

Stigma and MAT

A Data-driven Discussion of Policy and
Public Education/Communication Priorities

Webinar based on the presentation at the
2019 Rx Drug Abuse and Heroin Summit

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Upcoming

What we mean by stigma

Survey methodology

Survey results

Total sample

Rural, suburban and urban differences

Implications for public education objectives

Cautions for anti-stigma campaigns

Focus and selection of anti-stigma campaigns

"We Must Reduce Stigma"

National Academy of Medicine, Medications for Opioid Use Disorder Save Lives (2019)

DHHS Pain Management Best Practices Interagency Force (2018)

The President's Commission of Combating Drug Addiction and the Opioid Crisis (2017)

National Governors Association Roadmap for Opioids (2016)

What is Stigma?

People distinguish and label differences

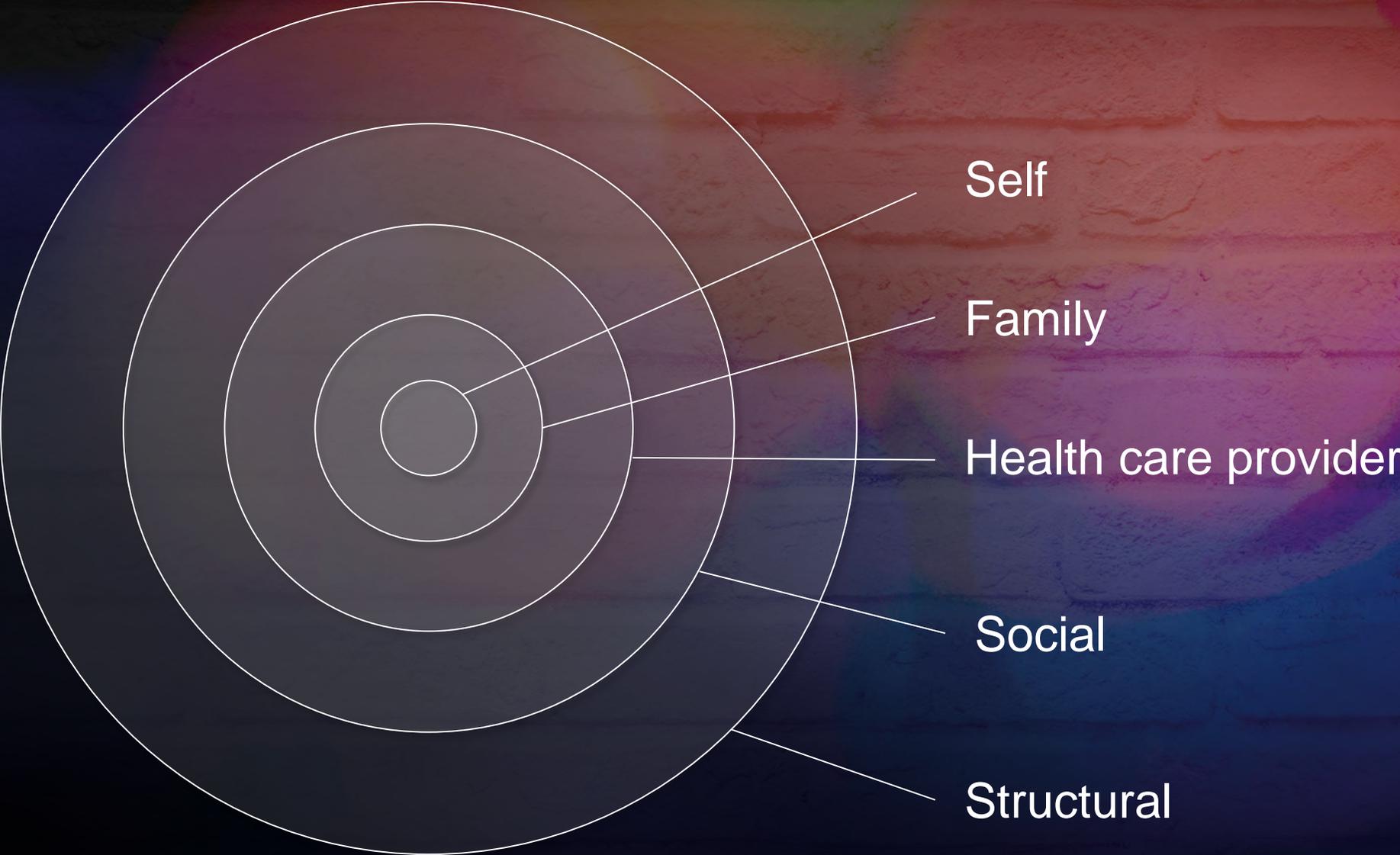
Labeled persons linked to culturally undesirable characteristics (stereotypes)

Stereotypes help separate “us” from “them” (social distance)

Loss of status, discrimination and unequal outcomes – health, housing, employment, and social relationships



The Forms of Stigma



Self

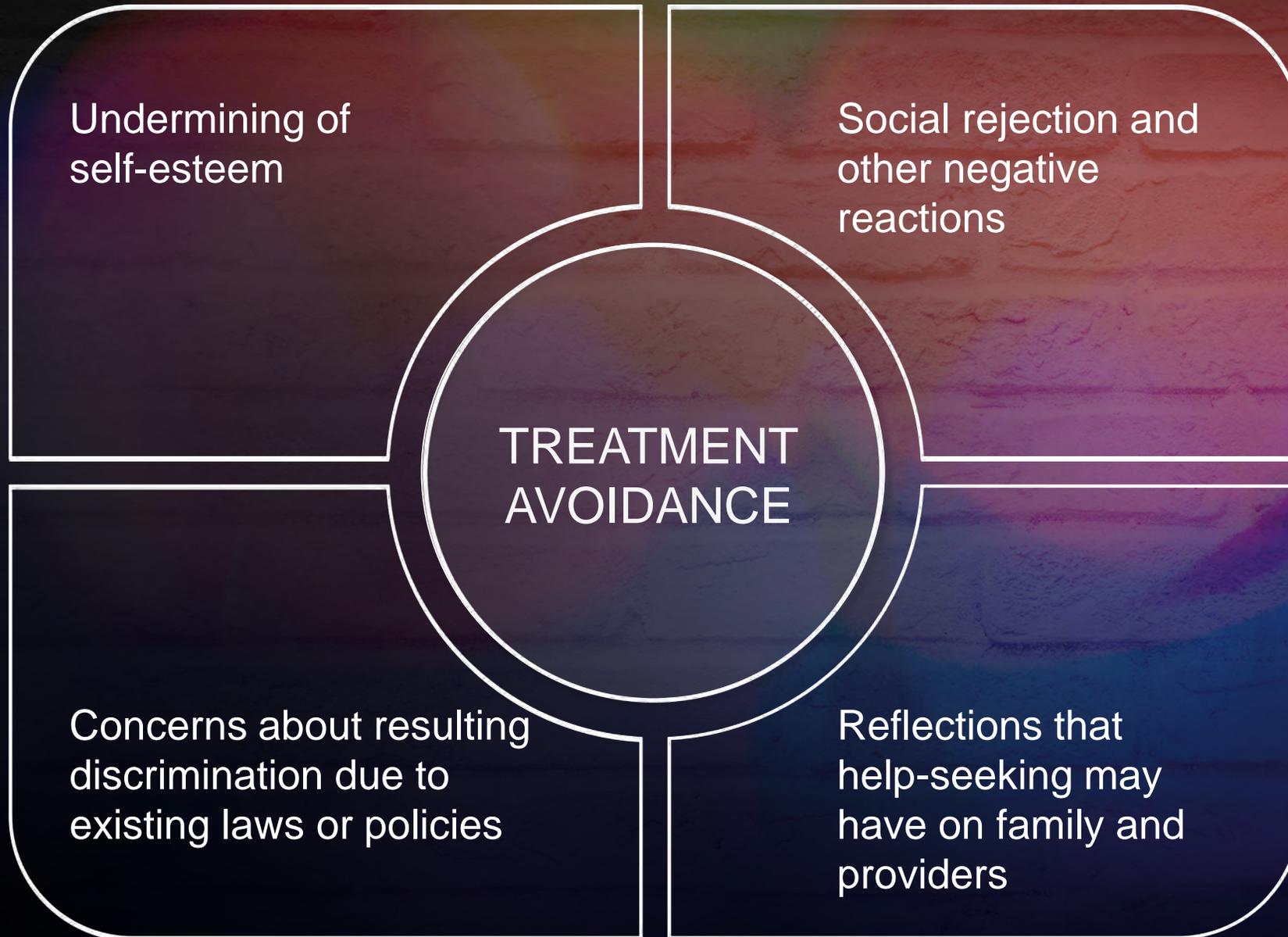
Family

Health care provider

Social

Structural

Stigma, Treatment-Seeking and Retention



The National Survey on Prescription Opioids-Related Stigma; Research Questions

What evidence is there for stereotyping, social distance, discrimination, and social stigma among the general public?

How knowledgeable is the general public about opioid addiction and treatment?

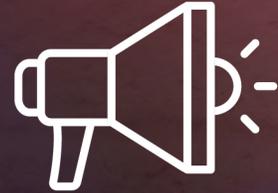
Does the public perceive that people addicted to prescription opioids have access to treatment?

Does the public have concerns about being treated by providers who also treat people addicted to opioids?

Method



Refinement of research questions with an external advisory panel.



Recruitment through the Research Now participant database (18-75 years-old).



A priori stratification for urban, rural and suburban areas.



Designed to be completed in 15 minutes.

Survey Items

Knowledge about opioids, addiction, withdrawal, overdose, and treatment (8)

Stereotyping (3)

Attitudes, beliefs and behaviors related to social stigma (13)

Attitudes toward opioid treatment and perceptions of the efficacy of various treatment options (10)

Results

Sample = 997



49.4% female
(US est 50.8%)

12.3% Black or African
American (US est 12.6%)

9.8% Hispanic or Latino/a
(US est 16.3%)

50.33 years mean age
(median=51)



36.5% had high
school education or less
(US est 39.9%)



35% had household
income < \$50,000
(US est 43.9%)



64.8% had not
received any Rx opioids
in the past 3 years

9.8% currently taking
Rx opioid for 3 months
or longer

Clarifying questions?

Lefebvre, C., Squiers, L., Adams, E.T., Nyblade, L., West, S. & Bann, C. (2019). Stigma and prescription opioid addiction and treatment: A national survey. Society of Behavioral Medicine 40th Annual Meeting & Scientific Sessions.
Download available at <https://osf.io/uwhcn/>

Knowledge About Opioids

Item	True	False	Don't Know
Most people with an addiction to prescription opioids do not receive any type of treatment. [TRUE]	54.9%	20.4%	24.7%
All primary care doctors have been trained to treat people who are addicted to opioids. [FALSE]	24.1%	46.7%	29.2%
People who are addicted to opioids can get treatment no matter where they live. [FALSE]	52.5%	27.3%	20.2%

Social Stigma

Item	Disagree	Neither	Agree
Most people with an addiction to prescription opioids do not receive any type of treatment	30.7%	17%	52.3%
Some people lack the self-discipline to use prescription opioids without becoming addicted to them	13.1%	22.9%	64.1%
People who have recovered from having an opioid addiction still can't be trusted	51.2%	32.1%	16.6%
People addicted to prescription opioids are more dangerous than the general population	25%	38.6%	36.4%

Stereotyping

79.1%

“Opioids affects all income groups equally”

10.6% middle class, 7.5% poor and 2.9% wealthy

78.7%

“Opioids problem affects people living in all areas of the country equally”

8.8% urban areas, 6.4% rural and 6.2% suburban

78.2%
affects all
equally

“What racial or ethnic groups are more likely to be addicted to opioids”

12.2% White/Caucasian, 7.7% Black/African American and 1.9% Latino/Hispanic

Discrimination

Item	Disagree	Neither	Agree
Employers should be allowed to deny employment to a person addicted to prescription opioids	21.1%	29.5%	49.5%
Landlords should be allowed to deny housing to a person addicted to prescription opioids	34.1%	33.7%	32.2%
Doctors should be allowed to refuse to treat patients who become addicted to prescription opioids	60.3%	19.6%	20%

Social Distance

Item	Disagree	Neither	Agree
I would feel comfortable working with someone who was addicted to prescription opioids	44.3%	35.6%	20.1%
I would be comfortable becoming friends with someone who was in treatment for addiction to prescription opioids	15.1%	33.9%	50.9%
If I found out that a close friend had become addicted to prescription opioids I would avoid him or her	63.8%	22.8%	13.4%

Perceived Addiction Treatment Effectiveness

How effective or ineffective do you think each type of treatment is?	Not at all effective	Somewhat effective	Very effective	Don't know
Medications that work in the brain to prevent opioid cravings	2.9%	39.1%	31.5%	26.5%
Individual therapy or group programs	3.4%	50.4%	30.6%	15.7%
30-day residential (“in-patient”) treatment programs	5.5%	46.1%	28.4%	20.0%
Cold turkey (stop on their own)	31.1%	33.5%	13.4%	22.0%
Become more religious or spiritual	16.9%	37.5%	19.2%	26.5%
Seek treatment for emotional problems such as anxiety or depression	3.0%	43.5%	34.3%	19.2%

Attitudes Towards MAT and Providers Who Treat People with Addiction to Opioids

	Disagree	Neither	Agree
Medication assisted treatment substitutes one addiction for another	24.4%	41.6%	34%
I would feel uncomfortable seeing my doctor if I found out he or she treated patients who are addicted to opioids	29.6%	36.3%	34.1%
A doctor should be allowed to refuse or stop seeing patients if they are addicted to prescription opioids	24.7%	38.8%	36.4%
I do not want to see a doctor if they treat patients who are addicted to opioids	27.5%	39.5%	33%

Rural, Suburban and Urban Differences

Suburban residents less likely to know someone in treatment for addiction to Rx opioids (11% suburban, 16% rural, 18% urban, $p=0.04$)

No differences on knowledge items

Suburban residents less likely to think that “cold turkey” is not an effective treatment (31% suburban, 38% rural and urban, $p=0.045$).

Urban residents more likely to think that “become more religious or spiritual” is not an effective treatment (26% urban, 19% suburban, 16% rural, $p=0.032$).

No differences among attitudes towards treatment

Stigma Beliefs Among Rural, Suburban and Urban Residents

Variable	Rural	Suburban	Urban	Rural vs. Urban	Rural vs. Suburban	Suburban vs. Urban
	Mean (SD)	Mean (SD)	Mean (SD)	p-value	p-value	p-value
Deny employment	0.54 (0.96)	0.52 (1.03)	0.30 (1.09)	0.003	0.823	0.005
Can't be trusted	-0.64 (0.86)	-0.41 (0.92)	-0.58 (0.93)	0.396	0.001	0.015
Dangerous	0.22 (0.95)	0.22 (0.96)	0.05 (1.05)	0.026	0.995	0.024

Questions?



Key Findings

52% of the public agree that addiction is a medical illness.

Four in 10 respondents reported that they had not heard of MAT prior to taking the survey.

70% perceive MAT as “somewhat” or “very effective,” more people endorsed individual & group therapy, residential programs, and treatment for anxiety or depression.

One in 3 respondents agreed that MAT substitutes one addiction for another.

Very few differences among rural, suburban and urban residents.

The Public's Knowledge About Opioids Varies and Points to Potential Public Education Objectives:

Increase the percentage of people who know

someone with an addiction to prescription opioids may not receive any type of treatment.

most people with an opioid addiction cannot get treatment where they live.

not all primary care physicians have been trained to treat people with an opioid addiction.

what MAT is and that it is an effective treatment for opioid addiction.

Responses to Stigma Items Suggests the Need for Increased Efforts to:

01

Reduce public acceptance and support for discrimination in employment, healthcare and housing.

02

Shift attitudes of “uncommitted” people towards supporting treatment and other services.

03

Increase public acceptance of physicians, especially in primary care, who treat patients with a opioid addiction.

There Are Clear Targets For Stigma Reduction Efforts...BUT

Endorsement of the biological disease model may increase stigma by increasing perceptions of the permanence and related pessimism regarding the potential for recovery. (NAS, 2016).

One-third would consider a friend to be effectively treated if they needed long-term treatment, counseling and a milder opioid medicine to control their cravings. (POLITICO-Harvard poll, 2018).

When stigmatization is successful any element of the status quo that disadvantages them can remain securely in place. (Link & Hatzenbuehle, 2016)

Focus and Selection of Anti-Stigma Campaigns



Perceptions that seeking treatment is a sign of weakness.



Perceptions of being incompetent, dangerous or untrustworthy.



Self-blame (e.g., feeling responsible for having an addiction).



Effective treatment is available – but not for everyone who needs it.



Physicians treat addiction to Rx opioids, diabetes and high blood pressure.



Nondiscrimination polices and enforcement for employers, landlords and physicians.



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Q & A

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