7.74	41.70	7.59	39.26	8.03	40.18	7.59
Pain Medication	-	-	-	35.30	6.18	35.05	3.42	35.59	3.03	35.25	3.45

*Alcohol dependence rather than alcoholism used in the 2002 Christison study. The 2003 Christison study used alcoholism and had an equivalent mean MCRS score of 44.4. Thus, only the 2002 data are presented

CONCLUSION

This literature review displayed how stigma affects the patient provider relationship, as well as the treatment and care that patient receives. Stigma is something that involved in every aspect of life, especially for someone dealing with substance use disorder. Providers jobs are to treat patients’ diseases and disorders with the education that they receive. Stigma can and will affect the way a patient seeks treatment and ultimately can impact the outcome of this treatment. Education amongst providers and students was shown in several articles to help with the stigma. This education also needs to include knowledge of the stigma that they hold for substance use disorder patients and how they can reduce it to give the best possible care to their patients and help educate the general population. This education can span from general understanding of the term stigma and what it means to those patients as well as understanding more appropriate terminology to use to help ward off this stigma. By combining the understanding and education of substance use stigma, providers can and will help with the reduction of this stigma and lead to better treatment and quality of life for substance use disorder patients

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