


**Stigma: Personal and Professional Challenges**

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## Overview

- Lift The Label Campaign
- Why stigma?
- My story
- The effects of stigma
- Standardizing compassion through clinical best practices
  - Successes (ED Pilot, ALTO)
  - What's Next? SHOUT
- SHOUTING my story

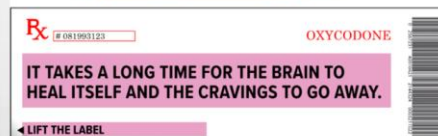
# LIFT THE LABEL

[www.liftthelabel.org](http://www.liftthelabel.org)

- Lift The Label is a public awareness campaign that strives to remove damaging labels and stigmas that prevent those with opioid addiction from seeking effective treatment.
- Lift The Label features real stories from Coloradans and focuses specifically on reducing stigma around the use of FDA-approved medication-assisted treatment, including methadone and buprenorphine.

## UNDERSTANDING MEDICATION-ASSISTED TREATMENT

Medication-assisted treatment (MAT) combines long-term behavioral therapy and medication programs to treat opioid addiction and is proven to be the most effective path to successful rehabilitation.



## OPIOID ADDICTION CAN HAPPEN TO ANYONE

## ANYONE CAN GET HELP

## Why choose to focus on stigma?

- Stigma and fear of judgment keep people in Colorado from seeking the treatment they need.<sup>1</sup>

**67,000**  
**Coloradans**

needed but did  
not get services for  
alcohol or drug use



**59.2%**

say stigma about  
substance use kept  
them from receiving  
needed care.



You were concerned about what would happen  
if someone found out you had a problem

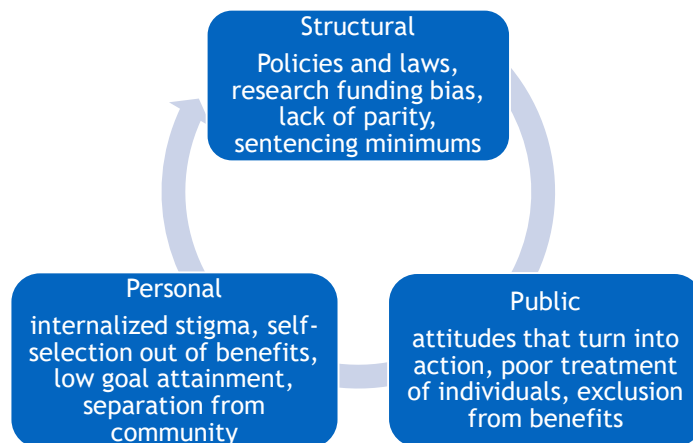
**43.9%**



- Unfortunately, their fears are well-founded.<sup>2,3</sup>
- To fight the opioid crisis, public health officials must address this barrier.



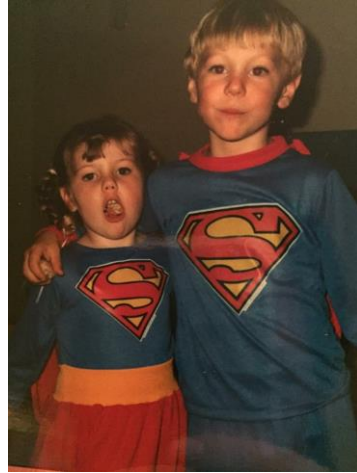
## Types of Stigma



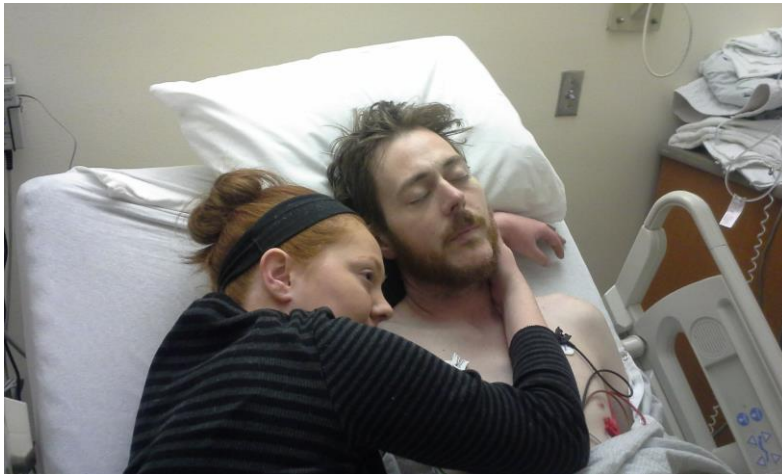
The three types of stigma have a symbiotic relationship in which each reinforces the other.



## *My Brother, Cory*



## *The downfall and the call*



## Diagnosis and prognosis

- Within a week, two admissions and an urgent care visit
- Finally diagnosed at a high ranking teaching hospital
- Endocarditis
  - 5 cm vegetation in his heart
  - Vegetation in his leg
  - Embolii in his eyes, all over his body, multiple in his brain
- Meningitis
- Had surgery on his leg, but had to wait for the heart surgery



## Fighting for his life

- Family coming in weekly to beg nurses to continue his methadone
- Multiple doctors and nurses telling me that they aren't a drug treatment center and that it isn't their job to treat his addiction
- Social worker's role and lack of connection to treatment
- Going back to a shelter was a death sentence

**"Resources" from the social worker**

**St. Louis City Shelters**

Housing Resources Center  
800 North Taylor, St. Louis, MO 63101-2000  
314-865-5444  
Mon-Fri 8:30 AM - 5:30 PM  
Sat 9-4 PM

\*Call this phone number to find a shelter bed for the following shelters:

- Catholic Charities
- Our Lady's Inn (pregnant women)
- Peter & Paul Community Services
- Salvation Army
- Shalom House (single women)
- United Methodist Ministry
- Grace & Peace
- Levee & Pines (women & children)
- Gateway Housing Center (women only)

**Other Available Shelters**

New Life Evangelistic Center (doors open @ 5:30)	314-231-2029
1411 Locust St. Louis Missouri	314-231-4209
Shalom House (men only, doors open @ 9 PM)	
1501 N 1st St.	314-234-5954
Covent House (Women 17-21 yrs)	314-351-4866
Covent House (Men 17-21 yrs)	314-351-4097
Beverly of Grace (Women 18-24 and Pregnant)	314-353-2777
Ministry of Grace (Women and Children)	314-727-4294
Youth Emergency Services (Ages 11-18)	314-726-3335
Harriet House	

**Shelters for Battered Women**

St. Martha's Hall	314-533-1313
Women's Safe House	314-792-4551
Women's Shelter	314-423-7177
Women's Center	314-792-4551
Porters Outreach	314-381-4422
Centra (Jefferson County)	616-931-4790



## *What went right*

In the end, it was family advocacy and provider champions who fought for Cory and led to his survival.

- His first doctor fought for him to get on methadone.
- We talked to the nurses and docs and stayed with him day in and day out, so they saw him as a brother and son.
- His ophthalmologist- he stayed some days because she believed in him
- He connected to one of his nurses who was understanding and credited her with his recovery
- He was too sick to get surgery, and after 8 weeks on IV antibiotics, he no longer needed surgery
- He moved to Colorado, got on Medicaid in 3 days, and got into treatment



## *The effects of MAT stigma*

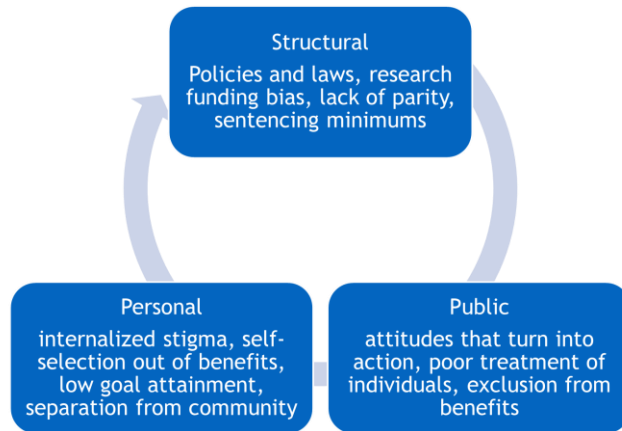
- Negative outcomes
  - 25-30% of patients admitted with OUD will leave AMA<sup>4</sup>
  - Patients leaving AMA come back with complications
  - Longer lengths of stay <sup>5</sup>
  - Patients overdose following hospital-imposed abstinence<sup>6</sup>
- Withdrawal makes patient more difficult to treat
  - Complicates clinical assessments, stability, compliance
- Lack of protocol leads to inconsistent care from care team
  - Each new physician tried to wean him off methadone
- Patients not seeking medical help
  - Personal stigma is clear in patient interactions
  - Bad experiences reinforce that people with addiction are not welcome in hospitals



## *This is why policy matters*

Medicine, health care, and health policy are all deeply personal, as well as structural and public.

Health professionals must seek to disrupt this cycle at every level



## *Policy change works*

CHA's Alternative to Opioids (ALTO) program exceeded expectations

Figure 2: ED-Specific Percent Change in Opioid MEU (2016 vs 2017)

Percent Change from Baseline in MEUs per 1,000 ED Visits



Buprenorphine Induction in the EDs

- ~60 patients have started MAT as a part of new protocols at two hospitals (UC Health and Centura)



## What's Next? Project SHOUT

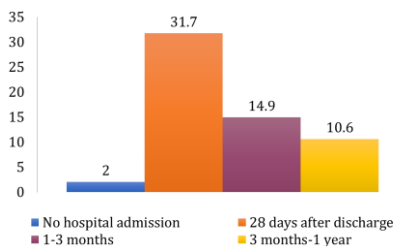
- **Project SHOUT:** Support for Hospital Opioid Use Treatment – provides clinical leaders with the tools to start and maintain patients on buprenorphine or methadone during hospitalizations for any condition, be it medical, surgical, or obstetric.
- Specialists from UCSF provide a range of FREE supporting materials, events, coaching, toolkits, and published guidelines.
- Series of webinars about the implementation of opioid agonist therapy in the hospital setting:
  - The Case for Inpatient Opioid Agonist Therapy
  - Buprenorphine and Methadone Induction
  - Acute Pain and Perioperative Management
  - Buprenorphine and Methadone in Pregnancy
  - Inpatient Hospital Logistics for Opioid Agonist Therapy
  - Discharge Planning and Starting Buprenorphine in the ED
  - Telemedicine- Breaking Down Barriers



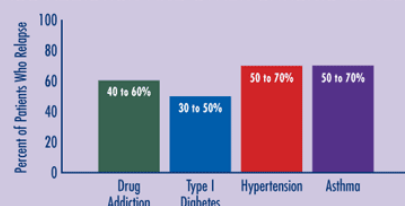
## OOD: The chronic illness we refuse to treat

- Abstinence and brief detox doesn't work, 80-90% relapse rate<sup>7</sup>
- MAT works, why are our providers not embracing such an effective treatment? <sup>8,9,10,11,12,13</sup>
- People with OUD want to get treatment<sup>14</sup>

### Drug related death per 1000 <sup>15</sup>



### COMPARISON OF RELAPSE RATES BETWEEN DRUG ADDICTION AND OTHER CHRONIC ILLNESSES



## *Why implement SHOUT?*

1. Caring for a person with OUD is incredibly challenging, MAT makes it easier to treat your patients.
2. Providing MAT decreases OUD patients leaving AMA, and everything that come with it.
3. YOU CAN DO THIS.
  - The successful SHOUT programs across TX, MA, TN, and CA are not run by specialists.
  - Generalists and administrators can access specialty care.
  - SHOUT has a warm line you can call with systems issues, individual patients, complex poly-substance use, UA results, etc.
  - **(855) 300-3595**. Consultation is available Monday through Friday, between 9 a.m. and 8 p.m. ET, from addiction medicine-certified physicians, clinical pharmacists, and nurses with expertise in pharmacotherapy for opioid use.



## *Walking away today please:*

- Consider how your hospitals would have treated Cory. What is the outcome of endocarditis in your hospital?
- Consider what MAT protocols look like not just in the ED or in preventing addiction (ALTO), but holistically treating people with opioid addiction.
- Consider joining Project SHOUT (510) 842-6304 [www.ed-bridge.org](http://www.ed-bridge.org)
- Consider using community benefit dollars to improve your warm hand-offs and support staff training for new protocols, as this clearly serves the community need.
- Request Lift The Label anti-stigma materials for your hospital staff, families and patients [www.liftthelabel.org](http://www.liftthelabel.org)



## *SHOUTING my Story*

This is the outcome  
we are looking for.



**“Just get the bup/methadone on the formulary and follow our protocols-- better yet put it in an orderset, then you just have to click a couple buttons to start the treatment!”**

**- Dr. Hannah Snyder Project SHOUT**



## Special Thanks to:

*Dr. Hannah Snyder, MD,  
SHOUT Principal Investigator,  
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## Sources

1. Colorado Health Institute (May 2018). *Colorado Health Access Survey Issue Brief: An Unmet Challenge. Colorado Struggles to Address Mental Health and Substance Use*. Retrieved from <https://www.coloradohealthinstitute.org/research/unmet-challenge>
2. Barry CL, McGinty EE, Pescosolido BA, Goldman HH. *Stigma, discrimination, treatment effectiveness, and policy: public views about drug addiction and mental illness*. *Psychiatr Serv*. 2014 Oct;65(10):1269-72.
3. Earnshaw V, Smith L, Copenhaver M. *Drug Addiction Stigma in the Context of Methadone Maintenance Therapy: An Investigation into Understudied Sources of Stigma*. *Int J Ment Health Addict*. 2013 Feb 1; 11(1): 110-122
4. Kraut et al. *BMC Health Services Research* 2013, 13:415 <http://www.biomedcentral.com/1472-6963/13/415>
5. Englander et al. *Planning and Designing the Improving Addiction Care Team (IMPACT) for Hospitalized Adults with Substance Use Disorder*. *J Hosp Med*. 2017 May; 12(5): 339-342
6. White S et al. *Drugs-Related Death Soon after Hospital-Discharge among Drug Treatment Clients in Scotland: Record Linkage, Validation, and Investigation of Risk-Factors.*; *PLoS One*. 2015; 10(11): e0141073
7. Chutuaape, M et al. *One-, three-, and six-month outcomes after brief inpatient opioid detoxification*. *The American Journal of Drug and Alcohol Abuse*. Vol 27:1, 2001.



## Sources, continued

8. The American Society of Addiction Medicine (2015). National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. Retrieved from <https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf?sfvrsn=24>
9. Mattick RP, Breen C, Kimber J, Davoli M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. Cochrane Database of Systematic Reviews 2014, Issue 2. <https://www.ncbi.nlm.nih.gov/pubmed/15266465>
10. Mattick RP, Breen C, Kimber J, Davoli M. Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. Cochrane Database of Systematic Reviews 2009, Issue 3. <https://www.ncbi.nlm.nih.gov/pubmed/19588333>
11. Robert P. Schwartz et al. "Opioid Agonist Treatments and Heroin Overdose Deaths in Baltimore, Maryland, 1995-2009", *American Journal of Public Health* 103, no. 5 (May 1, 2013): pp. 917-922. <https://ajph.aphapublications.org/doi/10.2105/AJPH.2012.301049>
12. Saxon, A.J., Hser, Y., Woody, G., & Ling, W. (2013). Medicated-assisted treatment for opioid addiction: Methadone and buprenorphine. *Journal of Food and Drug Analysis*, 21, 569-572. DOI: <https://doi.org/10.1016/j.jfda.2013.09.037>
13. Larochelle MR, Bernson D, Land T, Stopka TJ, Wang N, Xuan Z, et al. Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study. *Ann Intern Med*. [Epub ahead of print 19 June 2018] <http://annals.org/aim/article-abstract/2684924/medication-opioid-use-disorder-after-nonfatal-opioid-overdose-association-mortality>
14. Englander et al. *J Hosp Med*. 2017 May; 12(5): 339-342
15. White S et al. Drugs-Related Death Soon after Hospital-Discharge among Drug Treatment Clients in Scotland: Record Linkage, Validation, and Investigation of Risk-Factors.; *PLoS One*. 2015; 10(11): e0141073




  
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