Addressing the Dual Stigma of Substance Abuse and Medication-Assisted Treatment

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This activity is jointly-provided by SynAptiv and the Colorado Hospital Association
Conflict of Interest Disclosure

Statement

I have no financial interest or other relationships with the industry relative to the topics being discussed.

Office of Behavioral Health

OBH oversees and purchases substance use and mental health prevention, treatment, and recovery services and provides inpatient care at the state mental health institutes.

- Supports behavioral health programs through federal and state dollars, technical assistance, data and analysis, training, and regulation.
- Licenses and monitors all SUD treatment programs including opioid treatment programs, community mental health services, and crisis system.
- Manages the federal State Targeted Response to the Opioid Crisis grant ($15.7 million over 2 years).
Age-Adjusted Rates of Alcohol and Drug Overdose Deaths in Colorado, 2000-2016

Age-Adjusted Rates per 100,000 of Opioid-Related and Heroin-Related Overdose Deaths, by Age & Race, 2015

Data Source: Vital Statistics Program, CDPHE.
Error bars represent the 95% confidence interval of the age-specific or age-adjusted rate.
Drug-type categories are not mutually exclusive; cases are counted more than once if they were positive for multiple substances.
Rates for Asian/Pacific Islander, and heroin-related rates for American Indian, are not displayed due to small numbers of events (fewer than three).
What is Stigma?

**Structural stigma** comes from institutions and includes laws, policies, and practices.
Examples: housing discrimination, school expulsions, lack of research funding, insurance inequities and the need for parity laws.

**Public stigma** comes from communities and is based on attitudes.
Examples: segregation, lack of trust, poor treatment of individuals, blaming families, exclusion, mocking and belittling.

**Self-stigma** is the internalization of these public and institutional realities that lead an individual to feel shame, embarrassment, low self-esteem, denial, and fear of seeking help.
Examples: hiding symptoms of behavioral health disorders, lying, avoiding personal relationships, low goal attainment, refusing treatment, anger, separation from the relationships and services needed most.

“They look at you like you’re a drug addict and then they look at you like they can treat you any way they want. You know what I mean. You're a drug addict. Well, you're lower than I am if you use drugs.” - MAT patient
**What is the Difference?**

Stephen, age 43
- Type II Diabetes diagnosis
- 12 ED visits his first year
- Takes insulin daily
- Talks with his co-workers about his condition
- Educates friends and family on how to address a diabetic emergency
- Primary care provider engages in meaningful communication

Steve, age 43
- Opioid Use Disorder diagnosis
- 12 ED visits his first year
- Takes methadone daily
- Hides his diagnosis and treatment from co-workers
- Afraid carrying naloxone will “out” him as having OUD
- Primary care provider does not trust him

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**Public Attitudes Related to Substance Use Compared to Mental Illness**

Public attitudes about persons with drug addiction (N=347) and mental illness (N=362), 2017*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Drug Addiction</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unwilling to marry into family</td>
<td>56</td>
<td>59</td>
</tr>
<tr>
<td>Unwilling to work closely with others</td>
<td>58</td>
<td>59</td>
</tr>
<tr>
<td>Discrimination not a serious problem</td>
<td>69</td>
<td>69</td>
</tr>
<tr>
<td>Employers should be allowed to deny employment</td>
<td>57</td>
<td>54</td>
</tr>
<tr>
<td>Landlords should be allowed to deny housing</td>
<td>47</td>
<td>59</td>
</tr>
<tr>
<td>Treatment options not effective</td>
<td>44</td>
<td>59</td>
</tr>
<tr>
<td>Recovery not possible</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>Opposed to equivalent insurance benefits</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>Opposed to increased government spending on treatment</td>
<td>23</td>
<td>26</td>
</tr>
<tr>
<td>Opposed to increased government spending on housing</td>
<td>25</td>
<td>26</td>
</tr>
<tr>
<td>Opposed to increased government spending on youth support</td>
<td>17</td>
<td>17</td>
</tr>
</tbody>
</table>

* Responses on 7-point Likert scales were collapsed to dichotomous measure. Pearson chi square test assessed whether attitudes differed by the drug addiction or mental illness version of each survey item.

*p < .05, *p < .001
**Stigma Keeps People from Getting Treatment**

*Why Aren’t Coloradans Getting the Mental Health Services They Need?*

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured*</td>
<td>77.5</td>
<td>65.2</td>
<td>72.4</td>
</tr>
<tr>
<td>Concerned about the cost</td>
<td>75.6</td>
<td>57.3</td>
<td>56.1</td>
</tr>
<tr>
<td>Didn’t think health insurance would cover it**</td>
<td>55.3</td>
<td>43.3</td>
<td>43.1</td>
</tr>
<tr>
<td>Difficulty getting an appointment</td>
<td>30.5</td>
<td>34.0</td>
<td>35.2</td>
</tr>
<tr>
<td>Don’t feel comfortable talking about personal problems with a health professional</td>
<td>31.0</td>
<td>40.2</td>
<td>31.4</td>
</tr>
<tr>
<td>Concerned about someone finding out you have a problem</td>
<td>19.8</td>
<td>27.6</td>
<td>22.0</td>
</tr>
</tbody>
</table>

*Asked of uninsured during the past year  **Asked of those insured during the past year

Source: Colorado Health Institute, Colorado Health Access Survey

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**We Know How to Treat OUD**

Medication-Assisted Treatment is an evidence-based effective regimen to treat OUD

- **MAT**
  - Two components: Behavioral and chemical
  - Three effective medications
    - Behavioral Therapy
    - FDA-Approved Medications
      - Methadone
      - Buprenorphine
      - Naltrexone
Double Stigma

“And as soon as I would say that I was on methadone, they would switch up and treat me completely, completely different” - MAT patient, talking about stigma in providers

Looking Within: Stigma and Healthcare
Coming in Spring 2018